

May 5, 2021

Kevin Walby
515 Portage Avenue
WINNIPEG, MB R3B 2E9
k.walby@uwinnipeg.ca

Dear Kevin Walby:

Re: Access to Information Request CP 278-20G

An access to information request was received in this office on March 1, 2021, requesting access to:

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

On March 17, 2021 our office advised you the request had been placed on hold, pending clarification of the request details.

On March 22, 2021 our office received clarification revising the request details to:

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. 1 March 2020 to 31 August 2020.

On April 19, 2021 our office advised you that the 30-day response period has been extended an additional 30 days, and a response would be provided by May 19, 2021.

Enclosed are records responsive to your request. Please note that, pursuant to section 8 of *The Freedom of Information and Protection of Privacy Act* (FOIP), some of the information contained in the attached records has been redacted pursuant to section 15(1)(m) of FOIP. For your information, I have included a reference to the above-noted section of FOIP.

A portion of the records were withheld from release as the material may reveal security arrangements pursuant to section 15(1)(m) of FOIP, which states:

15(1) A head may refuse to give access to a record, the release of which could:

...

(m) reveal the security arrangements of particular vehicles, buildings or other structures or systems, including computer or communication systems, or methods employed to protect those vehicles, buildings, structures, or systems.

If you would like to exercise your right to request a review of this decision, you may do so by completing a "Request for Review" form and forwarding it to the Saskatchewan Information and Privacy Commissioner within one year of this notice. Your completed form can be sent to #503 – 1801 Hamilton Street, Regina, Saskatchewan, S4P 4B4. This form is available at the same location which you applied for access or by contacting the Office of the Information and Privacy Commissioner at (306) 787-8350.

If you have any questions, please contact Isaac Mwenge, Information Management Consultant at 306-798-8067.

Yours truly,



Aaron Orban
Executive Director, Access and Privacy Branch

TOPIC: COVID-19 – CARDIOPULMONARY RESUSCITATION (CPR)

<p>LEGISLATIVE AUTHORITY: <i>The Occupational Health and Safety Regulations</i>, sections 13, 86 and 87</p>	<p>Authorization: Assistant Deputy Minister, Custody, Supervision and Rehabilitation Services Policy Owner: Executive Director, Custody Services</p>
<p>Prepared by: Jason Broda Revised by:</p>	<p>Effective Date: April 20, 2020 Latest Revisions Effective: Scheduled Review Date: April 20, 2023</p>

SCOPE:

For the duration of the COVID-19 pandemic in Saskatchewan, this policy applies to all adult correctional facilities as defined by section (s.) 2(h) of *The Correctional Services Act, (CSA) 2012* and all youth custody facilities as defined by s. 3-1 of *The Youth Justice Administration Act (YJAA), 2019*.

POLICY OBJECTIVE:

The purpose of this policy is to provide standards for responding to medical emergencies involving CPR in adult and youth custody facilities during the COVID-19 pandemic. Adherence to this policy will ensure staff safety through the use of personal protective equipment (PPE) and appropriate care to offenders as recommended by health authorities.

PRINCIPLES:

- Safe work practices are paramount in protecting the health and safety of offenders, staff and preventing and controlling the spread of infectious diseases.
- Preventative measures will be used to minimize the risk of disease transmission among offenders, staff, stakeholders and the public.

DEFINITIONS:

COVID-19: COVID-19 is a new disease that was not identified in humans until December 2019. To date, a vaccine is not available. On March 11, 2020, the World Health Organization (WHO) assessed COVID-19 as a pandemic.

Offender: for the purposes of this policy, an offender is an inmate as defined by s. 2(p) of the *CSA, 2012* or a young person as defined under s. 1-2(1) of the *YJAA, 2019*.

BACKGROUND:

The Saskatchewan Occupational Health and Safety Regulations, 1996 states that the general duties of workers are to use the safeguards, safety appliances and personal protective equipment provided in accordance to the regulations and the safe work and procedures required by the regulations.

The type of PPE required for staff is worksite and job/task specific and is dependent on the nature of the hazard and other workplace controls implemented. If PPE is required, it must be used. The requirement for PPE shall take into account the risks presented by the job function, activity and the environment.

<p><i>Custody, Supervision and Rehabilitation Services</i></p>	<p><i>Youth Custody Services Policy Manual Incident Management 711</i></p>	<p><i>Adult Custody Services Policy Manual Incident Management 716</i> Page 1 of 6</p>
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TOPIC: COVID-19 – CARDIOPULMONARY RESUSCITATION (CPR)

The Occupational Health and Safety Regulations, 1996 states that where a worker is likely to be exposed to airborne contaminants that may present in amounts that are harmful to the worker, the employer shall provide an approved respirator protection device for use by the worker.

STANDARDS:

1.0 GENERAL

- 1.1 In the event of a Medical Emergency in an adult or youth custody facility, a Code^{15(1)(m)} will be called.
- 1.2 All staff have the authority to call Emergency Medical Services (EMS) if circumstances require. The supervisor on duty will be notified as soon as practicable that a call to EMS has been made.

2.0 PERSONAL PROTECTIVE EQUIPMENT

- 2.1 All staff are required to don the following PPE when responding to any Code^{15(1)(m)} during the COVID-19 pandemic:
 - Latex or Nitrile Gloves;
 - Procedural/surgical mask;
 - Protective eyewear (goggles, face shield); and
 - Gown or clothing barrier.

3.0 CPR PROCEDURES

- 3.1 In the event CPR is indicated, the following will apply:
 - 3.1.1 Staff shall immediately call EMS, advising of “compressions-only CPR and Automated External Defibrillator (AED)” being performed and will continue until EMS arrives and assumes care.
 - 3.1.2 Other offenders shall be removed from the room.
 - 3.1.3 The number of staff in the cell/room will be minimized to only those required to manage the situation.
 - 3.1.4 Prior to beginning compressions, a surgical/procedural mask will be placed on the offender.
 - 3.1.5 Compressions only CPR, including AED use if indicated, will be continued until EMS assumes care. Rescue breathing or a bag valve mask will NOT be used.
 - 3.1.6 EMS will be escorted to the scene upon arrival.
 - 3.1.7 If EMS perform Aerosol Generating Medical Procedures (AGMPs), all staff must leave the area. Any staff member that is required to remain in the area must wear a fit tested N95 mask.

TOPIC: COVID-19 – CARDIOPULMONARY RESUSCITATION (CPR)**4.0 SAFETY CONSIDERATIONS**

- 4.1 All other offenders shall be secured in their cells/rooms during a Code ^{15(1)(m)} intervention. If there is a cellmate, they shall be removed from the cell/room and supervised by a responding staff.
- 4.2 If applicable, medical emergency response equipment must be kept out of the cell/room, or kept at a distance of greater than or equal to two metres, with necessary emergency supplies transferred into cell/room, and disinfected after use.
- 4.3 The area where EMS interventions (i.e., AGMP's such as bag valve mask or intubation) take place must remain closed off from staff and offender traffic for two hours (settle time of AGMP droplets) and until thorough disinfecting of the entire room takes place.
- 4.4 Disinfecting and cleaning require the wearing of PPE listed in 2.0, during which time no other staff or offenders may be in the room or area.
- 4.5 Any person who must enter the cell/room during or within two hours of EMS interventions (AGMP) is required to wear a fit tested N95 mask in addition to goggles/face shield, gloves, and gown.
- 4.6 If EMS transport to Emergency is required, Correctional Officers/Facility Youth Workers will follow the EMS vehicle in a facility vehicle due to risk of exposure during AGMP interventions.
- 4.7 Staff stationed at the hospital will wear appropriate PPE as directed by hospital staff.

5.0 NARCAN® (NALOXONE) NASAL SPRAY

- 5.1 Nurses/staff shall don PPE as noted in s. 2.0 above but do not require an N95 respirator mask.
- 5.2 The administration of naloxone is not considered an AGMP. If naloxone is required, the offender shall first be masked with a procedural/surgical mask.
- 5.3 Once the naloxone is ready for administration, the offender's mask will be lowered below the nose, the nasal spray administered, and the mask then pulled back over the offender's nose. Anticipate coughing upon revival.

CROSS-REFERENCE:**Adult Custody**

Health Services 612 – Communicable Disease Outbreak

Personnel 204 – First Aid, CPR, AED Training

Incident Management 715 – Emergency Medical Response

TOPIC: COVID-19 – CARDIOPULMONARY RESUSCITATION (CPR)

Youth Custody

Health Services and Programs 605 - Communicable Disease Outbreak

Personnel 204 – First Aid, CPR and AED Training

ACCOUNTABILITY:

A quality assurance audit will be conducted as required by a person designated by the Assistant Deputy Minister of Custody, Supervision and Rehabilitation Services. The audit will, at a minimum, assess compliance with all sections that require a recorded task. A report of this audit will be submitted to the Executive Director of Custody Services.

REVIEW:

The Ministry will conduct routine reviews to ensure the content reflects any recent provincial, federal legislation changes and/or higher court decisions. In addition, all policies are subject to review or revision at any time on an as-needed basis.

AUTHORIZATION:

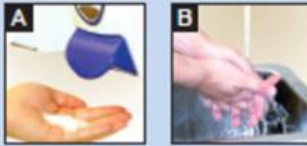


Heather Scriver, Assistant Deputy Minister
Custody, Supervision and Rehabilitation Services

APPLICATION AND REMOVAL OF PERSONAL PROTECTIVE EQUIPMENT (PPE)

Putting on (Donning) Personal Protective Equipment (PPE)

1 HAND HYGIENE



- A Using an alcohol-based hand rub is the preferred way to clean your hands.
- B If your hands look or feel dirty, soap and water must be used to wash your hands.

2 Gown



- A Make sure the gown covers from neck to knees to wrist.
- B Tie at the back of neck and waist.

3a Procedure/Surgical mask

- ◆ Secure the ties or elastic around your head so the mask stays in place.
- ◆ Fit the moldable band to the nose bridge. Fit snugly to your face and below chin.



3b N95 respirator

There are different styles of N95 respirators (pictured below). They include: a) molded cup, b) duckbill, c) flat-fold and d) v-fold. Refer to the manufacturer for specific donning instructions.



All personnel MUST receive FIT testing/ training and be clean-shaven before donning any respirator.



- A Pre-stretch both top and bottom straps before placing the respirator on your face.
- B Cup the N95 respirator in your hand.
- C Position the N95 respirator under your chin with the nose piece up. Secure the elastic band around your head so the N95 respirator stays in place.
- D Use both hands to mold the metal band of the N95 respirator around the bridge of your nose.
- E Fit check the N95 respirator.

4 Eye protection or face shields



- ◆ Place over the eyes (or face).
- ◆ Adjust to fit.

5 Gloves




- ◆ Pull the cuffs of the gloves over the cuffs of the gown.



March 2020

Taking off (Doffing) Personal Protective Equipment (PPE)

1 Gloves



A Grasp the outside edge of the glove near the wrist and peel away from the hand, turning the glove inside-out.

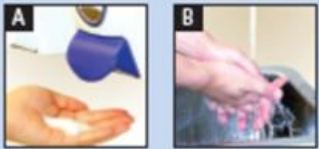
- ◆ Hold the glove in the opposite gloved hand.

B Slide an un-gloved finger or thumb under the wrist of the remaining glove.

C Peel the glove off and over the first glove, making a bag for both gloves.

- ◆ Put the gloves in the garbage.


2 HAND HYGIENE



A Using an alcohol-based hand rub is the preferred way to clean your hands.

B If your hands look or feel dirty, soap and water must be used to wash your hands.

3 Gown




A Carefully unfasten ties.

B Grasp the outside of the gown at the back of the shoulders and pull the gown down over the arms.

C Turn the gown inside out during removal.


- ◆ Put in hamper or, if disposable, put in garbage.

4 HAND HYGIENE




- ◆ Clean your hands. (See No. 2)
- ◆ Exit the patient room, close the door and clean your hands again.

5 Eye protection or face shield



- ◆ Handle only by headband or ear pieces.
- ◆ Carefully pull away from face.
- ◆ Put reusable items in appropriate area for cleaning.
- ◆ Put disposable items into garbage.

6 Mask or N95 respirator



- ◆ Bend forward slightly and carefully remove the mask from your face by touching only the ties or elastic bands.
- ◆ Start with the bottom tie, then remove the top tie.
- ◆ Throw the mask in the garbage.

All personnel MUST receive FIT testing/training and be clean-shaven before donning any respirator.

