

Ministry of the Solicitor General ministère du Solliciteur général

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September 1, 2021

Dear X:

SUBJECT: REQUEST NUMBER SOLGEN-A-2021-02549

This letter is in response to your request submitted to the Ministry of the Solicitor General (the Ministry) under the Freedom of Information and Protection of Privacy Act (the Act).

Your request is for access to standing orders, policies and directives pertaining to correctional institutions' COVID-19 screening procedures for the time period covering October 1, 2020 to December 20, 2020. Please be advised that total access is granted to the responsive records.

Attached is a copy of the records being released. This access decision was made by the undersigned. You are entitled to appeal this decision within 30 days to:

Information and Privacy Commissioner/Ontario (IPC)
2 Bloor Street East, Suite 1400
Toronto, ON M4W 1A8
(416) 326-3333

Should you decide to file an appeal, please provide the IPC with the following information:

- 1) a copy of this decision letter;
- 2) a copy of your request for access to information;
- 3) the mandatory appeal fee of in the form of a cheque or money order payable to the Minister of Finance.

.../2

Page two

Should you have any questions regarding the foregoing, please do not hesitate to contact Tracy Buttigieg, Senior Program Analyst & Advisor, at 705-492-6245.

Sincerely,

A handwritten signature in cursive script that reads "Wayne Mull" followed by a flourish.

Enza Ragone
Coordinator
Freedom of Information and
Protection of Privacy Services

Attachment

Ministry of the Solicitor General

Ministère du Solliciteur général



Office of the
Assistant Deputy Minister

Bureau du sous-ministre adjoint

Community Services

Services communautaires

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MEMORANDUM TO: All Staff of Community Services

FROM: Renu Kulendran
Assistant Deputy Minister, Community Services

DATE: October 2, 2020

SUBJECT: **Community Services Division – Updates re: Re-opening OPS
Workplaces and Continued Health and Safety Measures**

Further to the Secretary of the Cabinet's September 2, 2020 memo regarding the re-opening of OPS workplaces, I want to affirm that the health and well-being of our employees and clients is our primary priority. As a ministry and division, we will continue to take a measured and methodical approach to any changes to our staffing model, policies, and procedures.

As a division that delivers essential, frontline services that directly impact public safety, CS has risen to the challenge and worked throughout this pandemic, providing in-person and remote service delivery. While some sectors are just beginning to re-open and adjust to work during COVID-19, CS has carefully and continuously adapted over the past seven months. We have developed interim policies and procedures to respond to changing needs and direction and used risk assessments and the hierarchy of controls to ensure that robust safety precautions are in place in our offices. These measures and our collective efforts have proven effective at keeping COVID-19 at bay in CS. However, we must be mindful to not become complacent, and must continue to exercise caution and care every day. We are confident that with continued vigilance, we will continue to keep our teams and the public safe.

50/50 Staffing Model Continues

We are monitoring provincial, corporate, and health care guidance as the number of COVID-19 cases has been rising. Recognizing that the situation around us is fluid, we are confident that our existing precautionary measures will enable us to continue at a 50/50 staffing model for the time being. However, we will continue to employ a flexible approach to staffing, so that we are able to respond to local and changing needs, as required.

While in office and during remote weeks, staff will continue to provide critical public safety services. Continuing with the platoon approach and limiting staff working in offices is an important part of our outbreak management plan and enables us to provide critical service delivery if some staff are directed to self-isolate.

We will continue to monitor our staffing model and will remain nimble as the trajectory of COVID-19 changes. Notice will be provided if there is a change to the current 50/50 staffing model.

Gradual Re-Opening of Reporting Centres:

Mindful of our continued service delivery obligations, we are evaluating how to carefully re-open reporting centres on an as-needed basis to better serve our clients. Managers, working collaboratively with OPSEU health and safety representatives, will use the risk assessment checklist (attached) and CS' "Best Practices for Health and Safety Guide" to take a location-by-location approach to reopening. They will work with local agencies, police partners and Indigenous communities to ensure that appropriate health and safety precautions are in place to protect staff and clients.

Upon completion of the risk assessment and with input from regional offices, reporting sites may re-open. The timing of re-openings may vary, recognizing local availability. Regional offices, use the attached "Reporting Centre Re-Opening Tracker" to maintain a list of reporting centres that re-open each month, in turn this will be shared with OPSEU with purposes of notification.

Health and Safety:

As noted above, we are adhering to relevant provincial corporate and healthcare guidance as we navigate through an uptick in cases as well as the approaching flu season. We must also be mindful of "COVID-fatigue" and remain vigilant in our efforts to reduce the spread of COVID-19. Please continue to:

- Complete the CS staff self-assessment;
- Follow CS' "Best Practices Guide for Health and Safety", remembering to physical distance, practice hand hygiene, and stay at home when ill; and
- Use the Screening Tool for Clients and Visitors, Notice to Clients and Visitors Regarding Reporting Instructions, and the Client and Visitor Tracking Form to assist public health units conduct contact tracing as needed.

Please see these documents attached for easy reference.

As of September 28, 2020 Treasury Board Secretariat (TBS) has directed that **face coverings** are **mandatory** in OPS buildings in **all common spaces** and **high-traffic areas**, such as elevators, kitchen areas, washrooms, and lobbies. Staff, clients, and visitors are responsible for obtaining face coverings and for their proper use, care and/or disposal. CS will continue to make face coverings available for staff, clients, and visitors who do not have their own. Please refer to TBS' updated guideline about the use of masks and face coverings in OPS non-healthcare settings and TBS' Questions & Answers for additional information.

Dependent Care Responsibilities:

With the return to school, we realize that balancing work and family responsibilities may be challenging. CS is committed to working in partnership with staff to support accommodation requests based on operational and individual needs. Please speak to your manager if you have questions or are seeking accommodation. Please also refer to the TBS Questions & Answers for further guidance.

We will update you as we progress through the year. In the interim, I encourage you to access the confidential services offered through the Employee and Family Assistance Program, if you or a family member require support.

Thank you, as always, for rising to the challenges that these difficult times present. Your hard work and continued commitment to CS truly make a difference.

Sincerely,

A handwritten signature in black ink, appearing to read "Renu Kulendran". The signature is fluid and cursive, with the first name "Renu" being more prominent than the last name "Kulendran".

Renu Kulendran
Assistant Deputy Minister, Community Services

Office of the
Assistant Deputy Minister

Bureau du sous-ministre adjoint

Community Services

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MEMORANDUM TO: All Staff of Community Services

FROM: Renu Kulendran
Assistant Deputy Minister, Community Services

DATE: November 2, 2020

SUBJECT: **Mandatory Daily COVID-19 Screening and Self-Assessments**

As we continue to see an increase in cases of COVID-19, it is imperative that we all do our part to protect the health and safety of our colleagues and the public we serve.

Community Services (CS) has put staff and client-facing COVID-19 screening and self-assessment tools in place since the early days of the pandemic, and we continue to adjust protocols based on health care advice. Further to the CAO's October 13, 2020 memo, I want to reiterate that it is **mandatory** for all employees, clients and visitors entering OPS workplaces to **complete daily the appropriate screening tool prior to entering the premises.**

Please e-mail your manager to confirm that you have completed the self-assessment before attending work. Additionally, please note that by attending work, you are affirming that you:

- have taken the self-assessment,
- are **not** experiencing any of the identified symptoms or exposure risks,
- are **not** awaiting your own COVID-19 test results, and
- have **not** had close physical contact with anyone who:
 - is currently sick with COVID-19 symptoms,
 - has tested positive for COVID-19, or
 - who is awaiting test results (close physical contact means being less than 2 metres away in the same room, workspace or area with no mask on and no physical barrier, or living in the same household)

Please call your manager if you have questions about whether you should come into the workplace based on the criteria noted above.

Self-assessments are a key initial line of defense against the spread of COVID-19. Do not report into your workplace if you are experiencing any of the following symptoms:

- Fever or chills
- Difficulty breathing or shortness of breath
- Cough
- Sore throat, trouble swallowing
- Runny nose/stuffy nose or nasal congestion
- Decrease or loss of smell or taste
- Nausea, vomiting, diarrhea, abdominal pain
- Not feeling well, extreme tiredness, sore muscles

If, while at the workplace or during your shift, you begin to feel unwell, regardless of symptoms, immediately distance yourself from others, ensure you are wearing a face covering, sanitize your hands, and advise your manager.

If you believe you have been exposed to COVID-19, contact your primary care provider (for example, family doctor), Telehealth Ontario at 1-866-797-0000 to speak with a registered nurse, or your local public health unit and inform them that you have completed a COVID-19 self-assessment tool.

Thank you for your continued professionalism and help in reducing the spread of COVID-19 in our communities.

Sincerely,

A handwritten signature in black ink, appearing to read "Renu Kulendran". The signature is fluid and cursive, written in a professional style.

Renu Kulendran
Assistant Deputy Minister, Community Services

Updated Best Practices Guide for Health and Safety in Probation and Parole Offices

Community Services (CS) continues to follow Ministry of Health (MOH) guidance and collaborate with our SolGen Corporate Health Care, Facilities, and OPSEU partners to continue to support the health and safety of our staff, offenders, and the public during the COVID-19 pandemic. As best practices, these measures are intended to be guidelines in order to allow for flexibility based on operational needs, individual circumstances, and evolving guidance.

Overarching Best Practices for Health and Safety:

Employees are reminded that according to Health Canada and MOH Guidelines everyone should remember to:

- maintain a physical distance of two metres from others
- wash your hands frequently with soap and water, or use hand sanitizer
- sneeze and cough into your sleeve;
- avoid touching your eyes, nose or mouth;
- avoid contact with people who are sick;
- stay home if you are sick; and
- regularly disinfect commonly touched surfaces, where possible*
 - *CS staff are not expected to perform or replace cleaning functions; however, disinfectant products are being provided to staff as an added layer of precaution should they wish to wipe down high traffic areas such as desks, counters, door handles, printers, scanners, etc.
- As of September 28, 2020, Treasury Board Secretariat (TBS) has directed that **face coverings** are **mandatory** in OPS buildings **in all common spaces** and **high-traffic areas**, such as elevators, kitchen areas, washrooms, and lobbies. Should you not have your own personal mask / face covering, the employer will make one available.

Face Coverings and Gloves:

- Use of Employee-Supplied Face Coverings as a Method of Source Control:
 - Employees, clients and visitors attending adult probation and parole offices should wear their own face coverings (homemade or commercially manufactured) in the course of performing their duties.
 - TBS has directed that **face coverings** are **mandatory** in OPS buildings **in all common spaces** and **high-traffic areas**, such as elevators, kitchen areas, washrooms, and lobbies. Please refer to TBS' OPS Non-Healthcare Settings Guidelines for Masks, Face Coverings and Other Related Safety Equipment and TBS' Questions & Answers for additional information.

- Considerations will be explored for staff, clients, visitors with existing physical limitations or medical needs.
- As a reminder, the following conditions need to be met:
 - The employee's personal face covering does not negatively impact client service delivery (e.g. meeting Ontarians' accessibility needs);
 - The face covering has no offensive markings whatsoever and must be in line with the Respectful Workplace Policy and the Correctional Services Code of Conduct and Professionalism;
 - Face coverings are properly cleaned and maintained by employees; and
 - Employees follow appropriate steps for donning and doffing.
- Personal face coverings may be used as a method of source control (being worn to protect others) and are not a substitute to other important infection prevention and control practices, including hand hygiene and physical distancing.
- The use of personal face coverings aligns with the MOH website, face coverings will not protect you from getting COVID-19. The Employer makes no promises, representations, or guarantees whatsoever with respect to the effectiveness and/or adequacy of employees' face coverings in preventing the contraction of COVID-19 or any other communicable disease or illness.
- Employees are responsible for proper care and laundering of their personal face coverings.
- Staff should refer to the OPS Non-Healthcare Settings Guidelines for Masks, Face Coverings and Other Related Safety Equipment, the MOH website and PHO Fact Sheet for information regarding face coverings and how to properly wear, fit, remove, store, and clean your non-medical face coverings.
- A supply of non-medical masks or face coverings will be made available to employees, clients, and visitors who do not have their own.
- Voluntary Use of Employer-Supplied Disposable Vinyl Gloves:
 - Subject to available supplies, CS will continue to provide disposable non-medical vinyl gloves for optional use by employees when working at the probation and parole offices.
 - The use of these non-medical gloves is voluntary and strictly intended to provide peace of mind and protect against possible irritants caused by cleaning products.
 - Employees are responsible for following appropriate hygiene protocols when removing gloves and are reminded that the wearing of gloves does

not replace the need to wash hands frequently with soap and water. Staff should refer to the tip sheet from Public Health Ontario for instructions on how to properly remove gloves.

- The Employer makes no promises, representations, or guarantees whatsoever with respect to the gloves meeting regulated health and safety standards and requirements, and/or adequacy of gloves in preventing the contraction of COVID-19 or any other communicable disease or illness.

Additional Operational Measures and Best Practices for Health and Safety:

- **Mail and Client Documents:**

- Public Health Ontario has been closely monitoring reports and publications on COVID-19, and there are no reports of transmission through handling paper products. It is however recommended that employees continue to practice proper hand hygiene at all times and therefore are encouraged to wash their hands before and after handling any mail/client documents.

- **Cleaning Supplies:**

- CS is currently providing hand sanitizer throughout employee areas and in the waiting room and secure interview room.
- CS is currently providing cleaning supplies such as disinfectant wipes and/or disinfectant spray to offices, where possible.
- CS is ensuring that disinfectant soap is also provided in washrooms.
- Please refer to Health Canada's approved list of hard-surface disinfectants, which CS and Facilities is adhering to, where possible.
- CS staff are not expected to perform or replace cleaning functions; however, these products are being provided to staff as an added layer of precaution should they wish to wipe down high traffic areas such as desks, counters, door handles, printers, scanners, etc.
- Staff may choose to use the non-medical restaurant grade gloves provided for the purpose of protecting their hands from possible irritants when using the cleaning supplies.

- **Cleaning Procedures:**

- Appropriate cleaning continues to be undertaken to reduce risk to staff and visitors within OPS occupied buildings. The current cleaning practice is to ensure a hygienic workplace is maintained. Environmentally friendly

- cleaning products that are effective at reducing the spread of bacteria and viruses are used.
- In addition, MGCS is coordinating with Infrastructure Ontario and ministry CAOs for the delivery of enhanced cleaning of all high contact areas up to three times per day.
 - High contact areas include: door handles, hand rails, elevators, push plates, light switches, bathroom areas, lockers etc. Enhanced cleaning includes cleaning with stronger disinfectant cleaner consistent with the advice of public health officials.
 - If a manager is seeking enhanced cleaning for their locations, please ensure requests are submitted through your CAO's office to submit for processing to MGCS/IO. Please do not contact Infrastructure Ontario or their service providers directly
- Regular vs. Enhanced Cleaning:
 - Regular Cleaning – All current cleaning practises that were previously established will continue.
 - Enhanced Cleaning – High touchpoint or contact areas in facilities/offices (e.g. entrances, elevator buttons, washrooms, etc.) are cleaned up to three times daily; this can include other publicly accessed areas determined by the ministry.
 - Additional One-time Cleaning – Cleaning of targeted areas due to a localized issue (e.g. immediate staff space and adjacent space, including areas of travel based on conversation with staff or video surveillance, if available).
 - Best Practices for Health and Safety in the Secure Interview Room (SIR):
 - Due to high foot traffic in the SIR area, the following best practices are recommended:
 - Clients and staff are asked to wash their hands or use hand sanitizer before entering and after leaving the SIR.
 - Staff are to leave the interior employee entrance door propped open so that employees do not have to open and shut the door.
 - Although a physical barrier is in place in the SIR, managers should place a line on the floor (i.e. using masking tape or other indicator) whereby nobody crosses in order to limit touch points in the SIR such as countertops, chairs, glass, microphones, etc.
 - Employees may wish to stand in the SIR or use their own office chair.
 - Offices should place hand sanitizer on both sides of the barrier (in wall-mounted stations where possible, or stand-alone dispensers), disinfectant spray and paper towel or disinfectant wipes on both sides of the barrier.

- Clients and staff are requested to use disinfectant spray and paper towel or disinfectant wipe to wipe down surfaces before and after their appointment. There is an option to don/doff disposable gloves.
 - Signage with the process should be articulated for both clients and staff.
 - Best practices of no leaning on counter or unnecessary use of equipment should be followed (i.e. leave speaker on, do not use phone or shared laptop in SIR, where possible. If a shared laptop is required, staff are recommended to wipe down before and after each use).
 - Where possible, AMs should work out schedules for PPOs in the office whereby they schedule clients at specific blocks of time so that if they are using the room, the staff member is the only person in there for a period of time (unless, for example, an ISO who attends when not scheduled and is in crisis is required to be seen in the SIR).
 - Duty should be performed through the front glass, where feasible (exceptions may apply); SIR to be reserved for scheduled appointments where possible.
- Best Practices for Health & Safety in the Waiting Room
 - The main entrance into the Probation Office should indicate the required physical distance of 2 meters for clients and visitors waiting to access the waiting room.
 - Establishing a maximum number of people in the waiting room. This number is informed by physical distance, egress, emergency situations.
 - Within the waiting room, floor and chair markers indicate 2 metre distances to ensure appropriate physical distance.
 - Clients and visitors are screened for illness or exposure to COVID 19, including coming from a congregate setting where there is an outbreak.
 - If either client or visitor presents with risk factors, then they must be provided a disposable mask, instructed to contact telehealth or their health care provider, leave the office promptly and reschedule.
 - For tracking purposes, and if a COVID 19 tracing protocol is required, a daily list of client / visitor is centrally recorded and filed for accountable reference.
 - Immediately upon arrival, clients are directed to use hand sanitizer and / or wash their hands with soap and water.
 - Where a client must use a locker, an office must devise a system to stagger the use of individual lockers and disinfecting keys / tokens.

