New Nouveau Brunswick
CANADA

May 25, 2021

Mr. Justin Piché
Justin.piche@uottawa.ca

Dear Mr. Piché:

Subject: *Right to Information and Protection of Privacy Act*

I am writing in response to your request of February 16, 2021 under the *Right to Information and Protection of Privacy Act*:

> Request 1A - Oversight:
> I am requesting all memorandums, briefing notes, information notes, statistics and powerpoint decks outlining the results of COVID-19 related public health inspections, assessments and audits of provincial correctional institutions and probation offices.
>
> Request 1B - Recommendations:
> I am requesting all memorandums, briefing notes, information notes, statistics and powerpoint decks outlining public health recommendations or best practices concerning the prevention, management and treatment of COVID-19 inside provincial correctional institutions and probation offices.
>
> Request 1C - Contact Tracing:
> I am requesting all memorandums, briefing notes, information notes, statistics and powerpoint decks outlining public health contract tracing procedures in place for provincial correctional and parole authorities to prevent and manage the spread of COVID-19 inside provincial correctional institutions and probation offices.
>
> The time period for the requested records is March 1, 2020 – January 31, 2021.

The information you have requested is attached. Certain documents have been withheld in part or their entirety under the Act pursuant to:

> Paragraph 16(1.1) The head of a public body may obscure information contained in a record referred to in paragraph (1)(a) or (b) or sever information from a record referred to in paragraph (1)(a) or (b) before giving the applicant a copy of the record or permitting the applicant to examine the record, if, in the opinion of the head, the information is not relevant to the request for information.

If you are not satisfied with the response that has been provided, you may file a complaint with the Office of the Ombud as per subparagraph 67(1)(a)(*i*) **within 40 business days** of receiving this response or refer the matter to a judge of the Court of Queen's Bench as per paragraph 65(1)(a) **within 40 business days** of receiving this response.

If you have any questions concerning this response, please contact Chelsea Jennings, Policy Advisor, at (506) 444-3510 or Chelsea.Jennings@gnb.ca.

Sincerely,

K. Dorothy Shephard
Minister

Enclosure

CSC Institutional Oubreak Update

March – April 2020

1. Even with best efforts for physical distancing, enhanced cleaning and other infection prevention and control measures, institutions, by their very nature, are closed and tight environments. This has implications for contact tracing and containment efforts.

   As a result of the Port Cartier outbreak, CSC changed its contact tracing procedures to begin once symptoms are reported (staff or inmate) in order to immediately self-isolate all staff/inmates for 14 days who are identified close contacts. Prior to this, contract tracing based on symptom onset was limited to inmate close contacts for symptomatic inmates. To support this expanded tracing effort:

   - Health staff in all regions have been trained to conduct contract tracing for CSC institutions and NHQ maintains a surge capacity.
   - A national contact tracing database and tool has been developed and implemented.
   - All contacts will be followed up with prior to returning to work to ensure they did not develop symptoms and are safe to return to work.

2. Screening and staff/inmate education throughout March focused on cough, fever and difficulty breathing. Several staff initially did not worry or report their symptoms as they did not fit this category and the individuals continued to work thinking they had a cold. As a result, CSC has taken measures to amend its active screening in keeping with the evolving and broader range of symptoms.

3. Asymptomatic positive COVID-19 tests. Several identified close contacts were sent home for self-isolation and continue to report feeling asymptomatic. Despite this, their COVID-19 tests came back positive. This has reinforced the importance of identifying close contacts early and self-isolating these individuals for 14 days.

4. While the need to quickly identify and self-isolate all close contacts based on symptom onset is clear, in some instances this can significantly reduce the workforce (both health and operations). A reduced workforce can significantly impact operations and the inmates' conditions of confinement. CSC has been working on infection and prevention principles and procedures to return a limited number of close contacts back to the workplace early when deemed necessary to ensure critical services continue to be delivered. As CSC is working closely with its local public health partners, it will need their support to implement these processes.

The Way Forward: Discussion Points

1. Broader testing of asymptomatic inmates and staff would better facilitate outbreak management in closed correctional environments.

2. CSC has implemented a broad range of enhanced infection and prevention measures to prevent the spread of COVID-19 within its institutions. This work was guided by experts in infection prevention and control. At the institutional level however, most institutional staff have limited or no formalized training in infection and prevention measures. Given this situation, closer collaboration and on-site visits with local public health departments, prior to an outbreak, to observe and audit, identify possible implementation gaps and provide additional overall advice and infection and prevention measures at the site level.

COVID-19 Vaccine Rollout in New Brunswick

DECEMBER 14
1ST SHIPMENT ARRIVES
(1,950 DOSES)

DECEMBER 2020 - MARCH 2021 (STAGE 1)

- Long-term care residents and staff
- Health care workers with direct patient contact
- Adults in First Nations communities
- Older New Brunswickers

SPRING 2021 (STAGE 2)

- Residents and staff of other communal settings (homeless shelters, correctional centres, etc.)
- Other health care workers including pharmacists
- First responders and critical infrastructure workers (power, water and sewer, etc.)

SPRING OR SUMMER 2021 (STAGE 3)

- Vaccine to be more widely available

PFIZER AND MODERNA VACCINES

Sequencing of Priority Groups

- Vaccination efforts must align with vaccine availability and supply
- There is an opportunity to gradually ramp up immunization activities from January to February to March
- Some vulnerable populations will only begin to be immunized in Q2 due to limited vaccine supply in Q1.

	Timeline for Immunization					
Vulnerable Populations	**January**	**February**	**March**	**April**	**May**	**June**
Adult Residential Facilities						
Nursing Homes						
Homeless shelters						
First Nations Communities						
EMP patients who are homebound						
Correctional Facilities						

New Brunswick Vaccination Task Force

Situation Report Number #023

As of: 14:00 hrs, February 01, 2021

Updates in Red

Event: Operation ONE TEAM

1. **References:**

   A. COVID-19 Vaccine Comprehensive Distribution Plan (PHAC)
   B. New Brunswick COVID-19 Immunization Plan
   C. Operational Plan -Long Term Care Facility COVID Vaccine Plan 2020-21

Priority Groups

Q1 -January - March	Q2 – April - June	Q3 – July - August
• Health Care Workers (HCW) with direct patient contact • Long Term Care Staff (LTCS) • Long Term Care Residents (LTCR) • NB Residents age 85+ • Adults in First Nations (FN) Communities **49,764 (75% Uptake)**	**April:** • Age Cohort: 80-84 • Health Care Professionals (Pharmacists, Dentists, HCW no direct patient care) • Priority Critical Infrastructure (Fire, Police) • Home Support for Seniors • Certain Congregate living situations (Prison inmates and staff, Homeless Shelters, Transition houses) • Volunteers in LTC Facilities **May:** • Age Cohort: 70-79 in 5-year increments o 75-79 o 70-74* (May and June) • People Aged 69-16 who are clinically extremely vulnerable (May and June) **June:** • Age Cohort: 60-74 in 5-year increments o 70-74* o 65-69 o 60-64 **180,100 (75% Uptake)**	**All other groups**

16(1.1) [redacted]

Provincial

16(1.1) [redacted]

2. Q2 Planning:

    a. The Q2 plan for priority groups was presented to Cabinet yesterday. Looking at age cohort with some priority groups in Q2.

16(1.1) [redacted]

16(1.1) [redacted]

New Brunswick Vaccination Task Force

Situation Report Number #032

As of: 14:00 hrs, February 12, 2021

Updates in Red

Event: Operation ONE TEAM

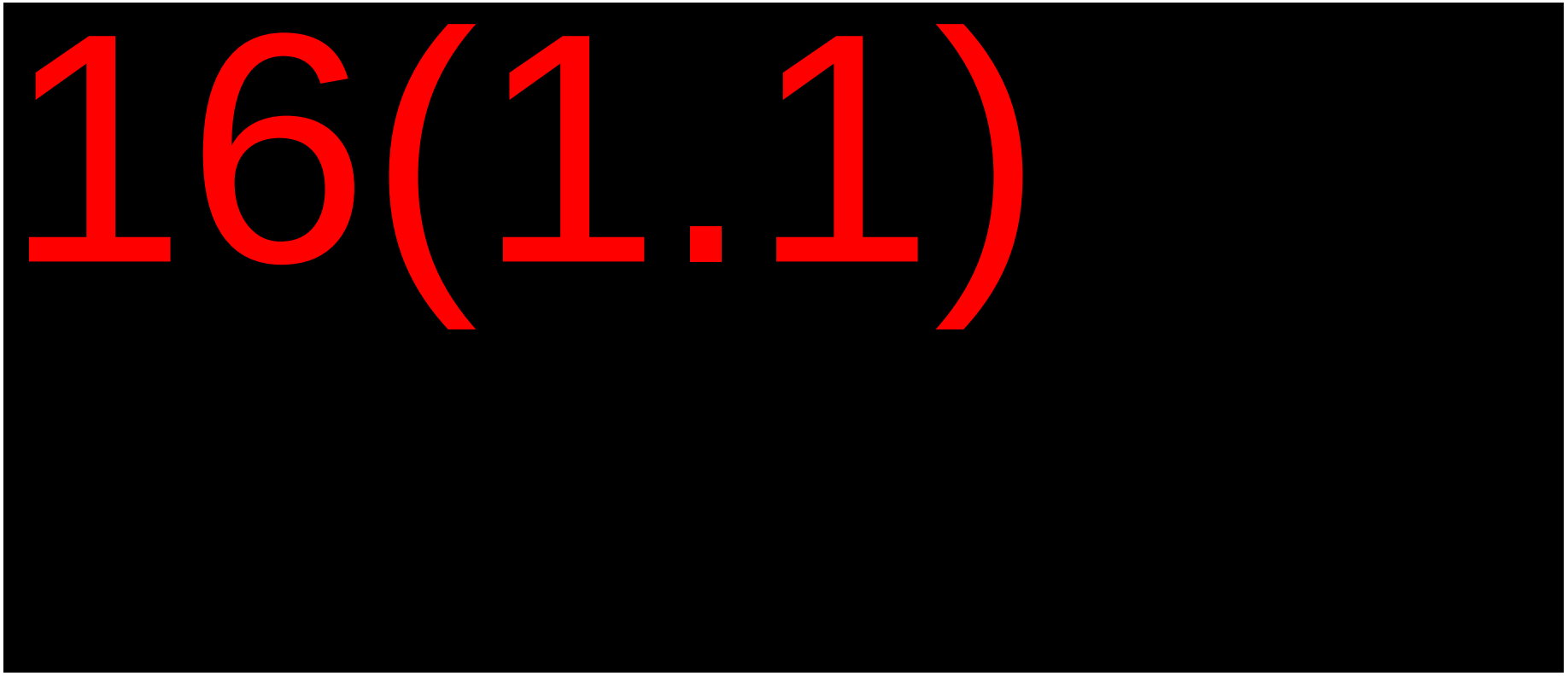
This document is designated as PROTECTED A – for official use only.

1. **References:**

   A. COVID-19 Vaccine Comprehensive Distribution Plan (PHAC)
   B. New Brunswick COVID-19 Immunization Plan
   C. Operational Plan -Long Term Care Facility COVID Vaccine Plan 2020-21

2. General Description:

The New Brunswick Department of Health stood up the NB Vaccination Task Force effective 1 December 2020 to plan and execute the NB immunization campaign. During the month of December 2020, Health Canada granted approval for two COVID-19 vaccines (Pfizer and Moderna), and initial shipments were received by NB. In accordance with designated Q1 priority groups, Pfizer vaccine clinics were conducted on 19-20 December and 23,24 and 27 December. The first shipment of Moderna arrived in NB on 30 December. Confirmed quantities and delivery dates for January 2021 vaccine arrivals have been received by the Vaccination Task Force, and NB Department of Health Regional allocations of these vaccines have been determined. Revised Moderna and Pfizer allocation received from NOC 29 January. Updated Pfizer allocation for first two weeks of March received 5 February.



Priority Groups

Q1 -January - March	Q2 – April - June	Q3 – July - August
• Long-Term Care Residents (LTCR) & Long-Term Care Staff (LTCS) • Health Care Workers (HCW) with direct patient contact • NB Residents age 85+ • Adults in First Nations (FN) Communities **48,622 (75% Uptake)**	**April:** • Age Cohort: 80-84 • Health Care Professionals (Pharmacists, Dentists, HCW no direct patient care) • Priority Critical Infrastructure (Fire, Police) • Home Support for Seniors • Certain Congregate living situations (Prison inmates and staff, Homeless Shelters, Transition houses) • Volunteers in LTC Facilities **May:** • Age Cohort: 70-79 in 5-year increments o 75-79 o 70-74* (May and June) • People Aged 69-16 who are clinically extremely vulnerable (May and June) **June:** • Age Cohort: 60-74 in 5-year increments o 70-74* o 65-69 o 60-64 **180,100 (75% Uptake)**	**All other groups**

16(1.1) [redacted]

- [redacted]
- [redacted]
- 16(1.1) [redacted]

16(1.1) [redacted]

- [redacted]
- [redacted]

Planning

- Q1 and Q2 priority groups and sequencing has been approved by Cabinet. No change to Q1 priority groups only sequencing of these groups. Communications and public messaging will be delivered next week.
- The Planning group is breaking down the Q2 priority groups by zone. They are also looking deeper into the Q2 numbers to consider those who are fragile and with Chronic Disease.

16(1.1) [redacted]

- 16(1.1) [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

16(1.1) [redacted]

[redacted]

- [redacted]
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- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

7. Operational Information

The Task Force Command emphasis for this Operation Period:

16(1.1) [redacted]

- Ensuring fairness and equity in access to vaccines, in accordance with established priority groups.