7 HAND HYGIENE

- ◆ Clean your hands. (See No. 2)

March 2020

Pandemic Influenza Response Plan



Custody, Supervision and Rehabilitation Services
Ministry of Corrections and Policing

saskatchewan.ca

Saskatchewan 

Pandemic Influenza Response Plan

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March 23, 2020

INTRODUCTION

Influenza is an infectious respiratory disease caused by an influenza virus. It generally causes symptoms such as fever, chills, headache, sore throat, cough, stuffy or runny nose, and/or muscle pain. It may also cause nausea, vomiting or diarrhea. Influenza spreads rapidly from person to person by large droplets from a simple cough or sneeze from an infected person, or by contact with something recently contaminated by infectious droplets from the nose and throat of an ill person (i.e., a surface, object).

Only Influenza Type A and Type B cause significant disease in humans, such as influenza. Type A influenza viruses mutate frequently and cause significant disease in humans causing local outbreaks and regional epidemics during influenza season each year. A person may be infected by these virus's multiple times throughout their life, thus developing some form of immunity against the slightly changed viruses. Only Type A viruses can cause pandemic influenza. Other viruses can also cause global pandemics such as coronaviruses. Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS).

A pandemic is a world-wide spread of a new disease. Pandemic influenza occurs when a major "new/novel" subtype of an influenza A virus appears in humans which the entire human population has little or no immunity. It spreads rapidly and causes more severe disease and more deaths than a seasonal influenza. Historically influenza pandemics are inevitable and occur on average about once every 30-40 years recorded back to the 16th century.

It is difficult to predict exactly when pandemics will occur or the impact they will have. Effective planning can reduce their effect on individuals, communities, and health services. Pandemics will have a direct impact on the ability of the Ministry of Corrections and Policing (CP) to deliver essential services and maintain both offender and staff health and safety. COVID-19 is a new strain of coronavirus that was discovered in 2019 and had not been previously identified in humans.

GOALS AND OBJECTIVES

This document is intended to provide the framework for CP to develop a customized plan, incorporating facility-specific operations and city (local) emergency planning components.

The goals of the CP Pandemic Influenza Response Plan are to:

- reduce transmission of a novel/pandemic virus, thereby helping to reduce the overall size of the outbreak and the number of severely ill cases and deaths;
- provide standards for the detection, prevention and control of communicable diseases in custody facilities to reduce the risk of disease transmission and illness among offenders, staff and the public;

- provide standards for notifying Public Health Services of reportable communicable diseases, including influenza, and following Public Health Services recommended procedures for controlling and containing a potential or confirmed outbreak; and
- slow the rate of transmission in order to reduce the peak burden on the health care system.

“Planning for emergencies of any kind involves an assessment of risk and decisions about the limits of what you are able to plan for. Emergencies will not occur in the exact manner for which you have planned. The most important components of a plan are the basic ones, which can be used in responding to a number of different types of situations.” (Saskatchewan Ministry of Health Public Pandemic Influenza Plan, March 2004).

ROLES AND RESPONSIBILITIES

1. International (*The World Health Organization (WHO)*)

WHO is responsible for providing the surveillance that identifies the emergence of new strains of influenza around the world. The WHO determines the level of pandemic alert and when to move from one phase to another. Once there is efficient and sustained human-to-human transmission of a new influenza virus that causes a greater than normal amount of disease and death the WHO will then declare a pandemic on an international level.

2. Federal (*Public Health Agency of Canada (PHAC)*)

PHAC holds responsibility for the nationwide coordination of the pandemic influenza health response, including surveillance, international liaison, allocation and distribution of national stockpiles, analysis and reporting epidemiological data, and coordination of the vaccine response (the way vaccines are obtained, allocated and funded). The federal government will activate the Canadian Pandemic Influenza Plan once a pandemic is declared.

Health Canada

Health Canada is the regulatory authority responsible for ensuring the safety, effectiveness and quality of all drugs including vaccines. Health Canada also has the authority of negotiating agreements and providing funding for operational strategies related to health.

Indigenous Services Canada First Nation and Inuit Health Branch (FNIHB)

FNIHB is a branch of Health Canada responsible for working with First Nations (FNs) and Inuit communities on reserves to ensure pandemic planning is taking place at the community level, communities are closely linked with health services, the needs of First Nation people are considered, and that health services are available and accessible in the event of an emergency. The responsibility of delivering health services to First Nation people is divided among the federal and provincial governments, individual Bands and Tribal councils, and the Saskatchewan Health Authority.

3. Provincial (*Saskatchewan Ministry of Health*)

The Ministry of Health oversees and coordinates the delivery of health services in Saskatchewan and the responsibility for leading and coordinating pandemic influenza planning and mobilizing contingency plans and resources. The Saskatchewan Pandemic Influenza Plan for the Healthcare System, 2009 provides a framework for activities to be carried out in each pandemic phase.

Corrections and Policing (CP)

The Ministry is responsible for establishing partnerships with municipalities and agencies to assist in the development of emergency plans. CP is responsible for providing local authority for the control and conduct of emergency operations. In the event there is no local authority or the magnitude of the emergency exceeds local resources, CP may request provincial government assistance for a coordinated emergency response.

The Ministry of Corrections and Policing is responsible for overseeing Saskatchewan's correctional system and facilities, and for providing guidance and support to Saskatchewan's municipal police services. The ministry also works closely with the RCMP to support law enforcement activity in rural Saskatchewan.

The Custody, Supervision and Rehabilitation Services Division administers the Youth Criminal Justice Act, which deals with youth ages 12 to 17 who break federal laws, and The Correctional Services Act, which applies to all adult offenders that fall under provincial jurisdiction. The division provides for varying levels of offender care, control and supervision, and designs and provides programs aimed at reducing re-offending and improving the ability of offenders to reintegrate into their communities.

The Policing and Community Safety Division is mandated to help keep communities safe and maintain public order and safety in Saskatchewan by ensuring that effective policing and private security programs uphold the rule of law and protect the rights of individuals.

4. Local Authority (*Saskatchewan Health Authority (SHA)*)

The SHA is responsible for planning the local response to a pandemic according to provincial and national guidelines. This includes planning health service delivery and working with local partners in advance of a pandemic to ensure a coordinated response when pandemic influenza occurs.

LEGAL FRAMEWORK

In the event of a pandemic, legislated guidance falls under the provisions of the *Public Health Act, 1994*. *The Emergency Planning Act, 1989*, is the complementary legal framework for the declaration of local and provincial emergencies in Saskatchewan, and describes the powers available when an emergency has been declared.

The Public Health Act, 1994 provides authority to the Minister of Health and the Chief Medical Health Officer (CHMO) to manage:

- Serious public health threats in Saskatchewan;
- Requirements set out to mitigate or eliminate the serious public health threat;

Although the Minister of Health and the CHMO assume leadership roles during a serious public health threat in determining the level and extent of a health care response, every Medical Health Officer (MHO) has authorities under the *Public Health Act, 1994*. The MHO authority is delegated from the Saskatchewan Health Authority (SHA) and exercised in consultation with the CMHO for a coordinated approach.

The Emergency Planning Act, 1989 is the legal framework for the declaration of local and provincial emergencies. The Lieutenant Governor in Council of Saskatchewan is responsible for determining when an emergency exists and for Declaration of an Emergency. The Declaration of Emergency remains in place for 14 days and may be extended. This declaration also provides the Minister of Corrections and Policing more authority.

The Saskatchewan ***Occupational Health and Safety Act, 1993*** guides response activities in addition to ***The Occupational Health and Safety Regulations, 1996***.

The Federal ***Emergencies Act, 1985*** is the legal framework for declaration of a national emergency and the powers, which ensue. In general, an emergency is declared when the ability of a level of government to deal with a given emergency is exceeded. Within the provincial legislation there are three levels of emergency:

1. A local (municipal) emergency;
2. One in which mutual aid agreements are activated;
3. Provincial level emergency.

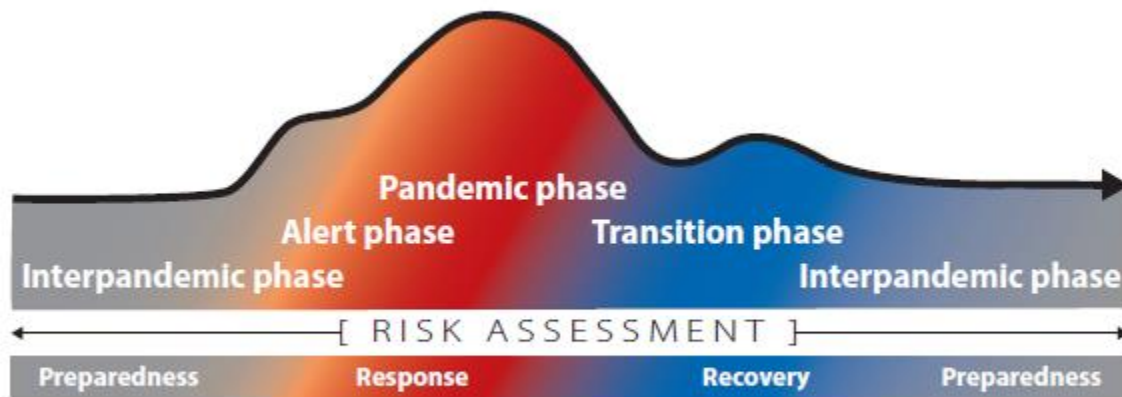
The Federal ***Emergency Management Act, 2007*** outlines the role of the federal government in emergency preparedness, and provides a coordinated planning response between provincial and federal governments.

Under provincial and federal legislation, all local government bodies may apply for compensation to offset some of these extraordinary costs through the Disaster Financial Assistance program.

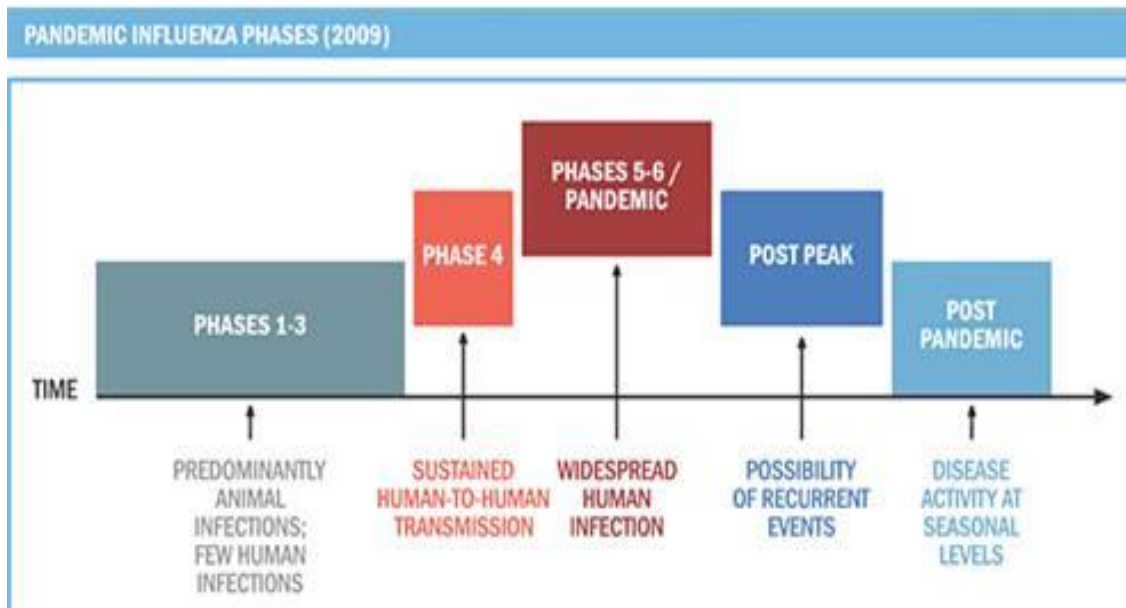
In general, when an emergency is declared under these legislations broad powers are available to the relevant levels of government for the duration of the emergency. For example, *The Emergency Management Act*, includes the power to:

- acquire or utilize any real or personal property that the minister considers necessary to prevent, combat or alleviate the effects of an emergency;
- authorize any qualified person to render aid of a type that the person is qualified to provide;
- control or prohibit travel to or from any area of Saskatchewan;
- do all acts and take all proceedings that are reasonably necessary to meet the emergency.

Figure 1. The continuum of pandemic phases^a



^a This continuum is according to a "global average" of cases, over time, based on continued risk assessment and consistent with the broader emergency risk management continuum.



EPIDEMIOLOGY AND ESTIMATED IMPACT ON SASKATCHEWAN

A pandemic is a “new” virus that the general population will have little or no immunity to. This allows the virus to spread quickly and cause illness. A population is less susceptible to a new virus if it has circulated previously giving people some level of immunity. For example, the H2N2 virus which caused the 1957 pandemic circulated widely until 1968. The population that was born prior to 1968 would be expected to have some residual immunity to this specific strain if it should ever emerge again. Although future pandemics are unpredictable, epidemiology information collected from past influenza outbreaks are used to simulate planning scenarios to estimate the impact of a pandemic on Saskatchewan for future outbreaks and appropriate levels of response.