- Staff, clients, and visitors must wear a face covering in common spaces and high traffic areas. A supply of non-medical masks or face coverings will be made available for those who do not have their own.
- If clients are unable to wear a face covering for health reasons or refuse to wear a face covering, they will be seen in the secure interview room.
- Best Practices for Expanded Reporting Spaces (Boardroom, PPO offices closer to the waiting room)
 - As part of our reopening process, there will be an increase in the number of clients that are required to report in person.
 - To manage this process, additional reporting spaces: the boardroom and / or PPO offices closest to the waiting room will have plexiglass protective screens installed.
 - The use of a central schedule to assign clients and staff to specific locations (secure interview room, reporting space #1, #2, #3) is ideal to reduce traffic flow and commonly touched surfaces.
 - Where possible, staff can facilitate client entry using automatic door opening features (where available) or provide the client with a disinfectant wipe to enter and exit the PPO office.
 - There is an option to use floor arrows or other visual cues to direct the client to the appropriate reporting office.
 - In common spaces and high traffic areas, clients and staff must wear a face covering.
 - Clients that are known to the PPO, and where they are typically stable and compliant can be seen in the expanded reporting spaces.
 - Where there is concern about a client being prone to angry outbursts or loss of composure (droplet concern), clients should be seen in the secure interview room.
 - Both client and staff can wipe the contact surfaces with a disinfectant wipe. Disposable gloves can also be used for this purpose.

Please contact your manager for any questions regarding these additional health and safety measures. For additional information about COVID-19, please visit <https://covid-19.ontario.ca/> and also refer to the Questions & Answers resource offered by TBS.

ATTENTION

Notice to Visitors to P&P – COVID-19 Procedures

Call to reschedule your appointment if:

- If you are feeling ill with any of the following symptoms: Fever/feverish, new or worsening cough or difficulty breathing
- Have other signs of new onset or worsening illness such as:
 - Sore throat
 - Extreme tiredness that is unusual (fatigue, lack of energy)
 - Hoarse voice
 - Muscle aches that are unusual or long lasting
 - Difficulty swallowing
 - Lost sense of taste or smell
 - Headache that is unusual or long lasting
 - Digestive issues (nausea/vomiting, diarrhea, stomach pain)
 - Chills
 - Pink eye
 - Runny, stuffy or congested nose (not related to seasonal allergies or other known causes or conditions)
- If you have travelled outside of Canada, been exposed to someone with COVID-19 or you are coming from a congregate setting (jail, shelter, cruise ship, retirement home) where there has been an outbreak.

Advise your probation and parole officer in advance if:


- you are over 70 or have any specific health risks or concerns
- you must attend the office with children

When you attend the probation and parole office:

- Arrive as close as possible to your scheduled time.
- Attend alone, unless you require a support person. If you require a support person, please share this notice with them.
- Leave all personal belongings at home or in your vehicle.
- You must wear a face covering in common spaces and high traffic areas. If you do not have one, a disposable mask will be made available.
- Wash your hands or sanitize when you arrive and check-in at the front counter.

If you are diagnosed with COVID-19 within 14 days of your reporting appointment, please call your PPO promptly.

Thank-you for helping to prevent the spread of COVID-19.

	Institution:	Inmate Screening for Symptoms of Influenza Like Illness (ILI)
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New admissions and transfers in that have been in custody less than 14 days:

- Ask the inmate to wash their hands or use hand sanitizer
- Provide the inmate with a level 1 surgical/procedure mask

Before completing this form ask each inmate entering the institution:

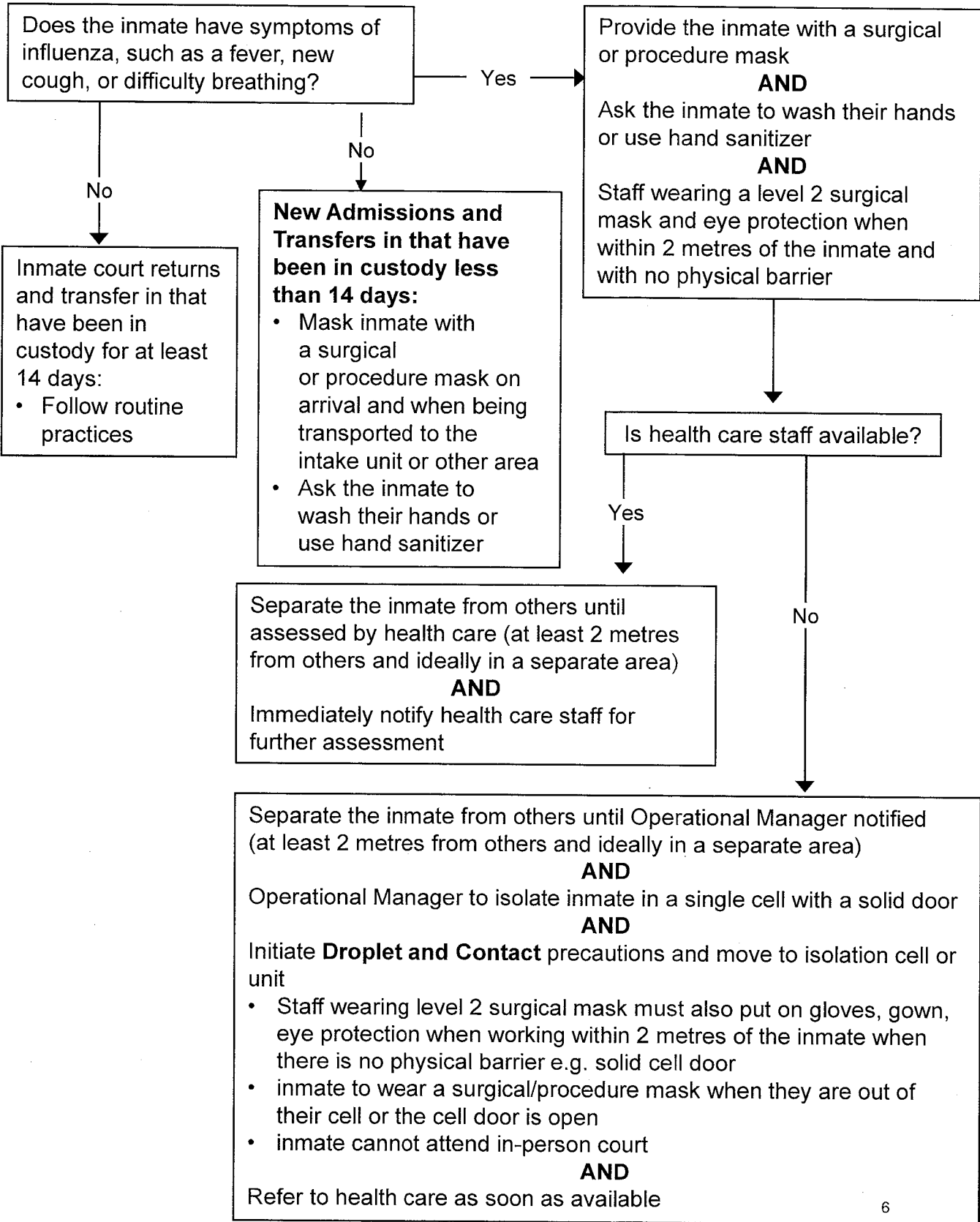
<p>Do you have any of the following?</p> <p>A fever? <input type="checkbox"/></p> <p>New cough? <input type="checkbox"/></p> <p>Difficulty breathing? <input type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>If the response is "NO" to all of the above questions → proceed with routine procedures</p>	
<p>If "YES" to any of the above → proceed with the following actions</p>	

1. Ask the inmate to wash their hands or use hand sanitizer
2. If the inmate is not wearing a mask, immediately provide the inmate with a level 1 surgical or procedure mask
3. Staff to don level 2 surgical/procedure mask and eye protection when within 2 metres of the inmate with no physical barrier
4. Separate the inmate from others by a distance of 2 metres, where possible and ideally in a separate area
5. Notify health care staff (If health care is not available, notify the Operational Manager)
6. Complete this form and give to health care

Person Notified (print name)	Designation (RN/RPN or OM)	Date and Time
Form Completed By (print name)	Signature	Classification

Inmate's Name: (Last/First)	OTIS No:	Date and Time of Screening
<input type="checkbox"/> Return from Court/Other absence <input type="checkbox"/> New Admit <input type="checkbox"/> Intermittent		

Correctional Officers Influenza-Like Symptom Screening Algorithm for Inmates



April 22, 2020

ADMISSION AND DISCHARGE UNIT
Personal Protective Equipment (PPE) for Staff and Inmates

Required PPE	Level 1 Surgical/Procedure Mask	Level 2 Surgical/Procedure Mask	N95 Respirator (fit tested)	Expired or Commercial Grade N95/KN95 respirator (if no level 1 and 2 masks)	Eye Protection	Gloves	Gown
Initial Intake Correctional Officers Screening Inmates		√		√	√	√	√
All Other Staff Working in the Admission and Discharge Unit	Practice social distancing by maintaining at least 2 metres or 6 feet between all individuals						
At All Times	√			√		√	
When cleaning high touch surfaces and objects e.g. phone, countertops	√			√		√	
If inmate becomes symptomatic and you are within 2 metres of inmate with no separation by physical barrier ○ refer to ILI screening algorithm		√		√	√	√	√
When performing CPR			√		√	√	√
Inmates							
New admissions or transferred inmate that have been in custody less than 14 days	√						
When cleaning unit and/or cells, and high touch surfaces	√					√	
If inmate becomes symptomatic with ILI and you are within 2 metres of inmate with no separation by physical barrier ○ refer to ILI screening algorithm	√						

All inmates should perform hand hygiene: 1. when entering the building and before putting on mask 2. exiting A&D unit

COVID-19 Screening Algorithm for Health Care Providers (October 29, 2020)

COVID-19 Screening Criteria –When assessing for the symptoms below the focus should be on evaluating if they are **new, worsening, or different** from the patient's baseline health status (usual state). Symptoms should not be chronic or related to other known causes or conditions (**see ****)

Presents with any of:

- **Temperature** (37.8 °C or greater)
- **Cough** that is new or worsening (e.g. continuous, more than usual if chronic cough. (** e.g. COPD)
- **Shortness of breath** (dyspnea, out of breath, unable to breathe deeply, wheeze, that is worse than usual if chronically short of breath), (** e.g. chronic heart failure, asthma, COPD)
- **Sore throat** (painful swallowing or difficulty swallowing),(** e.g. post nasal drip, gastroesophageal reflux)
- **Runny nose** (** e.g. returning inside from the cold, chronic sinusitis unchanged from baseline)
- **Nasal congestion** (** e.g. seasonal allergies)
- **Decrease or loss of smell or taste** (** e.g. nasal polyps, allergies, neurological disorders)
- **Nausea and/or vomiting** (** e.g. acute opioid withdrawal)
- **Diarrhea** (** e.g. irritable bowel syndrome, inflammatory bowel disease, side effect of medication)
- **Abdominal pain that is persistent or ongoing** (** e.g. menstrual cramps, gastroesophageal reflux disease) **OR**
- **Consider atypical signs and symptoms of COVID-19** particularly in older people and people with a developmental disabilities (see atypical below) **OR**
- Travelled outside of Canada in the past 14 days **OR**
- Has tested positive for COVID-19 **OR**
- Had close contact with a person with a confirmed case of COVID-19 without wearing appropriate PPE

Yes

- Request patient Mask (surgical/procedure mask) and perform Hand Hygiene
- Physically distance from others by at least 2 metres, as soon as possible
- Initiate ***Droplet and Contact** precautions
- Admit to Isolation Unit/cell (single cell with a solid door)
- Nasopharyngeal Swab (NPS) or Deep Nasal Swab (DNS) for COVID-19 Virus Test and Respiratory Virus Testing (Refer to NPS and DNS COVID-19 Medical Directives)
- Patient to wear surgical/procedure mask when out of their cell or the cell door is open
- Initiate Patient Care Plan
- Actively monitor twice daily for symptoms and vital signs
- Contact Health Care Manager
- Contact Primary Care Provider
- Contact Corporate Health Care
- Isolate asymptomatic cell partner(s) in single cells (if possible) or as a cohort until test results are known for symptomatic patient

*Droplet and Contact Precautions

Staff PPE Requirements when working within 2 metres when there is no physical barrier:

- Level 2 surgical/procedure mask
- Gloves
- Eye protection
- Gown

Patient PPE Recommendation when out of cell or the cell door is open:

- Level 1 surgical/procedure mask

N95 Respirators must be used:

During Aerosol Generating Medical Procedures (AGMPs)

- When CPAP is in use when within 2 metres of patient with no physical barrier.

AGMPs include:

- Open airway suctioning
- High-flow oxygen therapy (≥ 7 litres per minute by nasal prong or ≥ 16 litres per minute by venturi and non-rebreather masks)
- CPR
- Tracheotomy care
- Nebulized or aerosolized medication administration

Atypical signs and symptoms of COVID-19:

- headache that is new and persistent, unusual, unexplained or long lasting (** e.g. tension type headaches, chronic migraines),
- delirium (acutely altered mental status and inattention) (** e.g. UTI, substance withdrawal, medication induced)
- unusual or unexplained fatigue/malaise (** e.g. depression, insomnia, thyroid dysfunction, anemia, malignancy)
- unexplained, unusual or long lasting myalgias (** e.g. fibromyalgia)
- low blood pressure for age
- conjunctivitis
- chills
- increased number of falls in older patient
- acute functional decline (a sudden change in ability to function compared to baseline), (** e.g. gradual decline over months due to neurological disorder such as dementia)
- new or unusual exacerbation of chronic conditions (e.g. chronic lung diseases like asthma, COPD, emphysema)
- tachycardia (** e.g. atrial fibrillation)
- hypoxia (i.e. O₂ sat less than 92%) (** e.g. COPD)

COVID-19 Testing Requirement Algorithm (October 29, 2020)

Who to test: Refer to the attached nasopharyngeal swab (NPS) and deep nasal swab (DNS) medical directives, and updated MOH COVID-19 Quick Reference Public Health Guidance on Testing and Clearance, Provincial Testing Guidance Update, **AND** the COVID-19 Virus Test Requisition at http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_testing_clearing_cases_guidance.pdf

www.publichealthontario.ca/-/media/documents/lab/2019-ncov-test-requisition.pdf?la=en

To expedite testing, ensure the following information is on the COVID-19 Virus Test Requisition:

1. Test(s) request and indication for testing (if confirmatory or clearance testing is requested, this must be indicated on the test requisition)
2. For symptomatic patients, check the **Respiratory Virus Testing box**, which can be performed on the same specimen. Request "Respiratory viruses" in Section 5 of the **COVID-19 Virus Test Requisition**
3. Patient setting/population (indicate **Institution**, and write priority group-congregate setting-correctional institution)

Specimen Collection and Handling: Consult PHO COVID-19 testing website for details (see Notes)

- Use the latest COVID-19 Test Requisition and provide all information (see above)
- A single upper respiratory tract specimen will be accepted for COVID-19 and Respiratory Virus testing.
- Nasopharyngeal swabs (NPS) are preferred, followed by deep nasal swab (DNS) or combined swab of throat plus both anterior nares/nostrils
- **Staff to use level 2 surgical mask, gown, gloves and eye protection when collecting any COVID-19 specimen collection**
- Please see PHO Laboratory Testing website for specimen collection kits, ordering swabs/kits, handling and testing FAQs
<https://www.publichealthontario.ca/en/laboratory-services/test-information-index/wuhan-novel-coronavirus>

If the clinician would like to discuss the role for testing, contact the PHO Microbiologist on-call through the PHO Laboratory's Customer Service Centre at: [416-235-6556](tel:416-235-6556) or [1-877-604-4567](tel:1-877-604-4567) or the After-Hours Emergency Duty Officer at [416-605-3113](tel:416-605-3113)

For **STAT testing** requirements in urgent or emergency circumstances, consult the PHO COVID-19 testing website for details on handling and transportation

Corporate Health Care and the local public health unit must be contacted for all positive COVID-19 results

Preparation Prior to Transport

Put specimen in biohazard bag and seal. Specimens should be stored at 2-8 °C after collection and shipped on ice packs within 72 hours to a PHO Laboratory or an accredited laboratory conducting COVID-19 testing

NOTE: See other testing information at the PHO Lab COVID-19 testing website:

<https://www.publichealthontario.ca/en/laboratory-services/test-information-index/wuhan-novel-coronavirus>



MEDICAL DIRECTIVE

(Name of Medical Directive)

Nasopharyngeal Specimen Collection for COVID-19 and Respiratory Virus identification

Number 2020-1

Date 25-May-2020

Medical Order and/or Delegated Procedure

Appendix Attached: [X] No [] Yes Title:

(Medical order (agent, route, dosage and interval) or Delegated Procedure and implementers)

A nurse is authorized to collect a Nasopharyngeal Swab (NPS) as per below indications.

Indications

Appendix Attached: [X] No [] Yes Title:

(Identify exactly when and under what conditions the directive applies, e.g. presenting symptoms, specific assessment findings, test results, etc. Degree of detail required is dependent on the circumstance)

- Symptoms compatible with COVID-19 as per the Ministry of Health COVID-19 Guidance for Health Care Providers under Testing Resources (COVID-19 Provincial Testing Guidelines Update) at: http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019_guidance.aspx
• For patients with acute respiratory illness symptoms, also order a respiratory virus test on the swab
• Newly admitted inmates on or after day 10 post admission and prior to unit re-assignment to general population
• On an exceptional basis, and if the NPS test results are routinely longer than 5 days, then the test can be moved forward to the 8th day once approved by CHC.