16(1.1) [redacted]

16(1.1) [redacted]

- [redacted]

16(1.1)

- [redacted]
- [redacted]
- [redacted]

9. The next Sitrep will be issued on 14 February 2021

Approved By:

Vaccination Task Force
Chief of Operations
Eric Levesque

Vaccination Task Force Lead:
Greg MacCallum

DISTRIBUTION LIST:

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New Brunswick Vaccination Task Force

Situation Report Number #033

As of: 14:00 hrs, February 16, 2021

Updates in Red

Event: Operation ONE TEAM

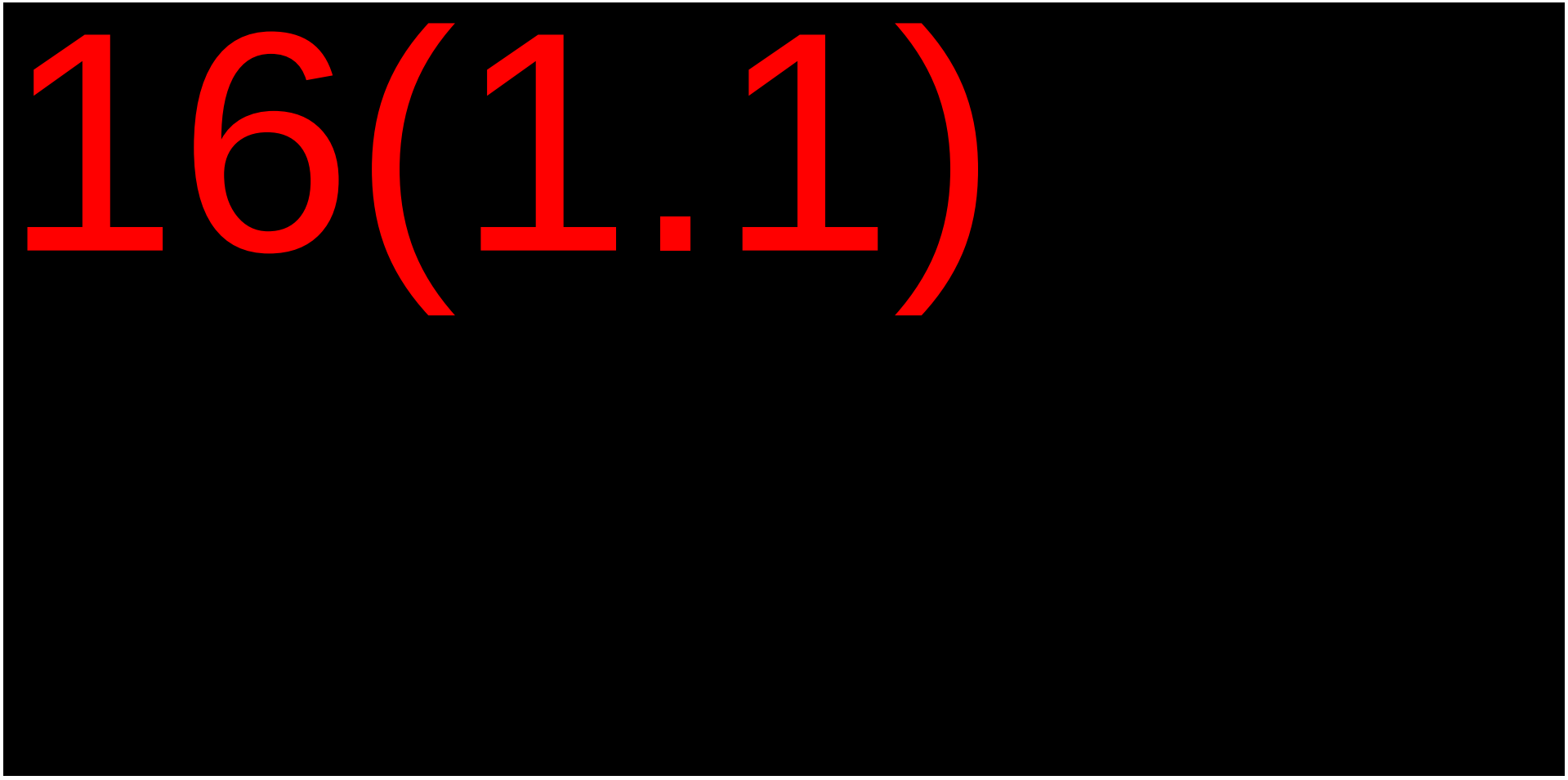
This document is designated as PROTECTED A – for official use only.

1. **References:**

   A. COVID-19 Vaccine Comprehensive Distribution Plan (PHAC)
   B. New Brunswick COVID-19 Immunization Plan
   C. Operational Plan -Long Term Care Facility COVID Vaccine Plan 2020-21

2. General Description:

The New Brunswick Department of Health stood up the NB Vaccination Task Force effective 1 December 2020 to plan and execute the NB immunization campaign. During the month of December 2020, Health Canada granted approval for two COVID-19 vaccines (Pfizer and Moderna), and initial shipments were received by NB. In accordance with designated Q1 priority groups, Pfizer vaccine clinics were conducted on 19-20 December and 23,24 and 27 December. The first shipment of Moderna arrived in NB on 30 December. Confirmed quantities and delivery dates for January 2021 vaccine arrivals have been received by the Vaccination Task Force, and NB Department of Health Regional allocations of these vaccines have been determined. Revised Moderna and Pfizer allocation received from NOC 29 January. Updated Pfizer allocation for first two weeks of March received 5 February.



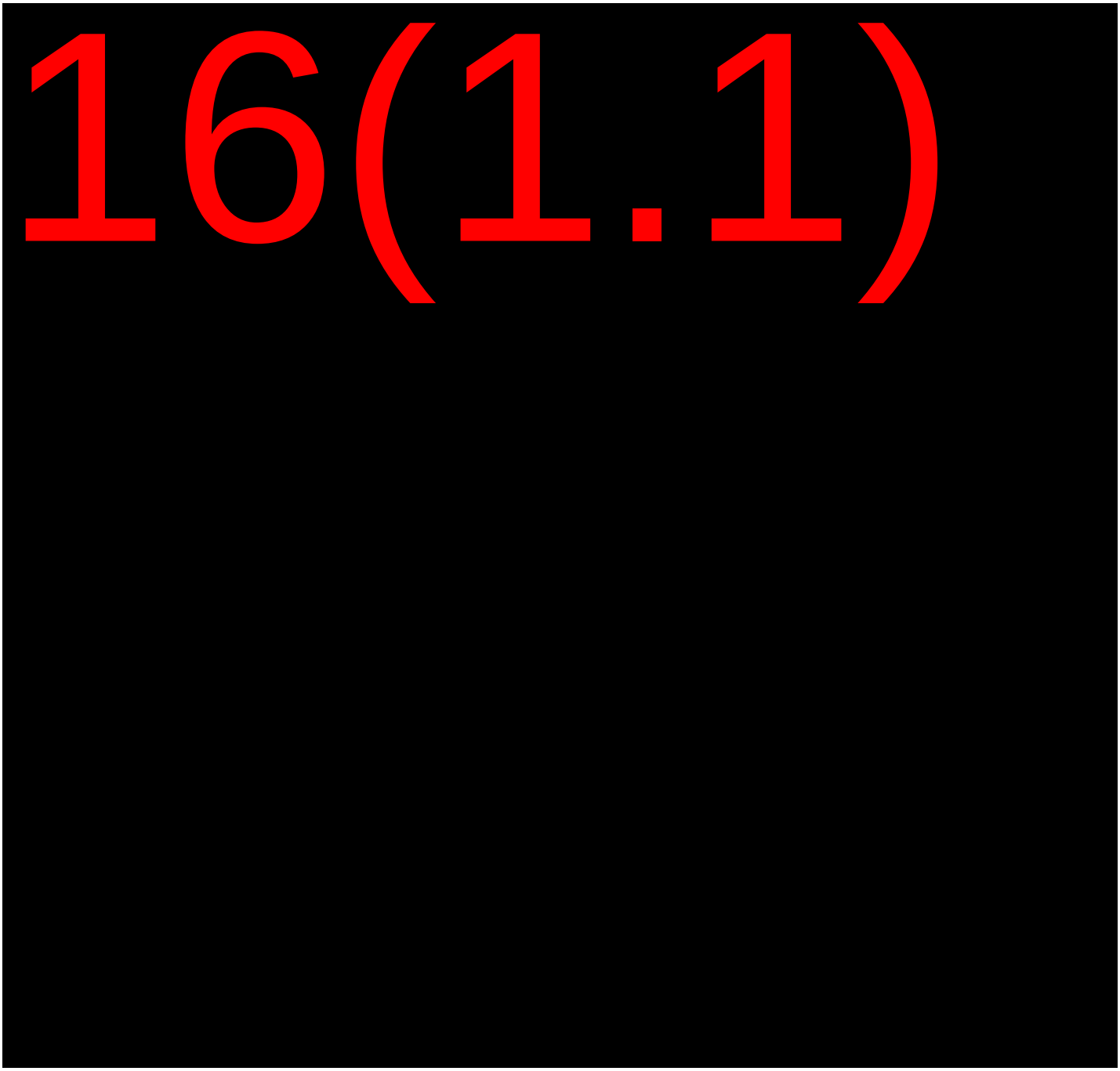
Priority Groups

Q1 -January - March	Q2 – April - June	Q3 – July - August
• Long-Term Care Residents (LTCR) & Long-Term Care Staff (LTCS) • Health Care Workers (HCW) with direct patient contact • NB Residents age 85+ • Adults in First Nations (FN) Communities **48,622 (75% Uptake)**	**April:** • Age Cohort: 80-84 • Health Care Professionals (Pharmacists, Dentists, HCW no direct patient care) • Priority Critical Infrastructure (Fire, Police) • Home Support for Seniors • Certain Congregate living situations (Prison inmates and staff, Homeless Shelters, Transition houses) • Volunteers in LTC Facilities **May:** • Age Cohort: 70-79 in 5-year increments o 75-79 o 70-74* (May and June) • People Aged 69-16 who are clinically extremely vulnerable (May and June) **June:** • Age Cohort: 60-74 in 5-year increments o 70-74* o 65-69 o 60-64 **180,100 (75% Uptake)**	**All other groups**

Planning

- Q1 and Q2 priority groups and sequencing has been approved by Cabinet. No change to Q1 priority groups only sequencing of these groups. Communications and public messaging will be delivered next week.
- The Planning group is breaking down the Q2 priority groups by zone. They are also looking deeper into the Q2 numbers to consider those who are fragile and with Chronic Disease.
- 16(1.1) [redacted]

16(1.1) [redacted]



9. The next Sitrep will be issued on 17 February 2021

Approved By:

Vaccination Task Force
Chief of Operations
Eric Levesque

Vaccination Task Force Lead:
Greg MacCallum

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New Brunswick Vaccination Task Force

Situation Report Number #034

As of: 14:00 hrs, February 17, 2021

Updates in Red

Event: Operation ONE TEAM

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1. **References:**

   A. COVID-19 Vaccine Comprehensive Distribution Plan (PHAC)
   B. New Brunswick COVID-19 Immunization Plan
   C. Operational Plan -Long Term Care Facility COVID Vaccine Plan 2020-21

2. General Description:

The New Brunswick Department of Health stood up the NB Vaccination Task Force effective 1 December 2020 to plan and execute the NB immunization campaign. During the month of December 2020, Health Canada granted approval for two COVID-19 vaccines (Pfizer and Moderna), and initial shipments were received by NB. In accordance with designated Q1 priority groups, Pfizer vaccine clinics were conducted on 19-20 December and 23,24 and 27 December. The first shipment of Moderna arrived in NB on 30 December. Confirmed quantities and delivery dates for January 2021 vaccine arrivals have been received by the Vaccination Task Force, and NB Department of Health Regional allocations of these vaccines have been determined. Revised Moderna and Pfizer allocation received from NOC 29 January. Updated Pfizer allocation for first two weeks of March received 5 February.

Priority Groups

Q1 -January - March	Q2 – April - June	Q3 – July - August
• Long-Term Care Residents (LTCR) & Long-Term Care Staff (LTCS) • Health Care Workers (HCW) with direct patient contact • NB Residents age 85+ • Adults in First Nations (FN) Communities **48,622 (75% Uptake)**	**April:** • Age Cohort: 80-84 • Health Care Professionals (Pharmacists, Dentists, HCW no direct patient care) • Priority Critical Infrastructure (Fire, Police) • Home Support for Seniors • Certain Congregate living situations (Prison inmates and staff, Homeless Shelters, Transition houses) • Volunteers in LTC Facilities **May:** • Age Cohort: 70-79 in 5-year increments o 75-79 o 70-74* (May and June) • People Aged 69-16 who are clinically extremely vulnerable (May and June) **June:** • Age Cohort: 60-74 in 5-year increments o 70-74* o 65-69 o 60-64 **180,100 (75% Uptake)**	**All other groups**

16(1.1) [redacted]

Provincial

- Q2 Planning:
    a. A planning work group met over the week to dig deeper into Q2 priority groups including extremely medically fragile the age group 40-69 with 3 or more underlying conditions.

16(1.1) [redacted]

- 16(1.1) [redacted]

16(1.1) [redacted]

- [redacted]

Planning

- Q1 and Q2 priority groups and sequencing has been approved by Cabinet. No change to Q1 priority groups only sequencing of these groups. Communications and public messaging will be delivered next week.

- 16(1.1) [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

16(1.1) [redacted]

- [redacted]
- [redacted]
- [redacted]

Vaccination Task Force
Chief of Operations
Eric Levesque

Vaccination Task Force Lead:
Greg MacCallum

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New Brunswick Vaccination Task Force

Situation Report Number #035

As of: 14:00 hrs, February 18, 2021

Updates in Red

Event: Operation ONE TEAM

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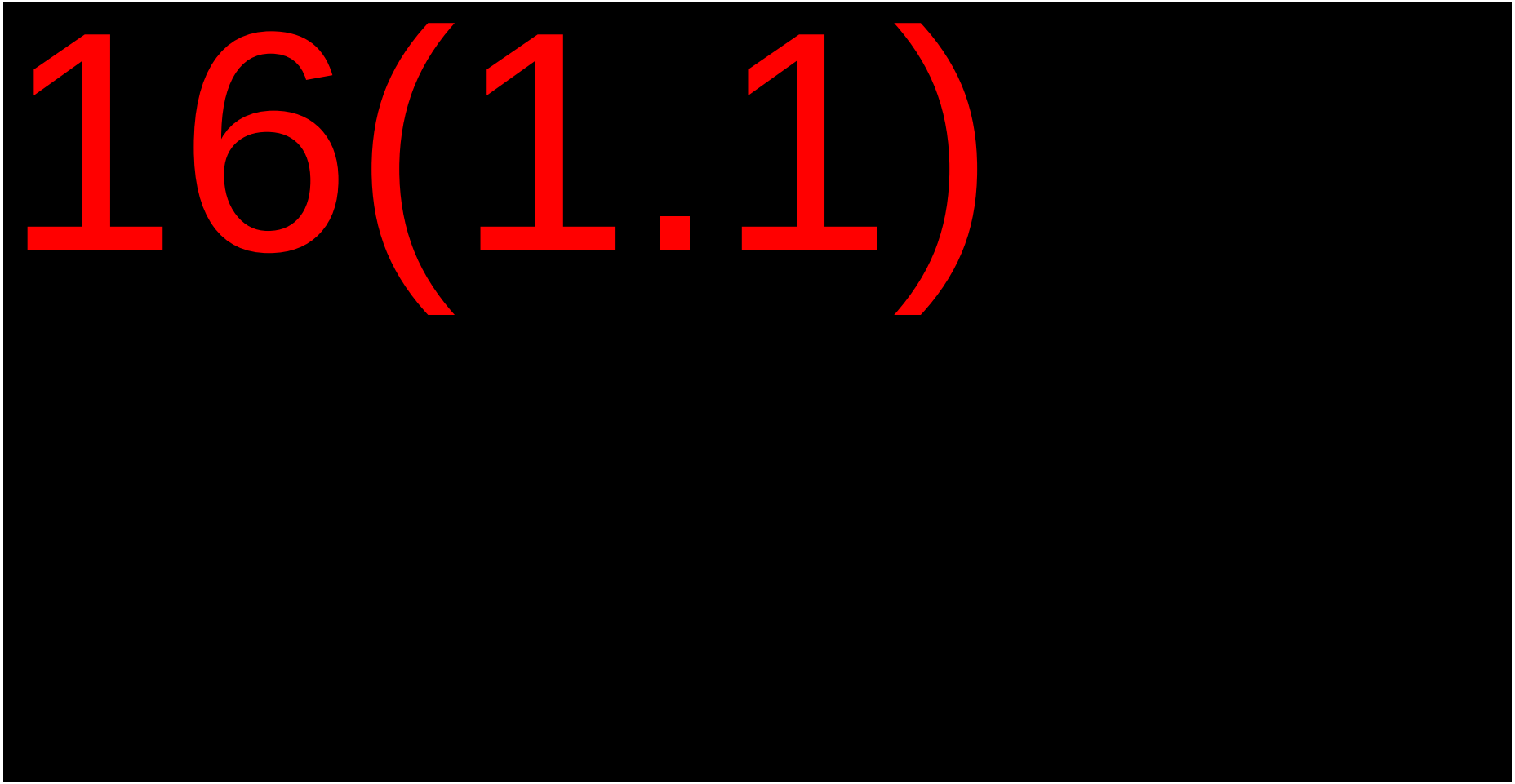
1. **References:**