The initial symptoms of COVID-19 are very similar to influenza in that they both cause fever and similar respiratory symptoms ranging from mild to severe illness up to and including death. The mode of transmission is also similar in both viruses through coughing or sneezing, or coming into contact with hands, surfaces and objects that have been contaminated with the virus. As a result of these similarities the same public health measures for influenza are also recommended for COVID-19 such as handwashing, cough etiquette, social distancing, and good cleaning standards. The speed of transmission is a significant difference identified between the two viruses with influenza having a shorter incubation period (1-4 days) then found with COVID-19 (14 days). Another significant difference is in the fraction of severe illness development. This is determined to be higher for COVID-19 then for influenza as although most people develop only mild symptoms of COVID-19, approximately 15% will develop severe infection with 5% requiring intensive care in a hospital setting.

KEY PLANNING ASSUMPTIONS

Planning assumptions are based on historical evidence and scientific information and include:

- A pandemic may last between 12 to 18 months and may occur in two or more waves
- The influenza novel virus is expected to have an incubation period of one to three days; **COVID-19 presumed to be up to 14 days at this time.**
- A person can be infectious with influenza from 24 hours to several days (may be prolonged in children) before symptoms even appear; **COVID-19 – this information is unavailable at this time due to the reporting lag times of infected individuals.**
- New communicability for influenza may be up to 14 days from onset of symptoms (up to 14 days in individuals with severe illness and with children). **COVID-19 is a new virus with the period of communicability is not well understood. Ongoing detailed medical data from infected persons is currently being evaluated to help make the determination of the infectious period of this virus. Cessation of symptoms with COVID-19 has indicated that the period of communicability is ending.**

- Influenza incubation period of up to four days; **COVID-19 - current estimates of the incubation period is 2-14 days with median estimates of five to six days between infection and the onset of clinical symptoms of the disease.**
- Mode of transmission for influenza is likely to occur by large respiratory droplets (i.e., cough/sneeze) or direct contact with contaminated surfaces and objects (fomites); **COVID-19 is the same mode of transmission; however, it does not fully account for the occurrence of all COVID-19 cases. The reason for the rapid transmission of this new virus, and the exact transmission dynamics are yet to be fully determined COVID-19 viruses are known to survive on surfaces from several hours to days depending on several factors.**
- Duration of illness with Influenza (without complications) is three to seven days but full recovery may take several weeks. **COVID-19 - there is no specific antiviral treatment for disease caused by COVID-19. Severe worsening symptoms may require supportive treatment in an acute setting. However; as with most respiratory illnesses, most people with COVID-19 will recover on their own. At this point the time frame has not yet been determined on how long a full recovery will take.**
- A pandemic's arrival in Canada will occur within 3 months after it emerges in another part of the world.
- The first peak of illness in Canada will occur two to four months after its arrival.
- A pandemic influenza wave may generally last six to eight weeks. **COVID-19 - at this time no information available.**
- Business continuity should anticipate up to a third of the workforce being absent due to personal illness, caring for others, redeployment related to public health measures.
- Vaccine will not be available for at least four to six months, or longer, after identification of novel virus strain; **COVID-19 - currently there are no vaccines or treatment available.**
- Anticipated that two doses of vaccine may be required to produce an effective immune response.
- 15%-35% of the population will become clinically ill; **COVID-19 – currently this is information is not yet known.**

INFLUENZA	COVID-19
<p>Occurs globally with an estimated attack rate of 5%-10% in adults and 20%-30% in children.</p> <p>Annually, between 10%-20% of Canadians become Infected.</p> <p>Some infected will be asymptomatic.</p> <p>Recovery for those whom become ill is between 7-10 days.</p> <p>Those at higher risk of developing complications are: >65 years of age; children birth to 59 months of age; with chronic health conditions; and pregnant women.</p> <p>Approximately, 3,500 Canadians will die annually from the virus.</p> <p>Healthy individuals can develop serious complications and die from the virus.</p> <p>12,200 hospitalizations.</p> <p>15%-35% of the population will become clinically ill:</p> <ul style="list-style-type: none"> ○ 50% of clinically ill will seek medical attention; ○ 13% - 22% of clinically ill will require hospitalization; ○ 10% hospitalized clinically ill will require ICU; ○ 5% of clinically ill will result in death; ○ Average length of hospitalization is 7 days; ○ Stockpile period is 6 weeks with 25% addition for unexpected need. 	<p>To date (March 23, 2020):</p> <ul style="list-style-type: none"> ○ Globally, 332,930 confirmed cases; ○ 14, 510 deaths ○ Nationally, 1,512 confirmed cases; ○ 20 deaths ○ Total tested nationally – 102,803 ○ 1,512 confirmed positive ○ 90,819 confirmed negative ○ Provincially, 66 confirmed: <ul style="list-style-type: none"> ○ North – 3 ○ Central (excluding Saskatoon) -8 ○ Saskatoon – 30 ○ South (excluding Regina) – 5 ○ Regina – 20 <p>61% of the cases are male and 39% are female.</p> <p>All of the cases are twenty years of age and older with the exceptions of one case being the age of five and one in their late teens.</p> <p>To date, 4536 COVID tests have been performed by RRPL.</p> <p>From the data provided above:</p> <ul style="list-style-type: none"> ○ 80% experienced coughing; ○ 56% experienced a fever; ○ 27% experienced shortness of breath; ○ 10% clinically ill were hospitalized; ○ 6% of cases have been admitted to the hospital; ○ 4% of those cases required to be transferred to the ICU; ○ 19 deaths; ○ The average length of hospitalization is unknown at this time; ○ Stockpile period is unknown, however based on previous pandemic planning assumption, an 25% addition for unexpected need.

PREPAREDNESS AND RESPONSE

There are times when preparedness and response activities will occur at the same time. CP will respond to pandemic influenza using a coordinated Incident Management System/PEOC model to distribute the event into components of a “command and control” structure that is consistent with responsibilities and objectives. As mentioned previously, due to the similarities between pandemic influenza and COVID-19 the public health measures are the same.

Pandemic preparedness and response is based on emergency management principles:

- **Prevention** – preventing risk
- **Mitigation** – reduction of risk or impact of risk
- **Planning** – prioritized operational functioning based on risk
- **Response** – considering safety, protection of assets, and maintenance of operational functions
- **Recovery** – resumption of normal business activities

Preparedness focuses on prevention and awareness activities that are to be completed during the WHO Phases 1-3. Preparedness requires enhancement to CP’s overall capacity to respond to public health threats by initiating specific and sequenced actions based on input from stakeholders and specific to the threat.

Response activities are activated in WHO Phases 4-6. These activities will be modified based on the specific needs related to the new virus and reliant on a mild, moderate, or severe outbreak surveillance data. Response must be mobilized immediately with a response network to manage the many aspects of a pandemic’s impact. Disease outbreaks are traditionally considered a health issue; however, a pandemic is a health issue on such a momentous scale that it also affects every other aspect of society.

A. Continuity of Health Services and Surge Capacity

It is anticipated that health service resources in both the community and in a correctional setting will need to plan for both an increase in the demand on health services with high rates of absenteeism and staff shortages. Priority health and correctional services and surge capacity plans are to be in order to effectively respond to the impact on health services on CP and the clients they service. To mitigate disruptions in providing health services and security operations, critical day-to-day operations need to be identified and categorized in prioritizing order (i.e., which need to be enhanced, which ones can be reduced, etc.). Minimum staffing requirements for both health and operations must be identified to ensure continuation of services.

Surge capacity planning addresses multi-casualty, short-term, localized emergency events. On-site surge capacity planning must be able to respond to a 10%-20% increase in demand on services. In addition, consideration must be given to reallocating services and resources from less affected areas to:

- maximize use of existing structures, facilities, equipment and staff;

- use of other facilities;
- prioritizing services to be provided (i.e., no elective services);
- utilizing staff in alternate roles, utilizing volunteers or other professionals; and
- movement of patients between regions for specialized care.

CP must prepare to provide dedicated treatment of influenza or COVID-19 offenders, separate from other offenders in a facility. CP planning must include assessment of space, programs and services to determine how to minimize the number of admissions and maximize the space available for influenza offenders, and levels of care required.

Continuity of health services and surge capacity plans are a matrix of logistical, ethical, and practical decisions that must be determined *before* an emergency occurs. In the event of a pandemic it is anticipated that usual supply lines will be disrupted and/or compromised as the demand for medications and supplies will increase substantially globally. Usual suppliers may experience difficulties responding to the increase demand due to their own staff shortages, raw material shortages, and transportation disruptions. A correctional facility's normal out-of-province purchasing may also be disrupted or limited on amounts. As most medications, equipment and supplies are produced outside of Canada, there may be barriers to obtaining any emergency supplies including embargoes on medications, cross-border barriers and transportation problems.

PLANNING CONSIDERATIONS:

- **Establish continuation of supplies or alternate suppliers**
- Pandemic supplies to be in addition to regular supply purchasing
- Activate facility Pandemic Influenza Committees
- Gym, Chapel, and classroom options for additional space
- Determine need for 24-hour nursing services
- Re-assignment of at-risk staff (i.e., pregnancy, diabetic, respiratory, etc.)
- Establish agreement with SHA for additional health services resources and equipment
- Determine telehealth alternative options for contract health care providers for service delivery
- Determine Elder/Chaplain alternative options for service delivery for spiritual support service delivery
- Determine mental health alternative options for service deliver (i.e., SHNB telehealth support)
- Ensure maintenance and routine servicing of health and operational equipment (i.e., autoclaves, x-ray machines, AED's, radio's, vital signs machines, etc.)

B. Strategic Stockpiling

The process of strategic stockpiling will identify and acquire the supplies and equipment determined to be essential in the provision of health services and custody operations to

ensure continuation of services and security in the event of an emergency. The Saskatchewan Pandemic Influenza Plan identifies three categories of strategic stockpiling:

1. Antivirals
2. Personal Protective Equipment
3. Other supplies (i.e., over-the-counter medications (OTC's))

In addition to the overall surge in demand for medications and supplies for respiratory illness, it is also anticipated that traditional processes for the acquisition of supplies for other medical products, food, linen, and pharmaceuticals will also be compromised. Personal Protective Equipment (PPE) is based on risk of infection and may differ from work area to work area (i.e., reception, unit operations, medical units, admitting/release departments, etc.).

PLANNING CONSIDERATIONS:

- Establish a provincial CP stockpile strategy for PPE and other supplies determined essential to supplement facility stock as necessary
- Determine what health and custody operation supplies are considered essential
- Establish usage strategies for optimizing supplies of PPE in the event of supply shortage
- Determine different work environments within CP and risk of infection for anticipated use of PPE during a pandemic

C. Finance

The financial cost is a system-wide responsibility for responding to a pandemic influenza and CP must consider budgets, forecasts, and processes for tracking pandemic-associated costs related to the following but not limited to:

- additional and stockpiling supplies;
- quality control and training (i.e., equipment, staffing);
- medical and essential supplies;
- staffing issues and shortages (i.e., home isolation);
- monitoring, evaluation, and program management (i.e., records)

D. Surveillance

Surveillance is the ongoing collection, analysis and interpretation of health data in order to improve decision-making. Pandemics unfold quickly and decisions need to be made in a situation where incoming information is evolving at an unwavering pace with decisions often changes frequently to match the continually evolving situation. Pandemic surveillance is required to determine:

- when, where and which viruses are circulating;
- detection of new viruses;
- high-risk populations;
- intensity and impact of pandemic activity; and
- unusual events.

Surveillance in the early phases of a pandemic will focus on detecting cases in the province and in regions in order to promote containment of the virus as much as possible. Later stage surveillance (as the characteristics of the virus are starting to be understood) will focus on monitoring spread, changes in epidemiological and clinic aspects of the virus, development of resistance, response to public health measures, and effectiveness and response to antivirals and vaccine. Contact tracing and field investigations will cease and be replaced by other forms of surveillance and monitoring (i.e., adverse reactions to vaccines).

During WHO pandemic phase 5 and earlier, the Saskatchewan Disease Control Laboratory (SDCL) will process respiratory samples across the province from patients presenting with influenza-like illness (ILI) and report on the number of positive samples. During the WHO pandemic phase 6, mild and moderate cases will not be tested. The SDCL will provide laboratory information for the identification and treatment of severe cases, those considered at risk and pregnant women. The SDCL will work in collaboration with the National Microbiology Laboratory (NML) in Winnipeg and submit a subset of samples to this federal laboratory for full-strain characterization.