Contraindications

Appendix Attached: [X] No [] Yes Title:

(No consent / clear identification of the contraindications for implementing the directive / additional conditions that would preclude implementation of the procedure. Degree of detail required is dependent on the circumstance)

- Inability to obtain consent
• Facial swelling or other anatomical abnormality that could interfere with performing the procedure

Consent (How will consent be obtained?)

Verbal Consent to the procedure

Guidelines for Implementing the Order / Procedure

Appendix Attached: [] No [X] Yes Title: Nasopharyngeal Swab Method (distributed by Corporate Health Care, 23 March 2020)

(Additional information necessary to guide practice, including equipment and back-up provisions that must be in place prior to implementation, directions such as what assessments to conduct and a step-by-step description of how to perform the procedure. May refer to companion policies & procedures or references that are appended)

- Obtain consent
• Maintain droplet/contact precautions during procedure
• Refer to attached instructions for nasopharyngeal swab method. Ensure that the appropriate anatomical site is sampled for the type of specimen collection kit
• Arrange for specimen pick up or delivery to the PHO Laboratory or accredited laboratory conducting COVID-19 testing in a sealed biohazard bag and in accordance with the Transportation for Dangerous Goods Regulations
• To maintain optimum viability, the specimen must be stored and transported at 2-8 degrees Celsius or on wet ice to the laboratory within 72 hours

Documentation and Communication *(Implementation of a Directive requires standard documentation)*

- Complete the most up-to-date PHO laboratory COVID-19 Virus Test Requisition
 - if the patient has respiratory symptoms, include respiratory virus testing in Section 5
 - follow the handling and transportation of specimen as per the PHO laboratory COVID-19 testing site at <https://www.publichealthontario.ca/en/laboratory-services/test-information-index/wuhan-novel-coronavirus>
- Document initiation of this medical directive in the health care record on the Medical Order Sheet and the Health Care Record - Part D, including relevant assessment information
- Complete required documentation including updating the Corporate Health Care, Patient Tracker
- Ensure process is established to ensure result is communicated to Primary Care Provider

References *(optional)*

PHO laboratory COVID-19 testing website at

<https://www.publichealthontario.ca/en/laboratory-services/test-information-index/wuhan-novel-coronavirus>

COVID-19 Testing and Screening Algorithm for health care providers

Nasopharyngeal Swab method, Corporate Health Care 23 March 2020

Original signed by

SENIOR MEDICAL CONSULTANT Dr. Lori Kiefer SIGNATURE
(Physician takes responsibility for the Medical Directive)

25 May 2020


DATE

Original signed by

MANAGER, CORPORATE HEALTH CARE Linda Ogilvie SIGNATURE
(Physician takes responsibility for the Medical Directive)

25 May 2020

DATE

	Ministry of the Solicitor General	Corporate Health Care
MEDICAL DIRECTIVE		
<i>(Name of Medical Directive)</i> Deep Nasal Specimen Collection for COVID-19 and Respiratory Virus identification	Number 2020-2	Date 25-May-2020
Medical Order and/or Delegated Procedure Appendix Attached: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Title: <i>(Medical order (agent, route, dosage and interval) or Delegated Procedure and implementers)</i> A nurse is authorized to collect a Deep Nasal Swab (DNS) as per below indications.		
Indications Appendix Attached: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Title: <i>(Identify exactly when and under what conditions the directive applies, e.g. presenting symptoms, specific assessment findings, test results, etc. Degree of detail required is dependent on the circumstance)</i> <ul style="list-style-type: none"> • Symptoms compatible with COVID-19 as per the Ministry of Health COVID-19 Guidance for Health Care Providers under Testing Resources (COVID-19 Provincial Testing Guidelines Update) at: http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019_guidance.a.spx • For patients with acute respiratory illness symptoms, also order a respiratory virus test on the swab • Newly admitted inmates on or after day 10 post admission and prior to unit re-assignment to general population <ul style="list-style-type: none"> • On an exceptional basis, and if the test results are routinely longer than 5 days, then the test can be moved forward to the 8th day once approved by CHC. 		
Contraindications Appendix Attached: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Title: <i>(No consent / clear identification of the contraindications for implementing the directive / additional conditions that would preclude implementation of the procedure. Degree of detail required is dependent on the circumstance)</i> <ul style="list-style-type: none"> • Inability to obtain consent • Facial swelling or other anatomical abnormality that could interfere with performing the procedure 		
Consent <i>(How will consent be obtained?)</i> Verbal Consent to the procedure		
Guidelines for Implementing the Order / Procedure Appendix Attached: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Title: Public Health Ontario (PHO) Deep Nasal Collection Kit Instructions May 2, 2020 <i>(Additional information necessary to guide practice, including equipment and back-up provisions that must be in place prior to implementation, directions such as what assessments to conduct and a step-by-step description of how to perform the procedure. May refer to companion policies & procedures or references that are appended)</i> <ul style="list-style-type: none"> • Obtain consent • Maintain droplet/contact precautions during procedure • Refer to attached instructions for deep nasal collection kit instructions. Ensure that the appropriate anatomical site is sampled for the type of specimen collection kit • Arrange for specimen pick up or delivery to the PHO Laboratory or accredited laboratory conducting COVID-19 testing in a sealed biohazard bag and in accordance with the Transportation for Dangerous Goods Regulations • To maintain optimum viability, the specimen must be stored and transported at 2-8 degrees Celsius or on wet ice to the laboratory within 72 hours 		

Documentation and Communication *(Implementation of a Directive requires standard documentation)*

- Complete the most up-to-date PHO laboratory COVID-19 Virus Test Requisition
 - if the patient has respiratory symptoms, include respiratory virus testing in Section 5
 - in section 6 Specimen Type, specify “Other: DNS”
 - follow the handling and transportation of specimen as per the PHO laboratory COVID-19 testing site at <https://www.publichealthontario.ca/en/laboratory-services/test-information-index/wuhan-novel-coronavirus>
- Document initiation of this medical directive in the health care record on the Medical Order Sheet and the Health Care Record - Part D, including relevant assessment information
- Complete required documentation including updating the Corporate Health Care Patient Tracker
- Ensure process is established to ensure result is communicated to Primary Care Provider

References *(optional)*

PHO laboratory COVID-19 testing website at <https://www.publichealthontario.ca/en/laboratory-services/test-information-index/wuhan-novel-coronavirus>

COVID-19 Testing and Screening Algorithm for health care providers

PHO Deep Nasal Collection Kit Instructions May 2, 2020

Original signed by

SENIOR MEDICAL CONSULTANT Dr. Lori Kiefer SIGNATURE
(Physician takes responsibility for the Medical Directive)

25 May 2020

DATE

Original signed by

MANAGER, CORPORATE HEALTH CARE Linda Oglivie SIGNATURE
(Physician takes responsibility for the Medical Directive)

25 May 2020

DATE

INTAKE UNIT

Principles and Practices

Prevention

Correctional institutions are congregate settings with increased risk for disease spread once it has been introduced. Therefore, preventing introduction of disease at the point of admission is key. Intake units mitigate the introduction of COVID-19 by delaying integration of newly admitted inmates into general population for 14 days, which is the currently known incubation period for COVID-19. Cohorting newly admitted inmates enables close monitoring and enhances early detection of COVID-19 symptoms or other relevant concerns.

ONLY Health Care staff may clear an inmate for release from the Intake Unit.

Dorm settings are not suitable as Intake Units.

Required Practices

- Staff must wear a level 1 procedure/surgical mask at all times
- All inmates have been screened at admission and cleared for routine admission
- Housing should be single cell, whenever possible.
- When more than one person per cell is required, then ONLY inmates who were admitted on the same day or admitted within 2 days of each other can be bunked together in the same cell and consultation with health care staff must occur regarding vulnerability (e.g. elderly, immune compromised) and unit release date
- Inmates housed on Intake Units are not eligible for institution work or group programs
- If the Admission Health Assessment has not been completed by a nurse, the inmate must be confined to their cell until this has been completed
- Access to the Intake Unit is restricted to assigned staff, operational managers overseeing the area, health care staff and senior administration (except in the case of emergency)
- All other persons entering the Intake Unit must be cleared on a case by case basis by the operational manager (except in the case of emergency)
- Movement into and out of the Intake Unit must be logged in the Unit Logbook
- Inmates must wear a level 1 procedure/surgical mask when out of their cell at all times, including during escorts out of unit for any reason
- Inmates leaving the unit must be screened by correctional staff prior to leaving the unit
- Privileges should remain intact for inmates housed in the Intake Unit. Time out of cell must be organized to enable physical distancing and prevent close contact (within 2 meters). Physical Distancing must be practiced at all times. Correctional Officers are to monitor, encourage and manage inmate physical distancing
- All meals will be issued to inmates in their cell by correctional staff.

- All inmates must have access to their own soap and hand towel or access to hand sanitizer to perform hand hygiene
- Hand hygiene is to be performed by inmates:
 - prior to leaving their cell,
 - after using the toilet facilities, and
 - upon return to their cell
- Hand hygiene is to be performed by all staff and inmates:
 - upon entering and leaving the Intake Unit
 - prior to putting on personal protective equipment and
 - once more, just before and after removing a face mask
- Paper towels should be provided where facilities are shared to prevent cross-contamination (i.e. shared sinks)
- Staff are to check daily that supplies are available for each inmate and in common areas
- Staff must ensure inmates have their own cup and monitor to discourage sharing of cups or other personal items
- All used PPE must be discarded in a regular garbage receptacle prior to leaving the area
- All cleaners must wear appropriate PPE and have information on donning and doffing of PPE reviewed with them
- Inmate cleaners must wear:
 - level 1 procedure mask and gloves
- After cleaning, the inmate cleaner must take a shower and is required to change their clothes
- Surfaces and objects that are frequently touched, especially in common areas must be cleaned at least twice a day e.g. toilet handle, toilets, sink handles, countertops, doorknobs
- Telephones must be cleaned before and after each use with approved sanitizing wipes
- Vacated cells must be cleaned prior to another inmate occupying the cell.

Health Care

In addition to routine health care, health care staff must conduct a daily symptoms assessment on each person on the Intake Unit, including temperature, pulse and respirations


- Health care staff should consider, where possible:
 - using a designate room in or near the Intake Unit for inmate clinical examination
 - attending the unit to administer methadone or suboxone and only group/hold inmates per admission date(s)

INTAKE UNIT

Personal Protective Equipment (PPE) for Staff and Inmates

Required PPE	Level 1 Surgical/Procedure Mask	Level 2 Surgical/Procedure Mask	N95 Respirator (fit tested)	Expired or Commercial Grade N95/KN95 respirator (if no level 1 and 2 masks)	Eye Protection	Gloves	Gown
All Staff Working in the Intake Unit	Practice social distancing by maintaining at least 2 metres or 6 feet between all individuals						
At All Times	√			√		√	
If inmate becomes symptomatic and you are within 2 metres of inmate with no separation by physical barrier ○ refer to ILI screening algorithm		√		√	√	√	√
When performing CPR			√		√	√	√
All Inmates							
Must wear facemask when door is open, when out of cell and whenever transported out of unit, e.g. video court	√						
While cleaning unit including the cells, and high touch surfaces e.g. phone, tables, countertops, shower, toilets, phones etc.	√					√	
If inmate becomes symptomatic with ILI and you are within 2 metres of inmate with no separation by physical barrier	√						

All inmates should perform hand hygiene: 1. before leaving cell 2. when exiting or entering unit 3. upon return to cell

	Institution:	Intake Unit Screening for Symptoms of Influenza Like Illness (ILI)
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Every inmate must be screened by correctional staff prior to leaving the unit.

This form is only completed if the inmate answers YES to any of the symptoms.

Do you have any of the following?	YES
A fever?	<input type="checkbox"/>
New or worsening cough?	<input type="checkbox"/>
Difficulty breathing?	<input type="checkbox"/>
If the answer to all of the above questions is NO → Proceed as planned	

If “YES” to any of the above → proceed with the following actions

1. Request inmate to return to cell immediately or separate the inmate from others by a distance of 2 metres, ideally in a separate area
2. Notify health care staff (if health care is not available, notify the Operational Manager)
3. Staff to don level 2 mask and eye protection when within 2 metres of the inmate when no separation by physical barrier
4. Follow the Correctional Officers Influenza-Like Symptoms Screening Algorithm for Inmates
5. If the decision is made to isolate the symptomatic inmate, the cellmates must also be isolated in a single cell until further assessment by health care
6. Complete this form and give to health care

Person Notified (print name)	Designation (Nurse or OM)	Date and Time
Form Completed By (print name)	Signature	Classification

Inmate's Name: (Last/First)	OTIS#:	Date and Time of Screening
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Patient's Name:	OTIS#:	Date of Birth: (MM/dd/yyyy)
Institution:	Discharge Date/Time:	

Plans to Be Addressed	Comment	Initial	Date
Medication List in Property: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Medication Prescription in Property: <input type="checkbox"/> Yes -Specify <input type="checkbox"/> No <input type="checkbox"/> N/A			
Medication Prescription Faxed to Community Pharmacy: <input type="checkbox"/> Yes-Specify <input type="checkbox"/> No <input type="checkbox"/> N/A			
Discharge Medication Supply in Property <input type="checkbox"/> Yes - Specify <input type="checkbox"/> No <input type="checkbox"/> N/A	# of days of supply:		
Community OST Clinic Notified of Discharge: <input type="checkbox"/> Yes- Specify <input type="checkbox"/> No <input type="checkbox"/> N/A			
Take Home Naloxone Teaching Done and Kit in Property <input type="checkbox"/> Yes - Specify <input type="checkbox"/> No <input type="checkbox"/> N/A			
Discharge Treatment Supply in Property <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	List of supplies:		
Community Appointment//Personal Health Information for Provider in Property: <input type="checkbox"/> Yes - Specify <input type="checkbox"/> No <input type="checkbox"/> N/A			
Referral to Social Work for support* <input type="checkbox"/> Yes-Specify <input type="checkbox"/> No <input type="checkbox"/> N/A Discharge ILI Screening done for Community Agency or Shelter <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Discharge Information for Community Service done for Self Isolation or Self Monitoring Patients <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	(*transportation, financial, food security, community and housing support and ID)		
Discharge Plan and Health Teaching Done: <input type="checkbox"/> Yes -Specify √ below <input type="checkbox"/> No <input type="checkbox"/> N/A <ul style="list-style-type: none"> ○ All Patients to Self Isolate or Self Monitor for 14 day on release ○ Hand Hygiene ○ Cough and Sneeze Etiquette ○ Social Distancing-2metres from others ○ How to Wear a Mask ○ What to do if person develops symptoms 	Note: -If patient is a contact, or suspect or confirmed COVID-19, advise patient's local PHU of discharge date so they can follow up and -If a taxi/ride share, public transit, or vehicle is used, person to wear a mask, sit in the backseat, note company and operator number.		
Recommended follow-up with Health Care Provider or Telehealth 1-866-797-0000 or Public Health Unit where patient resides (provide phone#) <input type="checkbox"/> Yes-Specify <input type="checkbox"/> No <input type="checkbox"/> N/A	Refer to How to Self Isolate-COVID-19 Public Health Unit Locator: https://www.phdapps.health.gov.on.ca/PHULocator/		
Discharge Instructions in Property: <input type="checkbox"/> Yes-Specify √ beside fact sheet <input type="checkbox"/> No <input type="checkbox"/> N/A Mask with Instructions in Property: All patients that are still on self isolation on discharge must be given a mask <input type="checkbox"/> Yes <input type="checkbox"/> No	List of COVID-19 fact sheets that can be provided to patient: <ul style="list-style-type: none"> ○ About COVID-19 ○ How to Wash Your Hands ○ How to Self-monitor ○ How to Self -Isolate ○ Self Isolate Guide for close contacts, caregivers, and household members ○ When and How to Wear a Mask ○ Take Care of Yourself and Each Other ○ Physical Distancing 		

Name (Print)	Initials	Signature	Name (Print)	Signature	Initials

Interim Discharge Planning Guidelines for COVID-19

- The Health Care Manager/Senior Nurse will establish a process for to ensure timely information, is communicated about patient releases (e.g. from records department),

Prior to Patient Discharged

- Place the appropriate Public Health Ontario/Pubic Health Agency of Canada fact sheets into the patient's property
- When informed that a patient on medical isolation or who is to self-monitor is being released the Discharge Planning Checklist is to be completed
- For all patients who are being released on medical isolation or who are to self-monitor complete:
 - Patient Health Care Guide;
 - Discharge Information for Community Services form;
 - Discharge Screening Form for Influenza like Illness for Community Agencies/Shelters (if requested).
- The nurse will provide relevant health teaching and review the Patient Health Care Guide with the patient
- The Patient Health Care Guide, medications, and prescriptions are to be placed in the patient's property. If required, prescriptions should be faxed to pharmacy

This guide is to assist you when you are released.

Patient's Name:	Date of Birth: (Mmm/dd/yyyy)
Health Card Number:	Discharge Date: (Mmm/dd/yyyy)

Medications	
<input type="checkbox"/> List of prescribed medications attached	Prescription for medication has been faxed to the pharmacy located at:
<input type="checkbox"/> Prescription for medications attached	
<input type="checkbox"/> Medication has been placed in property	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

How and when to take the Medications							
Medication Name	Dose	What is it for	Instructions	Time			
				AM	Noon	PM	Bedtime

Appointments					
Doctor/Clinic	Address	Phone Number	Date Mmm/dd/yyyy	Time	Reason

Your methadone/suboxone clinic has been informed of your release. Yes No N/A

Symptoms and Monitoring	
If you begin to feel unwell or have a fever, cough or difficulty breathing contact: Your Primary Care Provider OR Telehealth 1-866-797-0000	I started isolation on _____ for 14 days. My symptoms started on _____. If I have no symptoms, I can stop isolation on _____.
You can access your COVID-19 test results using your health card, by visiting www.covid-19.ontario.ca . If you do not get a phone call from Public Health, continue to self isolate for 14 days and contact your Public Health Unit at _____ You should contact your Probation and Parole Officer prior to your first appointment.	

