



April 12, 2021

Dr. Kevin Walby  
University of Winnipeg, Department of Criminal Justice  
Centennial Hall, 3<sup>rd</sup> Floor, 515 Portage Avenue  
Winnipeg, MN R3B 2E9

Dear Dr. Walby:

Reference is made to your correspondence dated January 4 and received January 12, 2021 as follows:

As part of a national study of measures to prevent and manage the spread of COVID-19 in prison, jails, probation and parole, I am requesting the following records:

Timeframe 1 (pre-pandemic planning):  
5 January 2020 (WHO Disease Outbreak News) to 1 March 2020

Timeframe 2 (first 6 months):  
1 March 2020 to 30 August 2020

#### Correctional Authorities

##### *Testing*

I am requesting statistical overviews broken down by race and gender that track COVID-19 cases amongst prisoners and prison staff, including positive tests, negative tests, inconclusive tests, deaths, recoveries and active cases, as well as memorandums and presentations on these statistics.

##### *COVID Screening Procedures*

I am requesting standing orders and policy directives documenting correctional institution COVID-19 screening procedures for prisoners, prison staff, oversight body officials, lawyers, and volunteers.

##### *Daily Average Counts*

I am requesting statistical overviews broken down by race and gender tracking the average daily counts in your correctional institutions.

##### *Staffing Counts*

I am requesting statistical overviews tracking the staffing levels in your correctional institutions, including correctional officers, health care staff, administrators and other staff members.

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*Prisoner Releases*

I am requesting memorandums, briefing notes, information notes, statistics and powerpoint decks tracking the number of temporary absences, parole and all releases from your correctional institutions related to COVID-19 pandemic prevention and management broken down by race and gender.

*Health, Hygiene, Cleaning, and Distancing*

I am requesting memorandums, briefing notes, information notes, statistics and powerpoint decks outlining (a) health and personal hygiene protocols issued to and measures, (b) outlining cleaning protocols issued to and measures adopted and (c) protocols issued to and measures adopted to promote social distancing in your correctional institutions related to COVID-19 pandemic prevention and management.

*Segregation / Structured Intervention Unit*

I am requesting memorandums, briefing notes, information notes, statistics and powerpoint decks documenting the number and length of placement in segregation / structural intervention units in your correctional institutions.

*Use of Force*

I am requesting statistical overviews on the number and nature of use of force incidents in your correctional institutions broken down by race and gender.

*Lockdowns*

I am requesting statistical overviews on the number and length of lockdowns in your correctional institutions.

*Incident Reports*

I am requesting all records documenting the number and nature of incidents (e.g. hunger strikes, protests, refusals to stand for inmate counts) involving prisoners in your correctional institutions.

*Psychiatric Reports*

I am requesting statistical overviews on the number and nature of psychiatric reports involving prisoners in your correctional institutions broken down by race and gender.

*Health and Mental Health Care*

I am requesting all records outlining protocols issued to and measures adopted or modified by your correctional institutions concerning health and mental health care provision to prisoners and prison staff related to COVID-19 prevention, management and treatment.

*Information Distributed to Prisoners and Visitors*

I am requesting all documents and electronic materials distributed to prisoners and visitors concerning COVID-19 measures taken in correctional institutions.

*Grievances*

I am requesting all records documenting the number and nature of grievances related to COVID-19 submitted by prisoners and prison staff in your correctional institutions.

*Memorandums, presentations, briefing notes*

I am requesting final copies of all memorandums, presentations, and briefing notes regarding COVID-19 and correctional institutions or parole offices.

*Communications and Meetings with Community Partners*

I am requesting memorandums, briefing notes, information notes, statistics and powerpoint decks pertaining to inter-agency communications and meetings with

community partners, including non-profit charities.

*Standing Orders, Directives and Policy Manuals*

I am requesting all modifications to existing and new standing orders, directives and manuals pertaining to the prevention and management of COVID-19 in your correctional institutions.

In correspondence dated February 22, 2021 the time to respond to your request was extended to April 7, 2021. The response to your request is set out below.

Section 7(1) of the *Right to Information and Protection of Privacy Act* states that

*"Subject to this Act, every person is entitled to request and receive information relating to the public business of a public body, including, without restricting the generality of the foregoing, any activity or function carried on or performed by any public body to which this Act applies."*

However, this right is qualified by Part 2 of the Act, which enumerates exceptions to the general principle of disclosure.

Section 21(1) states that the head of a public body shall refuse to disclose personal information to an applicant if the disclosure would be an unreasonable invasion of a third party's privacy.

Pursuant to sections 21(1), cell phone numbers and names and initials of clients are being withheld as the disclosure would be an unreasonable invasion of a third party's privacy.

In keeping with provisions of section 7(3) of the Act certain parts of some documents being released have been severed. Instances where this occurred are obvious. Please find enclosed the information deemed eligible for release. I trust this response is satisfactory.

If you are not satisfied with this decision, you may file a complaint with the Ombud under section 67 of the *Act*, or refer the matter to a judge of the Court of Queen's Bench under section 65 of the *Act*. The appropriate forms may be downloaded at [www.gnb.ca/righttoinfo](http://www.gnb.ca/righttoinfo) or you may request hard copies from the Right to Information Coordinator.

Do not hesitate to contact the department's Right to Information Coordinator, Faye Morehouse, at 506-453-5975 if you have any questions.

Sincerely,



Michael J. Comeau, Q.C.  
Deputy Attorney General  
Deputy Minister of Justice and Public Safety

Enc.

**RTIPPA – National Study of Measures to Prevent and Manage the Spread of COVID-19 in prison, jails, probation**

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MRCC – Madawaska Regional Correctional Centre  
 DRCC – Dalhousie Regional Correctional Centre  
 SRCC – Southeast Regional Correctional Centre  
 SJRCC – Saint John Regional Correctional Centre  
 NBWCC – New Brunswick Women’s Correctional Centre  
 NBYC – New Brunswick Youth Centre

**Correctional Authorities**

*Testing*

I am requesting statistical overviews broken down by race and gender that track COVID-19 cases amongst prisoners and prison staff, including positive tests, negative tests, inconclusive tests, deaths, recoveries and active cases, as well as memorandums and presentations on these statistics.

All testing and tracking is led by the Department of Health and the information is not available to Corrections as it is considered personal health information

*COVID Screening Procedures*

I am requesting standing orders and policy directives documenting correctional institution COVID-19 screening procedures for prisoners, prison staff, oversight body officials, lawyers, and volunteers.

Attached

*Daily Average Counts*

I am requesting statistical overviews broken down by race and gender tracking the average daily counts in your correctional institutions.

Institution Average Daily Count - Total Present					
	January 05, 2020 - March 01, 2020		March 01, 2020 - August 30, 2020		
	Male	Female	Male	Female	
Southeast - Institution	161	0	133	0	
Miramichi - Institution	0.088	42.9	0.063	37.1	
Saint John - Institution	135	0.035	128	0	
Dalhousie - Institution	65.1	0	77.5	0	
Madawaska - Institution	48.2	0	63.8	0	
N.B. Youth Centre/Centre pour jeunes du N.-B.	6.37	0.491	5.28	0.313	
CIS obtained 04/01/2021 - Average Institution Population Count.					

**RTIPPA – National Study of Measures to Prevent and Manage the Spread of COVID-19 in prison, jails, probation .**

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**Staffing Counts**

I am requesting statistical overviews tracking the staffing levels in your correctional institutions, including correctional officers, health care staff, administrators and other staff members.

**Staffing numbers on an average day**

MRCC	DRCC	SRCC	SJRCC	NBWCC/NBYC
25	31	45	42	36

**Prisoner Releases**

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March 2020 Average - TA - March 2021 T.A.  
 26 Male 7 Female                      50 Male 12 Female

**Health, Hygiene, Cleaning, and Distancing**

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**Segregation / Structured Intervention Unit**

I am requesting memorandums, briefing notes, information notes, statistics and PowerPoint decks documenting the number and length of placement in segregation / structural intervention units in your correctional institutions.

<b>Total Segregation Admissions and Average Total Placement Days</b>						
	January 05, 2020 -March 01, 2020			March 01, 2020 - August 30, 2020		
	Male	Female	Average Total Days	Male	Female	Average Total Days
Southeast - Institution	63	0	2.1	179	0	2.4
Miramichi - Institution	0	6	1.3	0	33	2.4
Saint John - Institution	51	0	1.8	142	0	2.1
Dalhousie - Institution	18	0	2.5	49	0	3.2
Madawaska - Institution	0	0	0.0	1	0	5.0
N.B. Youth Centre/Centre pour jeunes du N.-B.	0	0	0.0	0	0	0.0
Segregation Tracking Obtained 03/10/2021						
Due to data tracking process, errors may occur at data entry level during the calendar year. The data is limited to the data entered in the tracking process.						

**RTIPPA – National Study of Measures to Prevent and Manage the Spread of COVID-19 in prison, jails, probation**

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*Use of Force*

I am requesting statistical overviews on the number and nature of use of force incidents in your correctional institutions broken down by race and gender.

NIL

*Lockdowns*

I am requesting statistical overviews on the number and length of lockdowns in your correctional institutions.

NIL

*Incident Reports*

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NIL

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*Health and Mental Health Care*

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Information is not available to Corrections as it is considered personal health information

*Information Distributed to Prisoners and Visitors*

I am requesting all documents and electronic materials distributed to prisoners and visitors concerning COVID-19 measures taken in correctional institutions.

Attached

*Grievances*

I am requesting all records documenting the number and nature of grievances related to COVID-19 submitted by prisoners and prison staff in your correctional institutions.

To date we have not received any grievances related to COVID-19

*Memorandums, presentations, briefing notes*

I am requesting final copies of all memorandums, presentations, and briefing notes regarding COVID-19 and correctional institutions or parole offices.

Briefing materials would be considered advice to a public body and are being withheld pursuant to section 26(1)(a) of the *Right to Information and Protection of Privacy Act*.

**RTIPPA – National Study of Measures to Prevent and Manage the Spread of COVID-19 in prison, jails, probation**

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*Communications and Meetings with Community Partners*

I am requesting memorandums, briefing notes, information notes, statistics and PowerPoint decks pertaining to inter-agency communications and meetings with community partners, including non-profit charities.

A collaborative meeting was held with Public Health, Health Authorities and Corrections resulting in the development and release of the COVID-19: Guidance for Correctional Centers.

*Standing Orders, Directives and Policy Manuals*

I am requesting all modifications to existing and new standing orders, directives and manuals pertaining to the prevention and management of COVID-19 in your correctional institutions.

Attached

## Morehouse, Faye (JPS/JSP)

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**From:** Ruff, Christie (HorizonNB)  
**Sent:** Friday, January 24, 2020 12:15 PM  
**To:** Frenette, Jocelyne (JPS/JSP); Casey, Andrea (JPS/JSP); Richards, Holly (DPS/MSP)  
**Cc:** Tripp, Bruce (JPS/JSP); Currie, Sheldon (JPS/JSP); Johnston, Mike (JPS/JSP); Godin, Francoise (VitaliteNB)  
**Subject:** Fwd: UPDATE Suspected viral pneumonia in Wuhan China/ MISE À JOUR – pneumonie virale soupçonnée à Wuhan (Chine)  
**Attachments:** UPDATE Suspected viral pneumonia in Wuhan China\_MISE À JOUR -pneumonie virale soupçonnée à Wuhan (Chine).pdf; Mémo nCoV 22-01-2020 BIL.pdf; 2020 01 17 Prelim Travel Screen List.pdf

Good Afternoon,

Please see above notices from the Dept of Health related to the Coronavirus. Canada remains at **very low risk** for the spread of this virus. The primary concern is noticing flu like symptoms in individuals who have travelled in certain areas within the past 14 days. Please see travel screen list attached.

I wouldn't think we would have many clients that have travelled in the past 14 days, but in the event that a new admission has travelled AND has the symptoms outlined in this memo, the testing required is detailed in the memos above.

We should take this opportunity though to ensure that we have adequate handwashing, gloves, and masks accessible to us. Reminder AS ALWAYS to use good hand hygiene to protect yourself from the spread of any virus.

We should also ensure that we all have been fit tested with N95s if you are out of date. I will see if there is a way we can do this without having everyone go to hospitals employee health... stay tuned.

Thank you,

Christie

Christie Ruff  
Regional Lead/Chef régionale  
Corrections Health & Clinical Order Sets/Santé en milieu correctionnel et ensembles d'ordonnances cliniques  
Horizon Health Network / Réseau de santé Horizon  
400 University Ave  
Saint John, NB E2L 4L2  
Tel/Tél: 506-648-7754  
Cell [REDACTED]  
Fax/Télé: 506-648-6438  
Christie.Ruff@Horizonnb.ca  
[www.HorizonNB.ca](http://www.HorizonNB.ca)

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**From:** Higdon, Penny (DH/MS) <penny.higdon@gnb.ca>  
**Sent:** Friday, January 24, 2020 11:25:04 AM  
**To:** Ruff, Christie (HorizonNB) <Christie.Ruff@HorizonNB.ca>  
**Subject:** FW: UPDATE Suspected viral pneumonia in Wuhan China/ MISE À JOUR – pneumonie virale soupçonnée à Wuhan (Chine)

Hi Christie,

Here is the info on coronavirus...I guess it was only sent this morning as was being translated. You will likely get these memos via the usual channels (3)

Penny

**Penny Higdon BSc. BNRN**

Senior Program Advisor/ Conseillère principale en programmes  
Disease Prevention and Control/Contrôle et prévention des maladies  
Office of the Chief Medical Officer of Health/ Bureau de médecin-hygiéniste en chef

Office:1-506-647-1962

E-mail / Courriel : [penny.higdon@gnb.ca](mailto:penny.higdon@gnb.ca)



*Improving the lives of New Brunswickers every day. /  
Améliorer la vie des Néo-Brunswickois au quotidien.*

**From:** Comeau, Rachel (DH/MS) On Behalf Of Russell, Dr. Jennifer (DH/MS)

**Sent:** January 24, 2020 10:15 AM

**To:** Lizotte, Thomas (VitaliteNB) <Thomas.Lizotte@vitalitenb.ca>; Noël, Jean-René (VitaliteNB) <Jean-Jeane.Noel@vitalitenb.ca>; Roussel, Kevin (VitaliteNB) <Kevin.Roussel@vitalitenb.ca>; Hendriks, Edouard (HorizonNB) <Edouard.Hendriks@horizonnb.ca>; 'New Brunswick Medical Society' <nbms@nbnet.nb.ca>; 'nanb@nanb.nb.ca' <nanb@nanb.nb.ca>; (DH/MS)PH and ID Physicians Collaboration <DH-PHIDco@gnb.ca>

**Cc:** (DH/MS)Regional MOH <DHRegMOH@gnb.ca>; Muecke, Dr. Cristin (DH/MS) <Dr.Cristin.Muecke@gnb.ca>; Robichaud-Savoie, Janique (DH/MS) <Janique.Robichaud-Savoie@gnb.ca>; Landsburg, Shelley (DH/MS) <Shelley.Landsburg@gnb.ca>; Smadi, Hanan (DH/MS) <Hanan.Smadi@gnb.ca>; Carroll, Tamela (DH/MS) <tamela.carroll@gnb.ca>; Jalbert, Louis-Alexandre (DH/MS) <Louis-Alexandre.Jalbert@gnb.ca>; Savoie, Suzanne (DH/MS) <Suzanne.Savoie2@gnb.ca>; Galvin, Carolin (DH/MS) <Carolin.Galvin@gnb.ca>; McCarthy, Jeff (DH/MS) <Jeff.McCarthy@gnb.ca>; Liston, Heidi (DH/MS) <Heidi.Liston@gnb.ca>; Coulombe, Dan (DH/MS) <Dan.Coulombe@gnb.ca>

**Subject:** UPDATE Suspected viral pneumonia in Wuhan China/ MISE À JOUR -- pneumonie virale soupçonnée à Wuhan (Chine)

*On behalf of/De la part de: Dr./D<sup>re</sup> Jennifer Russell, Chief Medical Officer of Health / Médecin-hygiéniste en chef*

Please see attached and distribute throughout your organizations. Specifically physicians, nurse practitioners and nurses.

Thank you,

veuillez consulter les pièces ci-jointes et les distribuer dans vos organisations. Spécifiquement les médecins, les infirmières praticiennes et les infirmières.