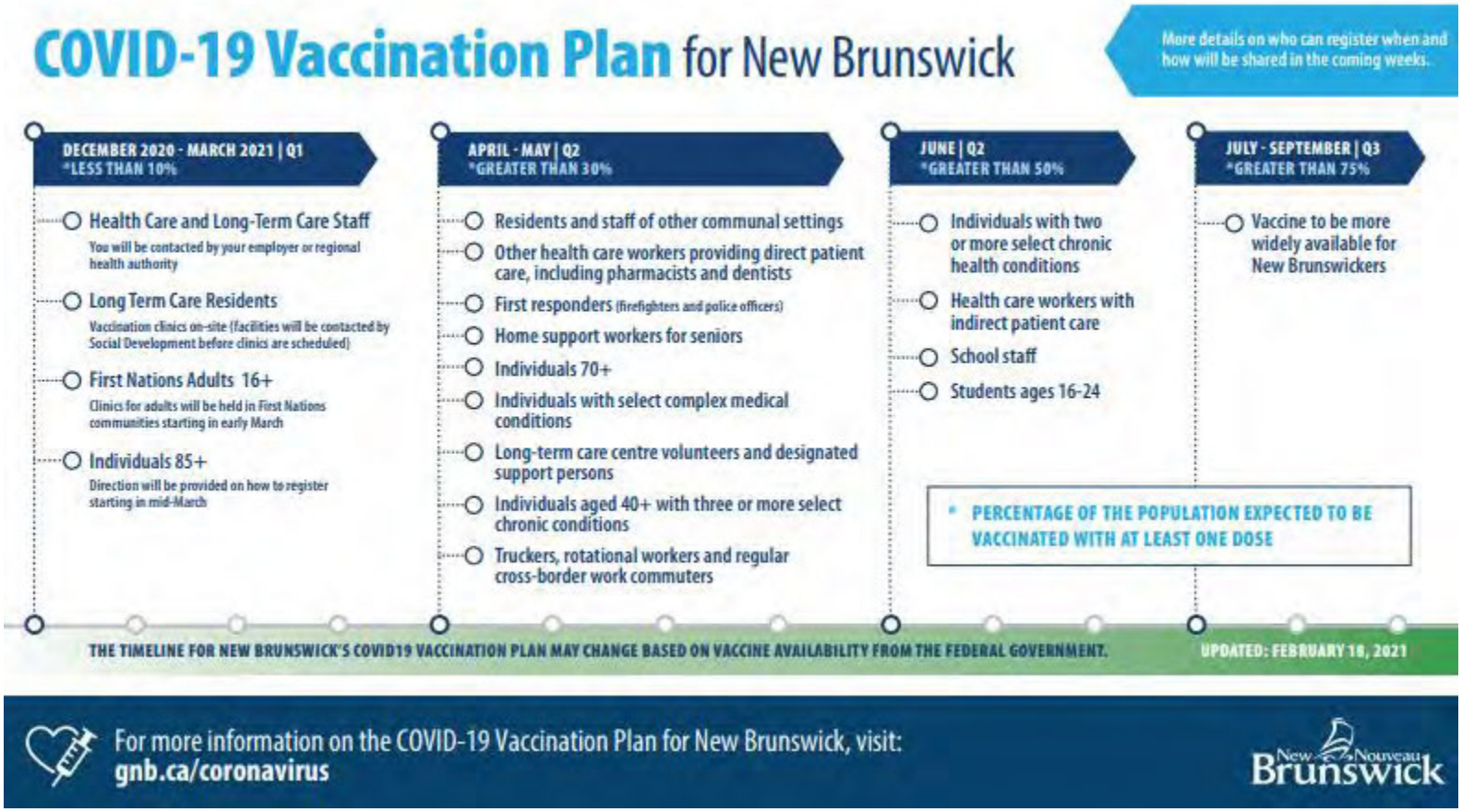
   A. COVID-19 Vaccine Comprehensive Distribution Plan (PHAC)
   B. New Brunswick COVID-19 Immunization Plan
   C. Operational Plan -Long Term Care Facility COVID Vaccine Plan 2020-21

2. General Description:

The New Brunswick Department of Health stood up the NB Vaccination Task Force effective 1 December 2020 to plan and execute the NB immunization campaign. During the month of December 2020, Health Canada granted approval for two COVID-19 vaccines (Pfizer and Moderna), and initial shipments were received by NB. In accordance with designated Q1 priority groups, Pfizer vaccine clinics were conducted on 19-20 December and 23,24 and 27 December. The first shipment of Moderna arrived in NB on 30 December. Confirmed quantities and delivery dates for January 2021 vaccine arrivals have been received by the Vaccination Task Force, and NB Department of Health Regional allocations of these vaccines have been determined. Revised Moderna and Pfizer allocation received from NOC 29 January. Updated Pfizer allocation for first two weeks of March received 5 February.



Priority Groups:



16(1.1)

[redacted]

Provincial

- Q2 Planning:
    a. A planning work group met over the week to dig deeper into Q2 priority groups including extremely medically fragile the age group 40-69 with 3 or more underlying conditions.

16(1.1)

[redacted]

- 16(1.1) [redacted]
- [redacted]

9. The next Sitrep will be issued on 19 February 2021

Approved By:

Vaccination Task Force
Chief of Operations
Eric Levesque

Vaccination Task Force Lead:
Greg MacCallum

DISTRIBUTION LIST:

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New Brunswick Vaccination Task Force

Situation Report Number #036

As of: 14:00 hrs, February 19, 2021

Updates in Red

Event: Operation ONE TEAM

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1. **References:**

   A. COVID-19 Vaccine Comprehensive Distribution Plan (PHAC)
   B. New Brunswick COVID-19 Immunization Plan
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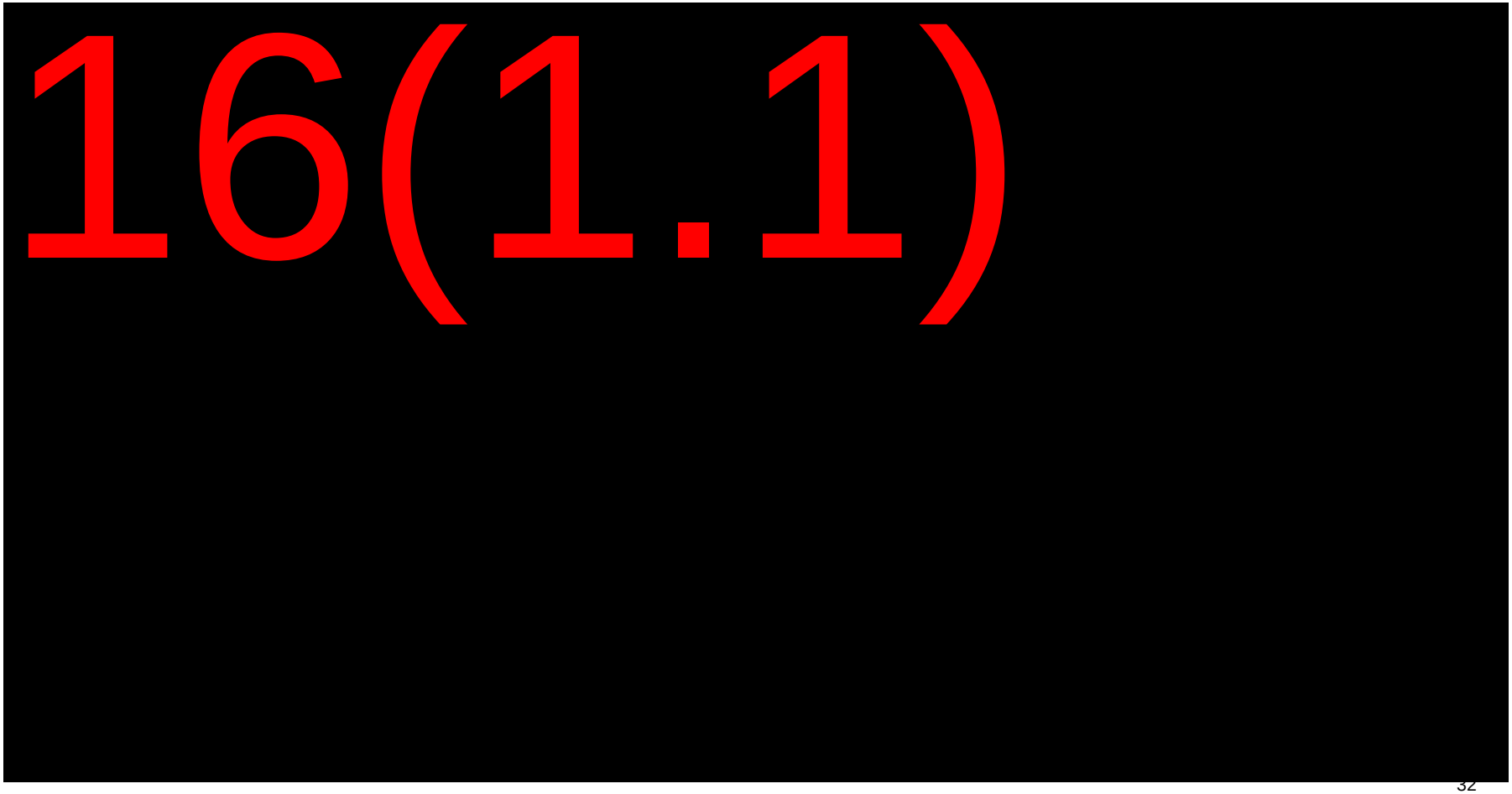
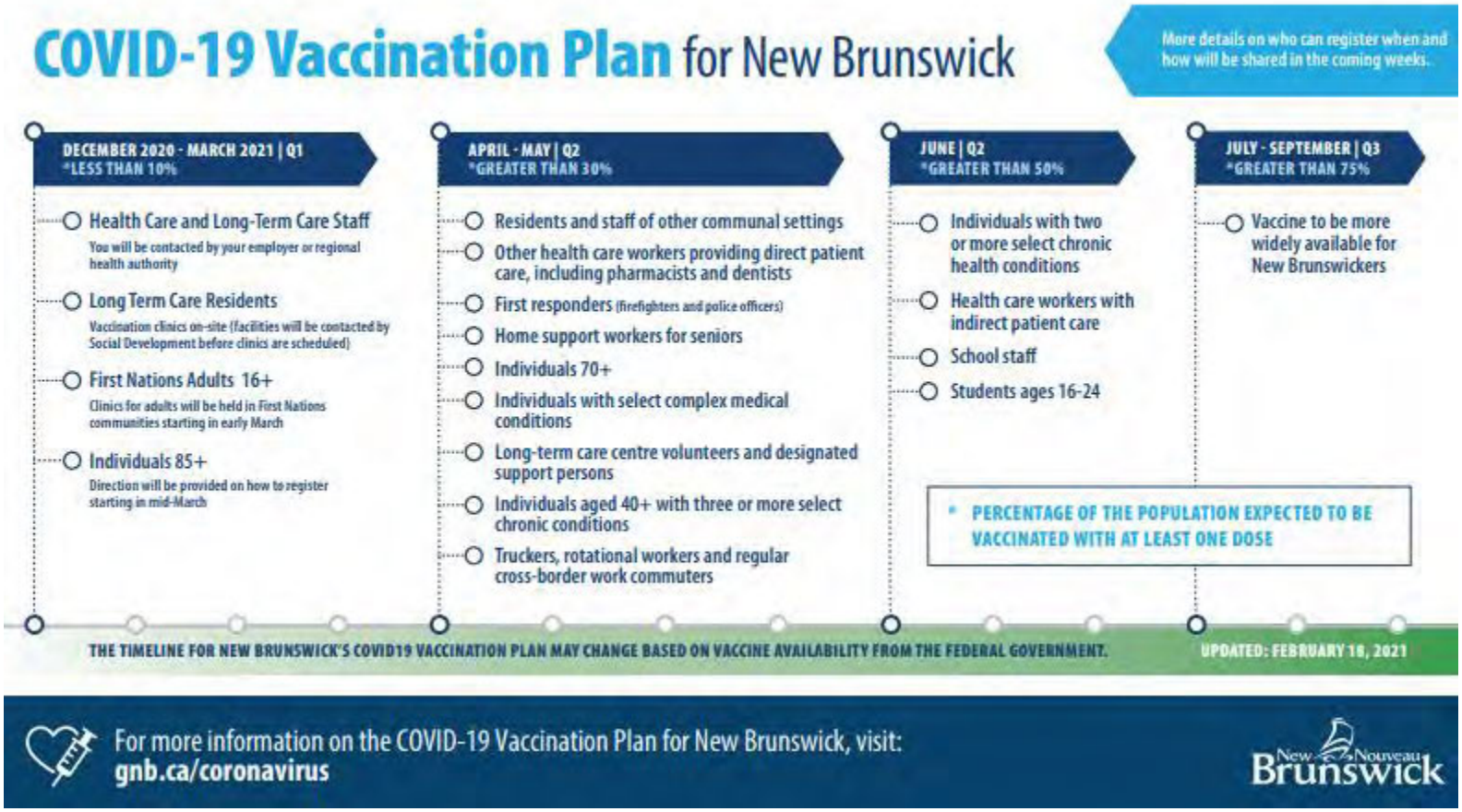


Priority Groups:



16(1.1)

[redacted]

[redacted] interval. Current guidance permits up to 42-day vaccine interval.

Provincial

- Q2 Planning:
  a. A planning work group met over the week to dig deeper into Q2 priority groups including extremely medically fragile the age group 40-69 with 3 or more underlying conditions.
  b. Will be working with the NBMS to assist with identifying individuals in the Q2 priority groups.