Additional Information
<input type="checkbox"/> N/A – no additional information

PLEASE READ PRIOR TO SIGNING INTO WORK

STEP 1:

STAFF SELF-ASSESSMENT

Do you have any of the following new or worsening symptoms or signs?
(Symptoms should not be chronic or related to other known causes or condition)

- Fever or chills
- Difficulty breathing or shortness of breath
- Cough
- Sore throat, trouble swallowing
- Runny nose/stuffy nose or nasal congestion
- Decrease or loss of smell or taste
- Nausea, vomiting, diarrhea, abdominal pain
- Not feeling well, extreme tiredness, sore muscles

OR

Have you experienced any of the following in the last 14 days?

- Travel outside of Canada (Note: for the purposes of this, travel is defined as an overnight period, or extended visit with extensive community interactions)
- Close physical contact with a person who has been diagnosed with COVID-19
 - Close physical contact means being less than 2 metres away in the same room, workspace or area with no mask on and no physical barrier or living in the same household
- Close physical contact with a person who:
 - is currently sick with new respiratory symptoms (for example, fever, cough or difficulty breathing) **or**
 - travelled outside of Canada (see the definition above)

DO NOT enter the institution:

If you have answered yes to the above symptoms, contact your manager to let them know you are unwell and will be seeking health care advice.

If you have no symptoms but have travelled outside of the country within the last 14 days, please self-isolate, self-monitor and contact your manager for further direction regarding work.

If you have answered yes to any of the above symptoms or have experienced the additional exposure risks (travel or contact), please contact a primary care provider or Telehealth (1-866-797-0000) to find out if you need a COVID-19 test.

NOTE: You do not need to proceed to Step 2 (Temperature Screening) if you have been screened out during Step 1.

STEP 2:

TEMPERATURE SCREENING

Please proceed to the staff screening station to complete the temperature screening process prior to assuming duty. If your temperature is 37.8 degrees Celsius or higher, you will be asked to wait five minutes and undergo a second temperature check, which will be verified by a manager.

If the second temperature check continues to register greater than or equal to 37.8 degrees Celsius, please **DO NOT enter the institution:**

- Contact your manager to let them know you are unwell and will be seeking health care advice
- Please contact your primary care provider for advice

Self-isolate until medically cleared to return to work.

Keep your manager informed of changes resulting from medical intervention or advice.

STEP 3:

AFFIRMATION

By signing in to work, you are affirming you are well and have not answered yes to any of the above questions.

If at any time during your shift, you begin to experience symptoms or feel unwell, please distance yourself from others, keep your surgical mask on, perform hand hygiene and report to your manager.

Ministry of the Solicitor General	Screening for Visitors Requesting Entry to Provincial Correctional Institutions
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All visitors requesting admission to a provincial correctional institution in Ontario must wear a mask prior to entering the building, hand sanitize and cooperate with the screening process.

Please ask each individual visitor prior to entry into the institution:

<p>Are you feeling unwell with any of the following symptoms? (Choose any/all that are new, worsening and not related to other known causes or conditions)</p> <ul style="list-style-type: none">○ Fever/feverish○ Chills○ Cough that's new or worsening, continuous, more than usual○ Barking cough, making a whistling noise when breathing○ Shortness of breath○ Sore throat○ Difficulty swallowing○ Runny nose○ Stuffy or congested nose○ Decrease or loss of taste or smell○ Pink eye○ Headache that's unusual or long lasting○ Digestive issues like nausea/vomiting, diarrhea, stomach pain○ Muscle aches that are unusual or long lasting○ Extreme tiredness that is unusual○ Falling down often for older people○ Sluggishness or lack of appetite for young children and infants	<p>if YES, they <u>cannot</u> enter the institution.</p> <p>Suggest: Contacting a primary care provider or Telehealth for further instructions. Telehealth Number: 1-866-797-0000</p>
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<p>○ None of the above</p>	
<p>Have you travelled outside of Canada in the last 14 days?</p>	<p>if YES, they cannot enter the institution. Suggest: Contacting a primary care provider or Telehealth for further instructions. Telehealth Number: 1-866-797-0000</p>
<p>In the last 14 days, have you had close physical contact with a person who has been diagnosed with COVID-19?</p> <p>Close physical contact means any of the following:</p> <ul style="list-style-type: none"> • being less than 2 metres or 6 feet away in the same room, workplace, or area • living in the same home • being in the same classroom 	<p>If YES, they cannot enter the institution. Suggest: Contacting a primary care provider or Telehealth for further instructions. Telehealth Number: 1-866-797-0000</p>
<p>In the last 14 days, have you had close physical contact with a person who is sick with new respiratory symptoms (for example, fever, cough or difficulty breathing) or who recently travelled outside of Canada?</p>	<p>if YES, they cannot enter the institution. Suggest: Contacting a primary care provider or Telehealth for further instructions. Telehealth Number: 1-866-797-0000</p>


If **YES** to any of the screening questions or refuses to answer, then they have failed the screening and **cannot** enter the building.

If **NO** to all questions, ask the visitor to proceed to **complete temperature screening**.

If the visitor's temperature is 37.8 degrees Celsius or higher, ask them to wait five minutes and undergo a second temperature check. If the second temperature check continues to register greater than or equal to 37.8 degrees Celsius, they **cannot** enter the building.

If the visitor passes temperature screening, ask them to wash their hands or use hand sanitizer before entering the institution.

If the visitor has concerns regarding the screening process or becomes upset, please contact a manager immediately to handle the situation.

	Institution:	Screening Inmate Workers for Symptoms of Influenza Like Illness (ILI)
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Every inmate must be screened by correctional staff prior to leaving the unit.

This form is only completed if the inmate answers YES to any of the symptoms.

Do you have any of the following?	YES
A fever?	<input type="checkbox"/>
New or worsening cough?	<input type="checkbox"/>
Difficulty breathing?	<input type="checkbox"/>
<p>If the response is “NO” to all of the above questions → proceed to work as per routine Remind the inmate to notify staff should they begin to feel unwell at time during work</p>	

If “YES” to any of the above → proceed with the following actions

1. Immediately provide the inmate with surgical or procedure mask
2. Ask the inmate to wash their hands or use hand sanitizer
3. Staff to put on surgical or procedure mask and eye protection when within 2 metres of the inmate when no separation by physical barrier
4. Separate the inmate from others by a distance of 2 metres, ideally in a separate area
5. Notify health care staff (if health care is not available, notify the Operational Manager)
6. Complete this form

Person Notified (print name)	Designation (Nurse or OM)	Date and Time
Form Completed By (print name)	Signature	Classification

Inmate's Name: (Last/First)	OTIS#:	Date and Time of Screening
Area of Work: <input type="checkbox"/> Laundry <input type="checkbox"/> Kitchen <input type="checkbox"/> Other _____		

Interinstitutional Transfer Screening Form for Influenza like Illness



Inmate's Name (last, first):
OTIS #:

Transfer From (institution):
Transfer To (institution):

INSTRUCTIONS:

1. A nurse **MUST** complete this form no longer than 12 hours prior to an inmate's transfer
2. This completed form **MUST** be attached to the outside of the envelope containing the health record
3. If there has been a delay in transit (e.g. overnight), a nurse **MUST** verify the information by rescreening and signing this form immediately **BEFORE** transfer to the inmate's final destination

IMPORTANT!

- Do **NOT** proceed with transfer if the person is isolated as an active case, a case under investigation, a close contact, or as a result of travel
- Transfer can **ONLY** proceed with an isolated inmate after clearance by Corporate Health Care and the Superintendent of the receiving institution

A. INMATE SCREENING

	Initial Screening	Follow Up Screening (if required)
Mandatory Vital Signs completed?	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Fever?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

Questions for Inmate Do you have any of the following?	Initial Screening	Follow Up Screening (if required)
• New cough?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
• Difficulty breathing?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
• New illness (e.g. sore throat, diarrhea)?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

If inmate has **NO** symptoms → **PROCEED** with transfer.

If inmate has symptoms **IMMEDIATELY:**

1. Provide a surgical/procedure mask,
2. Request the person wash their hands or use hand sanitizer,
3. Separate the person from others by a distance of 2 metres, ideally in a separate area,
4. Initiate Droplet and Contact Precautions, and
5. Contact your Health Care Manager who will then contact Corporate Health Care.

B. CLEARED FOR TRANSFER

Print name of nurse completing screening:	Signature	Date & Time of Screening
1.		
2.		

**Federal Transfer Screening Form
for Influenza like Illness**



Inmate's Name (last, first):
OTIS #:

Transfer From (institution):
Transfer To (institution):

INSTRUCTIONS:

1. A nurse **MUST** complete this form within 12 hours of an inmate's transfer to a Correctional Services Canada facility
2. This completed form **MUST** be attached to the outside of the envelope containing the health record
3. If there has been a delay in transit (e.g. overnight), a nurse **MUST** verify the information by rescreening and signing this form immediately **BEFORE** transfer to the inmate's final destination

IMPORTANT!

- Do **NOT** proceed with transfer if the person is isolated as an active case, a case under investigation, a close contact, or as a result of travel
- Transfer can **ONLY** proceed with an isolated inmate after clearance by Health Services at Correctional Services Canada **AND** Corporate Health Care

A. INMATE SCREENING

	Initial Screening	Follow Up Screening (if required)
Mandatory Vital Signs completed?	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Inmate Temperature	Temp _____°C T/O	Temp _____°C T/O
Fever?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

Questions for Inmate Do you have any of the following?	Initial Screening	Follow Up Screening (if required)
• New cough?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
• Difficulty breathing?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
• New illness (e.g. sore throat, diarrhea)?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

If inmate has **NO** symptoms → **PROCEED** with transfer.

If inmate has symptoms **IMMEDIATELY**:

1. Provide a surgical/procedure mask,
2. Request the person wash their hands or use hand sanitizer,
3. Separate the person from others by a distance of 2 metres, ideally in a separate area,
4. Initiate Droplet and Contact Precautions, and
5. Contact your Provincial Health Care Manager, Corporate Health Care (CHC).

B. CLEARED FOR TRANSFER

Print name of nurse completing screening:	Signature	Date & Time of Screening
1.		
2.		

**Discharge Screening Form
for Influenza like Illness**



Inmate's Name (last, first):
Date of Birth:

Institution:
Discharge To/Date:

INSTRUCTIONS:

1. A nurse **MUST** complete this form no longer than 12 hours prior to an inmate's discharge to community agency/shelter
2. This completed form **MUST** be provided to the discharge planner for the community agency/shelter

A. INMATE SCREENING

	Screening
Mandatory Vital Signs completed?	Yes <input type="checkbox"/>
Fever?	No <input type="checkbox"/> Yes <input type="checkbox"/>

Questions for Inmate Do you have any of the following?	Screening
• New cough?	No <input type="checkbox"/> Yes <input type="checkbox"/>
• Difficulty breathing?	No <input type="checkbox"/> Yes <input type="checkbox"/>
• New illness (e.g. sore throat, diarrhea)?	No <input type="checkbox"/> Yes <input type="checkbox"/>

Print name of nurse completing screening:	Signature	Date & Time of Screening
1.		
2.		

Inmates Name (last/first)	Institution:
OTIS#	Release Date: (MM/dd/yyyy):

A. INSTRUCTIONS:

1. A nurse **MUST** complete this form for all inmates who are released while still on medical isolation or to self monitor (COVID-19)
2. This completed form **MUST** be emailed to everyone's email in the box below when the release date is known, and preferable prior to release date.

Rosshane.Vignarajah@ontario.ca	Christine.Hobkinson@ontario.ca
Isabelle.Richard@ontario.ca	Lina.ElWanni@ontario.ca
Maureen.Ennis@ontario.ca	Andrea.Calvin@ontario.ca

- B. Inmate on Medical Isolation on Release** Yes No
- OR**
- Inmate to Self-Monitor on Release** Yes No

If YES please complete the following:

1. Inmate to continue to self isolate until _____ (date MM/dd/yyyy)
2. Provided with the following, please check:

- How to Self-Isolate
- One Mask
- When and How to Wear a Mask
- How to Self-Monitor
- Medication supply for _____ days
- Medication prescription faxed to community pharmacy
- Local public health unit phone number provided


3.

Include the Inmate's Proposed Address Below if known:
(if they do not have a fixed address, include the shelter/housing where they will be residing)

--

Additional Information:

Print name of nurse completing:	Signature	Date & Time
1.		
2.		

	Institution:	Screening Inmate Attending Programs for Symptoms of Influenza Like Illness (ILI)
---	--------------	---

Every inmate must be screened by correctional staff prior to leaving the unit for programs.

This form is only completed if the inmate answers YES to any of the symptoms.

Do you have any of the following?	YES
A fever?	<input type="checkbox"/>
New or worsening cough?	<input type="checkbox"/>
Difficulty breathing?	<input type="checkbox"/>
If the response is “NO” to all of the above questions → proceed to program as per routine Remind the inmate to notify staff should they begin to feel unwell at time during the program	

If “YES” to any of the above → proceed with the following actions

1. Immediately provide the inmate with surgical or procedure mask
2. Ask the inmate to wash their hands or use hand sanitizer
3. Staff to put on surgical or procedure mask and eye protection when within 2 metres of the inmate when no separation by physical barrier
4. Separate the inmate from others by a distance of 2 metres, ideally in a separate area
5. Notify health care staff (if health care is not available, notify the Operational Manager)
6. Complete this form

Person Notified (print name)	Designation (Nurse or OM)	Date and Time
Form Completed By (print name)	Signature	Classification

Inmate's Name: (Last/First)	OTIS#:	Date and Time of Screening
Area of Work: <input type="checkbox"/> Laundry <input type="checkbox"/> Kitchen <input type="checkbox"/> Other _____		

Attention Inmates

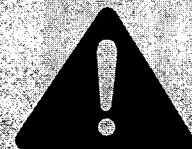


If you have any of the following symptoms of COVID-19:

- fever
- new onset of cough
- chills
- unexplained fatigue
- headache
- sore throat
- runny nose
- hoarse voice
- difficulty breathing
- lost sense of taste or smell
- muscle aches
- difficulty swallowing
- pink eye
- stuffy or congested nose
- difficulty swallowing
- nausea/vomiting, diarrhea, stomach pain

**Tell a nurse or correctional officer
right away**

Attention Visitors



If you have any of the following symptoms of **COVID-19**:

- fever
- new onset of cough
- chills
- unexplained fatigue
- headache
- sore throat
- runny nose
- stuffy or congested nose
- lost sense of taste or smell
- difficulty breathing
- difficulty swallowing
- pink eye
- digestive issues (nausea/vomiting, diarrhea, stomach pain), or
- for young children and infants: sluggishness or lack of appetite

OR you have been exposed to someone with COVID-19 or someone who has developed new respiratory symptoms, **please delay your visit AND contact either your health care provider, Telehealth Ontario (1-866-797-0000), or visit an Assessment Centre for testing.**

INTAKE UNIT

Principles and Practices

Prevention

Correctional institutions are congregate settings with increased risk for disease spread once it has been introduced. Therefore, preventing introduction of disease at the point of admission is key. Intake units mitigate the introduction of COVID-19 by delaying integration of newly admitted inmates into general population for 14 days, which is the currently known incubation period for COVID-19. Cohorting newly admitted inmates enables close monitoring and enhances early detection of COVID-19 symptoms or other relevant concerns.

ONLY Health Care staff may clear an inmate for release from the Intake Unit.

Dorm setting are not suitable as Intake Units.

Required Practices

- Staff must wear a level 1 procedure/surgical mask at all times
- All inmates have been screened at admission and cleared for routine admission
- Housing should be single cell, whenever possible.
- When more than one person per cell is required, then ONLY inmates who were admitted on the same day or admitted within 2 days of each other can be bunked together in the same cell and consultation with health care staff must occur regarding vulnerability (e.g. elderly, immune compromised) and unit release date
- Inmates housed on Intake Units are not eligible for institution work or group programs
- If the Admission Health Assessment has not been completed by a nurse, the inmate must be confined to their cell until this has been completed
- Access to the Intake Unit is restricted to assigned staff, operational managers overseeing the area, health care staff and senior administration (except in the case of emergency)
- All other persons entering the Intake Unit must be cleared on a case by case basis by the operational manager (except in the case of emergency)
- Movement into and out of the Intake Unit must be logged in the Unit Logbook
- Inmates must wear a level 1 procedure/surgical mask when out of their cell at all times, including during escorts out of unit for any reason
- Inmates leaving the unit must be screened by correctional staff prior to leaving the unit
- Privileges should remain intact for inmates housed in the Intake Unit. Time out of cell must be organized to enable physical distancing and prevent close contact (within 2 meters). Physical Distancing must be practiced at all times. Correctional Officers are to monitor, encourage and manage inmate physical distancing
- All meals will be issued to inmates in their cell by correctional staff.