Merci,

**Jennifer Russell, BA, BSc, MD, CCFP**  
**Chief Medical Officer of Health**  
**Médecin-hygiéniste en chef**  
**NB Department of Health/Ministère de la santé**  
**Ph/Tél: (506) 444-2112**  
**e-mail/courriel : [jennifer.russell@gnb.ca](mailto:jennifer.russell@gnb.ca)**



This message is intended for the person to whom it is addressed and is to be treated as confidential or private communications. It must not be forwarded unless permission has been received from the originator. If you have received this message inadvertently, please notify the sender and delete the message. Then delete your response. Thank you for your cooperation.

Ce message est destiné à la personne désignée dans la présente et il doit demeurer confidentiel. Il ne doit pas être réacheminé sans la permission de l'expéditeur. Si ce message vous a été envoyé par erreur, veuillez aviser l'expéditeur et effacer le message. Effacez ensuite votre réponse. Merci de votre collaboration.



January 24, 2020

**Subject: UPDATE nCoV 2019 in Wuhan China**

Dear Colleagues,

On December 31, 2019, the Wuhan Municipal Health Commission in the Central Hubei province in China issued a public statement that they had identified 27 cases of respiratory illness (undiagnosed viral pneumonia). China has since determined that a novel coronavirus (referred to as 2019-nCoV) is responsible for these and other cases of pneumonia in the Wuhan outbreak, and continues to actively investigate.

As of January 23, 2020:

- The Commission had received a total of 571 confirmed cases of pneumonia with new coronavirus infection from 25 provinces/ municipalities, among them, there are 95 severe cases and 17 fatalities, all of them from Hubei Province. A cumulative 393 suspected cases have been reported in 13 provinces (regions and municipalities).
- A total of 5897 close contacts have been identified, 969 of them have been released while 4928 people are still under medical observation.
- On January 21, 2020, the Centers for Disease Control and Prevention (CDC) confirmed the first case of 2019 Novel Coronavirus (2019-nCoV) in the United States in the state of Washington. The patient recently returned from Wuhan, China.

The World Health Organization (WHO) on Tuesday, January 21st, raised the possibility that the new virus spreading in parts of China may be transmitting in an ongoing, sustained manner between people — which, if confirmed, would make it significantly more difficult to stop however China has informed WHO they have implemented containment measures and are continuing investigation.

The Government of Canada and provinces and territories have multiple systems in place to identify, prevent and control the spread of serious infectious diseases into and within Canada. In addition to Canada's standard measures to prevent the introduction into and spread of communicable diseases in the country, , additional border screening measures are being implemented at major international airports. Canada has no direct flights from Wuhan, and the volume of travelers arriving indirectly from Wuhan is low and the overall risk of disease spread to Canada is considered low.



Canadians travelling abroad are encouraged to consult the Travel Health Notice (<https://travel.gc.ca/travelling/advisories/pneumonia-china>) for China on travel.gc.ca )

In the light of this situation, and as per the Preliminary Travel Screening Guidance document (attached), this is a reminder of the importance of **continuing your routine practice for preventing the transmission of Infection** in your work settings and **inquiring about the travel history** for patients presenting to your care. This is also a reminder that novel respiratory viruses require the use of droplet contact precautions plus airborne contact precautions with aerosol generating medical procedures (AGMPS) per your organization's Infection Prevention and Control policies.

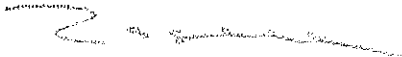
If you have a patient with fever, acute respiratory illness and a history of travel to China (or contact with a person with such travel history) in the past 14 days, call your regional MOH as soon as possible for further consultation and guidance. In the event of a suspect case, the following samples should be collected:

- Upper respiratory track samples (Nasopharyngeal AND oropharyngeal swab) submitted in the same viral transport media (UTM) tube.  
AND
- Lower respiratory track samples (Bronchoalveolar lavage, tracheal aspirate)

We continue to actively monitor and prepare for this evolving situation and engage with federal and other provincial public health authorities. In addition, please note that PHAC has posted a new web page for the 2019-nCoV. The link is provided below for your reference.

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

Sincerely,



Dr. Jennifer Russell, BA, BSc, MD, CCFP  
Chief Medical Officer of Health

#### Attachments

- (1) Preliminary Travel Screening Guidance
- (2) Laboratory diagnosis memo



Le 24 janvier 2020

**Objet : MISE À JOUR nCoV2019 à Wuhan (Chine)**

Chers collègues,

Le 31 décembre 2019, la Commission municipale de l'hygiène et de la santé de Wuhan, située dans la province du Hubei au centre de la Chine, a informé le public qu'elle avait confirmé 27 cas de maladie respiratoire (pneumonie virale non diagnostiquée). Depuis, la Chine a déterminé qu'un nouveau coronavirus (surnommé nCoV-2019) est responsable de ces cas de maladie respiratoire et d'autres cas de pneumonie dans l'écllosion à Wuhan. Elle poursuit activement son enquête.

En date du 23 janvier 2020 (Source : Bureau d'intervention d'urgence en santé) :

Le Comité national de la santé a confirmé 571 cas de pneumonie par infection au nouveau coronavirus dans 25 provinces (régions et villes) en Chine, dont 95 cas graves et 17 mortalités (tous de la province du Hubei). Au total, 393 cas soupçonnés ont été signalés dans 13 provinces (régions et municipalités). À l'heure actuelle, 5 897 contacts étroits ont été recensés; 969 personnes ont été dispensées de l'observation médicale, tandis que 4 928 personnes demeurent en observation médicale.

Le 21 janvier 2020, l'organisation Centers for Disease Control and Prevention (CDC) a confirmé son premier cas d'infection au nouveau coronavirus 2019 (nCoV-2019) aux États-Unis, soit dans l'État de Washington. Le patient venait d'arriver de Wuhan, en Chine.

Également le 21 janvier, l'Organisation mondiale de la Santé (OMS) a soulevé la possibilité que le nouveau virus qui se propage dans certaines parties de la Chine puisse se transmettre de manière continue et durable entre les personnes. Si cela se confirme, la propagation pourrait être beaucoup plus difficile à contrôler. Cependant, la chine a informé l'OMS qu'elle a mise en place des mesures de confinement et que l'enquête se poursuit.

Le gouvernement du Canada ainsi que les provinces et territoires ont plusieurs systèmes en place pour confirmer, prévenir et contrôler la propagation de maladies infectieuses graves au Canada. En plus des mesures habituelles prises par le Canada pour prévenir l'introduction et la propagation de maladies transmissibles au pays, des mesures de contrôle supplémentaires sont mises en œuvre par les autorités frontalières dans les principaux aéroports internationaux. Il n'y a aucun vol direct au Canada depuis Wuhan, et le nombre de voyageurs qui arrivent au Canada indirectement de Wuhan est faible. Par conséquent, le risque global de la propagation de la maladie au Canada est considéré comme faible.



Les Canadiens qui voyagent à l'extérieur du pays sont encouragés à consulter les conseils de santé aux voyageurs sur la Chine en visitant le site [voyage.gc.ca](https://voyage.gc.ca) (<https://voyage.gc.ca/voyager/avertissements/pneumonie-chine>).

À la lumière de cette situation et conformément au document d'orientation sur le dépistage préliminaire lié aux voyages (ci-joint), la présente est un rappel de l'importance de **poursuivre vos pratiques courantes visant à prévenir la transmission des infections** dans votre milieu de travail et de **poser des questions sur l'historique de voyage** des patients qui sollicitent vos soins.

Il s'agit également d'un rappel que les nouveaux virus respiratoires exigent des précautions contre la transmission par contact de gouttelettes et des précautions pour les pathogènes transmissibles par voie respiratoire et par contact lors d'interventions médicales générant des aérosols, conformément aux politiques de votre organisation en matière de prévention et de contrôle des infections.

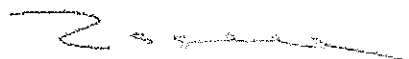
Si vous avez un patient qui présente une fièvre, une maladie respiratoire aiguë et des antécédents de voyage en Chine (ou des contacts avec une personne ayant de tels antécédents de voyage) au cours des 14 derniers jours, appelez votre bureau régional du ministère de la Santé dès que possible pour une consultation et des conseils supplémentaires. Si vous soupçonnez un cas de nCoV-2019, veuillez prélever les échantillons suivants :

- Échantillons des voies respiratoires supérieures (par écouvillonnage nasopharyngé ET oropharyngé) expédiés dans le même milieu de transport viral (UTM);  
ET
- Échantillons des voies respiratoires inférieures (lavage broncho-alvéolaire, aspiration trachéale).

Nous continuons de surveiller activement l'évolution de cette situation et de nous préparer en communiquant avec les autorités fédérales et d'autres autorités provinciales de santé publique. De plus, veuillez noter que l'Agence de la santé publique du Canada affiche une nouvelle page Web pour le nCoV-2019. Voici le lien à titre d'information :

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

Cordialement,



Dre Jennifer Russell, BA, BSc, MD, CCFP  
Médecin hygiéniste en chef

p.j.

- (1) Document d'orientation sur le dépistage préliminaire lié aux voyages
- (2) Note de service sur le diagnostic en laboratoire

# Note de service Memo

Date	22 janvier 2020 / January 22nd 2020
Dest. / To	Laboratoires de microbiologie du NB / Microbiology laboratory of NB Médecins microbiologistes du NB / Medical Microbiologist of NB
Copies à/to	Dre/Dr Jennifer Russel, Médecin-hygiéniste en chef/ Chief Medical Officer of Health Dre/Dr Christine Muecke, Médecin-hygiéniste en chef adjointe/ Deputy Chief Medical Officer of Health Louis-Alexandre Jalbert, Agent de liaison technique chargé des laboratoires/ Laboratory Liaison Technical Officer

## Diagnostic d'une infection respiratoire au coronavirus de Wuhan (2019-nCoV)

Une nouvelle souche du coronavirus (2019-nCoV) a récemment été détectée chez plusieurs patients ayant contracté une infection respiratoire dans la ville de Wuhan en Chine. Le 2019-nCoV a aussi été détecté dans d'autres villes en Chine et dans d'autres pays, chez des personnes ayant auparavant séjourné à Wuhan.

Une infection au 2019-nCoV devrait être suspectée dans les cas suivants (sujet à changements) :

- Une personne ayant une infection respiratoire aiguë  
ET
- Une histoire de voyage à Wuhan (Chine) dans les 14 jours précédant le début des symptômes OU un contact étroit avec une personne infectée ou potentiellement infectée au 2019-nCoV.

Dans le cas d'une infection suspectée, les spécimens suivants devraient être collectés :

- Spécimens des voies respiratoires supérieurs (Écouvillons nasopharyngé ET oropharyngé) soumis le même milieu de transport viral (UTM)  
ET
- Spécimens des voies respiratoires inférieures (lavage bronchoalvéolaire ou aspiration endotracheale).

Tous les échantillons de patients ayant une infection suspectée au 2019-nCoV devraient être manipulés conformément au NC2 et avec un EPI offrant une protection respiratoire accrue. Nous ne recommandons pas d'effectuer le test Xpert Flu-

## Diagnosis of Wuhan coronavirus (2019-nCoV) respiratory infection

A novel coronavirus strain (2019-nCoV) has recently been detected in many patients with respiratory infections in the city of Wuhan in China. The 2019-nCoV has also been found in other cities in China and in other countries in patients that had previously traveled to Wuhan.

A 2019-nCoV infection should be suspected in the following cases (subject to change):

- A person with an acute respiratory illness  
AND
- A travel history to Wuhan (China) in the 14 days prior onset of illness OR close contact to a confirmed or probable case of 2019-nCoV infection.

In the event of a suspected case, the following samples should be collected:

- Upper respiratory track samples (Nasopharyngeal AND oropharyngeal swab) submitted in the same viral transport media (UTM) tube.  
AND
- Lower respiratory track samples (Broncho alveolar lavage, tracheal aspirate).

All samples from suspected 2019-nCoV infected patients should be handled using CL2 precautions with enhanced respiratory PPE. We don't recommend performing the Xpert Flu-RSV assay because there is no virus inactivation step prior to exiting the BSC.

RSV car il n'y a pas d'étape d'inactivation du virus avant de sortir de la hotte.

Les échantillons doivent être acheminés (gelés sur glace sèche) au Centre de référence en virologie diagnostique du Nouveau-Brunswick situé au CHU-Dumont. Pour l'instant, les échantillons seront testés pour la présence des principaux pathogènes respiratoires (PCR Influenza+RSV et Panel Respiratoire) et potentiellement pour la présence du virus de la grippe aviaire. Ils seront aussi acheminés au LNM pour une détection présomptive du 2019-nCoV (PCR pan-coronavirus). Un test moléculaire spécifique au 2019-nCoV est actuellement en développement et sera prochainement disponible.

SVP indiquer sur la réquisition «2019-nCoV suspecté» et l'information épidémiologique nécessaire (Date du voyage à Wuhan et du début des symptômes).

Veuillez contacter un de nos médecins microbiologistes au 506-862-4140 avant de nous soumettre un échantillon ou pour toutes questions relatives au diagnostic du 2019-nCoV

Samples should be shipped (frozen on dry ice) to the New-Brunswick Diagnostic Virology Reference Center located at the CHU-Dumont. For now, samples will be tested for the presence of the main respiratory pathogens (Influenza-RSV PCR and Respiratory Panel) and potentially for the presence of avian Influenza. Samples will also be shipped to the NML for a presumptive detection of 2019-nCoV (pan-Coronavirus PCR). A specific molecular assay for the 2019-nCoV is currently under development and will soon be available.

Please indicate on the requisition «2019-nCoV suspected» and all relevant epidemiological information (Date of travel to Wuhan and of beginning of symptoms.)

Please contact one of our Medical Microbiologist at 506-862-4140 before sending any samples or for any question regarding 2019-nCoV diagnosis.

**Dr Guillaume Desnoyers, PhD, RMCCM**  
Microbiologiste moléculaire / Molecular Microbiologist  
CHU Dr Georges-L-Dumont

**Dr Richard Garceau, M.D., F.R.C.P.C., C.S.P.Q.**  
Médecin microbiologiste-infectiologue/Medical Microbiologist and Infectious Disease consultant  
Directeur, Centre de référence de virologie diagnostique du Nouveau-Brunswick/  
Head, New-Brunswick Diagnostic virology reference Center

## Preliminary Travel Screening/ Dépistage préliminaire lié aux voyages

<p><b>List of Countries for preliminary travel screening with patients accessing unscheduled health care on reverse</b></p>	<p><b>Liste des pays visités nécessitant un dépistage préliminaire lié aux voyages chez les patients qui demandent des soins de santé non prévus au verso</b></p>		
<p>This list is intended for use by frontline healthcare workers during the initial assessment / registration of patients presenting for unscheduled healthcare to ensure the implementation of the enhancements to the additional precautions usually utilized for similar presentations. It does not replace the detailed travel history taken as part of a history and physical examination</p>	<p>Cette liste est destinée à l'usage des travailleurs des soins de santé de première ligne pendant l'évaluation initiale ou l'inscription des patients qui se présentent pour obtenir des soins de santé non prévus. Elle vise à garantir la mise en œuvre de mesures de précautions plus rigoureuses s'ajoutant à celles habituellement suivies dans les cas semblables. Elle ne remplace pas les antécédents de voyage détaillés consignés dans le cadre de l'examen des antécédents et de l'examen médical.</p>		
<p><b>All patients accessing unscheduled care must be screened for travel or contact with an ill traveler within the past <u>14 days</u></b></p>	<p><b>Tous les patients qui demandent des soins de santé non prévus doivent faire l'objet d'un dépistage pour recenser les antécédents de voyage ou identifier un contact d'un voyageur malade dans les 14 derniers jours.</b></p>		
<p>Novel respiratory viruses require the use of Droplet Contact Precautions plus Airborne Contact precautions with aerosol generating medical procedures (AGMPS) per your organization's Infection Prevention and Control policies</p>	<p>Les nouveaux virus respiratoires rendent obligatoire l'usage des précautions contre la transmission par contact de gouttelettes et des précautions pour les pathogènes transmissibles par voie aérogène et par contact lors d'interventions médicales générant des aérosols (IMGA), conformément aux directives de votre organisation en matière de prévention et de contrôle des infections.</p>		
<p><b>January 17, 2020 issued to / Le 17 janvier 2020 délivré à:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <p><a href="mailto:EM@HorizonNB.ca">EM@HorizonNB.ca</a>  <a href="mailto:emergency.preparedness@medavienb.ca">emergency.preparedness@medavienb.ca</a>  <a href="mailto:Distribution@vitalitenb.ca">Distribution@vitalitenb.ca</a>  <a href="mailto:Dan.coulombe@gnb.ca">Dan.coulombe@gnb.ca</a></p> </td> <td style="width: 50%; border: none;"> <p><a href="mailto:Jim.Murphy@sykes.com">Jim.Murphy@sykes.com</a>  <a href="mailto:Alan.Bechervaise@gnb.ca">Alan.Bechervaise@gnb.ca</a>  <a href="mailto:Christa.Lewis@sykes.com">Christa.Lewis@sykes.com</a></p> </td> </tr> </table>		<p><a href="mailto:EM@HorizonNB.ca">EM@HorizonNB.ca</a>  <a href="mailto:emergency.preparedness@medavienb.ca">emergency.preparedness@medavienb.ca</a>  <a href="mailto:Distribution@vitalitenb.ca">Distribution@vitalitenb.ca</a>  <a href="mailto:Dan.coulombe@gnb.ca">Dan.coulombe@gnb.ca</a></p>	<p><a href="mailto:Jim.Murphy@sykes.com">Jim.Murphy@sykes.com</a>  <a href="mailto:Alan.Bechervaise@gnb.ca">Alan.Bechervaise@gnb.ca</a>  <a href="mailto:Christa.Lewis@sykes.com">Christa.Lewis@sykes.com</a></p>
<p><a href="mailto:EM@HorizonNB.ca">EM@HorizonNB.ca</a>  <a href="mailto:emergency.preparedness@medavienb.ca">emergency.preparedness@medavienb.ca</a>  <a href="mailto:Distribution@vitalitenb.ca">Distribution@vitalitenb.ca</a>  <a href="mailto:Dan.coulombe@gnb.ca">Dan.coulombe@gnb.ca</a></p>	<p><a href="mailto:Jim.Murphy@sykes.com">Jim.Murphy@sykes.com</a>  <a href="mailto:Alan.Bechervaise@gnb.ca">Alan.Bechervaise@gnb.ca</a>  <a href="mailto:Christa.Lewis@sykes.com">Christa.Lewis@sykes.com</a></p>		

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 To be Reviewed and Reissued as Required and at Least once per quarter/ La liste sera révisée et redistribuée au besoin au moins une fois par trimestre).