16(1.1) [redacted]

16(1.1) [redacted]

16(1.1) [redacted]

[redacted]

- [redacted]
- [redacted]
- [redacted]

[redacted]

- [redacted]
- [redacted]
- [redacted]
- [redacted]

[redacted]

Approved By:

Vaccination Task Force
Chief of Operations
Eric Levesque

Vaccination Task Force Lead:
Greg MacCallum

DISTRIBUTION LIST:

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New Brunswick Vaccination Task Force

Situation Report Number #038

As of: 14:00 hrs, February 23, 2021

Updates in Red

Event: Operation ONE TEAM

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1. **References:**

   A. COVID-19 Vaccine Comprehensive Distribution Plan (PHAC)
   B. New Brunswick COVID-19 Immunization Plan
   C. Operational Plan -Long Term Care Facility COVID Vaccine Plan 2020-21

2. General Description:

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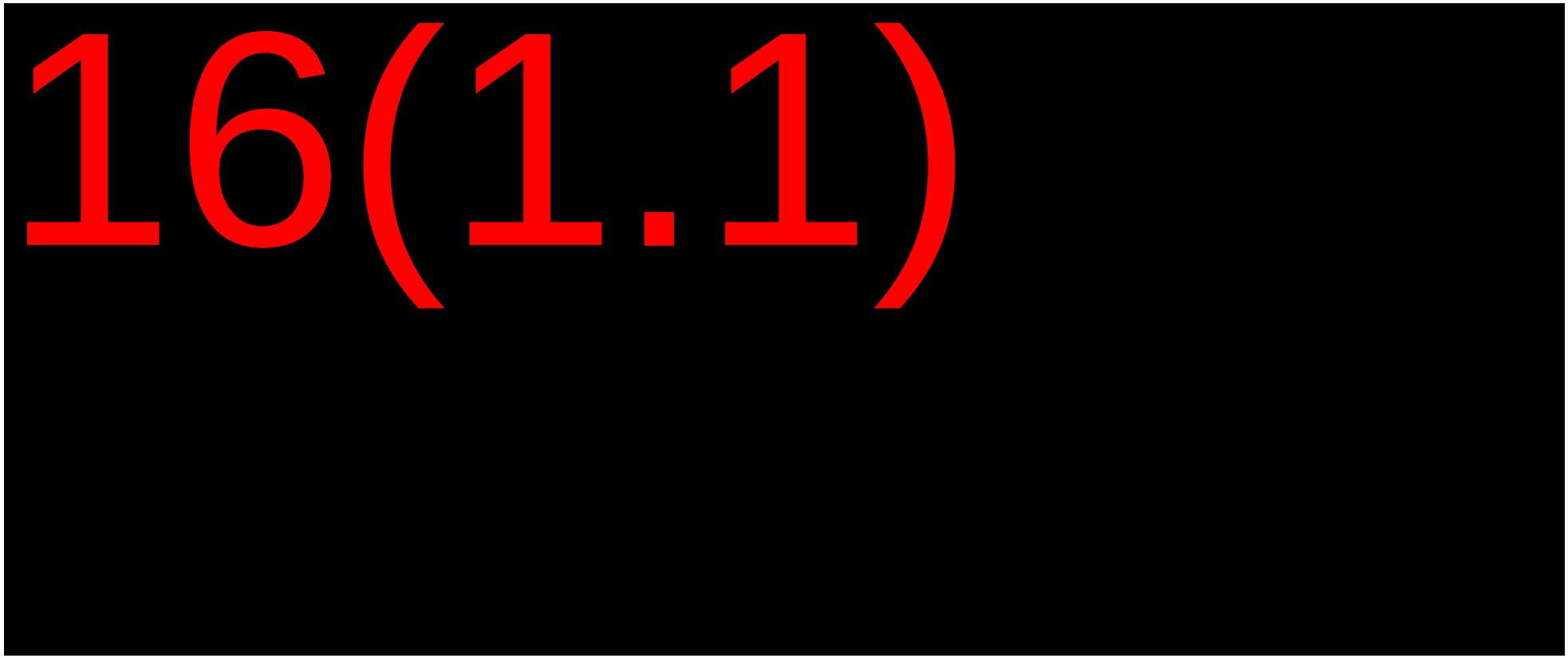
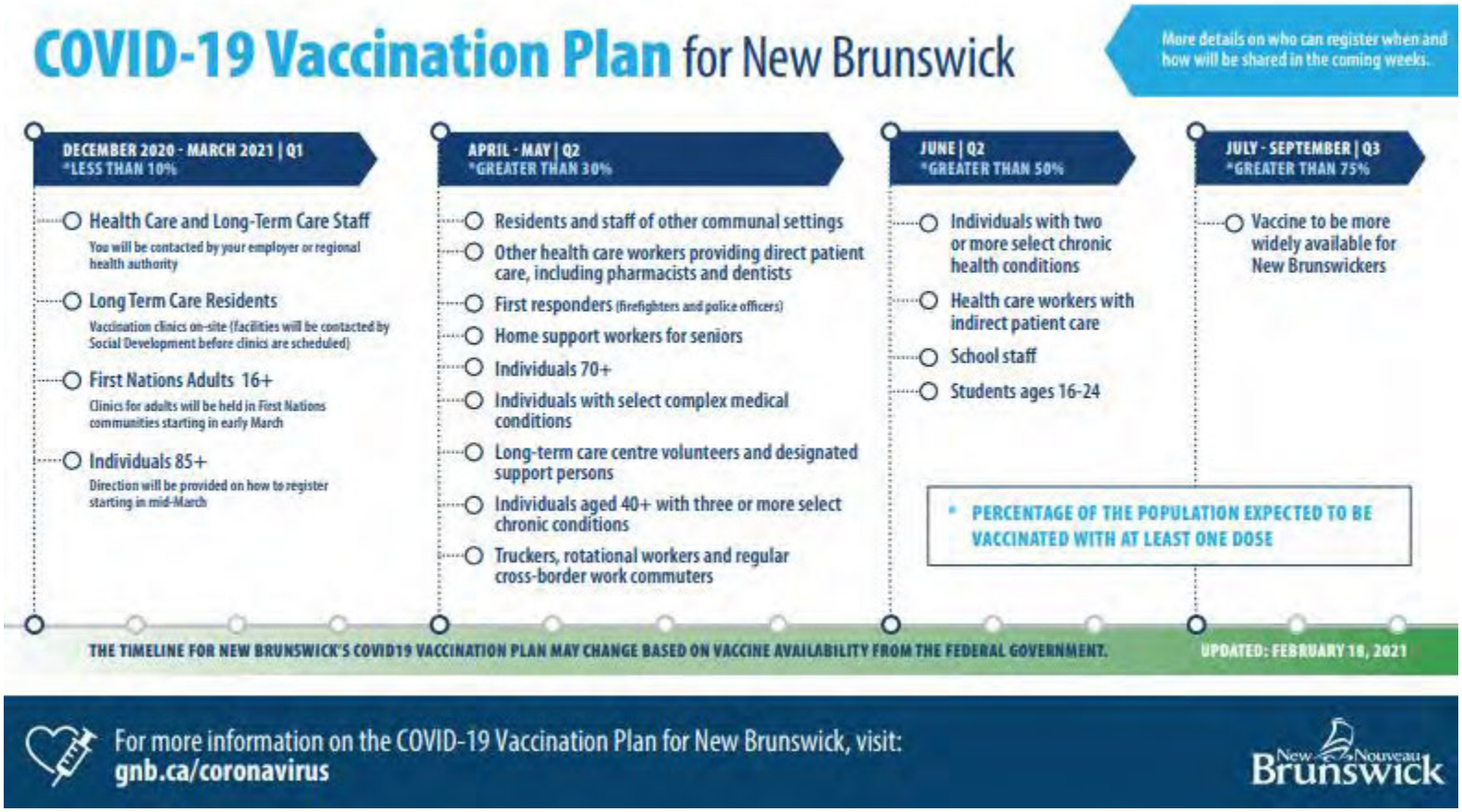


Priority Groups:



4. Actions Taken

National

16(1.1) [redacted]

b. SAC

a. SAC call was held on Tuesday (Feb 16th). SAC is looking for agreement from the Provinces on priority populations for Q2. NB is closely aligned.

16(1.1) [redacted]

Provincial

16(1.1) [redacted]

b. Q2 Planning:

   a. Planning Group is continuing to work through how individuals will be identified in the Q2 priority Group. They are NBMS and others to assist with this exercise.

   b. Will be working with the NBMS to assist with identifying individuals in the Q2 priority groups.

   16(1.1) [redacted].

c. 16(1.1) [redacted]

16(1.1) [redacted]

[redacted]

- [redacted]
- [redacted]
- [redacted]
- [redacted].

9. The next Sitrep will be issued on 24 February 2021

Approved By:

Vaccination Task Force
Chief of Operations
Eric Levesque

Vaccination Task Force Lead:
Greg MacCallum

DISTRIBUTION LIST:

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New Brunswick Vaccination Task Force

Situation Report Number #040

As of: 14:00 hrs, February 25, 2021

Updates in Red

Event: Operation ONE TEAM

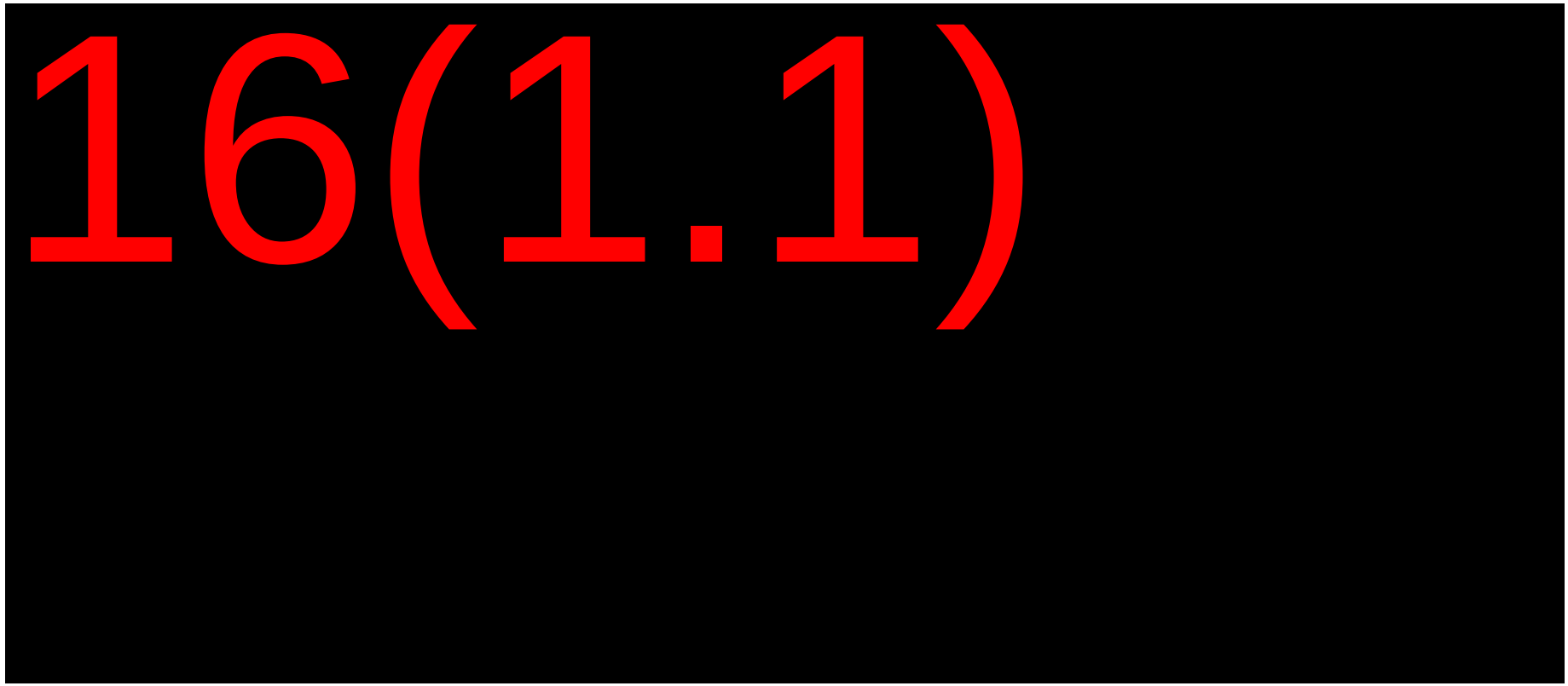
This document is designated as PROTECTED A – for official use only.

1. **References:**

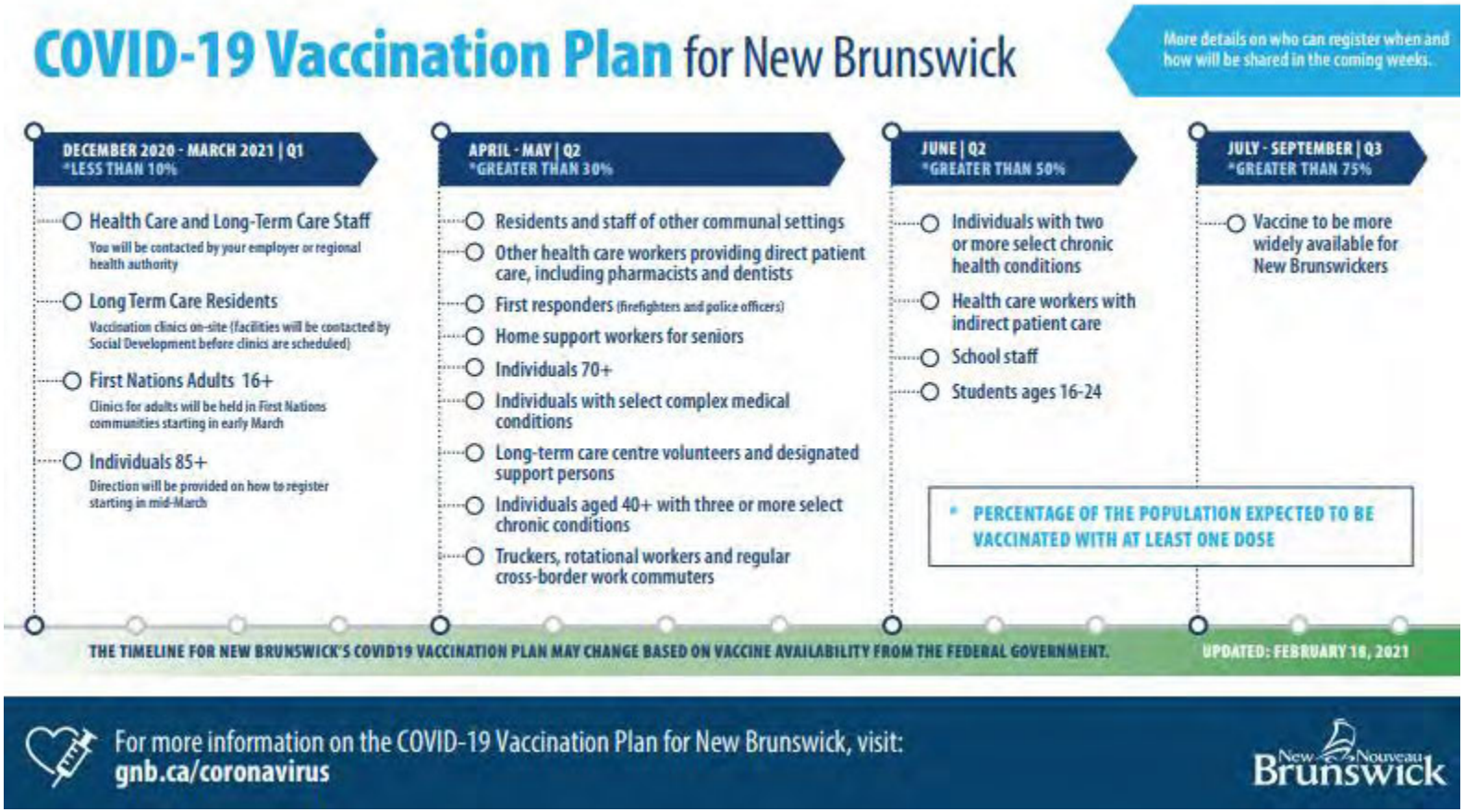
   A. COVID-19 Vaccine Comprehensive Distribution Plan (PHAC)
   B. New Brunswick COVID-19 Immunization Plan
   C. Operational Plan -Long Term Care Facility COVID Vaccine Plan 2020-21

2. General Description:

The New Brunswick Department of Health stood up the NB Vaccination Task Force effective 1 December 2020 to plan and execute the NB immunization campaign. During the month of December 2020, Health Canada granted approval for two COVID-19 vaccines (Pfizer and Moderna), and initial shipments were received by NB. In accordance with designated Q1 priority groups, Pfizer vaccine clinics were conducted on 19-20 December and 23,24 and 27 December. The first shipment of Moderna arrived in NB on 30 December. Confirmed quantities and delivery dates for January 2021 vaccine arrivals have been received by the Vaccination Task Force, and NB Department of Health Regional allocations of these vaccines have been determined. Revised Moderna and Pfizer allocation received from NOC 29 January. Updated Pfizer allocation for first two weeks of March received 5 February. March Pfizer shipments confirmed – 11 Feb.