PLANNING CONSIDERATIONS:

- Establish daily monitoring of global progression of pandemic

E. Infection Prevention and Control (IPC)

Efficient IPC is the cornerstone of an effective pandemic response and adherence is critical at all times during a pandemic influenza. The first goal for IPC is to have measures in place to protect offenders, employees and visitors from disease. A second goal is to provide effective public health education to offenders and staff to reduce the transmission of the disease. During an outbreak, additional precautions may be initially recommended until more is known about the characteristics of the virus.

Public health measures must be taken when escorting an offender, who presents with ILI, out into the community to avoid exposing others to the virus. Strict adherence to good hygiene practices, such as frequent hand washing and disinfection of shared items and common areas, are essential to reduce transmission in a correctional setting. Another essential component will be the education provided to the offender population about when to seek care and the importance of following public health measures to minimize congestion and prevent the spread of infection. This information will be relevant while in custody as well as their release back into the community. This will assist in the appropriate access to the appropriate level of care as required and assist in the preventing the spread of the pandemic in the community.

PLANNING CONSIDERATIONS:

- Ensure proper maintenance and functioning of negative pressure cells
- Establish community, F/P/T, and health services partnerships
- Establish isolation/quarantine and acute care areas within facility
- Establish cleaning protocols
- Provision of recommended PPE and guidance on appropriate use
- Plan to restrict/cease transfers and escorts
- Establish new admission screening criteria and process
- Establish protocol for screening visitors for illness and precautions (hand sanitizer)
- Establish restrictions to visitors (signage)
- Establish restriction of volunteers and outside contractors
- Contact/Droplet Precautions signage
- Direct Contact/Droplet PLUS* Precautions
- Handwashing, cough etiquette, and social distancing signage
- Establish changes to service delivery of health services to affected units
- Establish process for non-essential staff to work from home
- Establish changes to professional social gathering (i.e. face-to-face meetings, training)
- Release screening and health teaching
- Determine cleaning protocols for incoming shipments, supplies
- Establish process for accepting funds for offenders (i.e., kiosk deposit)
- Ensure proper cleaning of security equipment (i.e., keys, radios, cuffs, vehicles)
- Arrange for video court appearances
- Offender transport tracking sheet to monitor for any signs any time during transport
- Determine need to restrict offender programming
- Establish process for rapid offender
- Reintegration Leave Strategy
- Establish Compass Contingency Planning (kitchen workers to be masked during food preparation)
- Establish process for quarantine (i.e., unit/facility)

F. Public Health Measures

Adherence to public health measures in a CP environment assists in minimizing the number of offenders and staff exposed to the new virus and potentially slow the progress of the pandemic. Slowing the spread of the illness allows for more time to implement response measures such as vaccine development.

Public health measures are designed to respond to the needs of a population:

- public education;
- case management (i.e., isolation);
- contact tracing and management (i.e., quarantine);
- school and daycare-based infection prevention and control;
- social distancing measures in the community; and
- travel and mass gathering restrictions.

Even during a mild pandemic, certain populations may be more susceptible to developing moderate or severe illness requiring an enhanced or alternate health service provision measures are to be implemented and dependent on circumstances at the time. These measures will be informed by the Ministry of Health and reviewed and updated as information becomes available during pandemic influenza.

G. Influenza Assessment Sites (IAS) and Non-Traditional Sites (NTS)

In order for CP to address the large number of offenders anticipated to be affected by the pandemic, all offender services may require prioritization or modification. An IAS centralizes offender services in order to:

- prevent a surge on physician offices and emergency room services;
- maximize human resources;
- provide more efficient and timely assessment and care of affected offenders; and
- minimize spread of the pandemic by keeping offenders with ILI separated from others as much as possible.

There are two types of IAS recommended for the provincial health care system:

- utilizing an established CP site that already offers appropriate security; and
- utilizing a site that is not currently established as a correctional facility, but could be modified to accommodate.

The timeline of when an IAS is activated, the location of the site, and the services offered will depend on CP's capacity and need to implement. Offenders with severe illness and respiratory difficulty that cannot appropriately addressed with CP on-site resources will be escorted to the emergency room rather than an IAC.

PLANNING CONSIDERATIONS:

- Re-integration Units, Urban Camp options for additional sites

H. Clinical Management of Influenza

Clinical management during an outbreak or pandemic is the safe and effective medical assessment and treatment of offenders with suspected or confirmed cases. It is important that clinical guidelines such as admission screening criteria, appropriate specimen collection, updated treatment protocols and infection prevention and control measures be developed, in advance of an outbreak.

As a pandemic progresses, more information becomes known about its specific clinical characteristics. Clinical management will be determined by the specific characteristic of the new virus, lessons learned from previous outbreaks and pandemics, as well as any

established guidelines for treatment and associated complications such as pneumonia. Clinical care requires assessment of the severity of symptoms, how the population is being affected, and also the overall health of the offender (i.e., hydration and nutrition) and existing co-morbidities. Clinical guidelines will be modified as specific information becomes available and distributed to health care providers.

Offenders with mild cases of pandemic influenza may be treated with rest, hydration and good nutrition. Hydration is important particularly in children. Good oral hydration may prevent hospital admission.

The onset of shortness of breath, prolonged fever, chest pain, persistent deep cough, confusion and severe fatigue are hallmarks of serious illness. In children signs of severe illness include marked gastrointestinal symptoms, reduced responsiveness and neurological symptoms such as seizures. It is unclear yet as to whether or not these symptoms present in children with COVID-19. For those offenders with serious risk factors such as brittle asthma, severe heart disease, diabetes, or is immune-compromised should be assessed at onset of symptoms.

In the instance that antivirals have been developed and approved, pregnant offenders in their second or third trimester who present with ILI should be tested for the pandemic virus and offered initiation of antivirals which can be ceased if the test is negative. Infected elderly offenders are more likely to have severe illness. Outbreaks in correctional facilities need to be considered on a case-by-case basis as to whether antivirals are used for treatment only or if post exposure prophylaxis is warranted.

I. Antiviral Management and Distribution

Antivirals have been developed for some illnesses such as influenza, but to date, not for others such as COVID-19. Antivirals are medications that act directly against the virus, similar to how antibiotics work against bacteria. When taken within 48 hours of developing influenza symptoms, antiviral medications may reduce the severity and duration of the illness. These medications can also be used prophylactically to prevent influenza from developing for those coming into contact with an infected person. Antivirals have short-term outcomes with no lasting effects like with immunization providing long-term immunity.

Currently, antiviral medications can only be prescribed by a provider licensed to diagnose and prescribe. Depending on the severity of a pandemic, it may be necessary to authorize additional providers to diagnose, prescribe and dispense in a timely manner.

The goal of antiviral distribution is to ensure equitable access to these medications and to determine where and when people need them. The Ministry of Health strategic reserve can treat 17.5% of the provincial population with an additional emergency stockpile stored at the national level. Inappropriate use of antiviral medication could lead to running out of

antivirals before treating those people who would most benefit and potentially facilitate the virus' ability to develop resistance to antivirals.

Antivirals may be used before a pandemic is declared to contain sporadic cases of a new virus in order to prevent the virus from spreading further in a correctional setting. However, once the pandemic virus is widespread, containment will no longer be effective. Criteria for use of antivirals may change during the course of the pandemic.

Stockpiling these medications is an important strategy of pandemic influenza planning as they are very limited globally. As vaccines will not be available until several months into a pandemic phase, stockpiling antiviral medications is recommended in conjunction with other public health measures (i.e., hand washing, etc.) to mitigate the spread of the virus. Antivirals will be administered to residents by Saskatchewan Health in accordance with provincial direction in order of priority using criteria established nationally and adapted provincially, based in part on the severity of illness.

PLANNING CONSIDERATIONS:

- Develop RN (Registered Nurse) Clinical Protocol/Medical Directive for the administration of antivirals. These protocols can be implemented in pre-determined situations to provide specialized nursing care. They are reserved for client care needs that are more complex, and higher risk of client harm.

J. Vaccination Management and Mass Immunization

Vaccination is one of the most effective measures against influenza for reducing disease, death, and societal disruption during an influenza pandemic. A vaccine supply will not be available until four to six month after the pandemic influenza virus strain is confirmed. When the vaccine is developed, there will be limited supply initially and will become available in "batches" with Public Health Agency of Canada recommending priority groups (i.e., front-line health providers). These priority groups may change based on new information being received by concurrent surveillance strategies. As COVID-19 is a "novel" virus there is currently no vaccine developed.

Plans for mass immunization must be developed in the event a vaccine is developed and becomes available. Mass immunization is the most effective way of providing immunization to a large number of people over a short period of time. CP must ensure that once a pandemic vaccine has been developed that it will be delivered to offenders in the fastest, most efficient way possible.

PLANNING CONSIDERATIONS:

- Refer to Seasonal Influenza Immunization Policy
- Establish process for staff access for immunization

K. Human Resource Management

It is anticipated that CP custody operations are likely to be stretched during a pandemic due to a combination of factors, including the high number of people infected, severity of the illness, and staff shortages in this unique environment. Further restrictions in offender movement, visitation, and disruption of regular facility operations present CP with further challenges that may result in further complications (i.e., unit/facility disturbances).

The best use of resources will be achieved through a prioritization of resources from a local, then system-wide approach. This includes identifying all current available staff (health care and security), recruiting and training additional professionals, non-professionals and volunteers, and the management of assignments and tasks.

Governing and regulatory bodies of health care workers have a number of control mechanisms in place for current and prior licensed professionals to work under emergency situations, including restricted license bylaws, rapid licensing, ability to prescribe/diagnose/treat, and ability to train and delegate duties to out-of-scope workers. Alternate sources of health care workers/security staff include:

PLANNING CONSIDERATIONS:

- Determine liability for outside support;
- Develop criteria for volunteers (scope of responsibilities, recruitment, screening security clearance, and supervision)
- Re-deployment of existing staff
- Re-instatement of retired Correctional staff
- Volunteers
- Agreement with SHA regarding primary employer for part-time nurses (staff shortages and cross-contamination)
- Contract pharmacist and technician
- 3rd year nursing students and LPNs
- New Correctional Officer recruits
- Police and private security agencies
- Determine cancellation of approved leaves
- Determine secondary skill sets of all staff to facilitate re-deployment to support health services
- Plan for staffing shortages to occur following the completion of a pandemic (i.e., staff may go on leave, resign, or retire). As routine hiring was disrupted during a pandemic the “return to normal” post pandemic phase will again increase demand on CP with limited human resources to effectively address

L. Occupational Health and Safety

There are clear occupational health and safety (OHS) requirements to protect staff who come into contact with infectious micro-organisms, such as an influenza virus, either as a direct consequence of their work (i.e., those that carry out research work on the virus) or may be exposed in the course of their work (i.e., nurses/correctional officers caring for infectious offenders, etc.).

Occupation Health Committees help to oversee workplace environments. They assist in the performance of on-going risk assessments that identify the necessary training and preventative measures, and to help enforce controls as appropriate. In addition to specific workplace hazards as it pertains to biological exposure, the risk from increased absenteeism and operational changes must also be continually assessed. This will include staff who have been redeployed to unfamiliar tasks, or who work alone or remotely as a consequence of depleted staff resources. Other potential risks related to pandemic influenza include addressing stress, which may be related to fear, illness of family members, changing job roles, and absent co-workers, and fatigue if staff are required to put in extra hours or exposed to increased or different workloads.

The legislation that guides these response activities is *The Occupational Health and Safety Act, 1993*, and *The Occupational Health and Safety Regulations, 1996*.

M. Communication

A pandemic will generate immediate, intense, and sustained demand for adjusting to the continual evolution of changing information as the pandemic unfolds. Strategic communication activities are an integral part of a comprehensive CP response before, during, and after an influenza pandemic. Effective communication guides both offenders and staff in responding appropriately to a pandemic situation by complying with public health measures.

The goals of effective communication:

- provide timely, accurate, consistent, and appropriate information about the pandemic including public health measures and CP interventions;
- emphasize the rationale and importance of adhering to public health measures that some staff/offenders may consider intrusive (i.e., quarantine);
- help set realistic expectations of health and operations systems;
- promptly address rumors, inaccuracies, and misperceptions;
- minimize stigmatization that may occur during a pandemic; and
- adapt materials for special needs (i.e., non-English speaking populations).

Communications must be coordinated to keep the staff and offenders updated regarding the risks as the threat of a pandemic evolves by:

- assessing communications capacity and needs;

- conducting collaborative planning;
- developing and testing standard procedures for disseminating information; and
- developing, testing, and disseminating locally tailored messages and materials.

All communication must be consistent in messaging. Communication channels include, but are not limited to, email, print, posters and signage, recorded messages, and educational materials.