Preliminary Travel Screening Review Team / Équipe d'examen du dépistage préliminaire lié aux voyages

**Countries and Associated Syndromes / Diseases Chart**  
**Les pays et les associés Syndromes / Maladies Graphique**

<b>Country / Pays</b>	<b>Respiratory / Respiratoire (e.g. 2019 novel coronavirus / nouveau coronavirus 2019 (2019-nCoV); MERS-CoV, Avian influenza / influenzae aviariae)<sup>1</sup></b>
Bahrain / Bahrein	X
China / Chine	X
Jordan / Jordan	X
Kuwait / Kueit	X
Oman / Oman	X
Qatar / Qatar	X
Saudi Arabia / Arabie Saoudite	X
United Arab Emirates (UAE) / Emirats Arabes Unis (EAU)	X
Yemen / Yéman	X

<sup>1</sup> Signs and symptoms of an infectious respiratory illness, e.g. fever  $\geq 38^{\circ}\text{C}$  and new or exacerbation of cough, etc.

<sup>1</sup> Les travailleurs des soins de santé doivent prêter attention aux signes et symptômes de maladie respiratoire infectieuse, comme la fièvre  $\geq 38^{\circ}\text{C}$  et l'apparition ou l'aggravation d'une toux.

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 To be Reviewed and Reissued as Required and at Least once per quarter/ La liste sera révisée et redistribuée au besoin au moins une fois par trimestre).

Preliminary Travel Screening Review Team / Équipe d'examen du dépistage préliminaire lié aux voyages

**Morehouse, Faye (JPS/JSP)**

---

**From:** Ruff, Christie (HorizonNB)  
**Sent:** Monday, March 9, 2020 3:20 PM  
**To:** Johnston, Mike (JPS/JSP); Currie, Sheldon (JPS/JSP)  
**Subject:** RE: Pandemic Planning

Agreed.

*Christie*

**Tel/Tél:** 506-648-7754

**Cell:** [REDACTED]

**From:** Johnston, Mike (DPS/MSP)  
**Sent:** March 9, 2020 3:15 PM  
**To:** Ruff, Christie (HorizonNB) <Christie.Ruff@HorizonNB.ca>; Currie, Sheldon (DPS/MSP) <Sheldon.Currie@gnb.ca>  
**Subject:** RE: Pandemic Planning

Thank you both. Our plan will be stronger because of this collaborative effort.

Mike

**From:** Ruff, Christie (HorizonNB)  
**Sent:** Monday, March 9, 2020 3:00 PM  
**To:** Johnston, Mike (DPS/MSP) <Mike.Johnston@gnb.ca>; Currie, Sheldon (DPS/MSP) <Sheldon.Currie@gnb.ca>  
**Cc:** O'Connell, Chris (DPS/MSP) <Chris.O'Connell@gnb.ca>; Geldart, Geri (HorizonNB) <Geri.Geldart@horizonnb.ca>; Gordon, Jacquelin (HorizonNB) <Jacquelin.Gordon@horizonnb.ca>  
**Subject:** RE: Pandemic Planning  
**Importance:** High

Good Afternoon,

Sheldon and I met today regarding the pandemic plan for corrections in NB.

During our discussion today, Sheldon and I committed to the following:

1. Meet this Thursday morning to compare the current plan in place for DPS and the plan in place from a health care perspective
2. Strike a working group including; correctional officers, lead nurse, floor nurse, superintendent, chief superintendent and regional lead (note: importance of involving clients in plan at certain stages)
3. Work collaboratively towards appropriate plan:
  - a. Health: screening and response to screening with client's who are at risk or test positive
  - b. DPS: staffing considerations and inmate control in the event of break out
  - c. Collaboratively: review screening process (admissions v/s nursing) and ensure consistent practice across provincial corrections
  - d. Collaboratively: review equipment/supply needs
  - e. Collaboratively: review education awareness and plan for nursing/corrections participation re preventative measures (handwashing etc.. )

As I shared with Sheldon this morning, I will be participating in a task force in Saint John and will be able to contribute to this plan based on information gathered on this task force.

*Christie*

**Tel/Tél: 506-648-7754**

**Cell:** [REDACTED]

**From:** Johnston, Mike (DPS/MSP)

**Sent:** March 9, 2020 11:49 AM

**To:** Ruff, Christie (HorizonNB) <[Christie.Ruff@HorizonNB.ca](mailto:Christie.Ruff@HorizonNB.ca)>; Currie, Sheldon (DPS/MSP) <[Sheldon.Currie@gnb.ca](mailto:Sheldon.Currie@gnb.ca)>

**Cc:** O'Connell, Chris (DPS/MSP) <[Chris.O'Connell@gnb.ca](mailto:Chris.O'Connell@gnb.ca)>

**Subject:** RE: Pandemic Planning

Hi Christie, Our ADM, Sheldon and I were just talking about this. Sheldon is going to reach out to discuss further.

MJ

**From:** Ruff, Christie (HorizonNB)

**Sent:** Monday, March 9, 2020 11:22 AM

**To:** Currie, Sheldon (DPS/MSP) <[Sheldon.Currie@gnb.ca](mailto:Sheldon.Currie@gnb.ca)>; Johnston, Mike (DPS/MSP) <[Mike.Johnston@gnb.ca](mailto:Mike.Johnston@gnb.ca)>

**Subject:** Pandemic Planning

Do you have a pandemic plan policy in place for DPS? I am going to be sitting on a task force with the health authority and would like to review anything you have currently in place.

Christie

**Christie Ruff**

Regional Lead/Chef régionale

Corrections Health & Clinical Order Sets/Santé en milieu correctionnel et ensembles d'ordonnances cliniques

Horizon Health Network / Réseau de santé Horizon

400 University Ave

Saint John, NB E2L 4L2

**Tel/Tél: 506-648-7754**

**Cell :** [REDACTED]

**Fax/Télex: 506-648-6438**

[Christie.Ruff@Horizonnb.ca](mailto:Christie.Ruff@Horizonnb.ca)

[www.HorizonNB.ca](http://www.HorizonNB.ca)

Visit our Nursing Practice Page on Skyline for useful nursing tools and resources

*I acknowledge and respectfully acknowledge that all my work interactions at the Saint John Regional Hospital take place in a multicultural and inclusive environment and of respect.*

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## Morehouse, Faye (JPS/JSP)

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**From:** Currie, Sheldon (JPS/JSP)  
**Sent:** Wednesday, April 1, 2020 11:11 AM  
**To:** Godin, Francoise (VitaliteNB); Ruff, Christie (HorizonNB)  
**Cc:** 'Jeffrey Marr'  
**Subject:** Staff Covid-19 Assessment before shift/Évaluation du personnel Covid-19 avant le quart de travail  
**Attachments:** Screening Questions for EMPLOYEES.DOCX; Screening Questions for EMPLOYEES - FR.DOCX

We would like to tighten up our screening process. I believe I saw some more stringent questions that included maybe even dates around symptomology.

Perhaps you could way in, I would also like to provide contact #

Any suggestions would be welcome as I would like to get this out prior to our Shift change this evening at 18:00

Thank you for the great support

S

**From:** Currie, Sheldon (DPS/MSP)  
**Sent:** Tuesday, March 31, 2020 12:10 PM  
**To:** (DPS/MSP) Corrections Institutions SJRCC <evySJRCC@gnb.ca>; (DPS/MSP) Corrections Institution SRCC <evyMDC@gnb.ca>; (DPS/MSP) Corrections Institution NBYC <evnbyc@gnb.ca>; (DPS/MSP) Corrections Institution MRCC <evyMRCC@gnb.ca>; (DPS/MSP) Corrections Institution DRCC <evyDalJ@gnb.ca>  
**Cc:** Johnston, Mike (DPS/MSP) <Mike.Johnston@gnb.ca>; Tripp, Bruce (DPS/MSP) <Bruce.Tripp@gnb.ca>; Christie Ruff (Christie.Ruff@HorizonNB.ca) <Christie.Ruff@HorizonNB.ca>; Godin, Francoise (VitaliteNB) <Francoise.Godin@vitalitenb.ca>; Jeffrey Marr <jnicholasmarr@gmail.com>  
**Subject:** Staff Covid-19 Assessment before shift/Évaluation du personnel Covid-19 avant le quart de travail

Bonjour,

- Tous les établissements correctionnels entreront en vigueur le 1er avril 2020 aux heures de quart 0700-1900 et 1900-0700. (Exceptions Sgt / Sgt Majors et 2I / C 06:30 et 18:30) Ce changement facilite la participation des services médicaux au processus de dépistage.
- Le 2IC, après autorisation par l'équipe précédente, administrera verbalement le dépistage / l'évaluation à la porte d'entrée à tous les membres du personnel à venir.
- Si toutes les questions reçoivent une réponse négative, ce membre du personnel sera autorisé à entrer dans le bâtiment
- S'il y a des réponses «oui» aux questions, un questionnaire de dépistage formel doit être rempli et le personnel doit rentrer chez lui. (Le Sgt / Sgt Major sera avisé de remplacer l'officier et de mettre à jour la liste)
- En cas d'ambiguïté, le personnel médical sera invité à participer à l'évaluation.

---

Good day

- All Correctional Institutions will effective April 1<sup>st</sup>, 2020 return to shift times 0700-1900 and 1900-0700. (Exceptions Sgt/Sgt Majors and 2I/C 06:30 and 18:30) This change facilitates medical services involvement in the screening process.

- The 2IC, following clearance by previous shift will verbally administer the screening /assessment at the front door to all on coming staff.
- If all questions are answered with a "no" that staff member will be permitted to enter the building
- If there are positive, "Yes" answers to the questions a formal Screening Questionnaire is to be completed and staff are to go home. (Sgt /Sgt Major to be notified to replace officer and update roster)
- If there is some ambiguity, then medical personal will be asked to assist in the assessment.

Sheldon Currie  
Chief Superintendent- Programs/Connaissance divisionnaire  
Correctional Services / Services Correctionnels  
Department of Public Safety / Ministère de la Sécurité Publique



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### COVID-19 ACTIVE SCREENING FOR EMPLOYEE'S ENTERING FACILITIES

These questions are to be asked verbally. If an employee answers **YES** to any of the below questions, **complete this form (below)** and direct them to: return home and self isolate for 14 days. Contact 811 if any further direction is required.

All **YES** questionnaires that result in an employee self isolating will be given to superintendent.

Question	Yes	No
#1 Do you have symptoms of cough, fever or general feeling of unwellness?		
#2 Have you travelled outside of the province on or since March 24 <sup>th</sup> ?		
#3 Have you had close contact with a person with acute respiratory illness (i.e. bad chest cold) outside of work duties who has travelled outside of the province on or since March 24 <sup>th</sup> ?		
#4 Have you had close contact with a confirmed case of COVID-19?		
#5 Have you completed a required period of self-isolation but have been directed by Public Health, 811, or family physician to remain in self isolation?		

<b>Employee Name:</b>	<b>Unit Working:</b>
<b>Work hours:</b>	<b>Facility:</b>
<b>Date completed:</b>	<b>Completed by:</b>



## DÉPISTAGE ACTIF COVID-19 POUR LES ENTRÉES DES EMPLOYÉS AUX INSTITUTIONS

Ces questions doivent être posées verbalement. Si un employé répond **OUI** à l'une des questions ci-dessous, **remplissez ce formulaire (ci-dessous)** et dirigez-le vers : retour à la maison et auto-isolément pendant 14 jours. Contactez le 811 si des instructions supplémentaires sont nécessaires.

Tous les questionnaires **OUI** entraînant l'auto-isolément des employés seront remis au surintendant.

Question	Oui	Non
#1 Avez-vous des symptômes de toux, de fièvre ou de malaise général ?		
#2 Avez-vous voyagé à l'extérieur de la province le 24 mars ou depuis?		
#3 Avez vous eu des contacts étroits avec une personne souffrant d'une maladie respiratoire aiguë (c.-à-d. un rhume de poitrine) en dehors de des fonctions de travail qui a voyagé à l'extérieur de la province le 24 mars ou depuis?		
#4 Avez-vous été en contact étroit avec un cas confirmé de COVID-19?		
#5 Avez-vous terminé une période d'auto-isolément requise, mais avez-vous été invité par Santé publique 811 ou un médecin de famille à rester en isolement?		