Priority Groups:



16(1.1) [redacted]

16(1.1) [redacted]

Provincial

16(1.1) [redacted]

b. Q2 Planning:

a. Planning Group met with Social Development to discuss designated support workers and volunteers for Q2 vaccination. They will be vaccinated through Pharmacies. Discussion are also happening with Corrections and others.

16(1.1) [redacted]

- [redacted]
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- [redacted]

9. The next Sitrep will be issued on 26 February 2021

Approved By:

Vaccination Task Force
Chief of Operations
Eric Levesque

Vaccination Task Force Lead:
Greg MacCallum

DISTRIBUTION LIST:

New Brunswick Vaccination Task Force

Situation Report Number #041

As of: 14:00 hrs, February 26, 2021

Updates in Red

Event: Operation ONE TEAM

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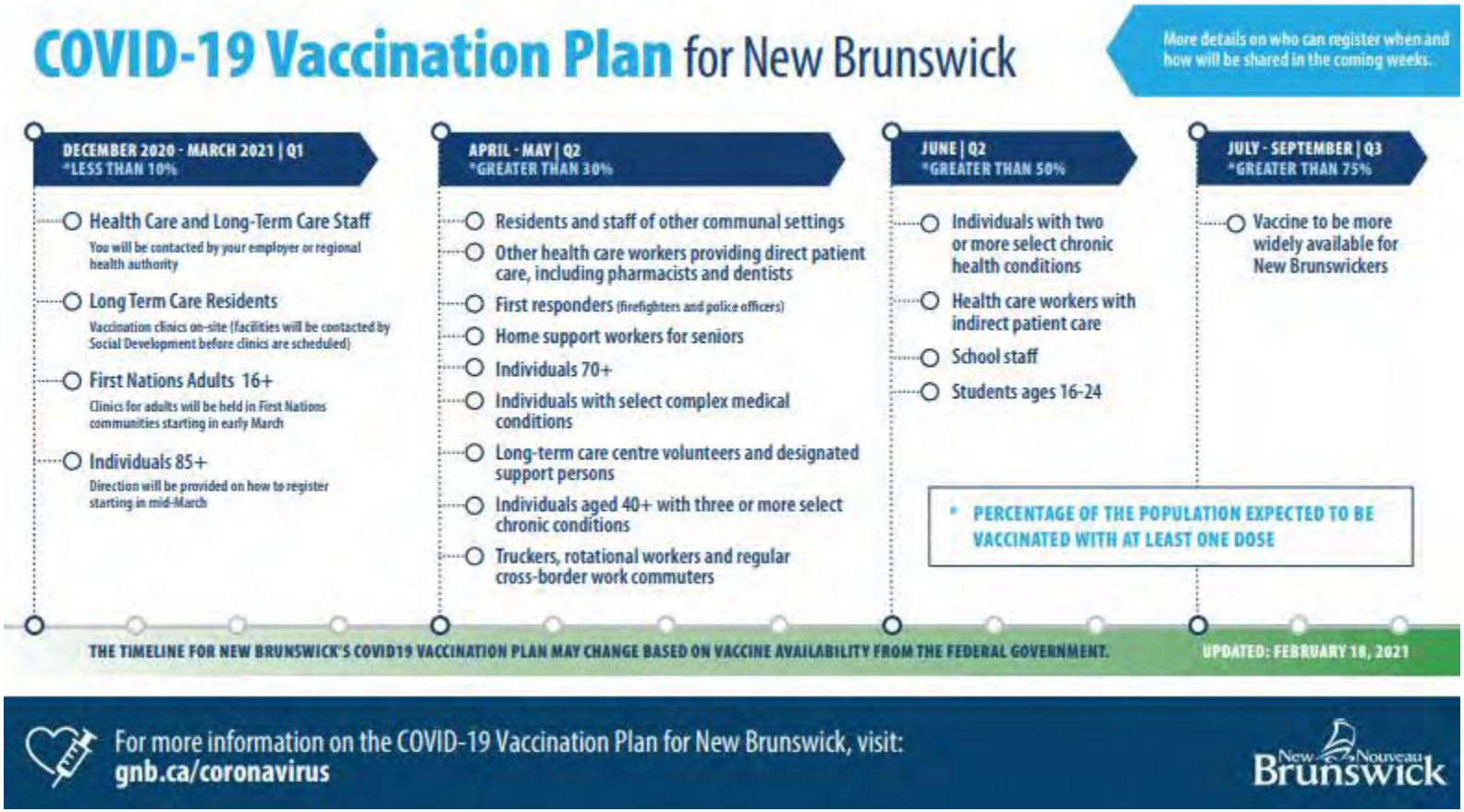
16(1.1) [redacted]

Priority Groups:



16(1.1) [redacted]

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[redacted]

Approved By:

Vaccination Task Force
Chief of Operations
Eric Levesque

Vaccination Task Force Lead:
Greg MacCallum

DISTRIBUTION LIST:

NBHEOC

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COVID-19 Self Monitoring for All Employees at Correction Health Facilities

Commented [FS(1]:

Employees must self assess prior to entering a correctional facility by reviewing the below screening questions. If an employee answers **YES** to any one (1) of the ten (10) then the employee must:

Commented [FS(2]: You can post a copy of the questions on the door where employees enter if they answer yes and you want them to complete a hard copy you will need to have the copies available in a location that is accessible without them entering your" work are"

- Complete a hard copy
- Return home to self isolate
    - Contact:
        - 1-833-475-0724 to advise their Correctional Facility that they need to schedule a test.
        - Their respective superintendent or designate once they have confirmed their appointment date.

All questionnaires with one (1) Yes response will be provided to superintendent by employee.

Employee Questionnaire Form

Employee Name:		**Unit Working:**	
Work hours:		**Facility:**	
Date completed:		**Completed by:**	

Active Screening Questions	Yes	No
1. Have you recently experienced any two of the following ten symptoms? ☐ Fever ~~or signs of fever~~ temp above 38 ☐ Runny nose ☐ Headache ☐ Sore throat ☐ New onset fatigue ☐ New or worsening cough ☐ New onset muscle pain ☐ Diarrhea ☐ Loss of taste or smell ☐ Dyspnea/Breathing difficulties	☐	☐
2. Have you been at Costco Wholesale or St-Hubert restaurant in Moncton on October 1st, ,2020?	☐	☐
3. Have you returned from a trip outside the Atlantic bubble ~~provinces,~~ within the past 14 days?	☐	☐
4. Have you had close contact with a person with acute respiratory illness (i.e. bad chest cold) outside of work duties who has travelled outside of the Atlantic bubble ~~provinces~~ in the past 14 days?	☐	☐
5. Have you had close contact with a confirmed case of COVID-19 in the last 14 days.	☐	☐
6. Have you completed a required period of self-isolation as directed by Public Health, 811, or a family physician?	☐	☐

Commented [FS(3]: Temp above 38

Réseau de santé Horizon Health Network

New Brunswick / Nouveau Brunswick
Department of Public Safety
Correctional Services

Réseau de santé vitalité Health Network

Administer Covid-19 Screening questionnaire to **NEW** Admissions

The Incarcerated Client (IC):

- Do you have any ONE of the following nine symptoms now or in the past 24 hours: a fever above 38C or feeling feverish (i.e. warm, chills), new cough or worsening cough, sore throat, runny nose, shortness of breath, headache, new onset fatigue, loss of taste or smell, new onset muscle pain and diarrhea (Purple markings on fingers / toes for children)

Zone Risk:

- Travelled to or from Red or Lock Down Zone in the last 14 days or been to a facility experiencing an outbreak

Exposure Risks:

- In the last 14 days, have you been in close contact with a Case Under Investigation OR CONFIRMED case of Covid-19?
- Have you been diagnosed with COVID - 19 in the past 14 days?
- Are you a resident of Campobello who has been adm to a US hospital in the past 14 days?
- Have you been in contact with an individual with a respiratory illness in the past 14 days?
- Have you attended a gathering in the past 14 days where someone in attendance had COVID-19 symptoms or is being tested?
- Have you or a member of your household returned from a trip outside of NB in the past 14 days?
- Have you been asked to self-monitor/isolate by Public Health, health officer or Peace officer?
- Have you been in contact with Public Health related to a previous screening and have had symptoms worsen since that time.

Yes

An officer will escort the IC to the risk assessment room and mandatory isolation area and door closed.

Nursing Staff on Duty will:
- Don PPE as per Infection Prevention & Control Guidelines
- Complete designated assessment and record vital signs
- Follow Isolation Parameter for IC Process Map.

No Nursing Staff on Duty will:
- IC remains in isolation until the Nursing assesses.
- If client is symptomatic call 811 for direction.
- Follow 811 directions.

Symptomatic

Obtain Swab

Positive Swab

Move to isolation cell.. Notify Sergeant, Acting Regional Lead and Public Health. To remain in Isolation for 14 days until deemed non-contagious by physician or Public health

Asymptomatic

ZONE RISK: Extra day in isolation: Swab on day 6. Can be released with negative swab

EXPOSURE RISK: Remain in isolation for 14 days

Negative swab

Zone Risk?

Exposure Risk?

Yes

No

Yes

Zone Risk: Extra day in isolation: Swab on day 6. Can be released with negative swab

Swab on day 5

Remain in isolation for 14 days

Positive Swab

Negative swab

No

Proceed as normal through admission and escort to 5 day designated cell

No Nursing Staff on Duty will:
- IC remains in isolation until the Nursing assesses.

Nurse monitors client for COVID-19 symptoms once a day for 5 days.

Does client become Symptomatic?

Yes

No

On day 5 obtain an order and collect a nasopharyngeal swab for COVID-19

Positive swab

Negative swab

Move to isolation cell.. Notify Sergeant, Acting Regional Lead and Public Health. To remain in Isolation for 14 days until deemed non-contagious by physician or Public health

Send to General Population

Department of Public Safety
Correctional Services

Administer Covid-19 Screening questionnaire to **Currently Incarcerated or Transferred Client who has already completed admission isolation**

The Currently Incarcerated Client (IC):

- 1. Experienced One of the following nine symptoms; a fever above 38C or feeling feverish (i.e. warm, chills), shortness of breath, new cough or worsening cough, sore throat, runny nose, headache, new onset fatigue, loss of taste or smell, new onset muscle pain and diarrhea.

Transfer Risk:

- 2. Transferred to or from Red / Lock down CENTER or CENTER experiencing outbreak in the last 14 days.

One Symptom with Transfer Risk OR two or more symptoms

Move Client to Isolation and swab, isolate cell mate and offer swab.

Positive swab

Moved to isolation cell in Seg / Adm for Immediate transfer. Notify Sergeant, Acting Regional Lead and Public Health. To remain in Isolation for 14 days until deemed non-contagious by physician or Public health

Negative swab

Returned to General Population

One Symptom only

Keep client and roommate in cell isolating.
Swab Clients immediately.

Positive swab

Notify Sergeant, Acting Regional Lead and Public Health, Prepare Client for Transfer. Remain in isolation x 14 days until deemed non-contagious by physician or Public Health

Negative swab

D/C ISOLATION

COVID-19: Guidance for Correctional Centers

This document has been updated from the July 10,2020 version. The following changes have been made:

- Travel outside the Atlantic provinces
- Close contact with a case in the last 14 days

Coronaviruses are a large family of viruses. COVID-19 is a rapidly evolving new disease that has spread globally. As knowledge of the virus and its transmission has increased, there is now evidence that asymptomatic and pre-symptomatic transmission can occur and may be an important factor in closed settings such as correctional centres.

For information regarding COVID-19, visit the Canada.ca and WHO web site and the Government of New Brunswick (GNB) Coronavirus web site: www.gnb.ca/coronavirus.

This document has been developed specifically for implementation in provincially owned and operated correctional centres in New Brunswick, with the goal to provide guidance to staff to help prevent or limit the transmission of COVID-19 in these institutions. This guidance is based on current information available about the illness and is intended for use by the Corrections Branch of the Department of Public Safety in collaboration with the Department of Health and Regional Public Health. Information could be extended for use in federal facilities. This document will refer to individuals who are incarcerated as clients.

Clients of correctional centers have been identified as a vulnerable population for complications from COVID-19, as well as having the potential to easily transmit the virus within their centre. Corrections Health Services (CHS) staff and other staff and volunteers in these centers may also transmit the virus and need to be extremely vigilant in self-monitoring to prevent introducing the virus into this setting. Corrections staff have a critical role to play in identifying, reporting and managing potential cases of COVID-19.

Correctional centers are a unique setting with many variables that are difficult to detect, manage and control. This client group, when outside of correctional centers, does not usually practice safe distancing and/or social isolation. This group also may have other reasons to be dishonest in travel history; for instance, if the client had criminal connections outside of New Brunswick. They also tend to present in varying degrees of intoxication and/or altered mental status. The correctional setting itself, is more akin to a cruise ship, with large volumes of people using a shared space, unable to distance themselves. It is different than practicing self- distancing in a suburban setting. An honest risk assessment is very difficult; therefore, it is very important to be proactive with this population.

What are the signs or symptoms?

Signs or symptoms may include two or more of the following:

- Fever (> 38 degrees Celsius) or signs of fever (such as chills, feeling feverish or unusually warm)
- new cough or worsening chronic cough

- runny nose
- headache
- sore throat
- new onset of fatigue
- new onset of muscle pain
- diarrhea
- loss of taste or smell

How is it transmitted?

- Symptomatic cases of COVID-19, including mild cases, are causing the majority of transmission, however, there is also evidence that asymptomatic and pre-symptomatic transmission can occur.
- Person-to-person transmission is mostly occurring via infectious respiratory droplets.
- The virus enters a person's body either:
  - by large respiratory droplets containing the virus that adhere to mucous membranes of a person's eyes, nose or mouth, or
  - by touching a surface or an object contaminated with the virus and then proceeding to touching one's eyes, nose and mouth.
- A longer exposure time and a more severe illness with coughing likely increases the risk of exposure to the virus.
- Performing an aerosol-generating medical procedure (AGMP) can generate aerosols capable of being inhaled, and capable of spreading further in the air than respiratory droplets.
- The role of fecal-oral and body fluid transmission of the COVID-19 virus is uncertain at this time.

How long is the incubation period?

Current estimates of the incubation period range from 0-14 days with median estimates of 5-6 days between infection and the onset of clinical symptoms of the disease.

What is the period of communicability?

The period of communicability is not well understood and varies by the type of coronavirus. Detailed medical information from people infected is needed to determine the infectious period of COVID-19.

For contact tracing purposes, New Brunswick has adopted the period of communicability for COVID-19 from two days prior to onset of symptoms up to 14 days after symptom onset.

How long can the virus survive in the environment?

COVID-19 viruses can survive on surfaces from several hours to days depending on several factors including relative temperature, humidity, and surface type.

NOTE: Information on transmission, incubation period, period of communicability and how long the virus can survive in the environment are assumptions. The assumptions are based on currently available scientific evidence and expert opinion and are subject to change as new information on transmissibility and epidemiology becomes available. It is still to be determined how easily the virus spreads between people. See: Summary of Assumption

The Regional Medical Officer of Health (MOH), through the regional Public Health Communicable Disease team, will provide direction on implementing the control measures outlined in this document.