- All inmates must have access to their own soap and hand towel or access to hand sanitizer to perform hand hygiene
- Hand hygiene is to be performed by inmates:
 - prior to leaving their cell,
 - after using the toilet facilities, and
 - upon return to their cell
- Hand hygiene is to be performed by all staff and inmates:
 - upon entering and leaving the Intake Unit
 - prior to putting on personal protective equipment and
 - once more, just before and after removing a face mask
- Paper towels should be provided where facilities are shared to prevent cross-contamination (i.e. shared sinks)
- Staff are to check daily that supplies are available for each inmate and in common areas
- Staff must ensure inmates have their own cup and monitor to discourage sharing of cups or other personal items
- All used PPE must be discarded in a regular garbage receptacle prior to leaving the area
- All cleaners must wear appropriate PPE and have information on donning and doffing of PPE reviewed with them
- Inmate cleaners must wear:
 - level 1 procedure mask and gloves
- After cleaning, the inmate cleaner must take a shower and is required to change their clothes
- Surfaces and objects that are frequently touched, especially in common areas must be cleaned at least twice a day e.g. toilet handle, toilets, sink handles, countertops, doorknobs
- Telephones must be cleaned before and after each use with approved sanitizing wipes
- Vacated cells must be cleaned prior to another inmate occupying the cell.

Health Care

In addition to routine health care, health care staff must conduct a daily symptoms assessment on each person on the Intake Unit, including temperature, pulse and respirations

- Health care staff should consider, where possible:
 - using a designate room in or near the Intake Unit for inmate clinical examination
 - attending the unit to administer methadone or suboxone and only group/hold inmates per admission date(s)

s.N/R

From: Hobkinson, Christine (SOLGEN)
Sent: Wednesday, December 23, 2020 3:30 PM
To: Briscoe, Michelle (SOLGEN); Poologaindran, Ahila (SOLGEN); McDonald, Laura (TBS); Tsiaras, Victoria (TBS); SolGenCRT (SOLGEN); Hume, Jessica (SOLGEN); Coventry, Terry (SOLGEN); Nowak, Bart (SOLGEN); Kitchen, Phillip (SOLGEN); Gunton, Tracey (SOLGEN)
Cc: Vignarajah, Rosshane (SOLGEN)
Subject: FW: ADM-CS memo re: lockdown
Attachments: Provincewide Shutdown Update-CS ADMO-Dec 23 2020..docx

Good afternoon,

FYI, sharing the attached A/ADM-CS memo re: province-wide shutdown updates.

Thanks Bart for putting this together, and Ahila and Jessica for your input!
Christine

From: Forbes, Barb (SOLGEN) <Barb.Forbes@ontario.ca>
Sent: December 23, 2020 3:19 PM
To: Robertson, Todd (SOLGEN) <Todd.Robertson@ontario.ca>; Kasias, Dianne (SOLGEN) <Dianne.Kasias@ontario.ca>; Ennis, Maureen (SOLGEN) <Maureen.Ennis@ontario.ca>; Richard, Isabelle (SOLGEN) <Isabelle.Richard@ontario.ca>; Mitchell, Stephen (SOLGEN) <Stephen.Mitchell@ontario.ca>
Cc: Vignarajah, Rosshane (SOLGEN) <Rosshane.Vignarajah@ontario.ca>; Hobkinson, Christine (SOLGEN) <Christine.Hobkinson@ontario.ca>; Attwood, Emily (SOLGEN) <Emily.Attwood@ontario.ca>; Breitman, Alison (SOLGEN) <Alison.Breitman@ontario.ca>; Guillermo, Sergio (SOLGEN) <Sergio.Guillermo@ontario.ca>; Tang, Helen (SOLGEN) <Helen.Tang@ontario.ca>; McKellar, Jennifer (SOLGEN) <Jennifer.McKellar@ontario.ca>; Maksymuik, Amanda (SOLGEN) <Amanda.Maksymuik@ontario.ca>; Welch, Gina (SOLGEN) <Gina.Welch@ontario.ca>; Kulendran, Renu (SOLGEN) <Renu.Kulendran@ontario.ca>
Subject: ADM-CS memo re: lockdown

Good Afternoon RDs:

Further to our CS plans that were communicated to the field yesterday, please find an ADM-CS memo that also supports our critical services and the strategies in place for the next 28 days.

For distribution to all staff, with thanks!

Stay safe,

Barb Forbes, Regional Director
Ministry of the Solicitor General – Probation & Parole Services
150 Dufferin, Suite 704 London, ON
(519) 661-1773
(519) 801-9055 (cell)

If you have any accommodation needs or require communication supports or alternate formats, please let me know.

Ministry of the Solicitor General

Ministère du Solliciteur général



Office of the
Assistant Deputy Minister

Bureau du sous-ministre adjoint

Community Services

Services communautaires

25 Grosvenor Street, 17th Floor
Toronto ON M7A 1Y6
Telephone: (519) 675-4742
Fax: (519) 661-6182

25 rue Grosvenor, 17^{ème} étage
Toronto ON M7A 1Y6
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Mailing Address

150 Dufferin Avenue, Suite 704
London, ON N6A 5N6

Adresse postale

150 rue Dufferin Suite 704
London, ON N6A 5N6

MEMORANDUM TO: All Staff of Community Services

FROM: Barb Forbes
Acting Assistant Deputy Minister, Community Services

DATE: December 23, 2020

SUBJECT: Update on Provincewide Shutdown

I would like to take the opportunity to thank you for your ongoing dedication to Community Services and the important work you do on a daily basis during the COVID-19 pandemic in contributing to public safety. We want to assure you that your safety, along with the safety of our clients, is our top priority.

Further to the Ontario Public Service all staff memo issued yesterday by Kevin French, Deputy Minister, Treasury Board Secretariat, the government announced a Provincewide Shutdown that will go into effect as of Saturday, December 26, 2020, at 12:01 a.m. Additional restrictions will be put into place and reinforce that Ontarians should stay at home as much as possible to minimize transmission of the virus and prevent hospitals from becoming overwhelmed.

What this announcement means

Measures include, but are not limited to:

- Restricting indoor organized public events and social gatherings, except with members of your household.
- Prohibiting in-person shopping in most retail settings – curbside pickup and delivery can continue.
- Restricting indoor access to shopping malls.
- Prohibiting indoor and outdoor dining.

In addition, all publicly funded and private elementary and secondary schools are to move to teacher-led remote learning when students return from the winter break on January 4, 2021. This action will support the government's broader efforts to limit the spread of COVID-19. All elementary schools, as well as Northern secondary schools, can resume in-person instruction on January 11, 2021, while other secondary schools can resume in-person instruction on January 25, 2021. From January 4-8, 2021, when elementary students move to remote

learning, before and after school programs will be closed and emergency childcare for health care and frontline workers, including frontline Correctional Services workers, will be provided where available. Full details of the announcement are [available here](#).

These additional public safety measures will impact all of us in our personal and professional lives. As critical frontline service employees, it is important to have direct contact with our community clients to ensure public safety. In response to these new public safety measures, all offices will be changing to a 40/60 staffing model whereby 40% of staff will work in-office, and 60% will work remotely. This will be in place for a 28-day cycle from December 26 to January 23 for all areas within Ontario, including all areas in the Northern Region.

This staffing model will ensure we address the volume of cases from Courts, closely supervise our high risk and protocol cases, and are diligent with regards to public and victim safety. The critical work CS staff does enriches the lives of our clients through necessary guidance, programs and services, and keeps Ontarians safe and secure.

During the pandemic we have worked collaboratively with both OPSEU and public health authorities in implementing health & safety measures to keep our workplaces safe. Whether it was the introduction of protective barriers, mandatory masking, contact tracing, screening upon entry into our offices, or other health & safety operational measures, your support in adherence has and continues to make a difference.

If you have any questions pertaining to the new public safety measures and how they impact you personally or professionally, please do not hesitate to contact your manager directly. I also want to take the opportunity to remind you of the employer's [Employee Family Assistance Program \(EFAP\)](#), which is available to you and your family twenty-four hours a day, seven days a week, three-hundred and sixty-five days a year.

Your dedication and professionalism have not gone unnoticed during this pandemic and I would like to take this opportunity to wish you a happy holiday season that is both peaceful and safe.

Thank you.

Sincerely,

Original signed by

Barb Forbes
A/Assistant Deputy Minister
Community Services

Ministry of the Solicitor General

Ministère du Solliciteur général



Office of the
Assistant Deputy Minister

Bureau du sous-ministre adjoint

Community Services

Services communautaires

25 Grosvenor Street, 17th Floor
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Mailing Address

150 Dufferin Avenue, Suite 704
London, ON N6A 5N6

Adresse postale

150 rue Dufferin Suite 704
London, ON N6A 5N6

MEMORANDUM TO: All Staff of Community Services

FROM: Renu Kulendran
Assistant Deputy Minister, Community Services

DATE: November 2, 2020

SUBJECT: **Mandatory Daily COVID-19 Screening and Self-Assessments**

As we continue to see an increase in cases of COVID-19, it is imperative that we all do our part to protect the health and safety of our colleagues and the public we serve.

Community Services (CS) has put staff and client-facing COVID-19 screening and self-assessment tools in place since the early days of the pandemic, and we continue to adjust protocols based on health care advice. Further to the CAO's October 13, 2020 memo, I want to reiterate that it is **mandatory** for all employees, clients and visitors entering OPS workplaces to **complete daily the appropriate screening tool prior to entering the premises.**

Please e-mail your manager to confirm that you have completed the self-assessment before attending work. Additionally, please note that by attending work, you are affirming that you:

- have taken the self-assessment,
- are not experiencing any of the identified symptoms or exposure risks,
- are not awaiting your own COVID-19 test results, and
- have not had close physical contact with anyone who:
 - is currently sick with COVID-19 symptoms,
 - has tested positive for COVID-19, or
 - who is awaiting test results (close physical contact means being less than 2 metres away in the same room, workspace or area with no mask on and no physical barrier, or living in the same household)

Please call your manager if you have questions about whether you should come into the workplace based on the criteria noted above.

Self-assessments are a key initial line of defense against the spread of COVID-19. Do not report into your workplace if you are experiencing any of the following symptoms:

- Fever or chills
- Difficulty breathing or shortness of breath
- Cough
- Sore throat, trouble swallowing
- Runny nose/stuffy nose or nasal congestion
- Decrease or loss of smell or taste
- Nausea, vomiting, diarrhea, abdominal pain
- Not feeling well, extreme tiredness, sore muscles

If, while at the workplace or during your shift, you begin to feel unwell, regardless of symptoms, immediately distance yourself from others, ensure you are wearing a face covering, sanitize your hands, and advise your manager.

If you believe you have been exposed to COVID-19, contact your primary care provider (for example, family doctor), Telehealth Ontario at 1-866-797-0000 to speak with a registered nurse, or your local public health unit and inform them that you have completed a COVID-19 self-assessment tool.

Thank you for your continued professionalism and help in reducing the spread of COVID-19 in our communities.

Sincerely,

A handwritten signature in black ink, appearing to read "Renu Kulendran". The signature is fluid and cursive, written in a professional style.

Renu Kulendran
Assistant Deputy Minister, Community Services

November 2, 2020

PLEASE READ AND COMPLETE PRIOR TO ATTENDING WORK

Community Services Staff Self-Assessment and Affirmation

Do you have any of the following new or worsening symptoms or signs (Symptoms should not be chronic or related to other known causes or conditions)?

Fever or chills • Note: A fever is 37.8 C or higher	Yes	No
Difficulty breathing or shortness of breath	Yes	No
Cough	Yes	No
Sore throat, trouble swallowing	Yes	No
Runny nose/stuffy nose or nasal congestion	Yes	No
Decrease or loss of smell or taste	Yes	No
Nausea, vomiting, diarrhea, abdominal pain	Yes	No
Not feeling well, extreme tiredness, sore muscles	Yes	No

OR

Have you experienced any of the following exposure risks in the last 14 days?

- | | | |
|---|-----|----|
| • Close physical contact with a person who has been diagnosed with COVID-19
○ Close physical contact means being less than 2 metres away in the same room, workspace or area with no mask on and no physical barrier, or living in the same household.
○ Note: for those using the COVID Alert app, close physical contact could also mean that you have received an exposure notification on the COVID Alert app, but you have not yet received a negative test result | Yes | No |
| • Close physical contact with a person who:
○ is currently sick with new respiratory symptoms (for example, fever, cough or difficulty breathing) or
○ travelled outside of Canada (see the definition below) | Yes | No |
| • Travel outside of Canada (Note: for the purposes of this, travel is defined as an overnight period, or extended visit with extensive community interactions) | Yes | No |

If you have answered yes to any of the above symptoms or have experienced the additional exposure risks (travel or contact), DO NOT enter the workplace. Contact your manager and follow their instructions.

If at any time while at work, you begin to experience any of the above symptoms, please distance yourself from others, ensure you are wearing a face covering, perform hand hygiene and immediately advise your manager who will provide further direction.

By attending work today, you are affirming you are not experiencing any of the above symptoms and have not experienced any of the above exposure risks.

Employee Signature

Date

<p>Ministry of the Solicitor General</p>	<p>Screening for Visitors Requesting Entry to Provincial Probation and Parole Office</p>
---	---

All visitors requesting admission to the office must wear a face covering, hand sanitize, and cooperate with this screening process.

Please ask each individual visitor prior to entry to the institution:

<p>Are you feeling unwell with any of the following symptoms? (Choose any/all that are new, worsening and not related to other known causes or conditions)</p> <ul style="list-style-type: none"> • Fever/feverish <ul style="list-style-type: none"> ○ Note: A fever is 37.8 C or higher • Chills • Cough that's new or worsening, continuous, more than usual • Barking cough, making a whistling noise when breathing • Shortness of breath • Sore throat • Difficulty swallowing • Runny nose • Stuffy or congested nose • Decrease or loss of taste or smell • Pink eye • Headache that's unusual or long lasting • Digestive issues like nausea/vomiting, diarrhea, stomach pain • Muscle aches that are unusual or long lasting • Extreme tiredness that is unusual • Falling down (often for older individuals) • Sluggishness or lack of appetite (for young children and infants) • None of the above <p style="text-align: center;">None of</p>	<p>if YES, they cannot enter the office.</p> <p>Suggest: Contacting their primary care provider or Telehealth for further instructions. Telehealth Number: 1-866-797-0000</p>
--	---

<p>In the last 14 days, have you had close contact with a person who has been diagnosed with COVID-19?</p> <p>Close physical contact means any of the following:</p> <ul style="list-style-type: none"> • Being less than 2 metres or 6 feet away in the same room, workplace or area • Living in the same home • Being in the same classroom • Note: for those using the COVID Alert app, close physical contact could also mean that you have received an exposure notification on the COVID Alert app, but you have not yet received a negative test result 	<p>if YES, they cannot enter the office</p> <p>Suggest: Contacting their local public health unit or Telehealth for further instructions. Telehealth Number: 1-866-797-0000</p>
<p>In the last 14 days, have you had close contact with a person who is sick with new respiratory symptoms (for example, fever, cough or difficulty breathing) or who recently travelled outside of Canada?</p>	<p>if YES, they cannot enter the office.</p> <p>Suggest: Contacting their local public health unit or Telehealth for further instructions. Telehealth Number: 1-866-797-0000</p>
<p>Have you travelled internationally (outside Canada) within the last 14 days?</p>	<p>if YES, they cannot enter the office.</p> <p>Suggest: Contacting their local public health unit or Telehealth for further instructions. Telehealth Number: 1-866-797-0000</p>

If **YES** to any of the screening questions or refuses to answer, then they have failed the screening and **cannot** enter the building.

If **NO** to all questions, ask the visitor to wear a face covering and use hand sanitizer before entering the office.

If the visitor has concerns regarding the screening process or becomes upset, please contact a manager immediately to handle the situation.

SOLGEN Institutional Environment-Specific Measures

On November 13, 2020, the Province updated the COVID-19 Response Framework: Keeping Ontario Safe and Open.* The document establishes the government's priorities and articulated the principles and approach for keeping Ontario safe and open as community risk levels fluctuate.

Framework: Adjusting and Tightening Public Health

PREVENT (Standard Measures)	PROTECT (Strengthened Measures)	RESTRICT (Intermediate Measures)	CONTROL (Stringent Measures)	LOCKDOWN (Maximum Measures)
<p>Focus on education and awareness of public health and workplace safety measures in place.</p> <p>Restrictions reflect broadest allowance of activities in Stage 3 absent a widely available vaccine or treatment.</p> <p>Highest risk settings remain closed.</p>	<p>Enhanced targeted enforcement, fines, and enhanced education to limit further transmission.</p> <p>Apply public health measures in high risk settings.</p>	<p>Implement enhanced measures, restrictions, and enforcement avoiding any closures.</p>	<p>Implement broader-scale measures and restrictions, across multiple sectors, to control transmission.</p> <p>Restrictions are the most severe available before widescale business or organizational closure.</p>	<p>Implement widescale measures and restrictions, including closures, to halt or interrupt transmission (Return to modified Stage 1 or pre-Stage 1).</p> <p>Consider declaration of emergency.</p>

* The Framework can be found at: <https://files.ontario.ca/moh-covid-19-response-framework-keeping-ontario-safe-and-open-en-2020-11-03-v2b.pdf>

In response to the COVID-19 Response Framework: Keeping Ontario Safe and Open, Institutional Environment-specific Measures have been developed to guide staff in institutions as community risk levels fluctuate. The Institutional Environment-Specific Measures document is to be followed in conjunction with already established Guidelines for Corrections. The following

Where Risk Assessments are indicated, it is the responsibility of the Superintendent to ensure the assessments are undertaken. Where assessments or guidance document updates are delayed, the highest level of protection is to be adopted for the particular circumstances. A standardized assessment tool will be used, led by Corporate Health Care, and discussions of risk will be undertaken with designated individuals with knowledge and expertise in the area of identified risk. Infection Prevention and Control Committees (IPCCs) have valuable information and their knowledge and advice related to approach and actions will be sought. The recommended approach will be reviewed by Regional Directors and Corporate Health Care and the final decision will be the responsibility of the Superintendent.