Nom d'employé(e):	Unité de travail:
Heures de travail:	Institution:
Date complétée:	Complété par:

## COVID-19: Guidance for Correctional Centers

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

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

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

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

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

### What are the signs or symptoms?

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

- Fever (> 38 degrees Celsius) or signs of fever (such as chills, feeling feverish or unusually warm)
- new cough or worsening chronic cough
- runny nose
- headache
- sore throat
- new onset of fatigue
- new onset of muscle pain diarrhea
- loss of taste or smell

### How is it transmitted?

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

### How long is the incubation period?

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

### What is the period of communicability?

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

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

### How long can the virus survive in the environment?

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

**NOTE:** Information on transmission, incubation period, period of communicability and how long the virus can survive in the environment are assumptions. The assumptions are based on currently available scientific evidence and expert opinion and are subject to change as new information on transmissibility and epidemiology becomes available. It is still to be determined how easily the virus spreads between people. See: Summary of Assumption  
**The Regional Medical Officer of Health (MOH), through the regional Public Health Communicable Disease team, will provide direction on implementing the control measures outlined in this document.**

## Administration

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

- a staffing contingency plan;
- an outbreak response plan and a review process:
  - defining who is responsible for the coordination of an outbreak response
  - defining who is responsible for the implementation of outbreak measures in close coordination with the regional public health team.
  - defining who is responsible for communications within the center
- Staff should refer to the Department of Public Safety internal document: Department of Public Safety Pandemic Response Plan

## Reporting and Notification

### Individual cases:

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

### Outbreak:

- **During the COVID-19 pandemic, a single laboratory-confirmed case of COVID-19 in a client or staff member is considered an outbreak.**
- **Any suspected outbreak should be responded to and reported IMMEDIATELY to Regional Public Health.** For any suspected outbreak, the Lead Nurse at the Correctional Centre will send a line list for ill clients and staff which would be provided by Regional PH

### Staff:

- Staff should be screened at the start of their shift and at the mid-shift point. Responsibility for staff screening should be clearly outlined (as per **Appendix B**).
- **Staff are required to self-screen just prior to entering the facility, as per the most recent script provided by the Department of Health.**
- Staff should be reminded daily on the importance of completing screening for any

- symptoms at the mid-shift point. Symptoms must be flagged, even if mild.
- Staff should be reminded of their critical responsibility to self-monitor for COVID-19 symptoms and stay home when sick, even with mild or minor symptoms.
  - A dedicated telephone line has been set up for staff to call immediately if they develop symptoms, whether at home or at work: 1-833-475-0724.
  - Staff should avoid working in different facilities.
  - Staff should limit exposure to units they are not assigned.
  - Consistent assignment to same unit when possible. Staff movement between units should be limited where possible.
  - If staff develop symptoms of COVID-19 (as per the list outlined above) they should:
    - immediately exclude themselves from the client environment.
    - not remove their mask if wearing one, or to don one immediately
    - clean their hands.
    - notify their shift supervisor who will notify CHS or their Superintendent when CHS staff is not working, who will report a possible case to Public Health.
    - call the dedicated line to arrange testing via the assessment centers
    - avoid further client contact and
    - leave the centre as soon as possible to self-isolate in own home; or self-isolate and stay off work if already at home.
  - Prior to working every shift, staff must report if they have had potential exposure to a case of COVID-19.
  - Staff should be isolated at home and not working if:
    - They have travelled outside of NB. In this case, they should self-isolate for 14 days from their arrival to NB.
    - They have symptoms compatible with COVID. They should be tested and could consider returning staff to the work environment if result is negative and no other known exposures to COVID are known.
    - They were a contact of a case of COVID, depending on the nature of the exposure and whether any PPE was worn. Consultation with Regional Public Health is warranted in such a situation.
    - They have been told to self-isolate by a Public Health authority.
  - They must not enter the centre for at least 14 days from last exposure unless Regional Public Health provides other direction (based on an assessment of the proximity and duration of contact and level of personal protective equipment worn).
  - They must notify their shift supervisor so Public Health can be advised by CHS or their Superintendent of the period when CHS staff will not be working.
  - They must follow the direction given by CHS, in consultation with the Regional MOH, as guidance may differ based on the specifics of the case.
  - *Elements of the risk assessment should include but are not limited to:*
    - *Availability of test results within 48-72 hours*
    - *Presence of community transmission in an area*
    - *Type and length of contact*
    - *Presence of mask for all shift in place*
    - *Vulnerability of staff person*
  - CHS and DPS staff should have N95 fit testing done every two years.

- Ensure corrections staff have access to information on COVID-19, infection prevention and control precautions and have an opportunity to practice donning and doffing protective equipment.
- Gyms for staff should remain closed until community gyms are open as part of the recovery guidance. This will prevent unnecessary visits to the centres, e.g. DPS officers coming to the facility on their days off.

#### **Laboratory Testing:**

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

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

#### **Infection Prevention and Control**

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

- Institutional visits to clients should be considered by individual centres if the risk of introduction of COVID into the centre can be mitigated, i.e. visitor screening, plexiglass barriers, speaking devices cleaned between use.
- Review plans for transfer daily for appropriateness of transfer if isolation is in place.
- Every attempt to temporarily suspend the intermittent sentence program should be made to avoid clients moving in and out of centres. The Department of Public Safety will replace with the temporary absence program if appropriate.
- Staff should maintain physical distancing (at least 2 metres separation) upon arrival in the parking lot and while walking to the centre before entry.
- Staggering start time for staff should be considered to prevent congregating outside the centre before entry. Signage/tape should be placed so physical distancing is maintained by all while waiting to enter.
- The number of people entering the centre needs to be limited so physical distancing (at least 2 metres separation) can be maintained between individuals on entry into the foyer of the centre.
- Signage should be placed inside and outside the centre to advise no entry if symptoms.

- In addition to staff, active screening should be conducted on volunteers and essential visitors (delivery personnel) at entry of the facility. Refer to **Appendix B for instruction about screening.**
- Signage should be placed in foyer reminding staff and essential visitors that they must complete screening and put on a mask before entering.
- Active client screening should include assessments for symptoms of COVID-19 twice per day (at least eight hours apart). Refer to Health Screening of Clients (See **Appendix D**).
- Physical distancing measures (maintaining 2 metres spatial separation) are utilized for staff wherever feasible. Masks should be worn by all staff when carrying out direct and indirect client care.
- Establish traffic flow patterns to avoid staff and clients from being within 2 meters of each other when possible.
- Close contact with clients should be limited to when it is required and minimized if possible.
- Physical distancing measures must be maintained for staff during meal and break times. Consider rotating break times.
- Frequent hand and respiratory hygiene should be encouraged for clients and staff.

### Admissions

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

### Transfers

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

### Ill Clients

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

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

#### **Case and contact management**

- Regional PH will provide guidance and directives on when to apply outbreak measures to the affected area or the entire correctional center. This could include such measures as placing all clients on isolation precautions and/or wider testing within the centre, depending on the risk assessment.
- The treating health care provider attached to the correctional center will provide individual clinical management of the case based on their condition and at the discretion of the health care provider. Currently, there is no specific treatment (e.g. antivirals) for cases of COVID-19.
- CHS should conduct contact tracing to determine whether a COVID-19-positive client exposed other staff or client during the period of communicability.
- DPS will do contact tracing with staff members to determine whether a COVID-19-positive staff exposed other staff or client during the period of communicability and advise Lead Nurse of the centre.
- Control measures during an outbreak, including contact tracing and management, should be implemented in close collaboration with local Public health
- The duration and discontinuation of droplet and contact precautions and isolation measures for a client or unit on outbreak should be determined on a case-by-case basis, in consultation with Regional Public Health.
- Correctional centers may need to implement further restrictions of movement of clients within the centre and discontinuation of all non-essential activities, including communal activities, as directed by Regional Public Health.

## Cohorting

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

## Communication

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

## Communal Activities

- There should be no restrictions in routine communal activities such as exercise and yard time as long as physical distancing can be maintained. Consider implementing measures such as allowing less clients in these areas at a time, staggering time in recreational spaces.
- Physical distancing measures (maintaining 2 metres spatial separation) should be followed.

- Ensure disinfection of gym equipment after each use. The number of clients using the equipment should be reduced to ensure the equipment is being wiped down properly between use as some disinfectants require minimum contact time.
- Entry/exit to yard area should be wiped down once a group passes through either exiting or entering.
- The number of people in common rooms such as room for court video conferencing, chapel, snack vending room, etc. should be limited to ensure appropriate distancing.
- In non-outbreak situation, restrict indoor group activities such as schooling, group work, group counselling, etc to ensure physical distancing can be maintained, or consider measures that will ensure spacing (such as reduced number of participants, staggering groups, using alternate locations that have more space etc.).
- Ensure that when isolating clients that consideration is given to the potential impact on physical, social and emotional well-being.
- Ensure that any materials (e.g. electronic tablets, remotes, or other devices) used for client activities should be cleaned and disinfected between each client use.
- Items such as magazines and books should not be shared among clients until they have been placed in a bag for five days after use.
- Continue usual practice of serving clients individual meals in their rooms

## Preventive Measures

### Hand Hygiene

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

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

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

### Respiratory Hygiene

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

### Personal Protective Equipment

- The facility should ensure that they have on hand an adequate supply of PPE, including gloves, gowns, masks (including N95), goggles.
- The recommendation that Mask-for-all-shift guidance has been implemented across the New Brunswick health care system, including special environments such as correctional centres.
- Continuous use of masks is the practice of wearing the same mask for repeated close contact with different clients, without removing the mask between client encounters. The duration of the continuous use is dependent on the nature of the task or activity being undertaken. CHS staff, and other staff or essential visitors (depending upon the length of their visit) in correctional centers, should be provided **two surgical masks** per shift for use during direct and indirect client contact. The appropriate use of Personal Protective Equipment (PPE) (including masks) will preserve supplies while protecting employees and patients.
- Appropriate practice should be followed for donning and doffing of the masks as well as continue to use routine infection prevention and control guidance. See **Appendix K**.
- Staff and essential volunteers/visitors must be trained and monitored for compliance with putting on and wearing a mask for the duration of their shift or visit, and ensuring it is appropriately discarded after use. This is to reduce the risk of transmission to clients which may occur even when symptoms are not recognized.
- Staff should receive ongoing training and monitoring of compliance with Routine Practices, including hand hygiene, and implementation of additional precautions, including Droplet and Contact precautions, and use of an N95 respirator, in addition to Droplet and Contact precautions, if Aerosol Generating Medical Procedures are performed.
- An N95 respirator (plus eye protection) gown and gloves should be used when performing aerosol-generating medical procedures (AGMP): intubation and related procedures, nebulizing therapy, non-invasive positive pressure ventilation (CPAP, BiPAP), manual ventilation, open endotracheal suctioning on a suspect case.
- It is recommended to discontinue CPAP use if a client is suspected to have COVID 19 and awaiting test results or is diagnosed with COVID-19. There is no short-term risk of discontinuing CPAP when diagnosed and recovering from COVID-19.
- If a client currently uses a CPAP machine there is no need to discontinue use provided the client is not infected with COVID-19.
- Moving clients from room to room who are on CPAP or BiPAP should be avoided.

### Care of Deceased Bodies

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

### Environmental Cleaning and Disinfection

- Ensure all clients/staff responsible for environmental cleaning receive education about required cleaning and disinfection practices, including how to properly prepare cleaning and disinfection solutions.
- Special consideration should be given to high-touch surfaces and common areas which should be cleaned and disinfected at a minimum of twice daily and when soiled.
- Any hard non-porous surface that any clients come in contact with should be disinfected. Consideration should be given to high traffic areas such as where new admissions are received.
- Ensure machine for cleaning of shackles each day uses disinfectant of proper strength. There should be a written procedure on how to handle the shackles once they are cleaned and disinfected.
- Any items that have shared use such as phones, remotes, etc, should be cleaned between each use.
- See **Appendix L**.
- Disinfectants used for cleaning should be clearly labelled, changed according to manufacturer's recommendations, and tested to ensure correct strength.
- Written plan with regards to how isolation cells, cells with COVID-19 positive clients, and showers are disinfected between use.
- All reusable equipment should be dedicated to the use of the client with suspect or confirmed COVID-19 infection. If this is not feasible, equipment should be cleaned and disinfected with a hospital grade disinfectant before each use on another client.
- If there is confirmation that someone tested positive, then you should clean any known or suspected contact surfaces using a hospital grade disinfectant. Please keep in mind that it is important to clean and disinfect high touch surfaces regularly regardless of whether you know someone tested positive for COVID-19.
- Opening doors and windows to improve air circulation. Cleaning crews should wear gloves and wash their hands immediately after removing the protective gear.
- Ensure terminal cleaning and disinfecting of client's room following transfer, or discontinuation of the Droplet Contact Precautions.
- All surfaces or items, outside of the client room, that are touched by or in contact with staff (e.g., computer screens, telephones, touch screens, chair arms door handles, railings, tables, buttons, etc.) should be cleaned and disinfected at least daily and when soiled. Staff should ensure that hands are cleaned before touching the above-mentioned equipment.
- Ensure all staff responsible for utilizing client care equipment are adhering to required cleaning and disinfection practices.
- All care equipment should be cleaned and disinfected with a hospital disinfectant before reuse.

- Vehicles used to transfer clients should be cleaned after with disinfectant of correct strength.

#### **Laundry**

- Clients involved with doing laundry duties should receive instructions.
- Contaminated laundry should be placed into a laundry bag or basket with a plastic liner and should not be shaken.
- Gloves and a medical/procedure mask should be worn when in direct contact with contaminated laundry.
- Clothing and linens belonging to the ill person can be washed together with other laundry, using regular laundry soap and hot water (60-90°C).
- Laundry should be thoroughly dried.
- Hand hygiene should be performed after handling contaminated laundry and after removing gloves.
- If the laundry container comes in contact with contaminated laundry, it should be disinfected.

#### **Dishes and cutlery**

Routine Practices are used.

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

#### **Waste management**

No special precautions are recommended; Routine Practices are used.

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

### Appendix A: Public Health Communicable Disease Team Contact List

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

[https://www2.gnb.ca/content/gnb/en/departments/ocmoh/for\\_healthprofessionals/cdc.html](https://www2.gnb.ca/content/gnb/en/departments/ocmoh/for_healthprofessionals/cdc.html)

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

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

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

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

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

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

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

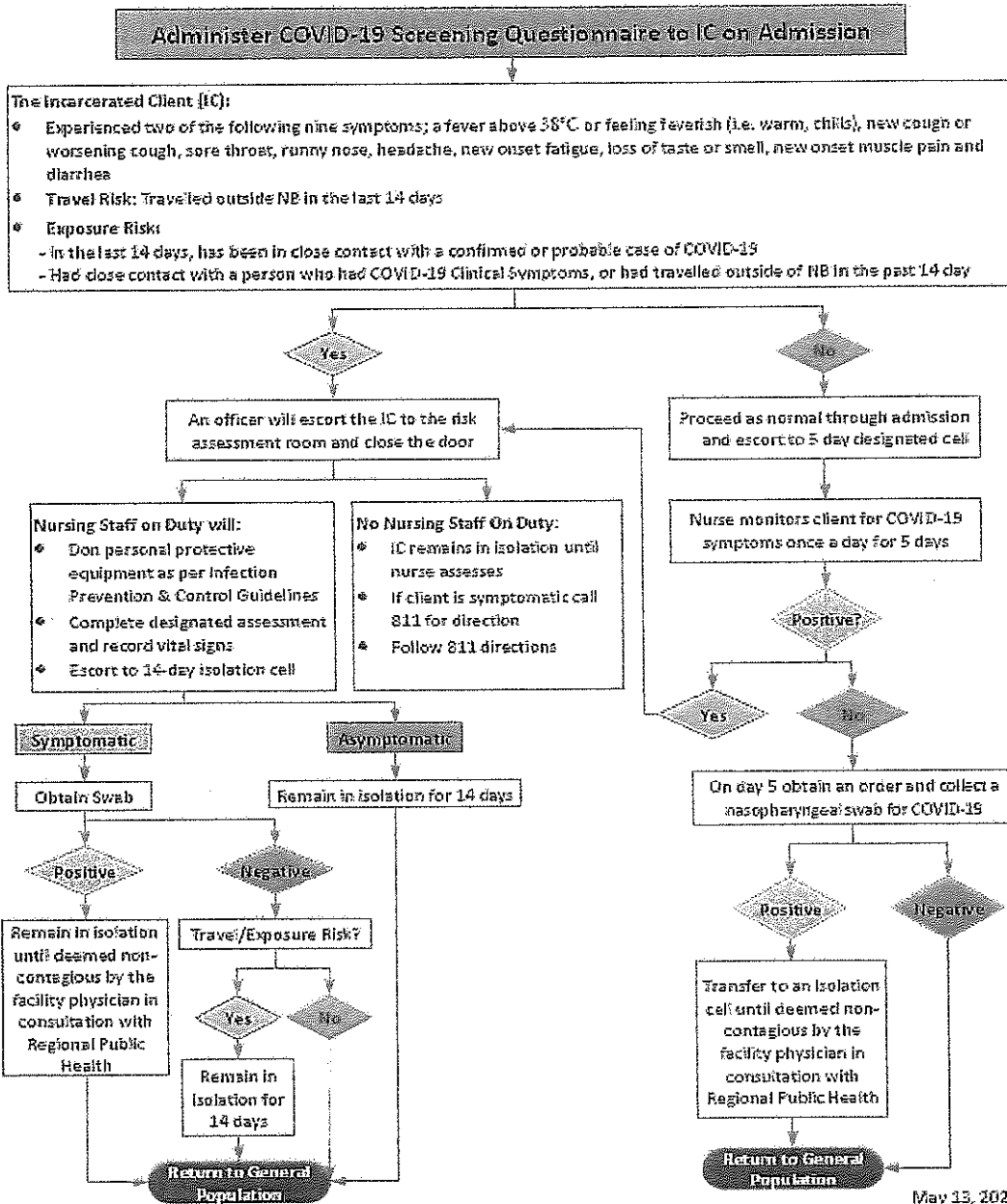
Employee Questionnaire Form			
<b>Employee Name:</b> _____	<b>Unit Working:</b> _____		
<b>Work hours:</b> _____	<b>Facility:</b> _____		
<b>Date completed:</b> _____	<b>Completed by:</b> _____		

Active Screening Questions	Yes	No
<b>1. Have you recently experienced any two of the following nine symptoms?</b> <input type="checkbox"/> Fever or signs of fever <input type="checkbox"/> Runny nose <input type="checkbox"/> Headache <input type="checkbox"/> New or worsening cough <input type="checkbox"/> Sore throat <input type="checkbox"/> New onset fatigue <input type="checkbox"/> Loss of taste or smell <input type="checkbox"/> New onset muscle pain <input type="checkbox"/> Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Have you travelled outside of the province on in the past 14 days?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Have you had close contact with a person with acute respiratory illness (i.e. bad chest cold) outside of work duties who has travelled outside of the province on or in the past 14 days?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Have you had close contact with a confirmed case of COVID-19?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Have you completed a required period of self-isolation but have been directed by Public Health, 811, or a family physician to remain in self isolation?</b>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix C: COVID-19 Isolation Parameters for Incarcerated Clients



COVID-19 Isolation Parameters for Incarcerated Clients (IC)



## Appendix D: Health Screening of Clients - Pandemic Guidelines

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

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

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

If a client has been identified with **at least two of the nine** COVID-19 symptoms:

1. Immediately implement droplet and contact precautions and don PPE
2. Provide the client with a mask to wear during transfer to isolation room
3. Follow ***Isolation Parameters for Incarcerated Clients Process Map (Appendix C)*** which would include initiation of laboratory testing.