Administration

Superintendents should ensure that their correctional centers have policies and procedures for the prevention and management of respiratory outbreaks, such as COVID-19. These should include:

- a staffing contingency plan;
- an outbreak response plan and a review process:
  - defining who is responsible for the coordination of an outbreak response
  - defining who is responsible for the implementation of outbreak measures in close coordination with the regional public health team.
  - defining who is responsible for communications within the center

Staff should refer to the Department of Public Safety internal document: Department of Public Safety Pandemic Response Plan

Reporting and Notification

Individual cases:

- An interim national case definition for COVID-19 has been developed, specifically for confirmed cases, probable cases and as well as associated surveillance reporting requirements.
- Report any possible COVID-19 illness in clients and staff immediately to the appropriate Regional Public Health office. It is critical for CHS to notify the Regional Medical Officer of Health (MOH) or designate if any person (i.e. client or staff) has or may have COVID-19 **within 1 hour**.
- If CHS staff are not working, the Superintendent or Deputy Superintendent must report any possible COVID-19 illness to the Regional Medical Officer of Health (MOH) or designate **within 1 hour**.
- Regional Public Health staff can be reached during regular business hours, as well as, after hours as per established protocols (see **Appendix A**).

Outbreak:

- **During the COVID-19 pandemic, a single laboratory-confirmed case of COVID-19 in a client or staff member is considered an outbreak.**

- **Any suspected outbreak should be responded to and reported IMMEDIATELY to Regional Public Health.** For any suspected outbreak, the Lead Nurse at the Correctional Centre will send a line list for ill clients and staff which would be provided by Regional PH

Staff:

- Staff should be screened at the start of their shift and at the mid-shift point. Responsibility for staff screening should be clearly outlined (as per **Appendix B).**
- **Staff are required to self-screen just prior to entering the facility, as per the most recent script provided by the Department of Health.**
- Staff should be reminded daily on the importance of completing screening for any symptoms at the mid-shift point. Symptoms must be flagged, even if mild.
- Staff should be reminded of their critical responsibility to self-monitor for COVID-19 symptoms and stay home when sick, even with mild or minor symptoms.
- A dedicated telephone line has been set up for staff to call immediately if they develop symptoms, whether at home or at work: 1-833-475-0724.
- Staff should avoid working in different facilities.
- Staff should limit exposure to units they are not assigned.
- Consistent assignment to same unit when possible. Staff movement between units should be limited where possible.
- If staff develop symptoms of COVID-19 (as per the list outlined above) they should:
  - immediately exclude themselves from the client environment.
  - not remove their mask if wearing one, or to don one immediately
  - clean their hands.
  - notify their shift supervisor who will notify CHS or their Superintendent when CHS staff is not working, who will report a possible case to Public Health.
  - call the dedicated line to arrange testing via the assessment centers
  - avoid further client contact and
  - leave the centre as soon as possible to self-isolate in own home; or self-isolate and stay off work if already at home.
- Prior to working every shift, staff must report if they have had potential exposure to a case of COVID-19.
- Staff should be isolated at home and not working if:
  - they have travelled outside of the Atlantic provinces (New-Brunswick, Nova Scotia, Newfoundland and Labrador, Prince Edward Island) or as outlined within the mandatory order.In this case, they should self-isolate for 14 days from their arrival to NB.
  - they have symptoms compatible with COVID-19. They should be tested and could consider returning staff to the work environment if result is negative and no other known exposures to COVID-19 are known.
  - they were a contact of a case of COVID-19, depending on the nature of the exposure and whether any PPE was worn. Consultation with Regional Public Health is warranted in such a situation.
  - they have been told to self-isolate by a Public Health authority.

- They must not enter the centre for at least 14 days from last exposure unless Regional Public Health provides other direction (based on an assessment of the proximity and duration of contact and level of personal protective equipment worn).
- They must notify their shift supervisor so Public Health can be advised by CHS or their Superintendent of the period when CHS staff will not be working.
- They must follow the direction given by CHS, in consultation with the Regional MOH, as guidance may differ based on the specifics of the case.
- Elements of the risk assessment should include but are not limited to:
  - Availability of test results within 48-72 hours
  - Presence of community transmission in an area
  - Type and length of contact
  - Presence of mask for all shift in place
  - Vulnerability of staff person
- CHS and DPS staff should have N95 fit testing done every two years.
- Ensure corrections staff have access to information on COVID-19, infection prevention and control precautions and have an opportunity to practice donning and doffing protective equipment.
- Gyms for staff should remain closed until community gyms are open as part of the recovery guidance. This will prevent unnecessary visits to the centres, e.g. DPS officers coming to the facility on their days off.

Laboratory Testing:

- **Follow Appendix C: COVID-19 Isolation Parameters for Incarcerated Clients.**
- As per relevant laboratory guidance and identified protocols, ensure that appropriate specimens from a case are forwarded to the respective regional microbiology laboratory. One nasopharyngeal swab is to be collected.
- For rapid testing, Regional Public Health should be consulted prior to swab collection for instruction regarding appropriate medium to use. The specimen may be considered for rapid testing in consultation with the Regional MOH.
- The specimens will be tested at the Dr. Georges-L.-Dumont University Hospital Centre microbiology laboratory. Their assay is available 7 days a week and performed within 24 hours of receiving the specimens. Label name of Correctional Centre.

**** Clients and staff** that are symptomatic (even with mild symptoms) are considered as a priority group for testing for COVID-19.

Infection Prevention and Control

To prevent the introduction of COVID-19 into the correctional center the following measures should be currently in place:

- Institutional visits to clients should be considered by individual centres if the risk of introduction of COVID-19 into the centre can be mitigated, i.e. visitor screening, plexiglass barriers, speaking devices cleaned between use.
- Review plans for transfer daily for appropriateness of transfer if isolation is in place.

- Every attempt to temporarily suspend the intermittent sentence program should be made to avoid clients moving in and out of centres. The Department of Public Safety will replace with the temporary absence program if appropriate.
- Staff should maintain physical distancing (at least 2 metres separation) upon arrival in the parking lot and while walking to the centre before entry.
- Staggering start time for staff should be considered to prevent congregating outside the centre before entry. Signage/tape should be placed so physical distancing is maintained by all while waiting to enter.
- The number of people entering the centre needs to be limited so physical distancing (at least 2 metres separation) can be maintained between individuals on entry into the foyer of the centre.
- Signage should be placed inside and outside the centre to advise no entry if symptoms.
- In addition to staff, active screening should be conducted on volunteers and essential visitors (delivery personnel) at entry of the facility. Refer to **Appendix B for instruction about screening**.
- Signage should be placed in foyer reminding staff and essential visitors that they must complete screening and put on a mask before entering.
- Active client screening should include assessments for symptoms of COVID-19 twice per day (at least eight hours apart). Refer to Health Screening of Clients (See **Appendix D**).
- Physical distancing measures (maintaining 2 metres spatial separation) are utilized for staff wherever feasible. Masks should be worn by all staff when carrying out direct and indirect client care.
- Establish traffic flow patterns to avoid staff and clients from being within 2 meters of each other when possible.
- Close contact with clients should be limited to when it is required and minimized if possible.
- Physical distancing measures must be maintained for staff during meal and break times. Consider rotating break times.
- Frequent hand and respiratory hygiene should be encouraged for clients and staff.

Admissions

- Prior to every client interaction, CHS have a responsibility to perform a Point of care Risk Assessment (PCRA) to assess the infectious risk posed to themselves and others. A PCRA will help determine the correct PPE required to protect the CHS in their interaction with the client and client environment. (See **Appendix E)**.
- Follow Admissions Script for newly admitted clients from the community or other facility or hospital. (See **Appendix F).** Definition of admission is any client admitted to a facility. The only client that is not considered a new admission is one coming from an appointment (appointment. (a court visit or medical visit).
    - Isolate “AT RISK” immediately.
    - “NO RISK” clients to be housed in designated cells for 5 days prior to transfer to general population. Monitor closely for early onset of symptoms by completing the “Health screening of clients- Pandemic Guidelines” form each day. (See **Appendix D).**
    - Perform a test for COVID-19 and await a negative result before transferring into the general population.

Transfers

- Clients should be provided masks before transfer and provided a new mask if their mask becomes soiled during transfer.
- DPS staff are expected to wear appropriate PPE during transfer.

Ill Clients

- Early 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 in the correctional centre as long as effective self-isolation and appropriate monitoring (i.e. for worsening of illness) can be provided, i.e. in the COVID unit.
- Follow **Appendix C** COVID-19 Isolation Parameters for Incarcerated Clients.
- All clients with suspect COVID-19 are immediately placed into Droplet and Contact precautions (e.g., use of gloves, gown, mask and face or eye protection – see **Appendices E, G, and H**) for all staff who need to be within 2 metres of the client until COVID-19 or other respiratory infection, as deemed appropriate by attending physician and is excluded through testing.
- Department of Public Safety will ensure isolation rooms are designated for use.
- Correctional centers should notify any transferring hospital and Regional Public Health, if a client develops symptoms and/or is diagnosed with COVID-19 within 14 days of transfer.
- When a client is suspected to have COVID-19 and has been tested, a risk assessment should be conducted to determine additional precautions for staff/other clients who had direct contact with a client during the pre-symptomatic period. Discussion with the Regional MOH will help determine additional measures or restrictions; i.e. whether or not staff should be excluded from work, self-isolate and/or self-monitor while waiting for client test result.
- Opportunities for showering, exercise and yard time must be included in the client case plan to ensure consideration is given to the potential impact these may have on client physical, social and emotional well-being.
- If clients with confirmed or suspected COVID-19 must leave their room for showering, exercise, or yard time, or medically necessary care or treatment, they should wear a mask, be instructed to perform hand hygiene (with assistance as necessary) and avoid touching surfaces or items outside of the room. Staff attending such a client should don full PPE recommended for Droplet and Contact precautions.

Case and contact management

- Regional PH will provide guidance and directives on when to apply outbreak measures to the affected area or the entire correctional center. This could include such measures as placing all clients on isolation precautions and/or wider testing within the centre, depending on the risk assessment.
- The treating health care provider attached to the correctional center will provide individual clinical management of the case based on their condition and at the discretion of the health

care provider. Currently, there is no specific treatment (e.g. antivirals) for cases of COVID-19.

- CHS should conduct contact tracing to determine whether a COVID-19-positive client exposed other staff or client during the period of communicability.
- DPS will do contact tracing with staff members to determine whether a COVID-19-positive staff exposed other staff or client during the period of communicability and advise Lead Nurse of the centre.
- Control measures during an outbreak, including contact tracing and management, should be implemented in close collaboration with local Public Health.
- The duration and discontinuation of droplet and contact precautions and isolation measures for a client or unit on outbreak should be determined on a case-by-case basis, in consultation with Regional Public Health.
- Correctional centers may need to implement further restrictions of movement of clients within the centre and discontinuation of all non-essential activities, including communal activities, as directed by Regional Public Health.

Cohorting

- Clients suspected or confirmed to have COVID-19 should be cared for in single cells in the following order of preference:
  - Separately, in single cells with solid walls (i.e., not bars) and solid doors that close fully.
  - Separately, in single cells with solid walls but without solid doors.
  - As a cohort, in a large, well-ventilated cell with solid walls and a solid door that closes fully.
  - As a cohort, in a large, well-ventilated cell with solid walls but without a solid door.
- Safely transfer individual(s) to another facility with available medical isolation capacity in one of the above arrangements, i.e. the COVID unit.
- If more than one COVID-19 case in the centre, infected clients will be moved to the COVID unit.
- If one or more COVID-19 cases in your facility, establish dedicated teams of staff specific to clients with suspected or confirmed COVID-19, where feasible, to reduce the risk of further transmitting infection in the facility.
- Consider cohorting clients and staff to the COVID unit to ensure there is no contact with the staff/clients in the unaffected units/wings.
- Roommates of symptomatic clients should be moved to a single room for isolation and monitoring for symptoms.
- Masks along with hand hygiene should be used for clients before leaving the isolation area.
- Follow Regional MOH or designate direction for outbreak control measures. This could potentially include placing all clients in the unit on lock down / on isolation precautions and testing on all on the unit and/or wider testing in the centre, depending on the risk assessment performed by the Regional MOH or designate.

Communication

- CHS should monitor Public Health information to understand COVID-19 activity in their community. This will help to inform their evaluation of clients.
- Regular communication should occur within CHS, with DPS partners, and with clients, their families and other stakeholders.
- Keep clients and staff informed if a case of COVID-19 is identified in the correctional center, what actions the center is taking to protect them, and what measures they need to follow.

Communal Activities

- There should be no restrictions in routine communal activities such as exercise and yard time as long as physical distancing can be maintained. Consider implementing measures such as allowing less clients in these areas at a time, staggering time in recreational spaces.
- Physical distancing measures (maintaining 2 metres spatial separation) should be followed.
- Ensure disinfection of gym equipment after each use. The number of clients using the equipment should be reduced to ensure the equipment is being wiped down properly between use as some disinfectants require minimum contact time.
- Entry/exit to yard area should be wiped down once a group passes through either exiting or entering.
- The number of people in common rooms such as room for court video conferencing, chapel, snack vending room, etc. should be limited to ensure appropriate distancing.
- In non-outbreak situation, restrict indoor group activities such as schooling, group work, group counselling, etc to ensure physical distancing can be maintained, or consider measures that will ensure spacing (such as reduced number of participants, staggering groups, using alternate locations that have more space etc.).
- Ensure that when isolating clients that consideration is given to the potential impact on physical, social and emotional well-being.
- Ensure that any materials (e.g. electronic tablets, remotes, or other devices) used for client activities should be cleaned and disinfected between each client use.
- Items such as magazines and books should not be shared among clients until they have been placed in a bag for five days after use.
- Continue usual practice of serving clients individual meals in their rooms

Preventive Measures

Hand Hygiene

Hand hygiene remains one of the most important means to prevent and control communicable disease, and should be performed frequently by clients, staff, visitors, and volunteers.

Hand washing is an effective way to reduce microbial contamination of hands and should be part of the daily routine of clients, staff and visitors. Soap and water should be used and soap should be provided to all clients.

- Ensure that clients and staff have easy access to appropriate hand hygiene facilities following toileting and before meals or food preparation and prior to entering the general population.
- Include education and assistance of clients with hand hygiene as part of care plan. Demonstrate prior to entering the general population.
- Ensure alcohol base hand rub (70-90%) is available for staff only.
- Ensure alcohol base hand rub is located and maintained at entrances to the centre.
- Soap should be provided to all clients for hand washing.
- Make sure tissues are available and any sink is well-stocked with soap and paper towels for hand washing.
- Post signage directing all persons entering the building to clean their hands.
- Educate corrections staff on the 4 critical moments for hand hygiene and review on a regular basis.
- See **Appendix I** for directions for corrections staff and **Appendix J** for clients regarding hand hygiene.

Respiratory Hygiene

- Respiratory hygiene products (e.g. masks, tissues, alcohol- based hand rinse (ABHR), no-touch waste receptacles) are available and easily accessible to staff.
  - Provide tissues and masks as well as instructions on how and where to dispose of them and the importance of hand hygiene after handling this material.
- Respiratory hygiene should be actively encouraged for all clients and staff:
  - Contain respiratory secretions by using tissues to cover the mouth and nose during coughing/sneezing, with prompt disposal into a no touch waste receptacle.
  - Cover the mouth and nose during coughing/sneezing against a sleeve/shoulder if tissues are not available.
  - Turn the head away from others when coughing/sneezing.