When following the Institutional Environment-Specific Measures, you should remember the measures are cumulative from one level to the next. To effectively use the document, please remember:

- The green (prevent) level, the measures (infection prevention and control practices) are the minimum expectations and requirements for all institutions.
- Each subsequent level includes all the prevention (green) measures and layers to these measures additional response measures which align to *first the community risk, and then institutional risk*.
- Institutional risks are based on the details listed under each colour; and will be assessed and assigned in consultation with Corporate Health Care.

This is a dynamic document and will be reviewed and updated as provincial guidance changes and requirements are identified.

Version 1
Last Updated: November 25, 2020

SOLGEN Institutional Environment-Specific Measures

ACTIONS	PREVENT (Standard Measures)	PROTECT (Strengthened Measures)	RESTRICT (Intermediate Measures)	CONTROL (Stringent Measures)	LOCKDOWN (Maximum Measures)
Triggers	Community Zone Assignment AND/OR Institution risk assessment – low risk	Community Zone Assignment AND/OR Isolated, contained cases Institution risk assessment – low risk	Community Zone Assignment AND/OR < 3 cases but additional risk factors (examples: dormitory, staffing challenges, recent downgrade from control or lockdown) Institution risk assessment – moderate	Community Zone Assignment AND/OR Widespread institution outbreak Institution risk assessment – highest risk	Community Zone Assignment AND/OR Widespread Institution outbreak Institution risk assessment – highest risk
Response Action	In addition to all lower level responses/actions	In addition to all lower level responses/actions	In addition to all lower level responses/actions Ministry assigns/monitors actions to manage risk	In addition to all lower level responses/actions Ministry assigns/monitors actions to manage risk	In addition to lower level responses/actions
Maintenance	Ministry communicates risk levels and changes to institutions (e.g. community rates) Enhance inventory management re: supply/anticipated demand. Monitor turn rate and address utilization concerns	Ministry communicates risk levels and changes to institutions (e.g. community rates) Enhance inventory management re: supply/anticipated demand. Monitor turn rate and address utilization concerns	Continue to monitor and anticipate PPE requirements	Staff are, as always, expected to carefully self monitor and report for duty only when fit. There are no added restrictions for employees who live or work in a zone where Control or Lockdown measures have been implemented. Report for duty as scheduled.	Staff are, as always, expected to carefully self monitor and report for duty only when fit. There are no added restrictions for employees who live or work in a zone where Control or Lockdown measures have been implemented. Report for duty as scheduled.
COVID Practices	Corporate Health Care provides oversight for case management and works in collaboration with the institution, local Public Health Unit and other stakeholders specific to cases Increase IPCC engagement to assist with recommendations related to risk identification and mitigation Enhance virtual health care No change for contracted services	Corporate Health Care provides oversight for case management and works in collaboration with the institution, local Public Health Unit and other stakeholders specific to cases Increase IPCC engagement to assist with recommendations related to risk identification and mitigation Enhance virtual health care No change for contracted services	Identifies and contains outbreak in collaboration with CHC and local Public Health Units PHU declares persons under investigation, confirmed cases and/or suspected and confirmed outbreak; provides direction on outbreak control measures; deploys PHU inspectors, if required Institution activates emergency outbreak response: <ul style="list-style-type: none"> • Confirms and produces information lists of staff, inmates and visitors, including those on isolation, to PHU for contact tracing. • Implements communication protocols with union, staff, and inmates • May utilize Section 22 powers to enforce IPAC Capacity review to ensure strict adherence to all IPAC principles, measures and practices Engage regional resources to manage risks (staffing, capacity issues)	Actively assess and restrict to Urgent Only and track: <ul style="list-style-type: none"> • Inmate movement within facility • Interinstitutional transfers • Unexplained staff post changes during shift Provide lead time to safely organize required movement (e.g. in-person health assessment and pre-transfer screening, communication with receiving institution to determine capacity to manage on-going restrictions etc. Superintendent to review contracted services and scheduled maintenance and evaluate risks associated with service delivery.	Eat and Drink only in designated areas No eating/drinking at post Actively assess and restrict to Urgent Only and track: <ul style="list-style-type: none"> • Inmate movement within facility • Interinstitutional transfers • Unexplained staff post changes during shift Provide lead time to safely organize required movement (e.g. in-person health assessment and pre-transfer screening, communication with receiving institution to determine capacity to manage on-going restrictions etc. Superintendent to review contracted services and scheduled maintenance and evaluate risks associated with service delivery.

Version 1
Last Updated: November 25, 2020

SOLGEN Institutional Environment-Specific Measures

ACTIONS	PROTECT		RESTRICT	LOCKDOWN
	Strengthened Measures	Intermediate Measures		
Screening Staff and Professional Visitors	No change	No change		Staff screeners to highlight self-attestation poster. Screeners to say to staff: - Have you read staff attestation? - Do you confirm no to all questions?
Inmate Screening and Assessment	No change	No change		No change
Inmate Housing	No change	Evaluate capacity for increased isolation and restricted movement and develop a strategy to mitigate risks. Identify issues related to No change		No change
PPE Inmates	No change	No change		No change
Inmate Movement	Monitor and maintain accurate records of inmate movement	Targeted risk assessment to determine requirement for entry and movement restrictions. Reduce unit and inter-institutional transfers, if feasible. Where not feasible, provide lead time to safely organize movement		Restrict all inmate movement to essential movement only. Emergency movement is exempt from this restrictions.
Inmate Visits	Consider visitor management strategies to maintain low risk (e.g. mechanisms to ensure physical distancing) Maintain accurate records of visitors (name and contact information)	Evaluate for risks. If no identifiable risk associated with outbreak identified - No change		Restrict Visitation. Only Approved Exception visits (e.g. compassionate reasons, acute or serious medical conditions). Professional visits are excluded from this restriction
Inmate Programs	No change	Evaluate Inmate Programs to determine risks and where feasible develop strategies to mitigate the risks. Non-critical or programs where risk cannot be controlled should be cancelled.		Restrict inmate programs to reduce movement and exposure. This does not include activities of daily living, such as showers, yard and support service such as chaplaincy, social work, psychology, addictions counsellors etc.
Staff Training	Review risks. Develop risk mitigation as needed	Evaluate for risks. If no identifiable risk associated with outbreak identified - No change		Restrict staff training to critical training only. Postpone scheduled training. N95 Fit testing may continue

Version 1
Last Updated: November 25, 2020

Ministry of the Solicitor General

Ministère du Solliciteur général

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Ontario 



MEMORANDUM TO: All Staff working in Institutional Services

FROM: Lisa O'Brien
Employer Co-Chair
Provincial Joint Occupational Health & Safety Committee

Ryan Graham
OPSEU Co-Chair
Provincial Joint Occupational Health & Safety Committee

DATE: October 14, 2020

SUBJECT: **Launch of the *Stop the Spread Framework* in Institutional Services**

In response to the unprecedented challenges the COVID-19 pandemic has brought thus far, with the assistance of all staff, Institutional Services' (IS) has successfully implemented many measures to reduce the spread of infection among our institutions, including:

- Ensuring the availability of Personal Protective Equipment (PPE)
- Enhanced cleaning protocols
- Active Screening of all people entering institutions including; staff, visitors, contractors, and delivery personnel
- Reducing Inmate Count
- Implementation of intake and isolation units within adult institutions
- Increase use of virtual court appearances to reduce movement within and outside of an adult institution

As we enter the second wave of the COVID-19 pandemic, with rising counts of COVID-19 cases provincewide, the Employer and Union understand that staff may have heightened concerns about attending the workplace. Please be assured that the ministry's top priority continues to be the health and safety of its staff.

With this in mind, we are writing to share with you the launch of a new initiative, titled ***Stop the Spread*** to promote a safe and healthy workplace. The ***Stop the Spread*** is an infection prevention and control (IPC) strategy that will be launched in each of the institutions across the province to achieve the following:

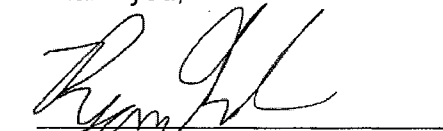
1. Educational Information & Support: To provide general education and support to staff within IS on general Personal Protective Equipment (PPE) usage, as well as infection prevention and control processes within the corrections context.
2. Compliance: To support and promote improved compliance of appropriate PPE usage, proper hand hygiene, physical distancing, and IPC measures within the local correctional environment.
3. Empower Local Workplaces: To engage and support local workplaces through the Infection Prevention and Control Committees (IPCCs) by providing each committee with consistent tools and supports to promote IPC best practices.
4. Gather and Build upon IPC Metrics: To provide local correctional workplaces with aggregated metrics to evaluate the current state of IPC practices within the institutions and identify any areas for improvements.

Commencing October 26th, the strategy will launch a series of modules every few weeks, which will encompass an educational campaign with one area of focus. After the launch of each module, the Corporate Health Care team will work with the IPC Committees to evaluate the success of the campaign, as well as identify areas requiring improvement. Data obtained through the IPCC evaluation/observations will be aggregate only and will be solely focused on reporting on and improving IPC practices within Institutional Services. Data collected by IPCs will be shared with local institutions as well as both the Ministry Employee Relations Committee and the Provincial Joint Occupational Health & Safety Committee. The four scheduled modules for launch will be as follows:


- Module 1: PPE Usage
- Module 2: Hand Hygiene
- Module 3: Physical Distancing
- Module 4: Current IPC Strategies within an institutional context

Coming soon, an intranet site will be launched for more information, updates and resources for IPC practices.

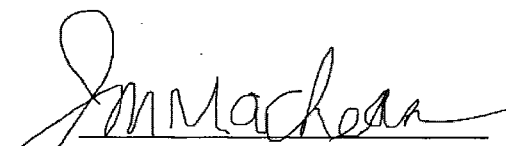
Thank you,




Ryan Graham



Lisa O'Brien



Michelle McLean



Daryl Pitfield

Ministry of the Solicitor General

Ministère du Solliciteur général



Office of the
Assistant Deputy Minister

Bureau du sous-ministre adjoint

Community Services

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MEMORANDUM TO: All Staff of Community Services

FROM: Barb Forbes
Acting Assistant Deputy Minister, Community Services

DATE: December 23, 2020

SUBJECT: Update on Provincewide Shutdown

I would like to take the opportunity to thank you for your ongoing dedication to Community Services and the important work you do on a daily basis during the COVID-19 pandemic in contributing to public safety. We want to assure you that your safety, along with the safety of our clients, is our top priority.

Further to the Ontario Public Service all staff memo issued yesterday by Kevin French, Deputy Minister, Treasury Board Secretariat, the government announced a Provincewide Shutdown that will go into effect as of Saturday, December 26, 2020, at 12:01 a.m. Additional restrictions will be put into place and reinforce that Ontarians should stay at home as much as possible to minimize transmission of the virus and prevent hospitals from becoming overwhelmed.

What this announcement means

Measures include, but are not limited to:

- Restricting indoor organized public events and social gatherings, except with members of your household.
- Prohibiting in-person shopping in most retail settings – curbside pickup and delivery can continue.
- Restricting indoor access to shopping malls.
- Prohibiting indoor and outdoor dining.

In addition, all publicly funded and private elementary and secondary schools are to move to teacher-led remote learning when students return from the winter break on January 4, 2021. This action will support the government's broader efforts to limit the spread of COVID-19. All elementary schools, as well as Northern secondary schools, can resume in-person instruction on January 11, 2021, while other secondary schools can resume in-person instruction on January 25, 2021. From January 4-8, 2021, when elementary students move to remote

learning, before and after school programs will be closed and emergency childcare for health care and frontline workers, including frontline Correctional Services workers, will be provided where available. Full details of the announcement are [available here](#).

These additional public safety measures will impact all of us in our personal and professional lives. As critical frontline service employees, it is important to have direct contact with our community clients to ensure public safety. In response to these new public safety measures, all offices will be changing to a 40/60 staffing model whereby 40% of staff will work in-office, and 60% will work remotely. This will be in place for a 28-day cycle from December 26 to January 23 for all areas within Ontario, including all areas in the Northern Region.

This staffing model will ensure we address the volume of cases from Courts, closely supervise our high risk and protocol cases, and are diligent with regards to public and victim safety. The critical work CS staff does enriches the lives of our clients through necessary guidance, programs and services, and keeps Ontarians safe and secure.

During the pandemic we have worked collaboratively with both OPSEU and public health authorities in implementing health & safety measures to keep our workplaces safe. Whether it was the introduction of protective barriers, mandatory masking, contact tracing, screening upon entry into our offices, or other health & safety operational measures, your support in adherence has and continues to make a difference.

If you have any questions pertaining to the new public safety measures and how they impact you personally or professionally, please do not hesitate to contact your manager directly. I also want to take the opportunity to remind you of the employer's [Employee Family Assistance Program \(EFAP\)](#), which is available to you and your family twenty-four hours a day, seven days a week, three-hundred and sixty-five days a year.

Your dedication and professionalism have not gone unnoticed during this pandemic and I would like to take this opportunity to wish you a happy holiday season that is both peaceful and safe.

Thank you.

Sincerely,

Original signed by

Barb Forbes
A/Assistant Deputy Minister
Community Services

Ministry of the Solicitor General

Ministère du Solliciteur général



Office of the
Assistant Deputy Minister

Bureau du sous-ministre adjoint

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MEMORANDUM TO: All Staff of Community Services

FROM: Renu Kulendran
Assistant Deputy Minister, Community Services

DATE: October 2, 2020

SUBJECT: **Community Services Division – Updates re: Re-opening OPS
Workplaces and Continued Health and Safety Measures**

Further to the Secretary of the Cabinet's September 2, 2020 memo regarding the re-opening of OPS workplaces, I want to affirm that the health and well-being of our employees and clients is our primary priority. As a ministry and division, we will continue to take a measured and methodical approach to any changes to our staffing model, policies, and procedures.

As a division that delivers essential, frontline services that directly impact public safety, CS has risen to the challenge and worked throughout this pandemic, providing in-person and remote service delivery. While some sectors are just beginning to re-open and adjust to work during COVID-19, CS has carefully and continuously adapted over the past seven months. We have developed interim policies and procedures to respond to changing needs and direction and used risk assessments and the hierarchy of controls to ensure that robust safety precautions are in place in our offices. These measures and our collective efforts have proven effective at keeping COVID-19 at bay in CS. However, we must be mindful to not become complacent, and must continue to exercise caution and care every day. We are confident that with continued vigilance, we will continue to keep our teams and the public safe.

50/50 Staffing Model Continues

We are monitoring provincial, corporate, and health care guidance as the number of COVID-19 cases has been rising. Recognizing that the situation around us is fluid, we are confident that our existing precautionary measures will enable us to continue at a 50/50 staffing model for the time being. However, we will continue to employ a flexible approach to staffing, so that we are able to respond to local and changing needs, as required.

While in office and during remote weeks, staff will continue to provide critical public safety services. Continuing with the platoon approach and limiting staff working in offices is an important part of our outbreak management plan and enables us to provide critical service delivery if some staff are directed to self-isolate.

We will continue to monitor our staffing model and will remain nimble as the trajectory of COVID-19 changes. Notice will be provided if there is a change to the current 50/50 staffing model.

Gradual Re-Opening of Reporting Centres:

Mindful of our continued service delivery obligations, we are evaluating how to carefully re-open reporting centres on an as-needed basis to better serve our clients. Managers, working collaboratively with OPSEU health and safety representatives, will use the risk assessment checklist (attached) and CS' "Best Practices for Health and Safety Guide" to take a location-by-location approach to reopening. They will work with local agencies, police partners and Indigenous communities to ensure that appropriate health and safety precautions are in place to protect staff and clients.

Upon completion of the risk assessment and with input from regional offices, reporting sites may re-open. The timing of re-openings may vary, recognizing local availability. Regional offices, use the attached "Reporting Centre Re-Opening Tracker" to maintain a list of reporting centres that re-open each month, in turn this will be shared with OPSEU with purposes of notification.

Health and Safety:

As noted above, we are adhering to relevant provincial corporate and healthcare guidance as we navigate through an uptick in cases as well as the approaching flu season. We must also be mindful of "COVID-fatigue" and remain vigilant in our efforts to reduce the spread of COVID-19. Please continue to:

- Complete the CS staff self-assessment;
- Follow CS' "Best Practices Guide for Health and Safety", remembering to physical distance, practice hand hygiene, and stay at home when ill; and
- Use the Screening Tool for Clients and Visitors, Notice to Clients and Visitors Regarding Reporting Instructions, and the Client and Visitor Tracking Form to assist public health units conduct contact tracing as needed.

Please see these documents attached for easy reference.

As of September 28, 2020 Treasury Board Secretariat (TBS) has directed that **face coverings** are **mandatory** in OPS buildings **in all common spaces** and **high-traffic areas**, such as elevators, kitchen areas, washrooms, and lobbies. Staff, clients, and visitors are responsible for obtaining face coverings and for their proper use, care and/or disposal. CS will continue to make face coverings available for staff, clients, and visitors who do not have their own. Please refer to TBS' updated guideline about the use of masks and face coverings in OPS non-healthcare settings and TBS' Questions & Answers for additional information.

Dependent Care Responsibilities:

With the return to school, we realize that balancing work and family responsibilities may be challenging. CS is committed to working in partnership with staff to support accommodation requests based on operational and individual needs. Please speak to your manager if you have questions or are seeking accommodation. Please also refer to the TBS Questions & Answers for further guidance.

We will update you as we progress through the year. In the interim, I encourage you to access the confidential services offered through the Employee and Family Assistance Program, if you or a family member require support.

Thank you, as always, for rising to the challenges that these difficult times present. Your hard work and continued commitment to CS truly make a difference.

Sincerely,

A handwritten signature in black ink, appearing to read "Renu Kulendran". The signature is fluid and cursive, written in a professional style.