- ✓ Perform Intervention: Perform a temperature check

If a client has a temperature greater than 38 degrees Celsius:

1. Immediately implement droplet and contact precautions and don PPE
2. Provide the client with a mask to wear during transfer to isolation room
3. Follow ***Isolation Parameters for Incarcerated Clients Process Map***

- ✓ Ensure Documentation:

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

Focus: COVID-19 Monitoring

Response: COVID-19 Monitoring completed with reported sore throat and headache.

Action: Obtained nasopharyngeal swab and transferred to isolation cell

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

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

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

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

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

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

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

Corrections Health Services IP&C Guidelines			
Setting	Individual	Activity	Type of PPE or procedure
In Sherriff's Van	Sherriff	<ul style="list-style-type: none"> <li>• To provide mask to all clients in vehicle.</li> </ul>	<ul style="list-style-type: none"> <li>• Surgical/procedure mask</li> </ul>
Arrival At Correctional Centre	Admissions Officer	<ul style="list-style-type: none"> <li>• Admissions officer to ask designated screening questions with full PPE.</li> <li>• If RISK: correctional officer to escort client into risk assessment room</li> </ul>	<b>NO RISK &amp; AT RISK</b> Droplet and Contact precautions, which include: <ul style="list-style-type: none"> <li>• Surgical/procedure mask</li> <li>• Eye protection (goggles/ face shield)</li> <li>• Isolation gown</li> <li>• Gloves</li> </ul>
NO RISK Admission Assessment In Health Centre	CHS Nursing Staff & Correctional Officer (CO)	<ul style="list-style-type: none"> <li>• If NO RISK: CO to escort client into health centre for admission during hours with nursing</li> </ul>	<b>NO RISK &amp; AT RISK</b> Droplet and Contact precautions, which include: <ul style="list-style-type: none"> <li>• Surgical/procedure mask</li> </ul>

Corrections Health Services IP&C Guidelines			
Setting	Individual	Activity	Type of PPE or procedure
		<p>present. Outside of these hours go directly to 5-day designated cell.</p> <ul style="list-style-type: none"> <li>Nursing to complete admission assessment with CO present in full PPE.</li> <li></li> </ul>	<ul style="list-style-type: none"> <li>Eye protection (goggles/ face shield)</li> <li>Isolation gown</li> <li>Gloves</li> </ul>
<b>NO RISK 5 Day Designated Cell</b>	CHS Nursing Staff & CO	<ul style="list-style-type: none"> <li>Delivery of meal trays</li> <li>Medication administration</li> <li>Daily health check</li> </ul>	<ul style="list-style-type: none"> <li>If unable to physically distance, use mask for all interactions with client.</li> <li>Perform hand hygiene</li> </ul>
<b>AT RISK Assessment Room</b>	CO	<ul style="list-style-type: none"> <li>Perform normal admission procedure in designated at RISK assessment room.</li> <li>Escort client to designated isolation room per Department of Public Safety (DPS) once nurse completes the assessment</li> <li>Remove PPE after client is secured in isolation.</li> </ul>	<p>Droplet and Contact precautions, which include:</p> <ul style="list-style-type: none"> <li>Surgical/procedure mask</li> <li>Eye protection (goggles/ face shield)</li> <li>Isolation gown</li> <li>Gloves</li> </ul>
	CHS Nursing Staff	<ul style="list-style-type: none"> <li>Preliminary assessment of clients with suspected or confirmed COVID- 19</li> </ul>	<p>Droplet and Contact precautions, which include:</p> <ul style="list-style-type: none"> <li>Surgical/procedure mask</li> <li>Eye protection (goggles/ face shield)</li> <li>Isolation gown</li> <li>Gloves</li> </ul>
	Client	<ul style="list-style-type: none"> <li>Clients suspected or confirmed to have COVID- 19</li> </ul>	<ul style="list-style-type: none"> <li>Placed in assessment room with door closed</li> <li>Provide surgical/procedure mask if tolerated.</li> <li>Perform hand hygiene</li> </ul>
	Environmental Service Workers	<ul style="list-style-type: none"> <li>After and between consultations with clients suspected or confirmed to have COVID-19</li> <li>Clean chair and client care equipment with Quat PRO or designated cleaner</li> </ul>	<p>Droplet and Contact precautions, which include:</p> <ul style="list-style-type: none"> <li>Surgical/procedure mask</li> <li>Eye protection (goggles/ face shield)</li> <li>Isolation gown</li> <li>Gloves</li> </ul>

Corrections Health Services IP&C Guidelines			
Setting	Individual	Activity	Type of PPE or procedure
Isolation Room Suspected Or Confirmed COVID-19	CHS Nursing Staff & CO	<ul style="list-style-type: none"> <li>Provide direct care to clients with suspect or confirmed COVID-19 who has been assessed to have mild/moderate symptoms.</li> </ul>	Droplet and Contact precautions, which include: <ul style="list-style-type: none"> <li>Surgical/procedure mask</li> <li>Eye protection (goggles/ face shield)</li> <li>Isolation gown</li> <li>Gloves</li> </ul>
	Environmental Service Workers	<ul style="list-style-type: none"> <li>Entering the room of patients with suspect or confirmed COVID-19 who have been assessed to have moderate/severe symptoms and who are on Droplet/Contact Precautions.</li> <li>Room to be cleaned X 2/day</li> </ul>	Droplet and Contact precautions, which include: <ul style="list-style-type: none"> <li>Surgical/procedure mask</li> <li>Eye protection (goggles/ face shield)</li> <li>Isolation gown</li> <li>Gloves</li> </ul>

**References:**

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

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

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

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

**Appendix F: Admission Script for Corrections Health Services**

*To be used by all staff when clients are admitted to remand, correctional or youth correctional facilities in New Brunswick, as well as to all clients reporting for intermittent sentences.*

**These questions will be asked of all clients by the admissions officer in the correctional centre:**

1. Are you experiencing any two of the nine symptoms; a fever above 38°C or feeling feverish with chills, new cough or worsening cough, sore throat, runny nose, headache, new onset fatigue, loss of taste or smell, new onset muscle pain and diarrhea?
  
2. Ask the following:
  - o Have you travelled outside of New Brunswick in the past 14 days?
  - o In the last 14 days, have you had close contact with a confirmed or probable case of COVID-19?
  - o Have you had close contact with a person who has had symptoms in question 1, who has travelled anywhere outside of New Brunswick within the past 14 days?

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

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

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

<p><b>AT RISK - During hours where nursing is on duty:</b></p> <ol style="list-style-type: none"> <li>I. Client to be escorted into risk assessment room by officer and door is to be closed.</li> <li>II. Nursing staff to don PPE per infection prevention protocol</li> <li>III. Nursing staff to complete designated assessment and record vital signs in at risk assessment room</li> <li>IV. Follow <b>Isolation Parameter for Incarcerated Clients Process Map</b></li> </ol>	<p><b>AT RISK - During hours where there is NO nursing on duty:</b></p> <ol style="list-style-type: none"> <li>I. Client to be escorted into risk assessment room by officer and door is to be closed.</li> <li>II. Call 811 for direction if client is symptomatic.</li> <li>III. To remain in isolation until nursing assesses.</li> </ol>
--	--

## Appendix G: Routine Practices

Routine Practices include:

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

## Appendix H: Droplet Contact Precautions

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

### *Personal Protective Equipment*

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

### *Hand Hygiene*

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

### *Isolation Supplies*

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

### *Client Care Supplies*

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

### *Isolation Room Set up*

- Waste can and laundry hamper in client room
- Ensure that the client can dispose of used tissues
- Set up the personal protective supplies in another location.

### *Enter/Exit Room Procedure*

Before entering room: Perform hand hygiene

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

To exit room:

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

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

### *Charting*

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

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

### *Equipment*

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

### *Laundry and Waste*

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

### *Food Trays*

- Regular dishes and cutlery
- Regular dishwashing procedures.

### *Room Cleaning*

- Twice daily cleaning of all high touch surfaces, bathroom faucets, drawer and door handles, etc.
- If discharged or transferred out of room, carry out discharge cleaning (per facility policy) and discard all magazines, personal care supplies, disposable supplies, etc.

### *Transport*

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

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

## Appendix I: Hand Hygiene for Staff

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

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

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

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

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

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

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

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

## **Appendix J: Hand Hygiene for Clients**

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

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

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

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

*When to clean your hands:*

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

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

### *Eye Protection*

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

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

### *Surgical / Procedure Masks*

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

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

- Before putting on a mask, wash hands with soap and water or ABHS. The mask should be worn with the coloured side facing out.
- Cover mouth and nose with mask and make sure there are no gaps between your face and the mask, press the mask tight to your face using your fingers to secure along the perimeter of the mask, pressing firmly over the bridge of your nose. Wash hands again with soap and water or ABHS.
- Avoid touching the mask while using it; if you do, clean your hands with soap and water or alcohol-based hand sanitizer.
- When re-wearing of masks is recommended, staff must remove their mask by the ties or elastics taking care not to touch front of mask, and carefully store the mask in a clean dry area, taking care to avoid contamination of the inner surface of the mask, and perform hand hygiene before and after mask removal and before putting it on again
- Masks should be disposed of and replaced when they become wet, damp, or soiled or when they come in direct contact with a client.
- To remove the mask, remove both straps from behind the ears. Do not touch the front of mask and ensure that the front of the mask does not touch your skin or any surfaces before you discard it immediately in a closed waste container. Wash hands with alcohol-based hand rub or soap and water.

### *Gloves*

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

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

Reusable utility gloves may be used; however, they must be cleaned with soap and water and decontaminated after each use with a bleach. See Appendix G.

## Appendix L: Cleaning and Disinfection for COVID-19

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

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

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

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

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

If using household bleach, the following is recommended:

Disinfectant	Concentration and Instructions
Chlorine: household bleach – sodium hypochlorite (5.25%)	1000 ppm <ul style="list-style-type: none"> <li>• 1 teaspoon (5 ml) bleach to 1 cup (250 ml) water or</li> <li>• 4 teaspoons (20 ml) bleach to 1 litre (1000 ml) water</li> <li>• Ensure a wet contact time of at least 1 minute</li> </ul>

### Precautions when using bleach

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

## **Morehouse, Faye (JPS/JSP)**

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**From:** Currie, Sheldon (JPS/JSP)  
**Sent:** Tuesday, March 10, 2020 8:20 AM  
**To:** Ruff, Christie (HorizonNB)  
**Subject:** FW: COVID-19  
**Attachments:** Resized\_20200309\_152513.jpg; handwashing.pdf; hand\_sanitizing FR.pdf; hand\_sanitizing.pdf; handwashing FR.pdf

**From:** Currie, Sheldon (DPS/MSP)  
**Sent:** Tuesday, March 10, 2020 7:48 AM  
**To:** Ritchie, Roland (DPS/MSP) <Roland.Ritchie@gnb.ca>; Cann, John (DPS/MSP) <John.Cann@gnb.ca>; Bujold, Eric (DPS/MSP) (eric.bujold@gnb.ca) <eric.bujold@gnb.ca>; Blanchette, Eric (DPS/MSP) <Eric.Blanchette@gnb.ca>; Wright, Gerry (DPS/MSP) <Gerry.Wright@gnb.ca>  
**Cc:** Johnston, Mike (DPS/MSP) <Mike.Johnston@gnb.ca>; Tripp, Bruce (DPS/MSP) <Bruce.Tripp@gnb.ca>  
**Subject:** COVID-19

Gentleman,

Over the next days and weeks there will be numerous communications related to Coronavirus preparedness and updating pandemic plans.

*Consistent and ongoing preventative strategies are critical to mitigating the spread of illness both at home and in the workplace.*

The most effective preventative technique is proper hand washing with soap and water. The use of hand sanitizer is intended to be used only during occasions when soap and water are not available.

Please ensure all staff, offender/young persons and visitors are made aware of proper hand washing/hand sanitizing techniques, cough etiquette, and tissue disposal.

Strategic placement of applicable posters throughout institutions including points of entry, living units, common areas, work stations, and washrooms, etc. is required.

I would ask we take steps as in previous Pandemic situations to develop a regular daily cleaning schedules shall be developed for hard surface cleaning where flu droplets may land i.e. keys, radios, hand cuffs, desks, keyboards, doorknobs, telephones, vehicles, meal/laundry/medical carts, taps etc. Cleaning must be with an approved disinfectant such as Virox wipes or Quat Plus Disinfectant. Please take steps today to review current supplies and advise me.

We will today be reaching out to our contract vendors to place an orders for eight-week supply of cleaning and disinfecting products, operational supplies, tissues, paper towels, hand soap etc. Our intention is to included methods to replenish these supplies as they become depleted. Six to eight weeks has traditionally been identified as the anticipated duration of each wave of a pandemic.

Virox wipes and Evmor (non- alcohol) hand sanitizer shall be purchased and enough supplies made available for use immediately. Quat Plus Disinfectant/ or suitable alternative may also be purchased. It is available in a concentrated form and is to be diluted before use as per directions. This product may be used to clean floors, walls etc and must be used under the direct supervision of a Correctional Officer.

We will be forming committee in collaboration with our health authority partners to ensure Correctional Services has a strong and informed COVID-19 pandemic response.

Further communication update to come.

Sheldon

Sheldon Currie  
Chief Superintendent- Programs/Connaissance divisionnaire  
Correctional Services / Services Correctionnels  
Department of Public Safety / Ministère de la Sécurité Publique



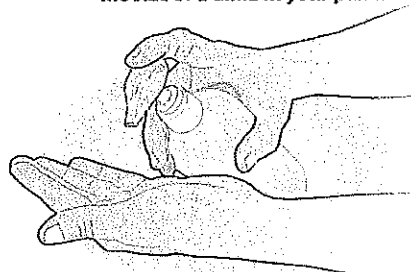
**This message is intended for the person to whom it is addressed and is to be treated as confidential or private communications. It must not be forwarded unless permission has been received from the originator. If you have received this message inadvertently, please notify the sender and delete the message. Then delete your response. Thank you for your cooperation. / Ce message est destiné à la personne désignée dans la présente et il doit demeurer confidentiel. Il ne doit pas être réacheminé sans la permission de l'expéditeur. Si ce message vous a été envoyé par erreur, veuillez aviser l'expéditeur et effacer le message. Effacez ensuite votre réponse. Merci de votre collaboration.**

# HAND SANITIZING

Hand sanitizing does not replace a proper handwashing technique. It should be used sparingly and only when soap and water are unavailable. It will be ineffective if hands are visibly soiled

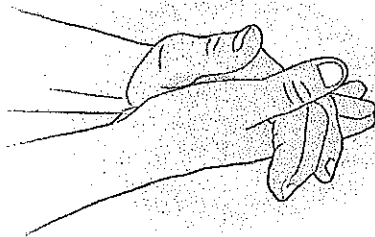
1.

Place a drop of alcohol-based hand sanitizer, the size of a dime in your palm.



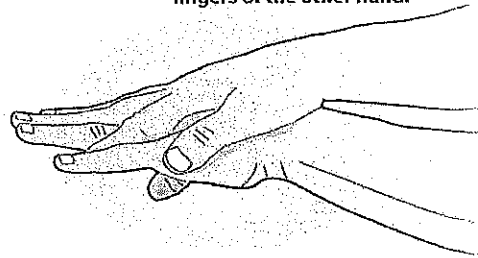
2.