Personal Protective Equipment

- The facility should ensure that they have on hand an adequate supply of PPE, including gloves, gowns, masks (including N95), goggles.
- The recommendation that Mask-for-all-shift guidance has been be implemented across the New Brunswick health care system, including special environments such as correctional centres.
- Continuous use of masks is the practice of wearing the same mask for repeated close contact with different clients, without removing the mask between client encounters. The duration of the continuous use is dependent on the nature of the task or activity being undertaken. CHS staff, and other staff or essential visitors (depending upon the length of their visit) in correctional centers, should be provided **two surgical masks** per shift for use during direct and indirect client contact. The appropriate use of Personal Protective Equipment (PPE) (including masks) will preserve supplies while protecting employees and patients.
- Appropriate practice should be followed for donning and doffing of the masks as well as continue to use routine infection prevention and control guidance. See **Appendix K.**

- Staff and essential volunteers/visitors must be trained and monitored for compliance with putting on and wearing a mask for the duration of their shift or visit, and ensuring it is appropriately discarded after use. This is to reduce the risk of transmission to clients which may occur even when symptoms are not recognized.
- Staff should receive ongoing training and monitoring of compliance with Routine Practices, including hand hygiene, and implementation of additional precautions, including Droplet and Contact precautions, and use of an N95 respirator, in addition to Droplet and Contact precautions, if Aerosol Generating Medical Procedures are performed.
- An N95 respirator (plus eye protection) gown and gloves should be used when performing aerosol-generating medical procedures (AGMP): intubation and related procedures, nebulizing therapy, non-invasive positive pressure ventilation (CPAP, BiPAP), manual ventilation, open endotracheal suctioning on a suspect case.
- It is recommended to discontinue CPAP use if a client is suspected to have COVID 19 and awaiting test results or is diagnosed with COVID-19. There is no short-term risk of discontinuing CPAP when diagnosed and recovering from COVID-19.
- If a client currently uses a CPAP machine there is no need to discontinue use provided the client is not infected with COVID-19.
- Moving clients from room to room who are on CPAP or BiPAP should be avoided.

Care of Deceased Bodies

- Routine Practices should be used properly and consistently when handling deceased bodies or preparing bodies for autopsy or transfer to mortuary services. Communicable disease regulations should be followed.
- Droplet and Contact precautions should be used for known cases of COVID-19.

Environmental Cleaning and Disinfection

- Ensure all clients/staff responsible for environmental cleaning receive education about required cleaning and disinfection practices, including how to properly prepare cleaning and disinfection solutions.
- Special consideration should be given to high-touch surfaces and common areas which should be cleaned and disinfected at a minimum of twice daily and when soiled.
- Any hard non-porous surface that any clients come in contact with should be disinfected. Consideration should be given to high traffic areas such as where new admissions are received.
- Ensure machine for cleaning of shackles each day uses disinfectant of proper strength. There should be a written procedure on how to handle the shackles once they are cleaned and disinfected.
- Any items that have shared use such as phones, remotes, etc, should be cleaned between each use.
- See **Appendix L.**
- Disinfectants used for cleaning should be clearly labelled, changed according to manufacturer's recommendations, and tested to ensure correct strength.
- Written plan with regards to how isolation cells, cells with COVID-19 positive clients, and showers are disinfected between use.

- All reusable equipment should be dedicated to the use of the client with suspect or confirmed COVID-19 infection. If this is not feasible, equipment should be cleaned and disinfected with a hospital grade disinfectant before each use on another client.
- If there is confirmation that someone tested positive, then you should clean any known or suspected contact surfaces using a hospital grade disinfectant. Please keep in mind that it is important to clean and disinfect high touch surfaces regularly regardless of whether you know someone tested positive for COVD-19.
- Opening doors and windows to improve air circulation. Cleaning crews should wear gloves and wash their hands immediately after removing the protective gear.
- Ensure terminal cleaning and disinfecting of client's room following transfer, or discontinuation of the Droplet Contact Precautions.
- All surfaces or items, outside of the client room, that are touched by or in contact with staff (e.g., computer screens, telephones, touch screens, chair arms door handles, railings, tables, buttons, etc.) should be cleaned and disinfected at least daily and when soiled. Staff should ensure that hands are cleaned before touching the above-mentioned equipment.
- Ensure all staff responsible for utilizing client care equipment are adhering to required cleaning and disinfection practices.
- All care equipment should be cleaned and disinfected with a hospital disinfectant before reuse.
- Vehicles used to transfer clients should be cleaned after with disinfectant of correct strength.

Laundry

- Clients involved with doing laundry duties should receive instructions.
- Contaminated laundry should be placed into a laundry bag or basket with a plastic liner and should not be shaken.
- Gloves and a medical/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 should be disinfected.

Dishes and cutlery

Routine Practices are used.
Gloves should be worn to pick up food trays and when handling dirty dishes from those in isolation.

Waste management

No special precautions are recommended; Routine Practices are used.

For information regarding COVID-19, visit the Canada.ca and WHO web site and the Government of New Brunswick (GNB) Coronavirus web site: www.gnb.ca/coronavirus.

Appendix A: Public Health Communicable Disease Team Contact List

Contact information for the Regional Health Authorities Public Health Offices is listed below and is also available on the Office of the Chief Medical Officer of Health's website:

https://www2.gnb.ca/content/gnb/en/departments/ocmoh/for_healthprofessionals/cdc.html

Department of Public Safety Public Health Inspectors	Regional Health Authority Public Health Nurses
Central Region Fredericton (Regular hours): Main office (506) 453-2830 Communicable Disease Line (506) 444-5905	**Zone 3** Fredericton (Regular hours): Main office (506) 453-5200 Communicable Disease Line (506) 444-5905
Central Region After Hours Emergency Number 1-506-453-8128	
South Region Saint John (Regular hours): Main office (506) 658-3022 Communicable Disease Line (506) 658-5188	**Zone 2** Saint John (Regular hours): Main office (506) 658-2454 Communicable Disease Line (506) 658-5188
South Region After Hours Emergency Number 1-506-658-2764	
East Region Moncton (Regular hours): Main office (506) 856-2814 Communicable Disease Line (506) 856-3220	**Zone 1** Moncton (Regular hours): Main office (506) 856-2401 Communicable Disease Line (506) 856-3220 **Zone 7** Miramichi (Regular hours): Main office (506) 778-6756 Communicable Disease Line (506) 778-6104
East Region After Hours Emergency Number 1-506-856-2004	
North Region Edmundston (Regular hours): Main office (506) 737-4400 Campbellton (Regular hours): Main office (506) 789-2549 Bathurst (Regular hours): Main office (506) 549-5550	**Zone 4** Edmundston (Regular hours): Main office: (506) 735-2065 Communicable Disease Line: (506) 735-2626 **Zone 5** Campbellton (Regular hours): Main office phone number: (506) 789-2266 Communicable Disease Line (506) 790-4769 **Zone 6** Bathurst (Regular hours): Main office phone number: (506) 547-2062 Communicable Disease Line (506) 547-2062
North Region After Hours Emergency Number 1-506-789-2428	

Note: Regular hours are 8:15 am - 4:30 pm Monday-Friday.
The after-hours emergency number is to report notifiable diseases after 4:30 pm on weekdays and on the weekends and holidays. The pager is intended for emergency reporting only – operators are asked to keep the after-hours pager number confidential within the facility (only for operators and staff).

Appendix B: COVID-19 Self Monitoring for All Employees at Correction Health Facilities

All employees must self assess using the Active Screening Questions (ASQ) in the Employee Questionnaire Form (EQF) prior to entering a correctional facility.

If an employee answers **YES** to any two (2) of the nine (9) ASQ, then the employee must:

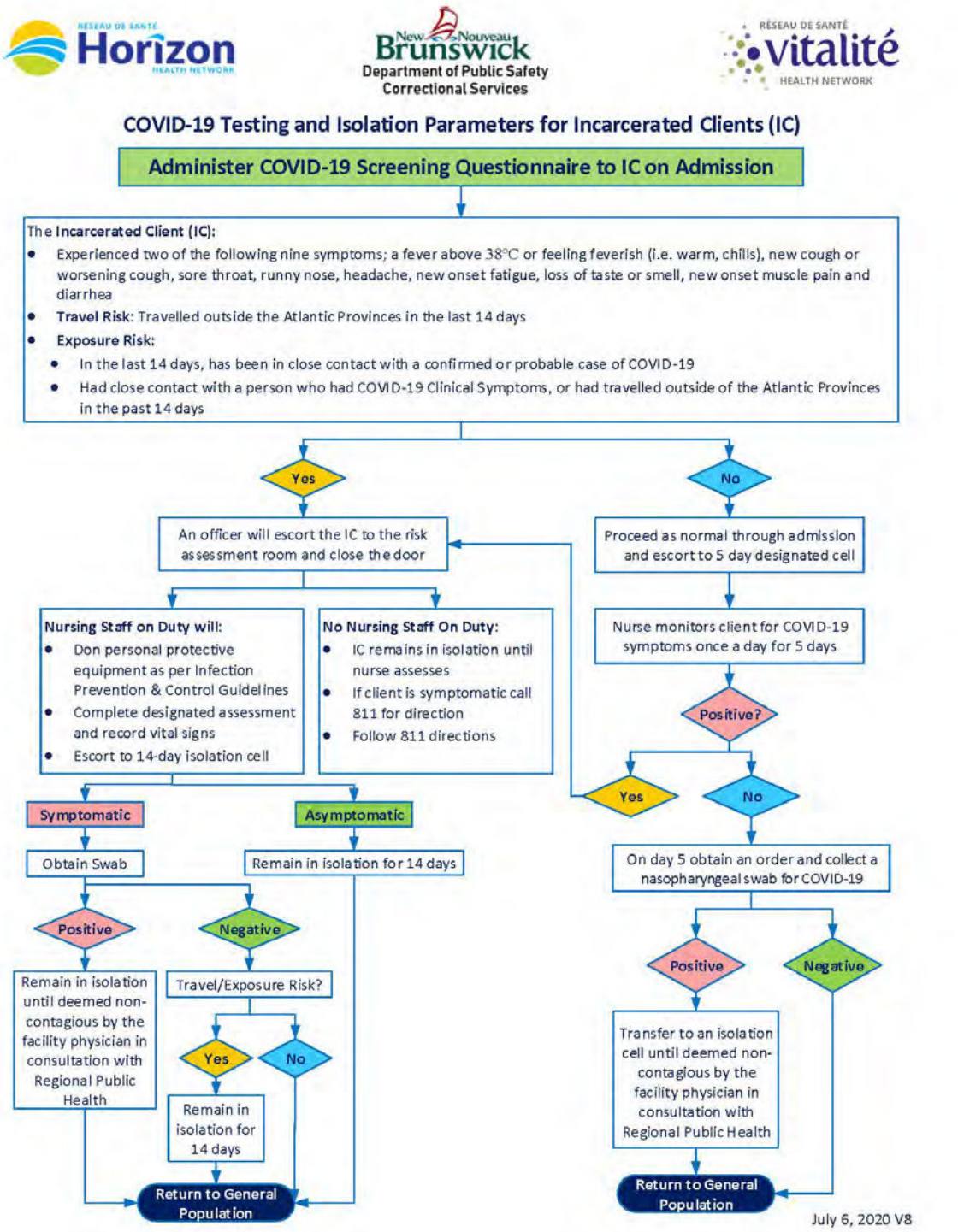
- Complete the EQF
- Return home to self isolate
  - Contact:
    - 1-833-475-0724 to advise their Correctional Facility that they need to schedule a test.
    - Their respective superintendent or designate once they have confirmed their appointment date.

All questionnaires with one (1) Yes response will be provided to superintendent by employee.

Employee Questionnaire Form			
Employee Name:		**Unit Working:**	
Work hours:		**Facility:**	
Date completed:		**Completed by:**	

Active Screening Questions	**Yes**	**No**
1. Have you recently experienced any two of the following nine symptoms? ☐ Fever or signs of fever ☐ Runny nose ☐ Headache ☐ New or worsening cough ☐ Sore throat ☐ New onset fatigue ☐ Loss of taste or smell ☐ New onset muscle pain ☐ Diarrhea	☐	☐
2. Have you travelled outside of the Atlantic Canada (New-Brunswick, Nova Scotia, Newfoundland and Labrador, Prince Edward Island) or as outlined within the Mandatory Order in the past 14 days?	☐	☐
3. Have you had close contact with a person with acute respiratory illness (i.e. bad chest cold) outside of work duties who has travelled outside of the province on or in the past 14 days?	☐	☐
4. Have you had close contact with a confirmed case of COVID-19 within the past 14 days?	☐	☐
5. Have you completed a required period of self-isolation but have been directed by Public Health, 811, or a family physician to remain in self isolation?	☐	☐

Appendix C: COVID-19 Isolation Parameters for Incarcerated Clients



Appendix D: Health Screening of Clients - Pandemic Guidelines

Nursing staff will do health screening twice a day for all clients with a minimum of 8 hours between screening:

- ✓ Perform screening: Ask screening questions to assess changes in health status related to the following COVID-19 symptoms:

• Fever or signs of fever	• Runny nose	• Headache
• New or worsening cough	• Sore throat	• New onset fatigue
• Loss of taste or smell	• New onset muscle pain	
• Diarrhea		

  If a client has been identified with **<u>at least two of the nine</u>** COVID-19 symptoms:
  1. Immediately implement droplet and contact precautions and don PPE
  2. Provide the client with a mask to wear during transfer to isolation room
  3. Follow ***Isolation Parameters for Incarcerated Clients Process Map*** **(Appendix C) which would include initiation of laboratory testing.**

- ✓ Perform Intervention: Perform a temperature check
  If a client has a temperature greater than 38 degrees Celsius:
  1. Immediately implement droplet and contact precautions and don PPE
  2. Provide the client with a mask to wear during transfer to isolation room
  3. Follow ***Isolation Parameters for Incarcerated Clients Process Map***

- ✓ Ensure Documentation:
  1. Complete ***Daily Screening of Clients During Pandemic Form***
  2. Focus Charting will be in the client health record for clients who screen positive for two of the nine COVID-19 symptoms OR have a temperature greater than 38 degrees Celsius.

Focus: COVID-19 Monitoring
Response: COVID-19 Monitoring completed with reported sore throat and headache.
Action: Obtained nasopharyngeal swab and transferred to isolation cell

Appendix E: Infection Prevention & Control (IP&C) Guidelines for Correctional Health Services

The IP&C guidelines located in the table on pages 1 and 2, provide interim direction for the management of clients presenting with suspect COVID-19 in a corrections health setting. Currently, it is known that among humans the Coronavirus (COVID-19) is most readily transmitted via respiratory droplets produced when an infected person coughs or sneezes similar to how influenza and other respiratory pathogens spread. Presently these respiratory infections are managed in our corrections health settings following IP&C Droplet/Contact Precautions.

COVID-19 is a rapidly evolving outbreak. The guidance provided is based on the information available related to disease severity, transmission efficiency, and shedding duration. It will be updated as more information becomes available and as our response needs change.

Correctional centers are a unique setting with many variables difficult to account for. This client group typically:

- Outside of the correctional center does not practice safe distancing and/or social isolation
- May have other reasons to be dishonest in travel history; for instance, if the client had criminal connections outside of New Brunswick
- Tends to present in varying degrees of intoxication and/or altered mental status

The correctional setting is similar to a cruise ship containing large volumes of people using a shared space, unable to distance themselves which differs from practicing self-distancing in a suburban setting. An honest risk assessment is challenging, therefore, being proactive with this population is critical.

Prior to every client interaction, Corrections Health Services (CHS) have a responsibility to perform a Point of Care Risk Assessment (PCRA) to assess the infectious risk posed to themselves and others. A PCRA will help determine the correct Personal Protective Equipment (PPE) required to protect CHS during their interaction with the client in the clients' environment.