PLANNING CONSIDERATIONS:

- Ensure Pandemic Influenza Staff Orientation presentation at ITP for all new staff
- Establish internal communication plan (intranet, websites, hotlines, bulletin boards, recorded messages, email, etc.) for updating staff
- Establish list of local and provincial contacts with Public Health and Saskatchewan Health
- Notification communication to Ombudsman Office, Legal Aid, etc.
- Develop resources to reach a broad audience (i.e., non-English speaking audience)
- Develop release plan for instructing offenders about public health measures upon their release

N. Management of the Deceased

During an outbreak, an increase in the number of deaths is anticipated and plans must be in place to ensure that good public health practices are followed from death to burial. The number of deaths resulting from the influenza pandemic could easily overwhelm local morgues and funeral homes. In a severe outbreak, each funeral home could expect to handle a six-month workload within a six to eight-week period.

Although it is expected that most fatal pandemic cases will be hospitalized prior to death, CP must plan for the management of deceased in a pandemic situation. Temporary cold storage options are required for the storage of the deceased prior to their transfer to funeral homes. In the event timely burials are disrupted due to the lack of capacity or frozen ground, the deceased may need to be handled as respectfully as possible for the duration of the pandemic wave (six to eight weeks).

A number of religious and ethnic groups have specific directives about how the deceased are managed after death. As a result of these special requirements, some religious groups might maintain facilities such as small morgues, crematoria and other facilities, which are generally operated by volunteers. Elders and Chaplain leaders should be involved in planning for funeral management, bereavement counseling and communications, particularly in ethnic communities with large numbers of people who do not speak the official languages.

Current scientific knowledge indicates that the deceased are not contagious after death, but routine infection control precautions are still recommended. All OHS standards apply – PPE, training, etc. Additional training in the routine infection control practices and additional precautions is available through the [Funeral Service Association of Canada](#).

PLANNING CONSIDERATIONS:

- Determine protocols with Coroner Office regarding death in custody during a pandemic (pronouncing death, moving the body, handling of body)
- Determine appropriate temporary body storage (i.e., refrigerated environments)

O. Continual Care Facilities

The provision of on-site health services in CP facilities varies from having minimal capability to respond to offender illness to the ability to provide care up to hospitalization. Human resources include registered/licensed health professionals, on-call service, and escorts to community health care providers.

Many offenders suffer from co-morbidities that will increase their risk for complicated pandemic symptoms and negative patient outcomes. During a pandemic, CP must be prepared to enhance their ability to respond to health care needs above normal operations, and to be as “self-sufficient” as possible. It is important that CP collaborate with the SHA to determine how these offenders could potentially impact the health care system.

Allocation of Saskatchewan Health Authority human resources to a correctional facility should also be considered in order to prevent a surge on the health care system as a whole. CP must collaborate with the SHA to maximize an effective response during an influenza pandemic both during incarceration and upon offender release.

P. Psychosocial Considerations

The consequences of a severe influenza pandemic pose more than a physical threat; there are multiple consequences that have significant implications on the psychological, emotional, behavioural or psychosocial well-being of both offenders and staff. Unaddressed psychological and emotional issues may result in behavioural responses that exacerbate other pandemic-related issues (i.e., economic downturns, workforce shortages) and undermine business and community viability and continuity in the short and long terms.

An appropriate response includes multi-sectoral, collaborative and holistic action that supports and enhances alliances within health (i.e., medical, public, mental, and FN health) and across other systems (i.e., social services), and integrates the expertise of those already providing psychosocial support and engaged in psychosocial disaster planning.

An intense pandemic situation will generate uncertainty, anxiety and stress on all involved resulting in prolonged exposure to extraordinary and chronic stress. Psychosocial consequences will vary across a spectrum of severity and duration, from brief to long-term. To prevent or mitigate the consequences of these traumatic exposures, psychosocial responses must support rapid assessment of psychosocial needs, mapping of CP resources and vulnerabilities, and the ongoing evaluation of the effectiveness of support programs and strategies.

Individuals who may be vulnerable to psychosocial problems as a result of a pandemic include individuals who have a pre-existing psychosocial problems, physical/mental disabilities and mental health needs. Persons living or employed in areas of increased exposure to infected individuals and/or who are exposed to higher levels of stress are also vulnerable. However, depending on the magnitude and impact of the pandemic on individuals and society, any individual may be at increased risk of psychosocial problems as a result of the pandemic.

Planning Overview:

- plan for the psychosocial and emotional impact of an influenza pandemic;
- communicate with and educate offenders and staff about the health and psychosocial consequences of a pandemic;
- plan for the physical, social, emotional and economic impact on offenders and staff;
- establish related policies and procedures for use during a pandemic;
- develop and implement workforce resiliency plans; and
- coordinate with psychosocial planning partners both local and provincial.

The guidelines for planning and managing a psychosocial response to a pandemic reflect core humanitarian principles (i.e., valuing of human rights and equity).

PLANNING CONSIDERATIONS:

- Establish areas for staff for rest/sleep/shower
- Establish process to care for staff who become ill at work
- Establish grief counseling services for offenders
- Ensure access to EFAP services for staff
- Develop “Dealing with Stress” resources
- Mobile libraries
- Radio
- Additional phone privileges
- Solitary board or card games

Q. Recovery and Post Pandemic Period

Holistically, recovery from a pandemic involves coordinated efforts and processes required to effect the immediate, medium and long-term regeneration of a community following a pandemic.

Important aspects of the recovery process following a pandemic

- is a short, medium and long-term impact;
- starts on “day one” of response and can continue long-term (years/decades);
- may need to transition through phases of recovery activity;
- recovery is a holistic concept (embraces all the needs of the community);
- addresses the consequences of a pandemic as it effects CP facilities;
- recovery stages should build on business continuity plans and response planning in the province;
- steps in recovery should be planned and evaluated; and

Post Pandemic Period occurs when the number of cases of influenza returns to the normal pre-pandemic levels. CP will review, evaluate and take measures to improve or enhance their respective roles following the conclusion of a pandemic influenza based on lessons learned.

PLANNING CONSIDERATIONS:

- Develop process for “deactivation” of emergency plan and return to normal operations
- Review impact
- Activate return to normal schedule and programming
- Replenish supplies and return leased/borrowed equipment
- Information gathering and reporting
- Lessons learned tabletop

PANDEMIC COVID-19 ADDENDUM

Custody, Supervision and Rehabilitation Services
Ministry of Corrections and Policing

March 23, 2020

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PERSONAL PROTECTIVE EQUIPMENT (PPE) AND CLEANING SUPPLIES LIST

Item	Remarks
Face Shields	Disposable or Reusable
Gloves	Various Sizes, Latex, non-Latex, Nitrile
Gowns	Disposable
Mask	N95 (FIT tested) Various sizes
Mask	N95 disposable
Masks	Procedural/Surgical
Goggles	
Surface disinfectant - please specific type other than bleach	MSDS Information/Label
Bleach	any bleach solution mixed in a spray bottle must be changed every 24 hours
Waterless hand hygiene products	hand sanitizer
Accelerated Hydrogen Peroxide (e.g. T36)	Wipes, cleaning fluid, hand sanitizer
Spray Bottles	for the bleach solution
Facial Tissue (single use)	
Garbage Bags – Biohazard	
Garbage Bags – Regular	
Soap	Antimicrobial
Soap	Regular

MEDICAL SUPPLY LIST

Item	Remarks
Alcohol Swabs	
Alcohol-Based Sanitizer	minimum 80% alcohol based
Band-Aids	
Blankets	
Blood Pressure Cuffs	Various Sizes for replacement
Body Bags	
Cold Packs	
Compressors for Nebulizers	
Cots/mats	
Cotton balls	
Defibrillator	ensure in working order and if replacement or maintenance parts required (i.e. pads)
Defibrillator pads/leads	
Disposable manual resuscitators	
Emesis bags	
Garbage Bags – Biohazard	for medical unit usage
Garbage Bags – Regular	for medical unit usage
Soap - for medical clinic	regular
Soap - for medical clinic	Antimicrobial
Mask - for nurses use	N95 (FIT) Various sizes
Mask - for nurses use	disposable procedural mask
Gloves - for nurses use	Various Sizes, Latex, non-Latex, Nitrile
Face Shields - for nurses use	
Goggles - for nurses use	
Gowns - for nurses use	Disposable
Gowns - for nurses use	Disposable and water resistant
IV tubing	
IV piggyback sets	
IV pumps	
IV poles (gravity line)	
IV other	please specify
Nebulizers	newer model and in good working condition
Oxygen tanks	
Oxygen masks	
Oxygen tubing	

Oxygen other	
Crash cart supplies	please check for expiry dates. Please attach a list of standard crash cart supplies and existing inventory
Portable suction	
Suction Supplies	tubing and glass bottle
Sharps Containers	
Specimen sampling supplies for COVID	
Specimen sampling supplies for influenza	
Medical unit specific cleaning agents for medical equipment (assessment beds, blood-pressure cuffs)	MSDS Information/Label
Examination table paper	
Stethoscopes	
Diabetic syringes/pens	
Diabetic test strips	
Diabetic glucose monitors	
Thermometers	With disposable Covers
Thermometers	Disposable
Urine Dipsticks	ensure includes ketone for diabetics; UTIs
Urine Collection Containers	
Disinfectant wipes (i.e. cavi wipes)	or specify equivalent type
Please add any other relevant supplies that have not been listed:	

ESSENTIAL OTC MEDICATION LIST

Acetaminophen (Tylenol) 325 mg

- 1-2 tablets Q4H PRN for pain and fever
- Maximum dose (12 tablets daily).

Ibuprofen (Motrin) 400 mg

- 1-2 tablets QID PRN for acute inflammatory pain, dental pain.
- Maximum dose (800-1200 mg daily).

Gravol 50-100 mg

- Orally or 1.M. Q4-6H PRN for nausea and vomiting.

Imodium 2 mg

- 1-2 tables QID PRN for excessive diarrhea
- Maximum dose (16 mg daily).
- Do not use if patient has recently been on antibiotics.

Maalox Liquid Antacid

- 2-4 tsp. QID PRN for heartburn and acid indigestion.

Tylenol Cold and Sinus Tabs

- 1-2 tables BID PRN for sinus congestion.

Dulcolax 5 mg

- 1-3 tablets @ HS for constipation.

Hyderm .05% Cream

- For minor skin rashes.

Benzagel 5%/Petrophyllic Soa;

- For treatment of acne.

Buckley's Mixture

- 1-2 tsp. @ HS PRN for cough.

Benadryl 25 mg

- 1-2 tablets Q4-6H PRN for relief from allergies, hay fever, hives.

Nitrostat 0.3 mg S.L.

- 1 tablet for chest pain
- May repeat in 5 minutes and notify physician.

Auralgan Eardrops

- For relief of pain and inflammation (providing eardrum is intact).
- Warm and instill into each ear canal TID PRN.

Eyelube

- 1 or 2 drops in affected eye TID PRN for irritation and redness.

Cerumenex Ear Drops (ear wax remover)

- Fill ear canal with drops, insert cotton plug and leave in for 15 minutes.
- Physician to do ear flushing.

Kwellada Cream (for lice/nits/scabies)

- Apply a thin layer of crème to body hair and affected skin. Leave on for 8-12 hours and wash off.

Lindane Lotion (for lice/nits/scabies)

- For topical application. May repeat once only after 7 days.

Lindale Shampoo (for lice/nits/scabies)

- Apply to scalp and wash out. Repeat only once after 7 days.

Sore Throats

- Warm salt water gargles. Contact physician if fever, pustules, swollen neck glands, difficulty swallowing.

Amosan Mouth Rinse

- Use TID PRN for gingivitis, canker sores, denture irritation, tooth extractions and minor mouth irritations.
- Dissolve one envelope in 30 ml of warm water, swirl in mouth for 30 seconds and expel.

Tinactin Cream

- For athlete's foot.
- Apply to affected area after bathing and drying.

Selsun Blue Shampoo

- For treatment of dandruff.
- Apply and lather 2-3 minutes and rinse twice weekly.

Methadone Patients:

Stemetil 5 mg

- 1 or 2 tablets Q4H PRN for nausea.

Senecot S

- 2-4 tablets @ HS PRN for constipation

askatchewan Health Authority Statement on the Strict Adherence to the Use of Personal Protective Equipment and Hand Hygiene for SARS Coronavirus-2 (COVID-19)

Over the past few weeks, the understanding of COVID-19 has increased significantly. The mode of transmission, among other things, is now better understood. COVID-19 is transmitted via droplets and fomites during close unprotected contact between an infected person and an uninfected person. There is consistent evidence that airborne spread has not been reported for COVID-19 and not believed to be a major driver of transmission. However, aerosol-generating medical procedures (AGMPs), which generate aerosols in high concentration, may increase the risk for opportunistic airborne transmission of pathogens not otherwise spread by the airborne route, such as COVID-19.