Rub hands together, palm to palm



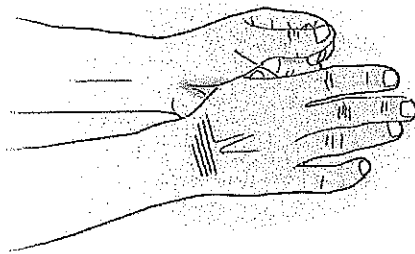
3.

Rub back of each hand with palm and interlaced fingers of the other hand.



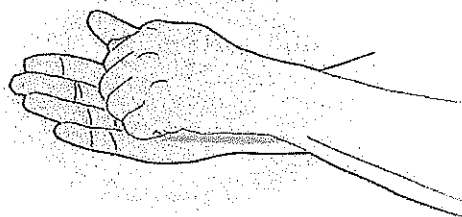
4.

Rub around each thumb clasped in the opposite hand.



5.

Rub fingertips of each hand backward and forward in the opposite hand.



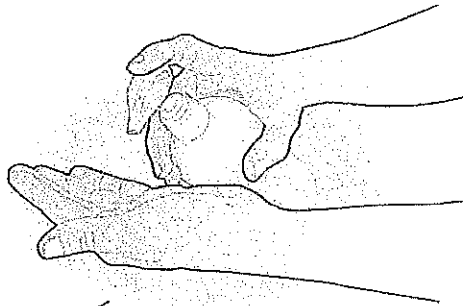
CCOHS is a Canadian federal government agency based in Hamilton, Ontario. Our Council of Governors includes Employer, Labour and Government representatives from throughout Canada.

# Désinfection des mains

Le gel désinfectant ne remplace pas une bonne technique de lavage des mains. Il doit être utilisé avec modération et seulement lorsque l'eau et le savon ne sont pas disponibles. Il est inefficace lorsque les mains sont visiblement souillées.

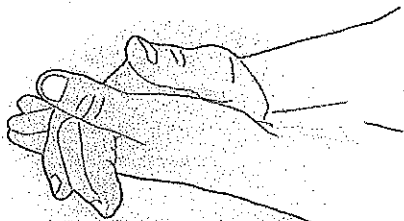
1.

Versez une goutte de désinfectant pour les mains à base d'alcool (de la taille d'une pièce de dix sous) dans la paume de votre main.



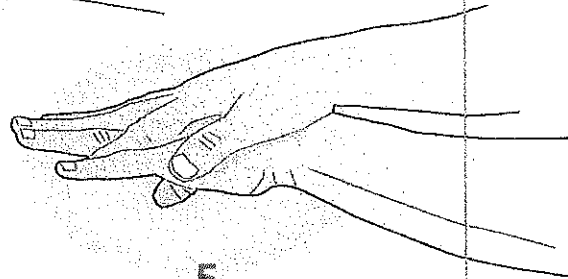
2.

Frottez vigoureusement les mains, paume contre paume.



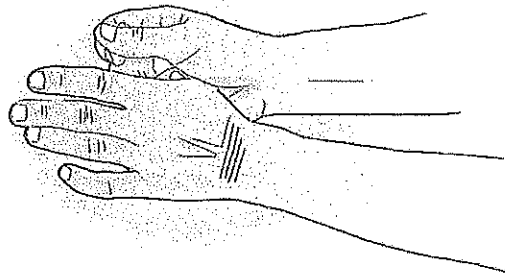
3.

Frottez le dos de chaque main avec la paume de l'autre, les doigts entrecroisés.



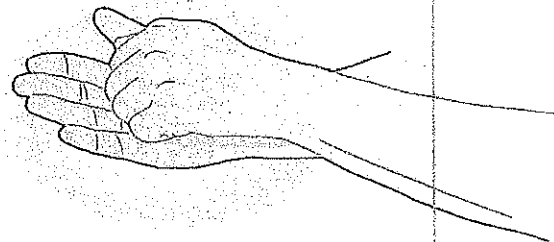
4.

Encerclez chaque pouce avec l'autre main et frottez-le.



5.

Frottez le bout des doigts de chaque main dans la paume de l'autre.

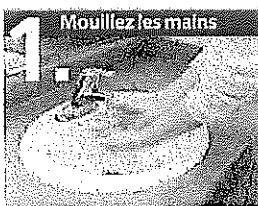


Le CCHST est une organisation du gouvernement fédéral située à Hamilton, en Ontario. Le Conseil des gouverneurs est composé de représentants des employeurs, des travailleurs et des gouvernements provenant de partout au Canada.

# Lavage de main

Comment dois-je m'y prendre pour  
me laver les mains correctement

enlever vos bagues  
et autres bijoux;  
utiliser de l'eau chaude  
et vous mouiller  
complètement  
les mains



prendre du savon  
(de 1 à 3 ml) et bien  
faire mousser

Faites mousser le  
savon et frottez  
vigoureusement les  
mains, paume  
contre paume.



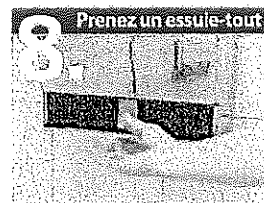
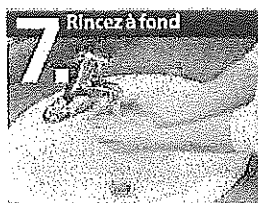
Frottez entre les  
doigts et autour.  
Frottez le dos de  
chaque main avec  
la paume de  
l'autre main.

Frottez le bout des  
doigts vous nettoyer  
le dessous ongles.



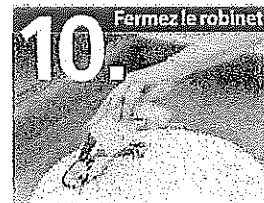
vous frotter  
les poignets et  
les avant-bras

rincer abondamment  
sous l'eau coulante



vous sécher les  
mains avec une  
serviette jetable  
ou sous le séchoir.

éviter de toucher des  
surfaces souillées en  
quittant la salle  
de bain.



fermer le robinet  
en tenant une  
serviette en papier

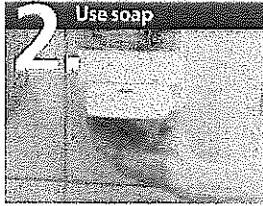
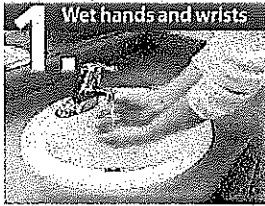
## Autres Conseils

- ✓ Couvrez vos coupures et portez des gants pour mieux vous protéger (les coupures s'infectent très facilement).
- ✓ Les faux ongles et le vernis écaillé vont de pair avec une augmentation du nombre de bactéries sur les ongles. Veillez à nettoyer vos ongles convenablement.
- ✓ Évitez de porter vos mains à vos yeux, votre nez ou votre bouche.
- ✓ Tenez pour acquis que tout contact avec un liquide organique est infectieux.
- ✓ Le savon liquide en contenant à usage unique est la meilleure solution. Si vous utilisez des contenants réutilisables, veillez à ce qu'ils soient nettoyés et séchés avant d'être remplis. Si vous utilisez un savon en pain, placez-le sur un porte-savon qui permet à l'eau de s'égoutter ou utilisez des petits pains qui peuvent être changés fréquemment.

# HANDWASHING

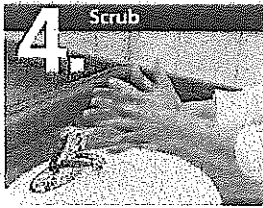
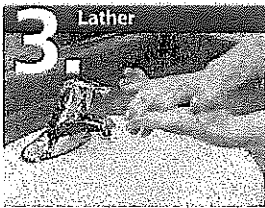
## How to properly wash your hands

remove any rings or other jewelry; use warm water and wet your hands thoroughly.



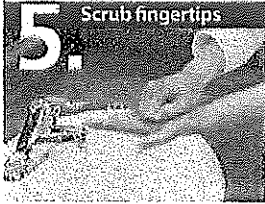
use a sufficient amount of soap (1-3 ml) and lather very well.

lather soap and scrub hands well, palm to palm.



scrub in between and around fingers and back of each hand.

scrub fingertips of each hand and under your nails in opposite palm.



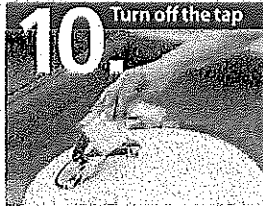
scrub each wrist clasped in opposite hand

rinse thoroughly under running water.



with a paper towel turn off the tap or faucets

dry your hands with a single use towel or air dryer.



protect your hands from touching dirty surfaces while in the washroom and as you leave.

### Other tips

- ✓ Cover cuts with bandages and wear gloves for added protection (cuts are very vulnerable to infections).
- ✓ Artificial nails and chipped nail polish have been associated with an increase in the number of bacteria on the fingernails. Be sure to clean the nails properly.
- ✓ Keep your hands away from your eyes, nose or mouth.
- ✓ Assume that contact with any human body fluids is infectious.
- ✓ Liquid soap in disposable containers is best. If using reusable containers, they should be washed and dried before refilling. If using a bar of soap, be sure to set it on a rack that allows water to drain or use small bars that can be changed frequently.

# X3 CLEAN

ALCOHOL-FREE FOAMING HAND SANITIZER  
ASSAINISSEUR MOUSSANT SANS ALCOOL  
BENZALKONIUM CHLORIDE LIQUID  
CHLORURE DE BENZALKONIUM LIQUIDE

DIN: 02318296

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Pour une information complète visitez [www.avmor.com](http://www.avmor.com)

## Bio max

*by avmor* Premium quality / Savons-mousse respectueux

250 ml Keep from freezing. / Read cautions on back panel. / Expiration date and lot number  
Garder à l'abri du gel. / Lire la contre-indication et l'avertissement à l'endroit  
Le numéro de lot et le numéro de lot sont imprimés sur le fond de la bouteille.

## Morehouse, Faye (JPS/JSP)

---

**From:** Currie, Sheldon (JPS/JSP)  
**Sent:** Tuesday, March 10, 2020 8:07 AM  
**To:** Ritchie, Roland (JPS/JSP); Cann, John (JPS/JSP); Bujold, Eric (JPS/JSP); Blanchette, Eric (JPS/JSP); Wright, Gerry (JPS/JSP)  
**Cc:** Johnston, Mike (JPS/JSP); Tripp, Bruce (JPS/JSP)  
**Subject:** RE: COVID-19  
**Attachments:** Protect\_yourself\_poster.pdf; Protect\_yourself\_poster FR.pdf

I forgot to include the attached.

S

**From:** Currie, Sheldon (DPS/MSP)  
**Sent:** Tuesday, March 10, 2020 7:48 AM  
**To:** Ritchie, Roland (DPS/MSP) <Roland.Ritchie@gnb.ca>; Cann, John (DPS/MSP) <John.Cann@gnb.ca>; Bujold, Eric (DPS/MSP) (eric.bujold@gnb.ca) <eric.bujold@gnb.ca>; Blanchette, Eric (DPS/MSP) <Eric.Blanchette@gnb.ca>; Wright, Gerry (DPS/MSP) <Gerry.Wright@gnb.ca>  
**Cc:** Johnston, Mike (DPS/MSP) <Mike.Johnston@gnb.ca>; Tripp, Bruce (DPS/MSP) <Bruce.Tripp@gnb.ca>  
**Subject:** COVID-19

Gentleman,

Over the next days and weeks there will be numerous communications related to Coronavirus preparedness and updating pandemic plans.

*Consistent and ongoing preventative strategies are critical to mitigating the spread of illness both at home and in the workplace.*

The most effective preventative technique is proper hand washing with soap and water. The use of hand sanitizer is intended to be used only during occasions when soap and water are not available.

Please ensure all staff, offender/young persons and visitors are made aware of proper hand washing/hand sanitizing techniques, cough etiquette, and tissue disposal.

Strategic placement of applicable posters throughout institutions including points of entry, living units, common areas, work stations, and washrooms, etc. is required.

I would ask we take steps as in previous Pandemic situations to develop a regular daily cleaning schedules shall be developed for hard surface cleaning where flu droplets may land i.e. keys, radios, hand cuffs, desks, keyboards, doorknobs, telephones, vehicles, meal/laundry/medical carts, taps etc. Cleaning must be with an approved disinfectant such as Virox wipes or Quat Plus Disinfectant. Please take steps today to review current supplies and advise me.

We will today be reaching out to our contract vendors to place an orders for eight-week supply of cleaning and disinfecting products, operational supplies, tissues, paper towels, hand soap etc. Our intention is to included methods to replenish these supplies as they become depleted. Six to eight weeks has traditionally been identified as the anticipated duration of each wave of a pandemic.

Virox wipes and Evmor (non- alcohol) hand sanitizer shall be purchased and enough supplies made available for use immediately. Quat Plus Disinfectant/ or suitable alternative may also be purchased. It is available in a concentrated form and is to be diluted before use as per directions. This product may be used to clean floors, walls etc and must be used under the direct supervision of a Correctional Officer.

We will be forming committee in collaboration with our health authority partners to ensure Correctional Services has a strong and informed COVID-19 pandemic response.

Further communication update to come.

Sheldon

Sheldon Currie  
Chief Superintendent- Programs/Connaissance divisionnaire  
Correctional Services / Services Correctionels  
Department of Public Safety / Ministère de la Sécurité Publique



**This message is intended for the person to whom it is addressed and is to be treated as confidential or private communications. It must not be forwarded unless permission has been received from the originator. If you have received this message inadvertently, please notify the sender and delete the message. Then delete your response. Thank you for your cooperation. / Ce message est destiné à la personne désignée dans la présente et il doit demeurer confidentiel. Il ne doit pas être réacheminé sans la permission de l'expéditeur. Si ce message vous a été envoyé par erreur, veuillez aviser l'expéditeur et effacer le message. Effacez ensuite votre réponse. Merci de votre collaboration.**

Protect yourself  
& others  
from  
**Influenza**

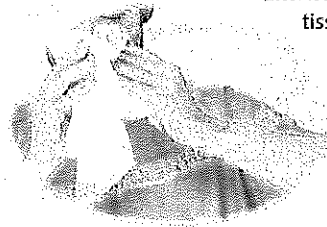
You can help stop  
the spread of viruses



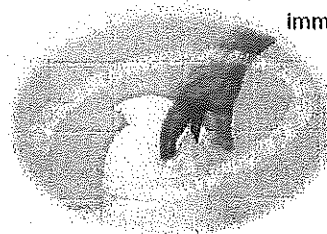
**Another tip:**

- ✓ Avoid touching surfaces like door knobs, ATM machines and light switches and then touching your eyes, nose or mouth.

Cover your mouth  
and nose with a  
tissue when you  
cough or sneeze.



Throw tissues away  
immediately.



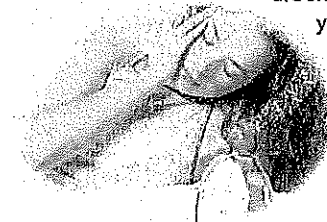
No tissue? Cough  
or sneeze into your  
upper sleeve, not  
your hands.



Clean your hands  
often with soap and  
warm water, or gel  
or alcohol-based  
hand cleanser.



Stay home if you  
are sick or think  
you might be.



CCOHS is a Canadian federal government agency based in Hamilton, Ontario. Our Council of Governors includes Employer, Labour and Government representatives from throughout Canada.

# Protégez-vous et les autres contre l'influenza

**Vous pouvez aider à arrêter  
la propagation des virus**

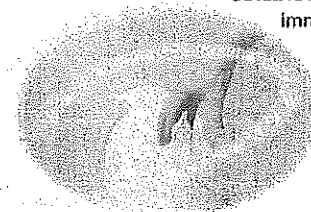


**Autre conseil:**

- ✓ Ne touchez pas votre visage ni vos yeux après avoir touché des surfaces comme des interrupteurs de lampe, des poignées de porte, des guichets automatiques.



Couvrez-vous la bouche et le nez d'un mouchoir de papier lorsque vous toussiez ou éternuez.



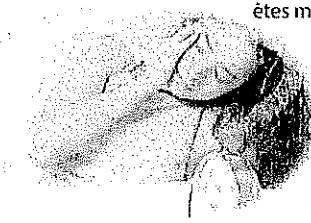
Jetez le mouchoir immédiatement.



Vous n'avez pas de mouchoir? Couvrez-vous la bouche et le nez avec le haut de votre manche et non avec vos mains lorsque vous toussiez ou éternuez.



Lavez-vous fréquemment les mains au savon et à l'eau chaude, ou avec un gel ou un désinfectant pour les mains à base d'alcool.



Restez à la maison si vous êtes malade, ou pensez l'être.