Renu Kulendran
Assistant Deputy Minister, Community Services

Updated Best Practices Guide for Health and Safety in Probation and Parole Offices

Community Services (CS) continues to follow Ministry of Health (MOH) guidance and collaborate with our SolGen Corporate Health Care, Facilities, and OPSEU partners to continue to support the health and safety of our staff, offenders, and the public during the COVID-19 pandemic. As best practices, these measures are intended to be guidelines in order to allow for flexibility based on operational needs, individual circumstances, and evolving guidance.

Overarching Best Practices for Health and Safety:

Employees are reminded that according to Health Canada and MOH Guidelines everyone should remember to:

- maintain a physical distance of two metres from others
- wash your hands frequently with soap and water, or use hand sanitizer
- sneeze and cough into your sleeve;
- avoid touching your eyes, nose or mouth;
- avoid contact with people who are sick;
- stay home if you are sick; and
- regularly disinfect commonly touched surfaces, where possible*
 - *CS staff are not expected to perform or replace cleaning functions; however, disinfectant products are being provided to staff as an added layer of precaution should they wish to wipe down high traffic areas such as desks, counters, door handles, printers, scanners, etc.
- As of September 28, 2020, Treasury Board Secretariat (TBS) has directed that **face coverings** are **mandatory** in OPS buildings **in all common spaces** and **high-traffic areas**, such as elevators, kitchen areas, washrooms, and lobbies. Should you not have your own personal mask / face covering, the employer will make one available.

Face Coverings and Gloves:

- Use of Employee-Supplied Face Coverings as a Method of Source Control:
 - Employees, clients and visitors attending adult probation and parole offices should wear their own face coverings (homemade or commercially manufactured) in the course of performing their duties.
 - TBS has directed that **face coverings** are **mandatory** in OPS buildings **in all common spaces** and **high-traffic areas**, such as elevators, kitchen areas, washrooms, and lobbies. Please refer to TBS' OPS Non-Healthcare Settings Guidelines for Masks, Face Coverings and Other Related Safety Equipment and TBS' Questions & Answers for additional information.

- Considerations will be explored for staff, clients, visitors with existing physical limitations or medical needs.
- As a reminder, the following conditions need to be met:
 - The employee's personal face covering does not negatively impact client service delivery (e.g. meeting Ontarians' accessibility needs);
 - The face covering has no offensive markings whatsoever and must be in line with the Respectful Workplace Policy and the Correctional Services Code of Conduct and Professionalism;
 - Face coverings are properly cleaned and maintained by employees; and
 - Employees follow appropriate steps for donning and doffing.
- Personal face coverings may be used as a method of source control (being worn to protect others) and are not a substitute to other important infection prevention and control practices, including hand hygiene and physical distancing.
- The use of personal face coverings aligns with the MOH website, face coverings will not protect you from getting COVID-19. The Employer makes no promises, representations, or guarantees whatsoever with respect to the effectiveness and/or adequacy of employees' face coverings in preventing the contraction of COVID-19 or any other communicable disease or illness.
- Employees are responsible for proper care and laundering of their personal face coverings.
- Staff should refer to the OPS Non-Healthcare Settings Guidelines for Masks, Face Coverings and Other Related Safety Equipment, the MOH website and PHO Fact Sheet for information regarding face coverings and how to properly wear, fit, remove, store, and clean your non-medical face coverings.
- A supply of non-medical masks or face coverings will be made available to employees, clients, and visitors who do not have their own.
- Voluntary Use of Employer-Supplied Disposable Vinyl Gloves:
 - Subject to available supplies, CS will continue to provide disposable non-medical vinyl gloves for optional use by employees when working at the probation and parole offices.
 - The use of these non-medical gloves is voluntary and strictly intended to provide peace of mind and protect against possible irritants caused by cleaning products.
 - Employees are responsible for following appropriate hygiene protocols when removing gloves and are reminded that the wearing of gloves does

not replace the need to wash hands frequently with soap and water. Staff should refer to the tip sheet from Public Health Ontario for instructions on how to properly remove gloves.

- The Employer makes no promises, representations, or guarantees whatsoever with respect to the gloves meeting regulated health and safety standards and requirements, and/or adequacy of gloves in preventing the contraction of COVID-19 or any other communicable disease or illness.

Additional Operational Measures and Best Practices for Health and Safety:

- Mail and Client Documents:
 - Public Health Ontario has been closely monitoring reports and publications on COVID-19, and there are no reports of transmission through handling paper products. It is however recommended that employees continue to practice proper hand hygiene at all times and therefore are encouraged to wash their hands before and after handling any mail/client documents.

- Cleaning Supplies:
 - CS is currently providing hand sanitizer throughout employee areas and in the waiting room and secure interview room.
 - CS is currently providing cleaning supplies such as disinfectant wipes and/or disinfectant spray to offices, where possible.
 - CS is ensuring that disinfectant soap is also provided in washrooms.
 - Please refer to Health Canada's approved list of hard-surface disinfectants, which CS and Facilities is adhering to, where possible.
 - CS staff are not expected to perform or replace cleaning functions; however, these products are being provided to staff as an added layer of precaution should they wish to wipe down high traffic areas such as desks, counters, door handles, printers, scanners, etc.
 - Staff may choose to use the non-medical restaurant grade gloves provided for the purpose of protecting their hands from possible irritants when using the cleaning supplies.

- Cleaning Procedures:
 - Appropriate cleaning continues to be undertaken to reduce risk to staff and visitors within OPS occupied buildings. The current cleaning practice is to ensure a hygienic workplace is maintained. Environmentally friendly

- cleaning products that are effective at reducing the spread of bacteria and viruses are used.
- In addition, MGCS is coordinating with Infrastructure Ontario and ministry CAOs for the delivery of enhanced cleaning of all high contact areas up to three times per day.
 - High contact areas include: door handles, hand rails, elevators, push plates, light switches, bathroom areas, lockers etc. Enhanced cleaning includes cleaning with stronger disinfectant cleaner consistent with the advice of public health officials.
 - If a manager is seeking enhanced cleaning for their locations, please ensure requests are submitted through your CAO's office to submit for processing to MGCS/IO. Please do not contact Infrastructure Ontario or their service providers directly
- Regular vs. Enhanced Cleaning:
 - Regular Cleaning – All current cleaning practises that were previously established will continue.
 - Enhanced Cleaning – High touchpoint or contact areas in facilities/offices (e.g. entrances, elevator buttons, washrooms, etc.) are cleaned up to three times daily; this can include other publicly accessed areas determined by the ministry.
 - Additional One-time Cleaning – Cleaning of targeted areas due to a localized issue (e.g. immediate staff space and adjacent space, including areas of travel based on conversation with staff or video surveillance, if available).
 - Best Practices for Health and Safety in the Secure Interview Room (SIR):
 - Due to high foot traffic in the SIR area, the following best practices are recommended:
 - Clients and staff are asked to wash their hands or use hand sanitizer before entering and after leaving the SIR.
 - Staff are to leave the interior employee entrance door propped open so that employees do not have to open and shut the door.
 - Although a physical barrier is in place in the SIR, managers should place a line on the floor (i.e. using masking tape or other indicator) whereby nobody crosses in order to limit touch points in the SIR such as countertops, chairs, glass, microphones, etc.
 - Employees may wish to stand in the SIR or use their own office chair.
 - Offices should place hand sanitizer on both sides of the barrier (in wall-mounted stations where possible, or stand-alone dispensers), disinfectant spray and paper towel or disinfectant wipes on both sides of the barrier.

- Clients and staff are requested to use disinfectant spray and paper towel or disinfectant wipe to wipe down surfaces before and after their appointment. There is an option to don/doff disposable gloves.
 - Signage with the process should be articulated for both clients and staff.
 - Best practices of no leaning on counter or unnecessary use of equipment should be followed (i.e. leave speaker on, do not use phone or shared laptop in SIR, where possible. If a shared laptop is required, staff are recommended to wipe down before and after each use).
 - Where possible, AMs should work out schedules for PPOs in the office whereby they schedule clients at specific blocks of time so that if they are using the room, the staff member is the only person in there for a period of time (unless, for example, an ISO who attends when not scheduled and is in crisis is required to be seen in the SIR).
 - Duty should be performed through the front glass, where feasible (exceptions may apply); SIR to be reserved for scheduled appointments where possible.
- Best Practices for Health & Safety in the Waiting Room
 - The main entrance into the Probation Office should indicate the required physical distance of 2 meters for clients and visitors waiting to access the waiting room.
 - Establishing a maximum number of people in the waiting room. This number is informed by physical distance, egress, emergency situations.
 - Within the waiting room, floor and chair markers indicate 2 metre distances to ensure appropriate physical distance.
 - Clients and visitors are screened for illness or exposure to COVID 19, including coming from a congregate setting where there is an outbreak.
 - If either client or visitor presents with risk factors, then they must be provided a disposable mask, instructed to contact telehealth or their health care provider, leave the office promptly and reschedule.
 - For tracking purposes, and if a COVID 19 tracing protocol is required, a daily list of client / visitor is centrally recorded and filed for accountable reference.
 - Immediately upon arrival, clients are directed to use hand sanitizer and / or wash their hands with soap and water.
 - Where a client must use a locker, an office must devise a system to stagger the use of individual lockers and disinfecting keys / tokens.

- Staff, clients, and visitors must wear a face covering in common spaces and high traffic areas. A supply of non-medical masks or face coverings will be made available for those who do not have their own.
- If clients are unable to wear a face covering for health reasons or refuse to wear a face covering, they will be seen in the secure interview room.
- Best Practices for Expanded Reporting Spaces (Boardroom, PPO offices closer to the waiting room)
 - As part of our reopening process, there will be an increase in the number of clients that are required to report in person.
 - To manage this process, additional reporting spaces: the boardroom and / or PPO offices closest to the waiting room will have plexiglass protective screens installed.
 - The use of a central schedule to assign clients and staff to specific locations (secure interview room, reporting space #1, #2, #3) is ideal to reduce traffic flow and commonly touched surfaces.
 - Where possible, staff can facilitate client entry using automatic door opening features (where available) or provide the client with a disinfectant wipe to enter and exit the PPO office.
 - There is an option to use floor arrows or other visual cues to direct the client to the appropriate reporting office.
 - In common spaces and high traffic areas, clients and staff must wear a face covering.
 - Clients that are known to the PPO, and where they are typically stable and compliant can be seen in the expanded reporting spaces.
 - Where there is concern about a client being prone to angry outbursts or loss of composure (droplet concern), clients should be seen in the secure interview room.
 - Both client and staff can wipe the contact surfaces with a disinfectant wipe. Disposable gloves can also be used for this purpose.

Please contact your manager for any questions regarding these additional health and safety measures. For additional information about COVID-19, please visit <https://covid-19.ontario.ca/> and also refer to the Questions & Answers resource offered by TBS.

Ministry of the Solicitor General	Screening for Visitors Requesting Entry to Provincial Correctional Institutions
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All visitors requesting admission to a provincial correctional institution in Ontario must wear a mask prior to entering the building, hand sanitize and cooperate with the screening process.

Please ask each individual visitor prior to entry into the institution:

<p>Are you feeling unwell with any of the following symptoms? (Choose any/all that are new, worsening and not related to other known causes or conditions)</p> <ul style="list-style-type: none">○ Fever/feverish○ Chills○ Cough that's new or worsening, continuous, more than usual○ Barking cough, making a whistling noise when breathing○ Shortness of breath○ Sore throat○ Difficulty swallowing○ Runny nose○ Stuffy or congested nose○ Decrease or loss of taste or smell○ Pink eye○ Headache that's unusual or long lasting○ Digestive issues like nausea/vomiting, diarrhea, stomach pain○ Muscle aches that are unusual or long lasting○ Extreme tiredness that is unusual○ Falling down often for older people○ Sluggishness or lack of appetite for young children and infants	<p>if YES, they cannot enter the institution.</p> <p>Suggest: Contacting a primary care provider or Telehealth for further instructions. Telehealth Number: 1-866-797-0000</p>
--	--

○ None of the above	
Have you travelled outside of Canada in the last 14 days?	if YES , they cannot enter the institution. Suggest: Contacting a primary care provider or Telehealth for further instructions. Telehealth Number: 1-866-797-0000
In the last 14 days, have you had close physical contact with a person who has been diagnosed with COVID-19? Close physical contact means any of the following: <ul style="list-style-type: none"> • being less than 2 metres or 6 feet away in the same room, workplace, or area • living in the same home • being in the same classroom 	If YES , they cannot enter the institution. Suggest: Contacting a primary care provider or Telehealth for further instructions. Telehealth Number: 1-866-797-0000
In the last 14 days, have you had close physical contact with a person who is sick with new respiratory symptoms (for example, fever, cough or difficulty breathing) or who recently travelled outside of Canada?	if YES , they cannot enter the institution. Suggest: Contacting a primary care provider or Telehealth for further instructions. Telehealth Number: 1-866-797-0000

If **YES** to any of the screening questions or refuses to answer, then they have failed the screening and **cannot** enter the building.

If **NO** to all questions, ask the visitor to proceed to **complete temperature screening**.

If the visitor's temperature is 37.8 degrees Celsius or higher, ask them to wait five minutes and undergo a second temperature check. If the second temperature check continues to register greater than or equal to 37.8 degrees Celsius, they **cannot** enter the building.

If the visitor passes temperature screening, ask them to wash their hands or use hand sanitizer before entering the institution.

If the visitor has concerns regarding the screening process or becomes upset, please contact a manager immediately to handle the situation.

November 2, 2020

PLEASE READ AND COMPLETE PRIOR TO ATTENDING WORK

Community Services Staff Self-Assessment and Affirmation

Do you have any of the following new or worsening symptoms or signs (Symptoms should not be chronic or related to other known causes or conditions)?

Fever or chills • Note: A fever is 37.8 C or higher	Yes	No
Difficulty breathing or shortness of breath	Yes	No
Cough	Yes	No
Sore throat, trouble swallowing	Yes	No
Runny nose/stuffy nose or nasal congestion	Yes	No
Decrease or loss of smell or taste	Yes	No
Nausea, vomiting, diarrhea, abdominal pain	Yes	No
Not feeling well, extreme tiredness, sore muscles	Yes	No

OR

Have you experienced any of the following exposure risks in the last 14 days?

- Close physical contact with a person who has been diagnosed with COVID-19 Yes No
 - Close physical contact means being less than 2 metres away in the same room, workspace or area with no mask on and no physical barrier, or living in the same household.
 - Note: for those using the COVID Alert app, close physical contact could also mean that you have received an exposure notification on the COVID Alert app, but you have not yet received a negative test result

- Close physical contact with a person who: Yes No
 - is currently sick with new respiratory symptoms (for example, fever, cough or difficulty breathing) or
 - travelled outside of Canada (see the definition below)

- Travel outside of Canada (Note: for the purposes of this, travel is defined as an overnight period, or extended visit with extensive community interactions) Yes No

If you have answered yes to any of the above symptoms or have experienced the additional exposure risks (travel or contact), DO NOT enter the workplace. Contact your manager and follow their instructions.

If at any time while at work, you begin to experience any of the above symptoms, please distance yourself from others, ensure you are wearing a face covering, perform hand hygiene and immediately advise your manager who will provide further direction.

By attending work today, you are affirming you are not experiencing any of the above symptoms and have not experienced any of the above exposure risks.

Employee Signature

Date

June 24, 2020

PLEASE READ PRIOR TO COMMENCING WORK

Community Services Staff Self-Assessment and Affirmation

Are you feeling unwell with any of the following symptoms?

	Yes	No
Fever/feverish, new or worsening cough or difficulty breathing		
Other signs of new onset or worsening illness such as:		
Sore throat	Yes	No
Extreme tiredness that is unusual (fatigue, lack of energy)	Yes	No
Hoarse voice	Yes	No
Muscle aches that are unusual or long lasting	Yes	No
Difficulty swallowing	Yes	No
Lost sense of taste or smell	Yes	No
Headache that is unusual or long lasting	Yes	No
Digestive issues (nausea/vomiting, diarrhea, stomach pain)	Yes	No
Chills	Yes	No
Pink eye	Yes	No
Runny, stuffy or congested nose (not related to seasonal allergies or other known causes or conditions)	Yes	No

OR

Have you experienced any of the following exposure risks in the last 14 days?

- | | | |
|---|-----|----|
| • Travel outside of Canada (Note: for the purposes of this, travel is defined as an overnight period, or extended visit with extensive community interactions) | Yes | No |
| • Close contact with a person who has been diagnosed with COVID-19 (for example, someone in your household) | Yes | No |
| • Close contact with a person who is sick with respiratory symptoms (for example, fever, cough or difficulty breathing) or who travelled (per the definition above) outside of Canada | Yes | No |

If you have answered yes to any of the above symptoms or have experienced the additional exposure risks (travel or contact), DO NOT enter the workplace. Contact your manager and follow their instructions.

If at any time while at work, you begin to experience fever, cough or difficulty breathing, please distance yourself from others, perform hand hygiene and immediately advise your manager who will provide further direction.

By attending work today, you are affirming you are not experiencing any of the above symptoms and have not experienced any of the above exposure risks.

Employee Signature

Date

INTAKE UNIT

Principles and Practices

Prevention

Correctional institutions are congregate settings with increased risk for disease spread once it has been introduced. Therefore, preventing introduction of disease at the point of admission is key. Intake units mitigate the introduction of COVID-19 by delaying integration of newly admitted inmates into general population for 14 days, which is the currently known incubation period for COVID-19. Cohorting newly admitted inmates enables close monitoring and enhances early detection of COVID-19 symptoms or other relevant concerns.

ONLY Health Care staff may clear an inmate for release from the Intake Unit.

Dorm setting are not suitable as Intake Units.