There has been significant commentary, discussion and questions about the use of personal protective equipment (PPE) and hand hygiene in the context of COVID-19, particularly the use of N95 respirators as a component of appropriate PPE within the healthcare system and for use by the general public. We are very concerned that routine use of N95 respirators in settings where it is not necessary will lead to supply shortages of N95 respirators for when they are most needed. We are also concerned about the evidence suggesting an increased risk of transmission of infections when N95 masks are routinely used due to inappropriate wearing or fitting and incorrect donning and doffing.

The infection prevention and control guidance is based on the science and evidence base developed from previous outbreaks, including SARS and MERS. The key to exposure control in healthcare facilities is to have a multi-faceted plan that limits the spread of the virus and limits the number of workers who could be exposed to the virus. The most important first steps for protection are early recognition of patients with respiratory illness, physical barriers in areas where initial assessment occurs, rapidly isolating anyone suspected of having COVID-19 and having patients wear a surgical mask and performing hand hygiene. Measures such as these are critical to reducing the likelihood of exposure of healthcare workers to the virus.

In the case of COVID-19, global experience and what is now known about the mode of transmission reveals that most routine care of patients can be safely undertaken with PPE consisting of a procedure/surgical mask, eye protection, gowns, appropriate use of gloves and hand hygiene. In line with previous studies on the transmission of other respiratory viruses, such as influenza and SARS, the use of N95 respirators is not required unless aerosol-generating medical procedures are performed. Please note that collecting a nasopharyngeal swab is not an AGMP. Please also note that the use of powered air purifying respirators (PAPRs) would only be indicated in very specific circumstances (e.g. transporting a critically ill patient over long distances).

When it comes to precautions for healthcare workers, we strongly support the approach and infection prevention and control (IPC) guidance that has been developed by the Public Health Agency of Canada (PHAC). This approach is aligned with the guidance provided by the World Health Organization (WHO) and has been endorsed by Canada's Federal, Provincial and Territorial Special Advisory Committee on COVID-19. While Ontario initially adopted a different approach, Public Health Ontario recently adjusted their guidelines to align with the WHO and PHAC recommendations.

Collectively our health system and healthcare workers have essential roles to play in the stewardship and responsible use of PPE, including N95 respirators. Following the IPC guidance produced by PHAC will allow Canada's health system to protect the health of Canadians and our healthcare workers, as well as assure that Canada has an adequate supply of critical PPE when we need it most.

References

- [Naming the coronavirus disease \(COVID-19\) and the virus that causes it](#)
- [Characteristics of and Important Lessons From the Coronavirus Disease 2019 \(COVID-19\) Outbreak in China: Summary of a Report of 72 314 Cases From the Chinese Center for Disease Control and Prevention](#)
- [Report of the WHO-China Joint Mission on Coronavirus Disease 2019 \(COVID-19\)](#)
- [Infection prevention and control for coronavirus disease \(COVID-19\): interim guidance for acute healthcare settings](#)

Dr. Susan Shaw, Chief Medical Officer and Sharon Garratt, Chief Nursing Officer

Personal Protective Equipment (PPE) Supplies for COVID-19 Update

To ensure product is available when and where needed, the SHA has implemented an equitable allocation strategy and will be closely monitoring.

Please follow normal ordering procedures and processes through your standard supply chain channels, including orders for N95 masks for daily operational use. Orders for N95 masks for fit-testing are NOT to go through Supply Chain, but rather through Occupational Health and Safety who will then co-ordinate your needs. It is recommended orders are placed in limited volumes on a daily basis, and for daily operational requirements, to enable a continuous flow. Orders will be filled in limited quantities and prioritized based on the following high risk/high priority areas as determined by clinical leadership:

- Emergency Departments (Physicians and Nursing staff)
- Intensive Care Units (ICU) (Physicians and Nursing staff)
- Medicine units with negative pressure rooms (for Aerosol-Generating Medical Procedure or AGMPs)
- Emergency Medical Services and Emergency Medical Technicians
- High priority roles: Respiratory Therapists and Anesthesia (related to Aerosol-Generating Medical Procedures or AGMPs)

These areas have been deemed high priority because:

- COVID-19 is transmitted via droplets and fomites during close unprotected contact between an infected person and an uninfected person. There is consistent evidence that airborne spread has not been reported for COVID-19 and not believed to be a major driver of transmission. However, aerosol-generating medical procedures (AGMPs), which generate aerosols in high concentration, may increase the risk for opportunistic airborne transmission of pathogens not otherwise spread by the airborne route, such as COVID-19.
- The most important first steps for protection are early recognition of patients with respiratory illness, physical barriers in areas where initial assessment occurs, rapidly isolating anyone suspected of having COVID-19 and having patients wear a surgical mask and performing hand hygiene.
- Most routine care of patients can be safely undertaken with PPE consisting of a procedure/surgical mask, eye protection, gowns, appropriate use of gloves and hand hygiene.
- Use of N95 respirators is not required unless aerosol-generating medical procedures are performed.
- Collecting a nasopharyngeal swab is not an AGMP.
- Use of powered air purifying respirators (PAPRs) would only be indicated in very specific circumstances (e.g. transporting a critically ill patient over long distances).

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Masks (procedure/surgical):

- A mask should be worn once and then discarded when used for an offender with COVID-19. If ill offenders are cohorting in a common area or in several rooms on a unit, and multiple offenders must be visited over a short time it may be practical to wear one mask for the duration of the activity; however, other PPE must be removed between patients and hand hygiene performed.
- Change masks when they become moist.
- Do not leave masks dangling around the neck.
- Upon touching or discarding a used mask, perform hand hygiene.
- Mask must fully cover nose and mouth at all times to prevent fluid penetration.

Gloves:

- A single pair of gloves must be worn for contact with blood and body fluids, including during hand contact with respiratory secretions (i.e., providing oral care, handling soiled tissues).
- Remove and dispose of gloves after use on a suspect/confirmed COVID-19 offender.
- Perform hand hygiene after glove removal.
- Work from “cleanest to dirtiest” (i.e., clean sink before toilet, etc.)
- Limit opportunities for “touch contamination” - protect yourself, others, and the environment.
- Don’t touch your face or adjust PPE with contaminated gloves.
- Don’t touch environmental surfaces except as necessary during the provision of health services.
- Change gloves in between direct contact with an offender.
- Change gloves, if during use is torn or heavily soiled (even during use on the same patient).
- Discard in appropriate receptacle.
- Always wash your hands immediately before putting on gloves.
- **If gloves are in short supply, establish priorities for their use.**

Gowns:

- Most offender interactions do not necessitate the use of gowns.
- Wear a gown if:
 - anticipated soiling of personal clothes or uniform with an offender’s body fluids,
 - including respiratory secretions, is anticipated; and
 - during procedures Aerosol Generating Medical Procedures (AGMP) such nebulizers or suctioning.

- Gowns should be worn only once and then placed in a waste or laundry receptacle, as appropriate, and hand hygiene performed.
- **If gowns are in short supply, establish priorities for their use.**

Goggles or Face Shield:

In general, wearing goggles or a face shield for routine contact for pandemic influenza offenders is not necessary. If sprays or splatter of infectious material is likely, goggles or a face shield should then be worn.

Goggles should:

- should fit snugly over and around eyes; and
- personal prescription glasses not a substitute for goggles.

Face Shields should:

- protect face, nose, mouth, and eyes; and
- should cover forehead, extend below chin and wrap around side of face.

Aerosol Generating Medical Procedure (AGMP):

During procedures that may generate increased small-particle aerosols of respiratory secretions (i.e., nebulizer treatment, suctioning), health care providers should wear:

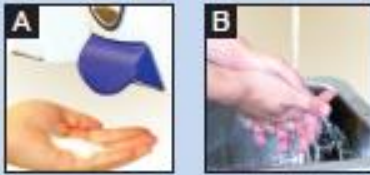
- Gloves
- Gown
- Face/eye protection
- Fit-tested N95 respirator or other appropriate respirator.

When practical, use of negative-pressure cell when conducting aerosol-generating procedures.

***Please refer to Putting on and Taking off PPE**

Putting on (Donning) Personal Protective Equipment (PPE)

1 HAND HYGIENE



- A Using an alcohol-based hand rub is the preferred way to clean your hands.
- B If your hands look or feel dirty, soap and water must be used to wash your hands.

2 Gown



- A Make sure the gown covers from neck to knees to wrist.
- B Tie at the back of neck and waist.

3a Procedure/Surgical mask

- ◆ Secure the ties or elastic around your head so the mask stays in place.
- ◆ Fit the moldable band to the nose bridge. Fit snugly to your face and below chin.



3b N95 respirator

There are different styles of N95 respirators (pictured below). They include: a) molded cup, b) duckbill, c) flat-fold and d) v-fold. Refer to the manufacturer for specific donning instructions.



All personnel MUST receive FIT testing/ training and be clean-shaven before donning any respirator.



- A Pre-stretch both top and bottom straps before placing the respirator on your face.
- B Cup the N95 respirator in your hand.
- C Position the N95 respirator under your chin with the nose piece up. Secure the elastic band around your head so the N95 respirator stays in place.
- D Use both hands to mold the metal band of the N95 respirator around the bridge of your nose.
- E Fit check the N95 respirator.

4 Eye protection or face shields



- ◆ Place over the eyes (or face).
- ◆ Adjust to fit.

5 Gloves




- ◆ Pull the cuffs of the gloves over the cuffs of the gown.



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Taking off (Doffing) Personal Protective Equipment (PPE)

1 Gloves



- A Grasp the outside edge of the glove near the wrist and peel away from the hand, turning the glove inside-out.
- ◆ Hold the glove in the opposite gloved hand.
- B Slide an ungloved finger or thumb under the wrist of the remaining glove.
- C Peel the glove off and over the first glove, making a bag for both gloves.
- ◆ Put the gloves in the garbage.

2 HAND HYGIENE



- A Using an alcohol-based hand rub is the preferred way to **clean your hands**.
- B If your hands look or feel dirty, soap and water must be used to wash your hands.

3 Gown



- A Carefully unfasten ties.
- B Grasp the outside of the gown at the back of the shoulders and pull the gown down over the arms.
- C Turn the gown inside out during removal.
- ◆ Put in hamper or, if disposable, put in garbage.

4 HAND HYGIENE



- ◆ **Clean your hands.** (See No. 2)
- ◆ Exit the patient room, close the door and **clean your hands** again.

5 Eye protection or face shield



- ◆ Handle only by headband or ear pieces.
- ◆ Carefully pull away from face.
- ◆ Put reusable items in appropriate area for cleaning.
- ◆ Put disposable items into garbage.

6 Mask or N95 respirator



- ◆ Bend forward slightly and carefully remove the mask from your face by touching only the ties or elastic bands.
- ◆ Start with the bottom tie, then remove the top tie.
- ◆ Throw the mask in the garbage.

All personnel MUST receive FIT testing/training and be clean-shaven before donning any respirator.

7 HAND HYGIENE

- ◆ **Clean your hands.** (See No. 2)

ENVIRONMENTAL CLEANING AND DISINFECTION FOR COVID-19

“There is much to learn about the novel coronavirus that causes coronavirus disease 2019 (COVID-19). Based on what is currently known about the virus, spread from person-to-person happens most frequently among close contacts (within about 6 feet). These type of transmission occurs via respiratory droplets. Transmission of novel coronavirus to persons from surfaces contaminated with the virus has not been documented. Transmission of coronavirus in general occurs much more commonly through respiratory droplets than through fomites. Current evidence suggest that novel coronavirus may remain viable for hours to days on surfaces made from a variety of materials. Cleaning of visibly dirty surfaces followed by disinfection is a best practice measure for prevention of COVID-19 and other viral respiratory illnesses in community settings” (CDC, March 2020).

The following recommendations on the cleaning and disinfection of rooms or areas of offenders suspected or with confirmed COVID-19 have visited. The purpose is to limit the survival of novel coronavirus in key environments.

Cleaning refers to the removal of dirt impurities, including germs, from surfaces. Cleaning alone does not kill germs but is essential for reducing the soil load allowing the disinfectant to work. Any obviously soiled surfaces should be cleaned prior to disinfecting.

Disinfecting works by using chemicals to kill germs on surfaces. The process does not necessarily clean dirty surfaces or remove germs. But killing germs remaining on a surface after cleaning further reduces any risk of spreading infection. Removal of viruses such as COVID-19 requires thorough cleaning followed by disinfection.

The length of time coronaviruses will survive on inanimate surfaces will vary depending on factors such as amount of contaminated body fluid (respiratory droplets), environmental temperature and humidity; however, in general, coronaviruses are unlikely to survive long once droplets produced by coughing or sneezing dry out.