Corrections Health Services IP&C Guidelines			
Setting	**Individual**	**Activity**	**Type of PPE or procedure**
In Sherriff's Van	Sherriff	• To provide mask to all clients in vehicle.	• Surgical/procedure mask
Arrival At Correctional Centre	Admissions Officer	• Admissions officer to ask designated screening questions with full PPE. • If **RISK:** correctional officer to escort client into risk assessment room	**NO RISK & AT RISK** Droplet and Contact precautions, which include: • Surgical/procedure mask • Eye protection (goggles/ face shield) • Isolation gown • Gloves
NO RISK Admission Assessment In	CHS Nursing Staff & Correctional Officer (CO)	• If **NO RISK:** CO to escort client into health centre for admission	**NO RISK & AT RISK** Droplet and Contact precautions, which include:

Corrections Health Services IP&C Guidelines			
Setting	**Individual**	**Activity**	**Type of PPE or procedure**
Health Centre		during hours with nursing present. Outside of these hours go directly to 5-day designated cell. • Nursing to complete admission assessment with CO present in full PPE. •	• Surgical/procedure mask • Eye protection (goggles/ face shield) • Isolation gown • Gloves
NO RISK **5 Day Designated Cell**	CHS Nursing Staff & CO	• Delivery of meal trays • Medication administration • Daily health check	• If unable to physically distance, use mask for all interactions with client. • Perform hand hygiene
AT RISK **Assessment Room**	CO	• Perform normal admission procedure in designated at **RISK** assessment room. • Escort client to designated isolation room per Department of Public Safety (DPS) once nurse completes the assessment • Remove PPE after client is secured in isolation.	Droplet and Contact precautions, which include: • Surgical/procedure mask • Eye protection (goggles/ face shield) • Isolation gown • Gloves
	CHS Nursing Staff	• Preliminary assessment of clients with suspected or confirmed COVID- 19	Droplet and Contact precautions, which include: • Surgical/procedure mask • Eye protection (goggles/ face shield) • Isolation gown • Gloves
	Client	• Clients suspected or confirmed to have COVID- 19	• Placed in assessment room with door closed • Provide surgical/procedure mask if tolerated. • Perform hand hygiene
	Environmental Service Workers	• After and between consultations with clients suspected or confirmed to have COVID-19 • Clean chair and client care equipment with Quat PRO or designated cleaner	Droplet and Contact precautions, which include: • Surgical/procedure mask • Eye protection (goggles/ face shield) • Isolation gown • Gloves

Corrections Health Services IP&C Guidelines			
Setting	**Individual**	**Activity**	**Type of PPE or procedure**
Isolation Room Suspected Or Confirmed COVID-19	CHS Nursing Staff & CO	• Provide direct care to clients with suspect or confirmed COVID- 19 who has been assessed to have mild/moderate symptoms.	Droplet and Contact precautions, which include: • Surgical/procedure mask • Eye protection (goggles/ face shield) • Isolation gown • Gloves
	Environmental Service Workers	• Entering the room of patients with suspect or confirmed COVID- 19 who have been assessed to have moderate/severe symptoms and who are on Droplet/Contact Precautions. • Room to be cleaned X 2/day	Droplet and Contact precautions, which include: • Surgical/procedure mask • Eye protection (goggles/ face shield) • Isolation gown • Gloves

References:

Centers for Disease Control and Prevention - *Interim Infection Prevention and Control Recommendations for Clients with Confirmed 2019 Novel Coronavirus (COVID-19) or Clients Under Investigation for COVID-19 in Corrections health Settings* – Updated March 10, 2020
https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html

Public Health Agency of Canada - *Infection prevention and control for coronavirus disease (COVID-19): Interim guidance for acute corrections health settings* – Modified February 24, 2020
https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/interim-guidance-acute-corrections health-settings.html

Government of Canada - Interim national case definition: Coronavirus Disease (COVID-19) – Modified February 25, 2020
https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/national-case-definition.html

Public Health Ontario - *Technical Brief Updated IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19* - Modified March 12, 2020
https://www.publichealthontario.ca/-/media/documents/ncov/updated-ipac-measures-covid-19.pdf?la=en

Appendix F: Admission Script for Corrections Health Services

To be used by all staff when clients are admitted to remand, correctional or youth correctional facilities in New Brunswick, as well as to all clients reporting for intermittent sentences.
These questions will be asked of all clients by the admissions officer in the correctional centre:

1. Are you experiencing any two of the nine symptoms; a fever above 38°C or feeling feverish with chills, new cough or worsening cough, sore throat, runny nose, headache, new onset fatigue, loss of taste or smell, new onset muscle pain and diarrhea?

2. Ask the following:
   - Have you travelled outside of the Atlantic Canada (New-Brunswick, Nova Scotia, Newfoundland and Labrador, Prince Edward Island) or as outlined within the Mandatory Order, in the past 14 days?
   - In the last 14 days, have you had close contact with a confirmed or probable case of COVID-19?
   - Have you had close contact with a person who has had symptoms in question 1, who has travelled anywhere outside of the Atlantic Canada (New-Brunswick, Nova Scotia, Newfoundland and Labrador, Prince Edward Island) or as outlined within the Mandatory Order, within the past 14 days?

NO RISK: NO to all in 1 & 2: Proceed as normal through admission and escort to 5-day designated cells.

NO RISK: - Nursing
I. Nursing to monitor client once per day x 5 days for symptoms and fever.

AT RISK: YES to any two symptoms of # 1 and/or any of 2: escort to risk assessment room
AT RISK: NO to any of 1 and YES to any of 2: escort to risk assessment room

AT RISK - During hours where nursing is on duty:	**AT RISK - During hours where there is NO nursing on duty:**
I. Client to be escorted into risk assessment room by officer and door is to be closed. II. Nursing staff to don PPE per infection prevention protocol III. Nursing staff to complete designated assessment and record vital signs in at risk assessment room IV. Follow **Isolation Parameter for Incarcerated Clients Process Map**	I. Client to be escorted into risk assessment room by officer and door is to be closed. II. Call 811 for direction if client is symptomatic. III. To remain in isolation until nursing assesses.

Appendix G: Routine Practices

Routine Practices include:

1. A point of care risk assessment of the client and the planned interaction is completed prior to each interaction.
2. Hand hygiene before and after physical contact with the client and / or with the client environment.
3. Hand hygiene by client. Clients may require assistance from staff.
4. Use of barriers to prevent staff contact with blood, body fluids, secretions, excretions, non-intact skin or mucous membranes (e.g. gloves, gown, mask, eye protection).
5. Single room and private toileting facilities for clients who soil the environment with blood, body fluids, excretions or secretions.
6. Safe handling of sharps to prevent injury including the use of safety-engineered devices and the provision of sharps containers at point-of-care where required.
7. Safe handling of soiled linen and waste to prevent exposure and transmission to others
8. Cleaning and disinfection of equipment that is being used by more than one client between clients.
9. Respiratory Hygiene
    - Post signage at facility entrances re performing hand hygiene and donning a surgical/procedure mask if sneezing or coughing
    - Use disposable tissues for wiping nose
    - Cover both mouth and nose with disposable tissues when coughing or sneezing
    - Discard tissues after one use into a hands-free receptacle
    - Sneeze and cough into sleeve or shoulder when tissues are not available rather than the bare hand
    - Perform hand hygiene immediately after coughing, sneezing or using tissues
    - Turn head away from others when coughing or sneezing
    - Keep hands away from the mucous membranes of the eyes and nose
    - Maintain a spatial separation of 2 meters between clients.

Appendix H: Droplet Contact Precautions

- Perform a point of care risk assessment to determine appropriate precautions.

Personal Protective Equipment

- Gloves for entry into the room
- Surgical/procedure mask for activity within 2 meters
- Eye Protection for activity within 2 meters. Prescription eye glasses do not provide protection
- Long sleeved gowns if it is anticipated that clothing or forearms will be in direct contact with the client, environmental surfaces, or objects within the client environment.

Hand Hygiene

- Most important measure to prevent spread of infection,
- Clean hands before and after contact with the client environment with alcohol-based hand rub or with soap and water

Isolation Supplies

- Alcohol based hand rub 70 – 90%
- Long sleeved isolation gowns
- Gloves
- Eye protection
- Surgical / procedure mask
- Dedicated thermometer
- Stethoscope
- Laundry hamper
- Waste containers
- Specimen bags
- Pen
- Post-it notes
- Isolation Signage (Droplet Contact Precautions)
- Approved disinfectant for equipment cleaning

Client Care Supplies

- Limit the disposable supplies taken into the room to the amount anticipated for use
- Disposables not used cannot be returned to stock.
- Provide the client with a mechanism to perform hand hygiene following coughing/sneezing.

Isolation Room Set up

- Waste can and laundry hamper in client room
- Ensure that the client can dispose of used tissues

- Set up the personal protective supplies in another location.

Enter/Exit Room Procedure

Before entering room: Perform hand hygiene

- Put on gown— if required
- Put on surgical/procedure mask
- Put on eye protection
- Put on gloves.

To exit room:

- PPE is removed prior to exiting the room
- Remove gloves and dispose
- Remove gown (if worn), touching only the inside of gown and place in hamper
- Perform hand hygiene
- Remove eye protection (front of eye protection is contaminated)
- Remove mask-remove by ties (front of the mask is contaminated)
- Perform hand hygiene.

Note: Re-usable eye protection must be cleaned and disinfected after each use

Charting

Do not take any part of the chart into the room Keep dedicated pen and post-it notes inside client's room

- Exit the room following the Enter/Exit Room Procedure
- Use pen outside the room to record information on chart/paper.

Equipment

- Use disposable equipment, when possible.
- Clean and disinfect reusable equipment before removing from the room.

Laundry and Waste

- Tie off the laundry and waste bags before leaving the room
- Place outside the room for pick-up
- No further special handling is required for laundry and waste.

Food Trays

- Regular dishes and cutlery
- Regular dishwashing procedures.

Room Cleaning

- Twice daily cleaning of all high touch surfaces, bathroom faucets, drawer and door handles,

etc.

- If discharged or transferred out of room, carry out discharge cleaning (per facility policy) and discard all magazines, personal care supplies, disposable supplies, etc.

Transport

Client remains confined to room except for medically required activities. Re-schedule all non-urgent medical appointments. If it is necessary to leave the room for tests/facility transfer/therapy:

- Sending facility must notify receiving facility of required precautions
- Transport Personnel to don Personal Protective Equipment (PPE) to enter client room
- Client to don a surgical/procedure mask and clean clothing
- Utilize clean linens on the clean transport-wheelchair/stretcher (the client's linen should not be used for transport
- Assist with hand hygiene
- When leaving the room, transport personnel should remove PPE (gowns and gloves) and perform hand hygiene and don clean PPE. The surgical mask and eye protection do not need to be changed
- Use facility supplied disinfectant to provide a clean area for hands on the transport equipment
- If equipment from the room must also be transported, it must be disinfected and allowed to air dry prior to use
- Use a transport route that avoids populated areas
- Maintain ≥ 2 meters from others
- Use a dedicated elevator, with no other persons in it
- Disinfect equipment after transfer.

Appendix I: Hand Hygiene for Staff

Hand hygiene is the single most effective measure to prevent the transmission of Health Care Associated Infections (HCAI). It has been documented that HCAIs kill 8,000-12,000 Canadians every year. Good hand hygiene saves lives and reduces the strain on our healthcare system.

Hands must be cleaned at the point of care and it is crucial that hand hygiene is performed at these 4 critical times:

- Before initial staff/client environment contact.
- Before aseptic procedure.
- After body fluid exposure risk.
- After staff/client environment contact.
- Personal hand hygiene should also be performed:
  - Before and after preparing food
  - After using the toilet
  - After blowing your nose, coughing or sneezing
- If there is visible soiling, hands should be washed with soap and water.

Follow these simple instructions when washing your hands with soap and water:

- Wet hands with warm water.
- Apply soap and rub for 15 - 20 seconds – all surfaces including front and back of hands, between fingers, around nails (especially cuticles), thumbs and wrists.
- Rinse well.
- Dry with a paper towel.
- Turn off faucet without re-contaminating hands, for example, use towel to turn off taps.

Follow these simple instructions when using an alcohol-based hand rub:

- Apply a measured pump of the product (enough of the product to cover all surfaces of the hand) into your open palm.
- Rub into hands covering all surfaces including front and back of hands, between fingers, around nails (especially cuticles), thumbs and wrists.
- Rub until dry.

Hands must be fully dry before touching the client or the environment/equipment for the alcohol-based hand rub to be effective and to eliminate the extremely rare risk of flammability in the presence of an oxygen-enriched environment.

Appendix J: Hand Hygiene for Clients

Hand washing is the single best way to prevent spread of infection. It is estimated that 80% of common infections such as the cold and flu are spread by unwashed hands. Good hand washing technique is easy to learn.

If there is visible soiling, hands should be washed with soap and water.

Follow these simple instructions when washing your hands with plain soap and water:

- Wet hands with warm water.
- Apply soap and rub for 15 - 20 seconds – all surfaces including front and back of hands, between fingers, around nails (especially cuticles), thumbs and wrists.
- Rinse well.
- Dry with a paper towel.
- Turn off faucet without re contaminating hands, for example, use towel to turn off taps.

When to clean your hands:

- Before meals
- Before and after preparing food
- contact with others.
- After using the toilet
- After blowing your nose, coughing or sneezing

Appendix K: Eye Protection, Surgical/Procedural Masks & Gloves

Eye Protection

Eye protection is recommended to protect the mucous membranes of the eyes during case/probable case/suspect case 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 as per Appendix G, being mindful not to contaminate the environment with the eye protection.
- Perform hand hygiene.

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 or sneezing. 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.
- When re-wearing of masks is recommended, staff must remove their mask by the ties or elastics taking care not to touch front of mask, and carefully store the mask in a clean dry area, taking care to avoid contamination of the inner surface of the mask, and perform hand hygiene before and after mask removal and before putting it on again
- Masks should be disposed of and replaced when they become wet, damp, or soiled or when they come in direct contact with a client.
- 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.

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, from 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. See Appendix G.

Appendix L: Cleaning and Disinfection for COVID-19

Increasing the frequency of cleaning and disinfecting high-touch surfaces is significant in controlling the spread of viruses, and other microorganisms. All surfaces, especially those general surfaces that are frequently touched, such as door knobs, handrails, etc., should be cleaned at least twice daily and when soiled.

When choosing an environmental cleaning product, it is important to follow product instructions for dilution, contact time and safe use, and to ensure that the product is:

- Registered in Canada with a Drug Identification Number (DIN)
- Labelled as a broad-spectrum virucide.

All soiled surfaces should be cleaned before disinfecting, unless otherwise stated on the product.

The following hard-surface disinfectant products meet Health Canada's requirements for emerging viral pathogens. These authorized disinfectants may be used against SARS-CoV-2, the coronavirus that causes COVID-19. https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/list.html

If using household bleach, the following is recommended:

Disinfectant	Concentration and Instructions
Chlorine: household bleach – sodium hypochlorite (5.25%)	1000 ppm • 1 teaspoon (5 ml) bleach to 1 cup (250 ml) water or • 4 teaspoons (20 ml) bleach to 1 litre (1000 ml) water • Ensure a wet contact time of at least 1 minute

Precautions when using bleach

- Always follow safety precautions and the manufacturer's directions when working with concentrated solutions of bleach. To avoid injury, use appropriate personal protective equipment during handling (read the label and refer to the material safety data sheet).
- Chlorine bleach solution might damage some surfaces (e.g., metals, some plastics).
- Never mix ammonia products with bleach or bleach-containing products. This practice produces chlorine gas - a very toxic gas that can cause severe breathing problems, choking and potentially death.
- Clean the surface before using the chlorine bleach solution.
- A bottle of bleach has a shelf life, so check the bottle for an expiry date.
- Do not premix the water and bleach solution, as it loses potency over time. Make a fresh solution every day.