Le CCHST est une organisation du gouvernement fédéral située à Hamilton, en Ontario. Le Conseil des gouverneurs est composé de représentants des employeurs, des travailleurs et des gouvernements provenant de partout au Canada.

## Morehouse, Faye (JPS/JSP)

---

**From:** Currie, Sheldon (JPS/JSP)  
**Sent:** Tuesday, March 10, 2020 7:48 AM  
**To:** Ritchie, Roland (JPS/JSP); Cann, John (JPS/JSP); Bujold, Eric (JPS/JSP); Blanchette, Eric (JPS/JSP); Wright, Gerry (JPS/JSP)  
**Cc:** Johnston, Mike (JPS/JSP); Tripp, Bruce (JPS/JSP)  
**Subject:** COVID-19  
**Attachments:** Resized\_20200309\_152513.jpg; handwashing.pdf; hand\_sanitizing FR.pdf; hand\_sanitizing.pdf; handwashing FR.pdf

Gentleman,

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We will be forming committee in collaboration with our health authority partners to ensure Correctional Services has a strong and informed COVID-19 pandemic response.

Further communication update to come.

Sheldon

Sheldon Currie

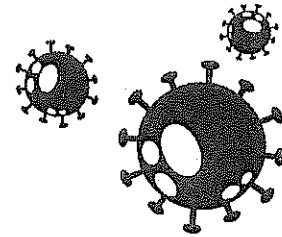
**Chief Superintendent- Programs/Connaissance divisionnaire**  
**Correctional Services / Services Correctionnels**  
*Department of Public Safety / Ministère de la Sécurité Publique*



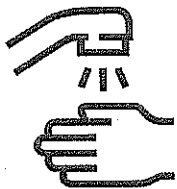
**This message is intended for the person to whom it is addressed and is to be treated as confidential or private communications. It must not be forwarded unless permission has been received from the originator. If you have received this message inadvertently, please notify the sender and delete the message. Then delete your response. Thank you for your cooperation. / Ce message est destiné à la personne désignée dans la présente et il doit demeurer confidentiel. Il ne doit pas être réacheminé sans la permission de l'expéditeur. Si ce message vous a été envoyé par erreur, veuillez aviser l'expéditeur et effacer le message. Effacez ensuite votre réponse. Merci de votre collaboration.**

# Coronavirus (COVID-19)

**PUBLIC HEALTH ADVICE**



## PROTECT YOURSELF AND OTHERS FROM GETTING SICK:



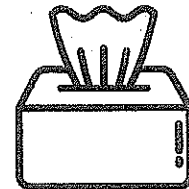
Wash your hands often



Elbow cough/  
sneeze



Avoid touching eyes, nose, mouth with hands



Cough in tissues and throw away



Stay home if you are sick

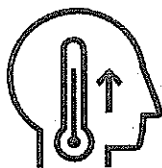


Avoid contact with sick person

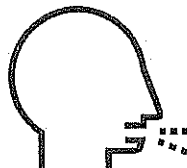


Use alcohol-based hand sanitizer if soap and water are not available

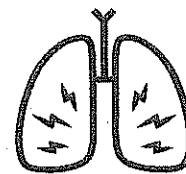
## SYMPTOMS INCLUDE:



Fever



Cough



Difficulty breathing

**FEELING SICK OR HAVE CONCERNS?**

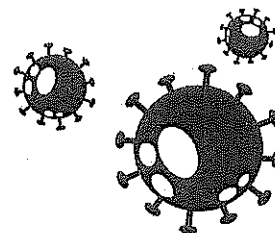
CALL **TELE-CARE 8-1-1 BEFORE** YOU PRESENT AT YOUR PHYSICIAN'S OFFICE OR THE EMERGENCY ROOM

For the latest information visit: [www.gnb.ca/coronavirus](http://www.gnb.ca/coronavirus)

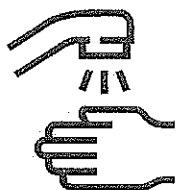
New Brunswick  
Nouveau Brunswick

# Coronavirus (COVID-19)

## CONSEILS DE SANTÉ PUBLIQUE



### MESURES À PRENDRE POUR ÉVITER D'ÊTRE MALADE ET QUE D'AUTRES PERSONNES SOIENT MALADES



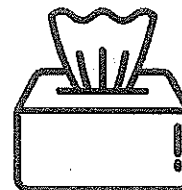
Se laver souvent  
les mains



Tousser et éternuer  
dans le coude



Éviter de toucher ses  
yeux, son nez et sa  
bouche avec les mains



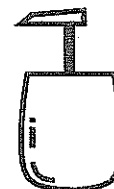
Tousser dans un  
mouchoir et le jeter



Rester à la maison  
si on est malade

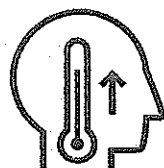


Éviter tout contact avec  
une personne malade



Utiliser un désinfectant pour  
les mains à base d'alcool s'il  
n'y a pas d'eau et de savon

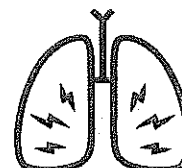
### LES SYMPTÔMES COMPRENNENT :



Fièvre



Toux



Difficulté à respirer

**VOUS VOUS SENTEZ MALADE OU VOUS AVEZ DES PRÉOCCUPATIONS?**

**TÉLÉPHONEZ À TÉLÉ-SOINS 811 AVANT DE VOUS  
RENDRE CHEZ VOTRE MÉDECIN OU À L'URGENCE.**

Pour obtenir des renseignements à jour :

[www.gnb.ca/coronavirus](http://www.gnb.ca/coronavirus)

**Morehouse, Faye (JPS/JSP)**

---

**From:** Currie, Sheldon (JPS/JSP)  
**Sent:** Monday, March 9, 2020 12:55 PM  
**To:** Wright, Gerry (JPS/JSP); Cann, John (JPS/JSP); Bujold, Eric (JPS/JSP); Ritchie, Roland (JPS/JSP); Blanchette, Eric (JPS/JSP)  
**Cc:** Sisco, Dennis (JPS/JSP); Hawkins, Robert (JPS/JSP); Auger, Melissa (JPS/JSP); Cormier, Luc (JPS/JSP); Donovan, Maria (JPS/JSP); Ouellet, Parise (JPS/JSP); Tripp, Bruce (JPS/JSP)  
**Subject:** Preventive Measures / Mesures préventives COVID-19  
**Attachments:** PosterCL.pdf; AfficheCL.pdf

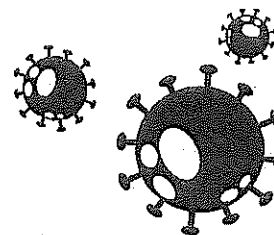
Good afternoon,

Please forward via e-mail to your team and post as appropriate

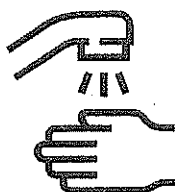
Sheldon

# Coronavirus (COVID-19)

## CONSEILS DE SANTÉ PUBLIQUE



### MESURES À PRENDRE POUR ÉVITER D'ÊTRE MALADE ET QUE D'AUTRES PERSONNES SOIENT MALADES



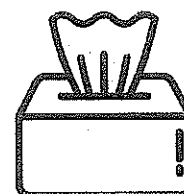
Se laver souvent  
les mains



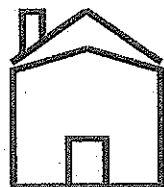
Tousser et éternuer  
dans le coude



Éviter de toucher ses  
yeux, son nez et sa  
bouche avec les mains



Tousser dans un  
mouchoir et le jeter



Rester à la maison  
si on est malade

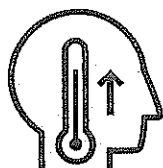


Éviter tout contact avec  
une personne malade



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les mains à base d'alcool s'il  
n'y a pas d'eau et de savon

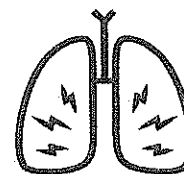
### LES SYMPTÔMES COMPRENNENT :



Fièvre



Toux



Difficulté à respirer

**VOUS VOUS SENTEZ MALADE OU VOUS AVEZ DES PRÉOCCUPATIONS?  
TÉLÉPHONEZ À TÉLÉ-SOINS 811 AVANT DE VOUS  
RENDRE CHEZ VOTRE MÉDECIN OU À L'URGENCE.**

Pour obtenir des renseignements à jour :  
[www.gnb.ca/coronavirus](http://www.gnb.ca/coronavirus)

**Morehouse, Faye (JPS/JSP)**

---

**From:** Currie, Sheldon (JPS/JSP)  
**Sent:** Saturday, March 14, 2020 3:08 PM  
**To:** Ruff, Christie (HorizonNB)  
**Cc:** Johnston, Mike (JPS/JSP); Tripp, Bruce (JPS/JSP)  
**Subject:** Medical Script  
**Attachments:** COVID -19 Medical Script March 14,2020.docx

Christie,

Will await Mike's direction

Sheldon

## **Morehouse, Faye (JPS/JSP)**

---

**From:** Currie, Sheldon (JPS/JSP)  
**Sent:** Saturday, March 14, 2020 1:39 PM  
**To:** Sisco, Dennis (JPS/JSP); Tripp, Bruce (JPS/JSP)  
**Cc:** Wright, Gerry (JPS/JSP); Johnston, Mike (JPS/JSP)  
**Subject:** Re: COVID-19 & Easter - Communion

Dennis

Thank you for sharing this, we will add this information as part of our on going preparedness response and program/operational reviews. Thank you for your proactive thinking!

Sheldon

---

**From:** Sisco, Dennis (DPS/MSP) <Dennis.Sisco@gnb.ca>  
**Sent:** March 14, 2020 1:34 PM  
**To:** Tripp, Bruce (DPS/MSP) <Bruce.Tripp@gnb.ca>; Currie, Sheldon (DPS/MSP) <Sheldon.Currie@gnb.ca>  
**Cc:** Wright, Gerry (DPS/MSP) <Gerry.Wright@gnb.ca>  
**Subject:** COVID-19 & Easter - Communion

Good day,

I have been giving thought to the Easter season and how Holy Communion is offered with offender population. In past years, PCM and other groups approved to bring with them the sacraments to serve population.

In keeping with our standard to keep our population safe and to recognize this holy observance recommend that DPS secure (purchase) individual wrapped communion wafer and disposable communion cups. I do have a supplier. Second, that each institution purchase 1-2 bottles of Welch grape juice.

A memo be sent to faith based groups coming in over Easter that we will supply the sacraments and disposable cups for Holy Communion.

Your thoughts.

Dennis

Sent from my Bell Samsung device over Canada's largest network.

## Morehouse, Faye (JPS/JSP)

---

**From:** Currie, Sheldon (JPS/JSP)  
**Sent:** Saturday, March 14, 2020 9:49 AM  
**To:** Johnston, Mike (JPS/JSP); Tripp, Bruce (JPS/JSP)  
**Subject:** FW: Pandemic Plan DPS CHS  
**Attachments:** Pandemic Plan DPS CHS.doc

Mike/Bruce,

Based on our collaborative discussions I have extracted the Tier sections as we believe these will guide us responsibly with our decision making going forward. You will see we are at a "Tier 3" currently and have initiated all requirements of Tier's 1-2.

I will share later today a Novel Coronavirus Guidance for Correctional Facilities we discussed amongst our group yesterday for your review, it is modelled off of a Washington State Health release specific to Corrections.

Stay tuned

---

The four tiers are defined as:

**Tier 1:** Confirmed pandemic by World Health Organization

- Conference call Operations Team and Institutional Managers as required
- Stock pile food, supplies, clothing
- Brief and prepare staff
- Review Pandemic Risk Management & Mitigation Strategies (Appendix B)

**Tier 2:** Confirmed infected person in North America

- Conference call Operations Team and Institutional Managers as required
- Heightened awareness communications/direction from Public Health, Regional Health, EMO, etc
- Institutional Medical Service Personal to provide communication updates with staff and offender/young persons as directed by Public Health

**Tier 3:** Confirmed infected person in New Brunswick by Chief Medical Officer, Department of Health.

- Conference call Operations Team and Institutional Managers as required
- Temporary Absence/Reintegration Releases strategies engaged
- Heightened screening/self-screening assessments (admissions/visiting officers)
- Corrections Health Services (CHS) to provide communication updates with staff and clients as directed by Public Health
- Intensified screening assessments through CHS per direction from Public Health
- Consideration given to programs modifications or suspension
- Communications with outside agencies

**Tier 4:** confirmed infected person in a provincial correctional facility by on-site health care in consultation with regional health authority, or in the absence of on-site health care, by public health.

- Conference call Operations Team and Institutional Managers as required
- Temporary Absence/Reintegration Release actioned as appropriate
- Visitor moratorium consideration
- Continued Intensified screening assessments through medical services
- All programs suspended
- Communications with outside agencies
- Transfers process reviewed with HQ Operations team
- Consideration/consultation with Justice and key stakeholder re video conferencing
- *Pandemic Response Plan* is activated

Sheldon

**From:** Ruff, Christie (HorizonNB)

**Sent:** Saturday, March 14, 2020 12:33 AM

**To:** Currie, Sheldon (DPS/MSP) <Sheldon.Currie@gnb.ca>; Keirstead-Johnson, Lisa (HorizonNB) <Lisa.Keirstead-Johnson@horizonnb.ca>; Frenette, Jocelyne (DPS/MSP) <Jocelyne.Frenette@gnb.ca>; Casey, Andrea (DPS/MSP) <Andrea.Casey@gnb.ca>; McDonald, Christina (DPS/MSP) <Christina.McDonald@gnb.ca>

**Cc:** Johnston, Mike (DPS/MSP) <Mike.Johnston@gnb.ca>; Tripp, Bruce (DPS/MSP) <Bruce.Tripp@gnb.ca>; Godin, Francoise (VitaliteNB) <Francoise.Godin@vitalitenb.ca>; Geldart, Geri (HorizonNB) <Geri.Geldart@horizonnb.ca>

**Subject:** Pandemic Plan DPS CHS

Sheldon & CHS Leadership Team,

Please see revisions we made today in document – there are a few highlighted sections re PPE that require consultation with public health as well as screening questions verifications on Monday. Hopefully there is not a lot of movement of clients this weekend and we can remain status quo until we get a change to involve a few more of the experts on Monday. I added new links and resources... from Dept of Health/Gov of Canada and this can be added to as well as they become available.

Honestly, I'm tired so fresh eyes are a good thing to ensure consistent language etc, Thank you to all lead nurses for working late and delivering the message to our clients this evening. I know that having that delivered from you ladies instilled a sense of relief and assurance that we will care for them as we navigate this.

Sheldon – we focused on health related matters, so you and your team will want to review your information and make changes as required. CHS Leadership Team – we have more work to do to iron out screening process, medication management modifications if required, staffing contingency etc, meeting requests to follow later this weekend.

Christie

**Christie Ruff**

Regional Lead/Chef régionale

Corrections Health & Clinical Order Sets/Santé en milieu correctionnel et ensembles d'ordonnances cliniques

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[Christie.Ruff@Horizonnb.ca](mailto:Christie.Ruff@Horizonnb.ca)

[www.HorizonNB.ca](http://www.HorizonNB.ca)

Visit our Nursing Practice Page on Skyline for useful nursing tools and resources

*I recognize and respectfully acknowledge that all my work interactions at the Saint John Regional Hospital take place on unsundered and unceded traditional lands of Wolastogiyik.*

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## Morehouse, Faye (JPS/JSP)

---

**From:** Currie, Sheldon (JPS/JSP)  
**Sent:** Friday, March 13, 2020 9:32 PM  
**To:** Wright, Gerry (JPS/JSP); Tripp, Bruce (JPS/JSP); Cann, John (JPS/JSP); Ritchie, Roland (JPS/JSP); Donovan, Maria (JPS/JSP); Blanchette, Eric (JPS/JSP); Bujold, Eric (JPS/JSP); Degrace, Andre (JPS/JSP)  
**Cc:** Johnston, Mike (JPS/JSP)  
**Subject:** Re: COVID 19 Planning for Corrections Health Services - March 13 2020

Thank you Gerry

Sent from my Bell Samsung device over Canada's largest network.