General Recommendations for Routine Cleaning and Disinfection of Facilities:

CP facilities should maintain routine cleaning of frequently touched surfaces and items (i.e., tables, doorknobs, light switches, handles, desks, TV remotes, toilets, faucets, sinks, etc.) with appropriate cleaning agents following label instructions for use.

General Recommendations for Cleaning and Disinfection of Facilities with Offenders Isolated for Suspected/Confirmed COVID-19:

- clean and disinfect frequently touched surfaces at least twice daily;
- in the area dedicated for an ill offender (cell), reduce cleaning frequency to **as-needed** to avoid unnecessary contact with the ill offender; and
- if an entire unit is under quarantine with suspected/confirmed COVID-19 and where bathroom facilities are shared, whenever possible the bathroom should be cleaned between offender use or should wait as long as practical after use by an ill offender to clean and disinfect the high-touch surfaces.

Currently, the CDC recommends for a facility that “does house people overnight” should:

- Close off areas used by the ill offender and wait as long as practical before beginning cleaning and disinfection to minimize potential for exposure to respiratory droplets. Open outside doors and windows to increase air circulation in the area. If possible, wait up to 24 hours before beginning cleaning and disinfection.
- In areas where ill offender is being housed in isolation focus is on cleaning and disinfecting common areas where staff/others providing service may come into contact with ill offender, but reducing cleaning and disinfection of bedroom/bathroom used by ill offender as needed.
- In areas where ill offenders have visited or used, continue routine cleaning and disinfection.

The risk when cleaning is not the same as the risk when face-to-face with a sick offender. Facility cleaners should be instructed to:

- Avoid touching their face, especially mouth, nose, and eyes when cleaning;
- Wear impermeable disposable gloves and a procedural/surgical mask plus eye protection or a face shield while cleaning;
- Use alcohol-based hand sanitizer before putting on and after removing gloves;
- Use alcohol-based hand sanitizer, where able, before and after removing the procedural mask and eye protection;
- Use cleaning products for which the manufacturer claims effectiveness against viruses;
- If there is visible contamination with respiratory secretions of other body fluid (COVID-19 isolation cells), the cleaners should wear a full length disposable gown in addition to the procedural mask, eye protection and gloves;
- Ensure the proper donning, removal, and disposal of PPE;
- Damp rather than dry dusting or sweeping should be performed, whenever possible, in order not to generate dust particles. Any dry cleaning should be done carefully with a chemically treated dry mop or vacuum cleaner rather than a broom;
- During wet cleaning, cleaning solutions and the tools with which they are applied soon become contaminated. Therefore, a routine should be adopted that does not redistribute microorganisms. This may be accomplished by cleaning less heavily contaminated areas first and also by changing cleaning solutions and cloth/mop heads frequently;
- Wet mopping is most commonly done with a double-bucket technique (one bucket for soil, one for rinsing). This technique extends the life of the solution because fewer changes are required. When a single bucket is used, the solution must be changed more frequently;
- Tools used for cleaning and disinfecting must be cleaned and dried between uses;
- Mop heads should be laundered daily. All washed mop heads must be dried thoroughly before storage or reuse.

Use of Disinfectant

- use freshly made (daily) bleach solution and follow manufacturer’s instructions for appropriate dilution;
- wipe the area with bleach solution using disposable paper towels or disposable cloth;
- dispose of gloves and mask in a leak proof plastic bag; and

- wash hands well with soap and water and dry with disposable paper or single-use cloth towel (if water unavailable, clean hands with alcohol-based hand sanitizer).

How to Clean and Disinfect

Surfaces

- Wear disposable gloves when cleaning and disinfecting surfaces. Gloves should be discarded after each cleaning. If reusable gloves are used, those gloves should be dedicated for cleaning and disinfection of surfaces for COVID-19 and should not be used for other purposes. Consult the manufacturer’s instructions for cleaning and disinfection products used.
- Clean hands immediately after gloves are removed.
- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- For disinfection, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common EPA-registered household disinfectants should be effective.
 - Diluted household bleach solutions can be used if appropriate for the surface. Follow manufacturer’s instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted;
 - Sufficient time is required to kill the virus (i.e., at least 10-15 minute contact time). Follow the manufacturer’s instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.);
 - According to Health Canada, a disinfecting solution can be made by mixing one part of bleach into nine parts of water;
 - Always read product labels and follow the manufacturer’s directions. Do not use expired products.
- For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. After cleaning:
 - Launder items as appropriate in accordance with the manufacturer’s instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely on hottest setting where possible.

Laundry Items for use with suspected COVID-19 contaminated linen:

- Wear disposable gloves and gowns/aprons, procedural mask and eye protection when handling dirty laundry from ill offenders. Proper removal of PPE should be completed before leaving the laundry area or starting any other task (e.g. handling clean laundry).
- If using reusable gloves, those gloves should be dedicated for cleaning and disinfection laundry items and should not be used for any other cleaning purposes.

- Heavily soiled linen should be rolled or folded to contain the heaviest soil in the centre of the bundle. Large amounts of solid soil, feces, or blood clots should be removed from linen with a gloved hand and toilet tissue than placed into a toilet for flushing. In order to prevent splashing, solid soil should not be sprayed with water.
- Use of commercial laundry detergent in a normal machine wash and machine dry are sufficient to clean soiled linen.
- Soiled linen should be bagged at the site of collection.
- To prevent contamination or soaking through, a single, leak-proof bag or a single cloth bag can be used. A second outer bag is only required to contain a leaking inner bag.
- Never carry soiled linen against body; place soiled linen in a clearly labelled, leak-proof container (e.g. bag, bucket).
- Linen bags should be washed after each use and can be washed in the same cycle as the linen contained in them.
- Clean hands immediately after gloves are removed.
 - If no gloves are available when handling dirty laundry, be sure to wash hands immediately after handling any laundry items.
 - If possible, do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air.
 - Launder items as appropriate in accordance with the manufacturer’s instructions. If possible, launder items using the warmest water setting for the items and dry items completely. Dirty laundry from an ill offender can be washed with other offender’s items.
 - Clean and disinfect clothes hampers according to guidance above for surfaces. If possible, consider placing a bag liner that is either disposable (can be thrown away) or can be laundered.

Handling of Waste

- Special handling (Biowaste) of waste contaminated with body fluids from patients with suspected or confirmed influenza is not required.
- Used needles and other sharp instruments should be handled with care to avoid injuries during disposal or reprocessing. Used sharp items should be disposed of in designated sharps containers.

Patient Care/Medical Equipment

- Equipment that touches the offender’s intact skin should be clean. Equipment that is shared should be cleaned between patients. A hospital grade germicide should be used for routine cleaning.

- Examination table “paper” should be used and discarded after each offender examination with the table cleaned in between.
- Equipment that is visibly soiled should be cleaned promptly.
- Soiled equipment should be handled in a manner that prevents exposure of the skin and mucous membranes and contamination of clothing and the environment.
- Reusable equipment touching mucous membranes (suction equipment), should be discarded or it should be cleaned and disinfected appropriately between offenders.
- Reusable equipment must be thoroughly cleaned (washed with hot soapy water, using an enzymatic cleaner), rinsed and dried before disinfection or sterilization and dried before storage.
- Sterile and clean supplies should be stored in a clean dry area.

Terminal Cleaning

Terminal cleaning is a complete and enhanced “top to bottom” cleaning procedure that decontaminates an area following release or transfer of an infected offender and requires thorough cleaning and disinfection for environmental decontamination. Cleaning should be followed by or combined with a disinfectant process.

Other Considerations

- The ill offender should eat/be fed in their room if possible. Non-disposable food service items used should be handled with gloves and washed with hot water or in a dishwasher. Clean hands immediately after handling used food service items.
- If possible, dedicate a lined trash can for the ill offender. Use gloves when removing garbage bags, handling, and disposing of trash. Wash hands immediately after handling or disposing of trash.

Reference: Coronavirus Disease 2019 (COVID-19) Environmental Cleaning and Disinfection Recommendations, Interim Recommendations for US Community Facilities with Suspected/Confirmed Coronavirus Disease 2019.

COVID-19 Environmental Cleaning and Disinfection - Information for Public Facilities

This fact sheet provides information to public facilities on cleaning, disinfection and general precaution considerations related to COVID-19.

What Do I Need To Know?

- The COVID-19 virus can survive for several days on different surfaces and objects.
- Frequent cleaning and disinfection is important to prevent spread of the disease.
- Many common household and commercial disinfectant products will destroy the COVID-19 virus.
- Some disinfectants will have an 8-digit Drug Identification Number (DIN). These products are approved for use by Health Canada.
 - Household bleach (5% sodium hypochlorite) may not have a DIN but may be used following instructions below.

What Do I Need To Do?

- Clean often. Areas visited by people should be kept clean and free from clutter.
- Commonly touched areas should be cleaned and disinfected twice daily or whenever visibly soiled.
- Commonly touched areas include light switches, door knobs, toilets, taps, hand rails, counter tops, toys, touch screens/mobile devices, keyboards.
- Clothing and fabric items should be laundered and dried on the highest temperature setting possible. Ensure items are thoroughly dried.

Is There a Difference Between Cleaning and Disinfection?

- Yes. Cleaning products remove dirt, dust and oils but don't always kill germs.
- Disinfectants are applied after cleaning to destroy germs.
- Cleaning is required prior to disinfection to remove soil and ensure the effectiveness of the disinfectant step (unless otherwise indicated by manufacturer).
- Common disinfectants include bleach solutions, quaternary ammonium (QUAT), alcohol (70%), and peroxide. Vinegar, tea tree oil solutions, etc. are not proven to be effective disinfectants.

How Do I Make a Disinfecting Solution?

- Always read product labels and follow the manufacturer's directions. Do not use expired products.
- According to Health Canada, a disinfecting solution can be made by mixing one part of bleach into nine parts of water.
- Do not mix soap or other cleaners into the bleach and water solution.
- Apply the disinfecting solution using a spray bottle or a clean wiping cloth.
- Always use Personal Protective Equipment (PPE) including protective gloves.
- Food contact surfaces should be rinsed with fresh water after disinfecting.
- Toys that may be mouthed by children must be thoroughly rinsed after disinfection.
- If using disinfectant wipes, manufacturer's recommended contact time (i.e. how long the surface remains wet) must be met. Disinfectant wipes are not recommended for heavily soiled surfaces.

saskatchewan.ca/COVID19

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Saskatchewan 

What Else Can I Do to Prevent the Spread of the COVID-19 Virus?

- Reduce contact between people in your facility. When possible provide extra space between clients.
- Wash your hands often with soap and water. Scrub for 20 seconds.
- Use hand sanitizer when hands are not visibly dirty and hand washing isn't available. Only use hand sanitizer approved by Health Canada (DIN or NPN number).
- Avoid touching your face, mouth, nose and eyes.
- Stay home and self-isolate if you are sick.
- Practice social distancing in general.
- Avoid close contact with others who are sick.
- Practice good respiratory hygiene. Cover your coughs and sneezes and then wash hands with soap and water.
- Avoid shaking hands.