Required Practices

- Staff must wear a level 1 procedure/surgical mask at all times
- All inmates have been screened at admission and cleared for routine admission
- Housing should be single cell, whenever possible.
- When more than one person per cell is required, then ONLY inmates who were admitted on the same day or admitted within 2 days of each other can be bunked together in the same cell and consultation with health care staff must occur regarding vulnerability (e.g. elderly, immune compromised) and unit release date
- Inmates housed on Intake Units are not eligible for institution work or group programs
- If the Admission Health Assessment has not been completed by a nurse, the inmate must be confined to their cell until this has been completed
- Access to the Intake Unit is restricted to assigned staff, operational managers overseeing the area, health care staff and senior administration (except in the case of emergency)
- All other persons entering the Intake Unit must be cleared on a case by case basis by the operational manager (except in the case of emergency)
- Movement into and out of the Intake Unit must be logged in the Unit Logbook
- Inmates must wear a level 1 procedure/surgical mask when out of their cell at all times, including during escorts out of unit for any reason
- Inmates leaving the unit must be screened by correctional staff prior to leaving the unit
- Privileges should remain intact for inmates housed in the Intake Unit. Time out of cell must be organized to enable physical distancing and prevent close contact (within 2 meters). Physical Distancing must be practiced at all times. Correctional Officers are to monitor, encourage and manage inmate physical distancing
- All meals will be issued to inmates in their cell by correctional staff.

- All inmates must have access to their own soap and hand towel or access to hand sanitizer to perform hand hygiene
- Hand hygiene is to be performed by inmates:
 - prior to leaving their cell,
 - after using the toilet facilities, and
 - upon return to their cell
- Hand hygiene is to be performed by all staff and inmates:
 - upon entering and leaving the Intake Unit
 - prior to putting on personal protective equipment and
 - once more, just before and after removing a face mask
- Paper towels should be provided where facilities are shared to prevent cross-contamination (i.e. shared sinks)
- Staff are to check daily that supplies are available for each inmate and in common areas
- Staff must ensure inmates have their own cup and monitor to discourage sharing of cups or other personal items
- All used PPE must be discarded in a regular garbage receptacle prior to leaving the area
- All cleaners must wear appropriate PPE and have information on donning and doffing of PPE reviewed with them
- Inmate cleaners must wear:
 - level 1 procedure mask and gloves
- After cleaning, the inmate cleaner must take a shower and is required to change their clothes
- Surfaces and objects that are frequently touched, especially in common areas must be cleaned at least twice a day e.g. toilet handle, toilets, sink handles, countertops, doorknobs
- Telephones must be cleaned before and after each use with approved sanitizing wipes
- Vacated cells must be cleaned prior to another inmate occupying the cell.

Health Care

In addition to routine health care, health care staff must conduct a daily symptoms assessment on each person on the Intake Unit, including temperature, pulse and respirations

- Health care staff should consider, where possible:
 - using a designate room in or near the Intake Unit for inmate clinical examination
 - attending the unit to administer methadone or suboxone and only group/hold inmates per admission date(s)

Ministry of the Solicitor General	Screening for Visitors Requesting Entry to Provincial Probation and Parole Office
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All visitors requesting admission to the office must cooperate with this screening process.

Please ask each individual visitor prior to entry to the institution:

<p>Are you feeling unwell with any of the following symptoms?</p> <ul style="list-style-type: none"> • Fever/feverish, new or worsening cough, shortness of breath when you're not active or difficulty breathing? • Other signs of new onset or worsening illness, such as <ul style="list-style-type: none"> ○ sore throat ○ extreme tiredness that is unusual (fatigue) ○ hoarse voice ○ muscle aches that are unusual or long lasting ○ difficulty swallowing ○ lost sense of taste or smell ○ headache that is unusual or long lasting ○ digestive issues (nausea, vomiting, diarrhea, stomach pain) ○ chills ○ pink eye ○ runny , stuffy or congested nose (not related to seasonal allergies or other known causes or conditions) 	<p>if YES, they cannot enter the office.</p> <p>Suggest: Contacting their primary care provider or Telehealth for further instructions. Telehealth Number: 1-866-797-0000</p>
<p>Have you travelled internationally (outside Canada) within the last 14 days?</p>	<p>if YES, they cannot enter the office.</p> <p>Suggest: Contacting their local public health unit or Telehealth for further instructions. Telehealth Number: 1-866-797-0000</p>

<p>In the last 14 days, have you had close contact with a person who has been diagnosed with COVID-19?</p>	<p>if YES, they <u>cannot</u> enter the office</p> <p>Suggest: Contacting their local public health unit or Telehealth for further instructions. Telehealth Number: 1-866-797-0000</p>
<p>In the last 14 days, have you had close contact with a person who is sick with respiratory symptoms (for example, fever, cough or difficulty breathing) or who recently travelled outside of Canada?</p>	<p>if YES, they <u>cannot</u> enter the office.</p> <p>Suggest: Contacting their local public health unit or Telehealth for further instructions. Telehealth Number: 1-866-797-0000</p>

If **YES** to any of the screening questions or refuses to answer, then they have failed the screening and **cannot** enter the building.

If **NO** to all questions, ask the visitor to use hand sanitizer before entering the office.

If the visitor becomes upset, please contact a manager immediately to handle the situation.

PLEASE READ PRIOR TO SIGNING INTO WORK

STEP 1:

STAFF SELF-ASSESSMENT

Do you have any of the following new or worsening symptoms or signs?
(Symptoms should not be chronic or related to other known causes or condition)

- Fever or chills
- Difficulty breathing or shortness of breath
- Cough
- Sore throat, trouble swallowing
- Runny nose/stuffy nose or nasal congestion
- Decrease or loss of smell or taste
- Nausea, vomiting, diarrhea, abdominal pain
- Not feeling well, extreme tiredness, sore muscles

OR

Have you experienced any of the following in the last 14 days?

- Travel outside of Canada (Note: for the purposes of this, travel is defined as an overnight period, or extended visit with extensive community interactions)
- Close physical contact with a person who has been diagnosed with COVID-19
 - Close physical contact means being less than 2 metres away in the same room, workspace or area with no mask on and no physical barrier or living in the same household
- Close physical contact with a person who:
 - is currently sick with new respiratory symptoms (for example, fever, cough or difficulty breathing) **or**
 - travelled outside of Canada (see the definition above)

DO NOT enter the institution:

If you have answered yes to the above symptoms, contact your manager to let them know you are unwell and will be seeking health care advice.

If you have no symptoms but have travelled outside of the country within the last 14 days, please self-isolate, self-monitor and contact your manager for further direction regarding work.

If you have answered yes to any of the above symptoms or have experienced the additional exposure risks (travel or contact), please contact a primary care provider or Telehealth (1-866-797-0000) to find out if you need a COVID-19 test.

NOTE: You do not need to proceed to Step 2 (Temperature Screening) if you have been screened out during Step 1.

STEP 2:

TEMPERATURE SCREENING

Please proceed to the staff screening station to complete the temperature screening process prior to assuming duty. If your temperature is 37.8 degrees Celsius or higher, you will be asked to wait five minutes and undergo a second temperature check, which will be verified by a manager.

If the second temperature check continues to register greater than or equal to 37.8 degrees Celsius, please **DO NOT enter the institution:**

- Contact your manager to let them know you are unwell and will be seeking health care advice
- Please contact your primary care provider for advice

Self-isolate until medically cleared to return to work.

Keep your manager informed of changes resulting from medical intervention or advice.

STEP 3:

AFFIRMATION

By signing in to work, you are affirming you are well and have not answered yes to any of the above questions.

If at any time during your shift, you begin to experience symptoms or feel unwell, please distance yourself from others, keep your surgical mask on, perform hand hygiene and report to your manager.

From: Caccia, Justine (SOLGEN)
Sent: Friday, October 23, 2020 9:15 AM
To: McLeod, Shawn X (SOLGEN); Lacroix, Christopher (SOLGEN); Parisotto, Mark (SOLGEN); Cece, Jenny (SOLGEN); Campbell Lauzon, Marnee (SOLGEN); Muller, Marianne (SOLGEN); Antonellis, Lisa (SOLGEN); Baker, Laurie (SOLGEN); Hulton, Kate (SOLGEN); Sutton, Shawn (SOLGEN); Poulin, Francine (SOLGEN); Sheil, Ted (SOLGEN); Niles, Laura (SOLGEN); Gauthier, Denis (SOLGEN); Puckalo, Melissa (SOLGEN); McDaniel, Richard (SOLGEN); Campbell Lauzon, Marnee (SOLGEN); Graham, Roger (SOLGEN); St-Louis, Roch (SOLGEN); O'Brien, Lisa (SOLGEN); Locke, Katie (SOLGEN); Phillips, Shawn (SOLGEN); Dunne, Dean (SOLGEN); Bukowski, Tanis (SOLGEN); Wright, Kimberly (SOLGEN); Wilson, David W. (SOLGEN); Frankovich, Tanya (SOLGEN); Reed, Kathleen (SOLGEN); Clark, Brisha M. (SOLGEN); Golder, Annetta (SOLGEN); Wardell, Daniel (SOLGEN); Gunton, Tracey (SOLGEN); Jolicoeur, Kelly (SOLGEN); Hooper, Felecia (SOLGEN); Chillman, Don (SOLGEN); Hyatt, Ryan (SOLGEN); Holmquist, Kevin (SOLGEN); Barker, Doug (SOLGEN); Wylie, Kim (SOLGEN); Bradley, Tom E. (SOLGEN); Smith, Lisa (SOLGEN); Hasted, John (SOLGEN); Wood, Mike (SOLGEN); Shorts, Larry (SOLGEN); Baxter, Karen (SOLGEN); Gunton, Tracey (SOLGEN); Davis, Donald (SOLGEN); Ireland, Julie (SOLGEN); Cole, John (SOLGEN); Andrusco, Dave (SOLGEN); Timoll, Tracey (SOLGEN); Calitri-Bellus, Donata (SOLGEN); Curkan, Kathrine (SOLGEN)
Cc: Hayhow, Christie (SOLGEN); McCready, Laura (SOLGEN); Mayoh, Melanie (SOLGEN); Ogilvie, Linda (SOLGEN); Satkunendran, Thevagi (SOLGEN); Shilton, Victoria (SOLGEN); Hobkinson, Christine (SOLGEN); Robertson, Todd (SOLGEN); SolGenCRT (SOLGEN); Houghton, Doug (SOLGEN); Ellis, Karen (SOLGEN); Pitfield, Daryl (SOLGEN); Wingrove, Vanessa (SOLGEN); Rogers, Jennifer L (SOLGEN); Walker, Michael B. (SOLGEN); Payne, Dale (SOLGEN)
Subject: Updates On Guidance for Staff and Visitor Screening
Attachments: Updated Staff Screening and Affirmation - Oct 17 2020 - Correctional Institutions.pdf; Updated Screening Tool for Visitors with Temp Check - October 17 2020 - Correctional Institutions.pdf
Follow Up Flag: Follow up
Flag Status: Flagged

Good Morning,

We would like to take this opportunity to remind staff of the importance of conducting COVID-19 self-assessments before signing into work, and conducting active screening of all people entering institutions including: staff, visitors, contractors, and delivery personnel (**see attached Updated Staff Screening and Affirmation and Updated Screening Tool for Visitors guidance**). We ask Superintendents to ensure that screening documents are clearly visible (consider printing on bright paper, for example) and that it is posted near where staff sign in to ensure they understand and have done the self screening. For areas that do not typically sign in, please ensure the mechanism to confirm screening has been completed by staff remains in place and is reinforced.

If staff are presenting with any of these symptoms, they should not be coming into work.

As a reminder, all staff and visitors are required to wear a surgical/procedure mask at all times while at work, unless otherwise specified.

If staff begin to experience symptoms or feel unwell during their shift, they must distance themselves from others, keep their surgical mask on, perform hand hygiene and report to their manager.

Please be assured that the ministry's top priority continues to be the health and safety of both staff and inmates. We continue to highlight the importance of compliance with appropriate PPE usage, proper hand hygiene, physical distancing, and infection prevention and control measures within the local correctional environment.

These documents should be shared with management and posted in all areas of institutions where screening is taking place.

Please also ensure you review these document with your health care team and primary care providers. If you have any questions, please feel free to contact your Provincial Health Care Manager.

Thank you,

Justine for Doug

Justine Caccia | Executive Assistant
Executive Director's Office| Institutional Services
Ministry of the Solicitor General
25 Grosvenor St. 17th Floor | Toronto ON | M7A 1Y6
Tel: 647-402-4766
e-mail: justine.caccia@ontario.ca

PLEASE READ PRIOR TO SIGNING INTO WORK

STEP 1:

STAFF SELF-ASSESSMENT

Do you have any of the following new or worsening symptoms or signs?
(Symptoms should not be chronic or related to other known causes or condition)

- Fever or chills
- Difficulty breathing or shortness of breath
- Cough
- Sore throat, trouble swallowing
- Runny nose/stuffy nose or nasal congestion
- Decrease or loss of smell or taste
- Nausea, vomiting, diarrhea, abdominal pain
- Not feeling well, extreme tiredness, sore muscles

OR

Have you experienced any of the following in the last 14 days?

- Travel outside of Canada (Note: for the purposes of this, travel is defined as an overnight period, or extended visit with extensive community interactions)
- Close physical contact with a person who has been diagnosed with COVID-19
 - Close physical contact means being less than 2 metres away in the same room, workspace or area with no mask on and no physical barrier or living in the same household
- Close physical contact with a person who:
 - is currently sick with new respiratory symptoms (for example, fever, cough or difficulty breathing) **or**
 - travelled outside of Canada (see the definition above)

DO NOT enter the institution:

If you have answered yes to the above symptoms, contact your manager to let them know you are unwell and will be seeking health care advice.

If you have no symptoms but have travelled outside of the country within the last 14 days, please self-isolate, self-monitor and contact your manager for further direction regarding work.

If you have answered yes to any of the above symptoms or have experienced the additional exposure risks (travel or contact), please contact a primary care provider or Telehealth (1-866-797-0000) to find out if you need a COVID-19 test.

NOTE: You do not need to proceed to Step 2 (Temperature Screening) if you have been screened out during Step 1.

STEP 2:

TEMPERATURE SCREENING

Please proceed to the staff screening station to complete the temperature screening process prior to assuming duty. If your temperature is 37.8 degrees Celsius or higher, you will be asked to wait five minutes and undergo a second temperature check, which will be verified by a manager.

If the second temperature check continues to register greater than or equal to 37.8 degrees Celsius, please **DO NOT enter the institution:**

- Contact your manager to let them know you are unwell and will be seeking health care advice
- Please contact your primary care provider for advice

Self-isolate until medically cleared to return to work.

Keep your manager informed of changes resulting from medical intervention or advice.

STEP 3:

AFFIRMATION

By signing in to work, you are affirming you are well and have not answered yes to any of the above questions.

If at any time during your shift, you begin to experience symptoms or feel unwell, please distance yourself from others, keep your surgical mask on, perform hand hygiene and report to your manager.

Ministry of the Solicitor General	Screening for Visitors Requesting Entry to Provincial Correctional Institutions
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Please ask each individual visitor prior to entry into the institution:

<p>Are you feeling unwell with any of the following symptoms? (Choose any/all that are new, worsening and not related to other known causes or conditions)</p> <ul style="list-style-type: none">○ Fever/feverish○ Chills○ Cough that's new or worsening, continuous, more than usual○ Barking cough, making a whistling noise when breathing○ Shortness of breath○ Sore throat○ Difficulty swallowing○ Runny nose○ Stuffy or congested nose○ Decrease or loss of taste or smell○ Pink eye○ Headache that's unusual or long lasting○ Digestive issues like nausea/vomiting, diarrhea, stomach pain○ Muscle aches that are unusual or long lasting○ Extreme tiredness that is unusual○ Falling down often for older people○ Sluggishness or lack of appetite for young children and infants	<p>if YES, they cannot enter the institution.</p> <p>Suggest: Contacting a primary care provider or Telehealth for further instructions. Telehealth Number: 1-866-797-0000</p>
--	--

<p>○ None of the above</p>	
<p>Have you travelled outside of Canada in the last 14 days?</p>	<p>if YES, they cannot enter the institution.</p> <p>Suggest: Contacting a primary care provider or Telehealth for further instructions. Telehealth Number: 1-866-797-0000</p>
<p>In the last 14 days, have you had close physical contact with a person who has been diagnosed with COVID-19?</p> <p>Close physical contact means any of the following:</p> <ul style="list-style-type: none"> • being less than 2 metres or 6 feet away in the same room, workplace, or area • living in the same home • being in the same classroom 	<p>If YES, they cannot enter the institution.</p> <p>Suggest: Contacting a primary care provider or Telehealth for further instructions. Telehealth Number: 1-866-797-0000</p>
<p>In the last 14 days, have you had close physical contact with a person who is sick with new respiratory symptoms (for example, fever, cough or difficulty breathing) or who recently travelled outside of Canada?</p>	<p>if YES, they cannot enter the institution.</p> <p>Suggest: Contacting a primary care provider or Telehealth for further instructions. Telehealth Number: 1-866-797-0000</p>

If **YES** to any of the screening questions or refuses to answer, then they have failed the screening and **cannot** enter the building.

If **NO** to all questions, ask the visitor to proceed to **complete temperature screening**.

If the visitor's temperature is 37.8 degrees Celsius or higher, ask them to wait five minutes and undergo a second temperature check. If the second temperature check continues to register greater than or equal to 37.8 degrees Celsius, they **cannot** enter the building.

If the visitor passes temperature screening, ask them to wash their hands or use hand sanitizer before entering the institution.

If the visitor has concerns regarding the screening process or becomes upset, please contact a manager immediately to handle the situation.