----- Original message -----

**From:** "Wright, Gerry (DPS/MSP)" <Gerry.Wright@gnb.ca>  
**Date:** 2020-03-13 9:23 PM (GMT-04:00)  
**To:** "Tripp, Bruce (DPS/MSP)" <Bruce.Tripp@gnb.ca>, "Cann, John (DPS/MSP)" <John.Cann@gnb.ca>, "Ritchie, Roland (DPS/MSP)" <Roland.Ritchie@gnb.ca>, "Donovan, Maria (DPS/MSP)" <Maria.Donovan@gnb.ca>, "Blanchette, Eric (DPS/MSP)" <Eric.Blanchette@gnb.ca>, "Bujold, Eric (DPS/MSP)" <Eric.Bujold@gnb.ca>, "Degrace, Andre (DPS/MSP)" <Andre.Degrace@gnb.ca>  
**Cc:** "Currie, Sheldon (DPS/MSP)" <Sheldon.Currie@gnb.ca>, "Johnston, Mike (DPS/MSP)" <Mike.Johnston@gnb.ca>  
**Subject:** RE: COVID 19 Planning for Corrections Health Services - March 13 2020

Hi Bruce ,  
The message has just been delivered at SJRCC, all went well.  
Gerry

**From:** Tripp, Bruce (DPS/MSP)  
**Sent:** Friday, March 13, 2020 2:23 PM  
**To:** Wright, Gerry (DPS/MSP) <Gerry.Wright@gnb.ca>; Cann, John (DPS/MSP) <John.Cann@gnb.ca>; Ritchie, Roland (DPS/MSP) <Roland.Ritchie@gnb.ca>; Donovan, Maria (DPS/MSP) <Maria.Donovan@gnb.ca>; Blanchette, Eric (DPS/MSP) <Eric.Blanchette@gnb.ca>; Bujold, Eric (DPS/MSP) <Eric.Bujold@gnb.ca>; Degrace, Andre (DPS/MSP) <Andre.Degrace@gnb.ca>  
**Cc:** Currie, Sheldon (DPS/MSP) <Sheldon.Currie@gnb.ca>; Johnston, Mike (DPS/MSP) <Mike.Johnston@gnb.ca>  
**Subject:** FW: COVID 19 Planning for Corrections Health Services - March 13 2020

**Importance:** High

Here is message that needs to be presented to inmates today by both management and health teams. Please confirm with me when this is completed or let me know if you have any questions. Thanks everyone.

**Bruce Tripp**  
**Chief Superintendent/Directeur en chef des établissements correctionnels**  
Correctional Services / Services Correctionnels

Department of Public Safety / Ministère de la Sécurité Publique

Phone / Téléphone : 506-624-3579

Fax / Télécopieur : 506-624-2029

E-mail / Courriel : [Bruce.Tripp@gnb.ca](mailto:Bruce.Tripp@gnb.ca)



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## Morehouse, Faye (JPS/JSP)

---

**From:** Currie, Sheldon (JPS/JSP)  
**Sent:** Friday, March 13, 2020 8:29 PM  
**To:** Richards, Holly (DPS/MSP); Frenette, Jocelyne (JPS/JSP); Casey, Andrea (JPS/JSP); Ruff, Christie (HorizonNB); McDonald, Christina (JPS/JSP)  
**Subject:** Re: At Risk

Holly

Thank you for sharing this we will certainly include it as part of our on going mitigation discussions

Great day everyone and thank you

Sheldon

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----- Original message -----

**From:** "Richards, Holly (DPS/MSP)" <Holly.Richards@gnb.ca>  
**Date:** 2020-03-13 8:01 PM (GMT-04:00)  
**To:** "Frenette, Jocelyne (DPS/MSP)" <Jocelyne.Frenette@gnb.ca>, "Casey, Andrea (DPS/MSP)" <Andrea.Casey@gnb.ca>, "Ruff, Christie (HorizonNB)" <Christie.Ruff@HorizonNB.ca>, "McDonald, Christina (DPS/MSP)" <Christina.McDonald@gnb.ca>  
**Cc:** "Currie, Sheldon (DPS/MSP)" <Sheldon.Currie@gnb.ca>  
**Subject:** At Risk

Hello,

I consulted with Dr Webster (infectious disease doc) and wanted to share his comments

1. I don't think this would be operationally feasible but ideally if we could separate all new admissions from the currently incarcerated population this could limit an institutional outbreak.
2. Officers coming into work from community would be most at risk to bringing the virus into the centers. So lots of education on preventative strategies to them and encouraging them to stay home/ self isolate if they are sick.
3. Our clients who would be most at risk for a poor outcome should they contract COVID-19 includes the elderly, chronic respiratory issues like COPD, diabetes, cardiovascular disease and those with CA.

Holly Richards BA BNRN  
Lead Nurse Corrections Health Services  
Horizon Health Network  
Saint John Regional Correctional Centre  
930 Old Black River Road  
Saint John NB  
E2J4T3  
Tel/Tél: 506-658-5411  
Fax/Télé: 506-658-5416  
Holly.richards@gnb.ca

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## Morehouse, Faye (JPS/JSP)

---

**From:** Currie, Sheldon (JPS/JSP)  
**Sent:** Friday, March 13, 2020 5:18 PM  
**To:** Ruff, Christie (HorizonNB); Tripp, Bruce (JPS/JSP)  
**Cc:** Johnston, Mike (JPS/JSP)  
**Subject:** Re: COVID-19

Thank you Christie.

Mike/Bruce let me know if you have any additional thoughts and will have translated, put into memo and communicated to staff

S

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----- Original message -----

**From:** "Ruff, Christie (HorizonNB)" <Christie.Ruff@HorizonNB.ca>  
**Date:** 2020-03-13 4:39 PM (GMT-04:00)  
**To:** "Currie, Sheldon (DPS/MSP)" <Sheldon.Currie@gnb.ca>, "Tripp, Bruce (DPS/MSP)" <Bruce.Tripp@gnb.ca>  
**Cc:** "Johnston, Mike (DPS/MSP)" <Mike.Johnston@gnb.ca>  
**Subject:** COVID-19

Proposed message to staff:

Please be advised that we are currently working on a comprehensive plan in response COVID-19 prevention and management in corrections for NB. We have already taken specific steps to ensure the safety of the clients and staff.

We have formed a provincial task force with DPS & Health Authority Staff.

Please refer to the following website for the most current and reliable information:

[https://www2.gnb.ca/content/gnb/en/departments/ocmoh/cdc/content/respiratory\\_diseases/coronavirus.html](https://www2.gnb.ca/content/gnb/en/departments/ocmoh/cdc/content/respiratory_diseases/coronavirus.html)

In the event that we isolate a client in a facility per a physician or public health recommendation - a surgical mask should be worn when in close contact with the client but is NOT necessary anywhere else in the building. Handwashing is the best form of protection.

We will be keeping you up to date with any changes to the above direction. Thank you.

Sheldon Currie & Christie Ruff

Christie Ruff  
Regional Lead/Chef régionale  
Corrections Health & Clinical Order Sets/Santé en milieu correctionnel et ensembles d'ordonnances cliniques  
Horizon Health Network / Réseau de santé Horizon  
400 University Ave  
Saint John, NB E2L 4L2  
Tel/Tél: 506-648-7754

Cell :



Fax/Téloc: 506-648-6438

Christie.Ruff@Horizonnb.ca

[www.HorizonNB.ca](http://www.HorizonNB.ca)

## **Morehouse, Faye (JPS/JSP)**

---

**From:** Currie, Sheldon (JPS/JSP)  
**Sent:** Friday, March 13, 2020 3:01 PM  
**To:** Tripp, Bruce (JPS/JSP); Ruff, Christie (HorizonNB)  
**Subject:** Re: COVID 19 Planning for Corrections Health Services - March 13 2020

Please do appreciated

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**From:** "Tripp, Bruce (DPS/MSP)" <Bruce.Tripp@gnb.ca>  
**Date:** 2020-03-13 2:05 PM (GMT-04:00)  
**To:** "Ruff, Christie (HorizonNB)" <Christie.Ruff@HorizonNB.ca>, "Currie, Sheldon (DPS/MSP)" <Sheldon.Currie@gnb.ca>  
**Subject:** RE: COVID 19 Planning for Corrections Health Services - March 13 2020

Thank you. I have sent to drcc and mrcc due to their time limits. Sheldon, do you want me to send this to other supers or will you, I don't want to get in your lane on this one, just want to help out.

**Bruce Tripp**

**Chief Superintendent/Directeur en chef des établissements correctionnels**  
Correctional Services / Services Correctionnels

Department of Public Safety / Ministère de la Sécurité Publique

Phone / Téléphone : 506-624-3579

Fax / Télécopieur : 506-624-2029

E-mail / Courriel : [Bruce.Tripp@gnb.ca](mailto:Bruce.Tripp@gnb.ca)



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**From:** Ruff, Christie (HorizonNB)  
**Sent:** Friday, March 13, 2020 2:01 PM  
**To:** Tripp, Bruce (DPS/MSP) <Bruce.Tripp@gnb.ca>  
**Subject:** Re: COVID 19 Planning for Corrections Health Services - March 13 2020  
Good to go. Nuses need to present with presence of super.

**Christie Ruff**

**Regional Lead/Chef régionale**

**Corrections Health & Clinical Order Sets/Santé en milieu correctionnel et ensembles d'ordonnances cliniques**  
**Horizon Health Network / Réseau de santé Horizon**  
400 University Ave

Saint John, NB E2L 4L2  
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Cell : [REDACTED]  
Fax/Télec: 506-648-6438  
[Christie.Ruff@Horizonnb.ca](mailto:Christie.Ruff@Horizonnb.ca)  
[www.HorizonNB.ca](http://www.HorizonNB.ca)

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**From:** Tripp, Bruce (DPS/MSP) <[Bruce.Tripp@gnb.ca](mailto:Bruce.Tripp@gnb.ca)>  
**Sent:** Friday, March 13, 2020 1:54:42 PM  
**To:** Ruff, Christie (HorizonNB) <[Christie.Ruff@HorizonNB.ca](mailto:Christie.Ruff@HorizonNB.ca)>  
**Subject:** RE: COVID 19 Planning for Corrections Health Services - March 13 2020  
Is this good to go? Can my guys in the north give this now so they can get home? Thanks Christie  
**Bruce Tripp**  
**Chief Superintendent/Directeur en chef des établissements correctionnels**  
Correctional Services / Services Correctionnels

Department of Public Safety / Ministère de la Sécurité Publique

Phone / Téléphone : 506-624-3579

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E-mail / Courriel : [Bruce.Tripp@gnb.ca](mailto:Bruce.Tripp@gnb.ca)



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**From:** Ruff, Christie (HorizonNB)  
**Sent:** Friday, March 13, 2020 1:27 PM  
**To:** Johnston, Mike (DPS/MSP) <[Mike.Johnston@gnb.ca](mailto:Mike.Johnston@gnb.ca)>; Geldart, Geri (HorizonNB) <[Geri.Geldart@horizonnb.ca](mailto:Geri.Geldart@horizonnb.ca)>  
**Cc:** Currie, Sheldon (DPS/MSP) <[Sheldon.Currie@gnb.ca](mailto:Sheldon.Currie@gnb.ca)>; Tripp, Bruce (DPS/MSP) <[Bruce.Tripp@gnb.ca](mailto:Bruce.Tripp@gnb.ca)>; Ruff, Christie (HorizonNB) <[Christie.Ruff@HorizonNB.ca](mailto:Christie.Ruff@HorizonNB.ca)>  
**Subject:** COVID 19 Planning for Corrections Health Services - March 13 2020  
**Importance:** High

For both of your eyes, we would appreciate feedback and would like to provide this message to clients today.  
Thanks,  
Christie & Sheldon

## Morehouse, Faye (JPS/JSP)

---

**From:** Currie, Sheldon (JPS/JSP)  
**Sent:** Friday, March 13, 2020 1:04 PM  
**To:** Johnston, Mike (JPS/JSP)  
**Cc:** Tripp, Bruce (JPS/JSP)  
**Subject:** Fwd: DPS  
**Attachments:** DPS .docx

Review and ratification

S

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----- Original message -----

**From:** "Ruff, Christie (HorizonNB)" <Christie.Ruff@HorizonNB.ca>  
**Date:** 2020-03-13 1:01 PM (GMT-04:00)  
**To:** "Currie, Sheldon (DPS/MSP)" <Sheldon.Currie@gnb.ca>, "Ruff, Christie (HorizonNB)" <Christie.Ruff@HorizonNB.ca>  
**Subject:** DPS

# VISITOR RESTRICTIONS

For the safety of our clients, anyone who has travelled outside the country is restricted from visiting patients for **14 days after returning to Canada.**

We all have a role to play in preventing the spread of Coronavirus (COVID-19), a respiratory infection.



# RESTRICTIONS RELATIVES AUX VISITES

Afin d'assurer la sécurité de nos clients, il est interdit aux personnes ayant voyagés à l'extérieur du pays de **visiter des patients durant les 14 jours suivant leur retour au Canada.**

Nous avons tous un rôle à jouer pour prévenir la propagation du coronavirus (COVID-19), une infection respiratoire.

## **Morehouse, Faye (JPS/JSP)**

---

**From:** Currie, Sheldon (JPS/JSP)  
**Sent:** Monday, March 16, 2020 9:44 AM  
**To:** Tripp, Bruce (JPS/JSP)  
**Attachments:** March 16 COVID Discussion.docx

Sheldon Currie  
**Chief Superintendent- Programs/Connaissance divisionnaire**  
Correctional Services / Services Correctionnels  
*Department of Public Safety / Ministère de la Sécurité Publique*



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March 16, 2020

COVID -19 Discussions

**Tier 3:** Confirmed infected person in New Brunswick by Chief Medical Officer, Department of Health.

- Conference call Operations Team and Institutional Managers as required
- Temporary Absence/Reintegration Releases strategies engaged
- Heightened screening/self-screening assessments (admissions/visiting officers)
- Corrections Health Services (CHS) to provide communication updates with staff and clients as directed by Public Health
- Intensified screening assessments through CHS per direction from Public Health
- Consideration given to programs modifications or suspension
- Communications with outside agencies

Item #	Action to be Taken	Action By	Done
1	Set Conference Call with Superintendents	Cheryl Whitney	✓
2	TA/RL Community Assessments prioritized	Sheldon Currie/D of Prog	
4	Health Screening & Com Updates	Sheldon/Christie (Conf Calls)	✓
5	Program modification/suspension		
6	Identify Non-Essential Services	Bruce/Superintendent	
7	Professional – Family Visits		
8	Intermittent population		
9	Electronic Monitor Update	Sheldon/ Bruce G	✓
10	Video Conferencing	Bruce	
11	Corrections Contact Lists	Bruce	✓
12	Casual Returns Identified	Bruce	
13			
14			
15			
16			

**Tier 4:** confirmed infected person in a provincial correctional facility by on-site health care in consultation with regional health authority, or in the absence of on-site health care, by public health.

- Conference call Operations Team and Institutional Managers as required
- Temporary Absence/Reintegration Release actioned as appropriate
- Visitor moratorium consideration

- Continued Intensified screening assessments through medical services
- All programs suspended
- Communications with outside agencies
- Transfers process reviewed with HQ Operations team
- Consideration/consultation with Justice and key stakeholder re video conferencing
- Pandemic *Response Plan* is activated

## Morehouse, Faye (JPS/JSP)

---

**From:** Currie, Sheldon (JPS/JSP)  
**Sent:** Wednesday, March 4, 2020 9:09 AM  
**To:** Johnston, Mike (JPS/JSP)  
**Cc:** Tripp, Bruce (JPS/JSP)  
**Subject:** FW: Pandemic Response  
**Attachments:** WIP SJRCC Pandemic Reponse Plan -March 2020.doc; DPS Contingency Planning Matrix-MASTER.doc

Mike,

As you will note within the document "WIP" as we began yesterday to update URL Links and information specific to World Health Authority guidance on (COVID-19).

We will have this fine tuned by weeks end.

Sheldon

---

**From:** Whitney, Cheryl (DPS/MSP)  
**Sent:** Tuesday, March 3, 2020 11:31 AM  
**To:** Currie, Sheldon (DPS/MSP) <Sheldon.Currie@gnb.ca>  
**Subject:** Pandemic Response

Here you go....

WIP stands for Work In Progress... I'll change the name after we finish revisions.

There's lots of questions and some formatting that I'll tidy up, but this is where we are at 😊 Let me know what you'd like me to do with it.

**Cheryl Whitney**  
**Corrections**  
**Department of Public Safety / Ministère de la Sécurité publique**  
20 rue McGloin Street  
Fredericton, N.B. E3A 5T8  
Tel: (506) 444-5297  
Fax / télécopieur (506) 453-3044  
[Cheryl.Whitney@gnb.ca](mailto:Cheryl.Whitney@gnb.ca)

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