For further information on COVID-19 please visit:

- Government of Saskatchewan: www.saskatchewan.ca/COVID19
- Government of Canada: <https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19.html>

Time: _____

COVID-19 INITIAL SCREENING AND ASSESSMENT (NURSE)

Date: _____ Name of Inmate: _____

DOB: _____ HSN: _____

Date of Symptom Onset: _____

Is this a new admission? Yes No If not, what unit? _____

SECTION 1:

HISTORY	YES	NO
In the past 14 days have you had close contact with someone who is confirmed as having COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
In the past 14 days have you returned from travel.	<input type="checkbox"/>	<input type="checkbox"/>
Been in contact with confirmed COVID-19 case regardless of travel history?	<input type="checkbox"/>	<input type="checkbox"/>
Attended a large gathering (>25 people)	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 2:

PRESENTING SYMPTOMS	YES	NO
Fever (NOTE: Offenders \geq 65 years may not present with fever)	<input type="checkbox"/>	<input type="checkbox"/>
Cough (new or changes to existing)	<input type="checkbox"/>	<input type="checkbox"/>
Severe difficulty breathing (e.g., struggling for each breath, speaking)	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3:

Are you experiencing any of the following:	YES	NO
Sore throat	<input type="checkbox"/>	<input type="checkbox"/>
Joint pain	<input type="checkbox"/>	<input type="checkbox"/>
Muscles aches	<input type="checkbox"/>	<input type="checkbox"/>
Severe exhaustion/weakness	<input type="checkbox"/>	<input type="checkbox"/>
Severe Chest Pain	<input type="checkbox"/>	<input type="checkbox"/>
Feeling Confused or loss of consciousness	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 4:

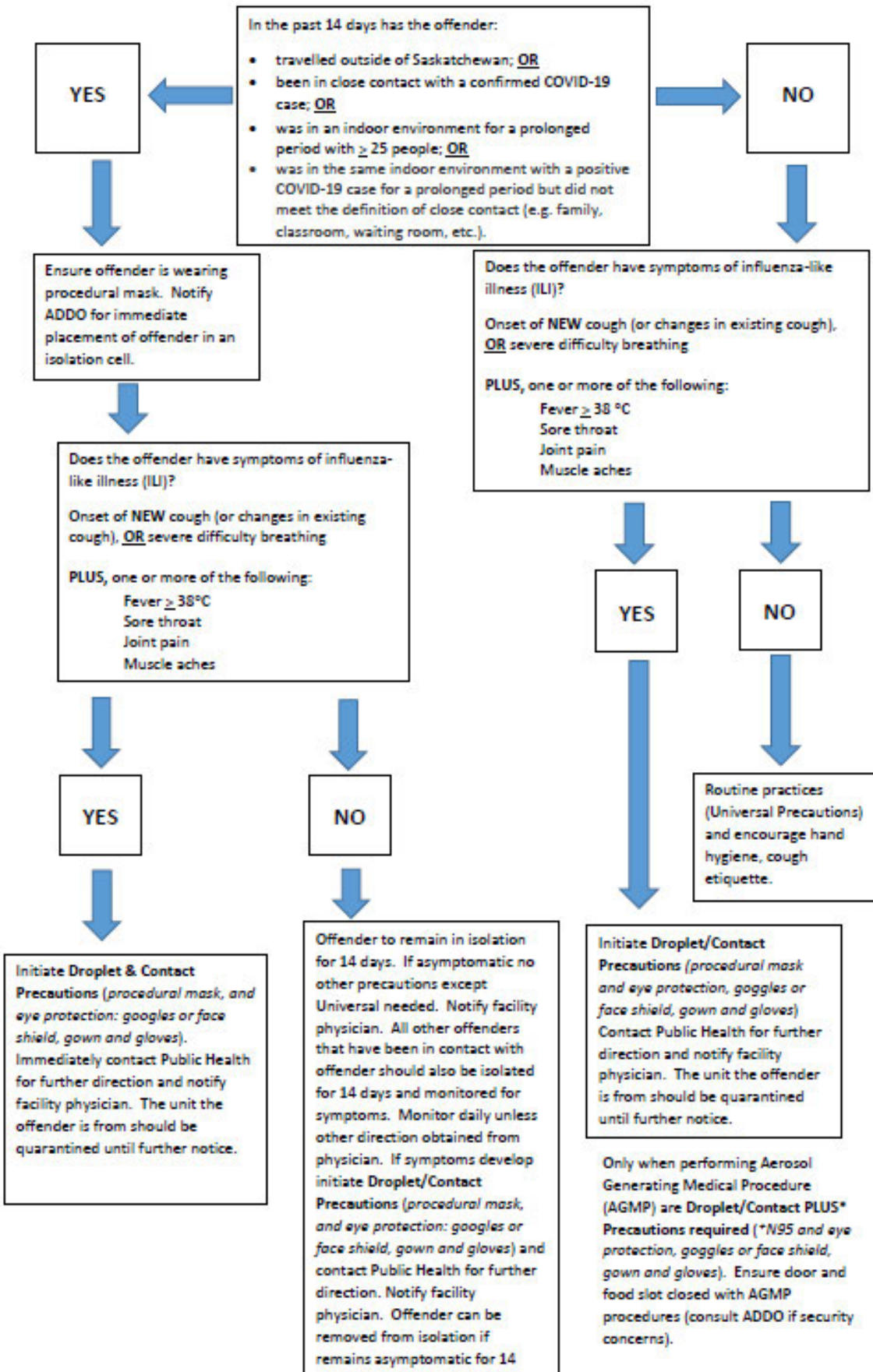
ASSESSMENT	
Temperature	°C
SPO2	%
Pulse	/min
BP	mmHg
Respirations	/min

If suspected to be COVID-19, please place offender on Contact and Droplet Precautions immediately and refer to the "Offender COVID-19 Decision-Making Tool".

Close contact is defined in the context of a person the offender:

- lived with; or
- was intimate with; or
- was a caregiver for; or
- was in the same indoor environment with a positive COVID-19 case for a prolonged period but did not meet the definition of close contact (e.g. family, classroom, waiting room, etc.).

OFFENDER COVID-19 DECISION-MAKING TOOL FOR NURSES



Time: _____

COVID-19 UNIT CHECKLIST (UNIT STAFF)

This checklist should be utilized when an offender is experiencing or identifies cold-like symptoms: (fever, chills, difficulty breathing). The unit staff are responsible for contacting the nursing clinic and the ADDO's office immediately to inform of a suspected infected offender.

Date: _____ Name of Inmate: _____

DOB: _____ HSN: _____

	<i>Staff's Initial</i>
Give the inmate a procedural mask and instruct the inmate how to wear the mask properly.	
Have the inmate wash or sanitize their hands immediately.	
Have the inmate stay where they are, isolate them and other inmates as much as possible, contact the Nursing Clinic for assessment.	
Nurse to complete assessment/checklist.	
The ADDO is consulted with the Nurse Manager or Designate will determine an appropriate placement for the inmate.	
Quality Assurance Team are to clean and disinfect all areas where the suspected infected inmate had been located.	

Nursing Clinic Contacted: Yes No

Name of Nurse Contacted: _____

Comments:

ADDO Contacted: Yes No

Comments:

Unit Staff Signature _____

Print Name

Signature

Non Responsive

Non Responsive

Non Responsive

Non Responsive

Alternative Offender Programming Proposal

Purpose: To develop potential strategies for offender engagement and rehabilitation within the Ministry's COVID-19 pandemic response.

Background Context

Currently, programming in facilities and alternative means of delivering programming is under discussion to plan for the possibility of COVID 19 being managed on units. It will require some creativity and flexibility to ensure risk assessment, case management, programming and client engagement continues.

Proposed Programming Flexibility

Group Programming

Group programming should be facilitated for as long as possible within the facilities limiting number of participants to allow for physical distancing. The delivery of programming will need to best fit potentially ongoing changing circumstances and availability of staff. All current programs can be considered based on risk level and criminogenic need however given changing circumstances it would make sense to run shorter programs. Programs such as the 5-day Criminal Lifestyles Program could be prioritized to enhance likelihood of completion and run on the unit. It is understood that educational programming is by its nature longer in duration. However, educational programming should be focused on a one course at a time model to allow for the increased likelihood of student course completion. The Employment Essential Program should be avoided at this time and the one on one work of the OEC should be the priority. It is important to take necessary precautions however the continuation of programming on units is important for rehabilitation, ongoing engagement and successful releases to the community.

Enhanced Access to Courage to Change Journals

Journals are typically facilitated by case managers in one on one sessions with correctional clients. Some flexibility regarding delivery of C2C could be granted for adult custody facilities on units that have not implemented C2C and the required staff training. If group programming is no longer feasible on units, case managers could provide journals for offenders to work on based on their identified criminogenic needs. Work completed in the journals would then be reviewed by case managers, with written feedback provided within the pages for client consideration. It should be noted there is a cost associated with C2C, averaging approximately \$3 per workbook.

Increased Utilization of Relapse Prevention Plan Workbooks

Workbooks are typically facilitated by case managers in one on one sessions with correctional clients. Some flexibility regarding delivery of RPP could be granted by providing the workbooks to offenders to work on individually. Review would then be conducted by case managers, with written feedback provided within the pages for client consideration.

Promoting Greater Usage of CCP Worksheets

For sentenced AND remanded clients, when problematic behaviour is occurring on units, workers can strategically provide worksheets designed for skill building, problem solving, cognitive self-change, and building motivation. Review would then be conducted by case managers, with written feedback provided within the pages for client consideration.

Increased Use of Helping Children Thrive Workbooks (Youth)

For remanded youth, workbooks are typically facilitated by case managers in one on one sessions with correctional clients. Some flexibility regarding delivery of HCT could be granted. Review would then be conducted by case managers, with written feedback provided within the pages for client consideration. It should be noted there is a cost associated with HCT, averaging approximately \$3 per workbook.

One on One Education Programming

If group programming becomes untenable then education staff should begin one on one educational session for clients. In that case the priority for teacher resources and student support during this time should go to the clients nearest their release date and most likely able to finish a program of study.

COVID-19 Fact Sheet

What is COVID-19?

COVID-19 is a new virus that has not been previously identified. At present time, it is causing mild to moderately severe symptoms and in some cases death. The virus spreads through close person-to-person contact. As with new viruses, further details will be available as we learn more.

Common symptoms include fever, cough, shortness of breath and breathing difficulties. In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome, kidney failure and even death. Older people or those with chronic illnesses may be at higher risk for a more severe form of the disease.

If you think you may have COVID-19 and have access to the internet use the self-assessment at <https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/treatment-procedures-and-guidelines/emerging-public-health-issues/2019-novel-coronavirus/covid-19-self-assessment>; or if you fit the criteria of potential exposure, are exhibiting mild symptoms and suspect you may have COVID-19, you can obtain health advice by phoning:

1. HealthLine 811;
2. Your local Public Health Communicable Disease Control office; or
3. Your family physician.

How COVID-19 Spreads?

The infection transmits via coughing and sneezing (droplet transmission). It can also be spread by touching surfaces with the virus on it, then touching your mouth, nose or eyes before washing your hands. While it is not yet known exactly how long COVID-19 lives on surfaces, it appears that it can live on objects and surfaces from a few hours to several days. Therefore, isolation is important to prevent transmission. It is recommended to maintain a social distance of ideally two meters and at minimum one meter.

How to Protect Yourself and Others?

Currently, there is no approved vaccine that protects people against coronaviruses. The best method to protect yourself against COVID-19 is to:

- Cough and sneeze into the bend of your elbow; use a tissue once and discard it;
- Wash your hands often with soap and water; if soap and water are not available, use an alcohol-based hand sanitizer;
- Avoid touching your eyes, nose and mouth with unwashed hands;
- Maintain safe food practices like cleaning kitchen counters and taps;
- Avoid close contact with people who are sick;
- Avoid unnecessary travel;
- Avoid groups of more than five people where possible; and
- Practice social distancing (maintain a one to meter distance from others; do not shake hands, hug or kiss).

Treatment

- As with most respiratory illnesses, most people with COVID-19 illness will recover on their own. There is no specific treatment for disease caused by COVID-19. Severe or worsening symptoms may require supportive treatment in hospital.
- If symptoms feel worse than a standard cold, see a health care provider or call HealthLine 811. If HealthLine 811 recommends you seek acute care, they will provide instruction to call ahead.
- Call ahead before you get medical care. If leaving your home for medical care, call ahead and tell the clinic you are coming in and that you are self-isolating due to risk of COVID-19. By calling ahead, you help the clinic, hospital, lab, urgent care or doctor's office prepare for your visit and stop the spread of germs.

For People who HAVE contracted COVID-19

People who are positive for COVID-19 are required to self-isolate. Self-isolation means people can remain in their home and are considered well enough to not require admission to hospital. Individuals should not leave their place of residence, attend work, school, daycare, university, social, sporting or cultural events, or religious gatherings.

People should have the ability to care for their symptoms including being able to drink enough liquids. They should not have visitors to their home and should avoid contact with others that may be living in the same home.

For People who have been exposed to COVID-19 but do not have any symptoms

The time from exposure to developing symptoms of COVID-19 can take up to 14 days. After exposure to a person with COVID-19, a person is required to self-isolate for 14 days. That means staying in your place of residence, avoiding contact with others. If you have not developed symptoms over 14 days, the risk of having COVID-19 is low and you can return to daily activities; however, if you have had another exposure during the initial 14-day period (for example from a family member that became ill), the self-isolation must extend for 14 days from the last exposure.

If you develop symptoms of COVID-19, such as fever, cough, sore throat, shortness of breath and generally feeling unwell. Call HealthLine 811 for directions for testing.

If you require urgent medical care because it becomes harder to breathe, you cannot drink anything or you feel very unwell, go to an urgent care clinic or emergency department. If you have a mask, wear it. Call ahead if needing medical attention and notify reception once you enter a clinic or a hospital that you are self-isolating because of COVID-19. If you or someone in your care has chest pains, difficulty breathing, or severe bleeding, it could be a life-threatening emergency. Call 9-1-1 or the local emergency number immediately.

Adapted from: <https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/treatment-procedures-and-guidelines/emerging-public-health-issues/2019-novel-coronavirus/about-covid-19>SASKATCHEWAN PUBLIC HEALTH OFFICES

Who to Contact for More Information?

We understand that residents have questions about COVID-19 in Saskatchewan. If you have recently travelled internationally and are experiencing respiratory or flu-like symptoms, please call HealthLine 811.

Public inquiries may be directed to COVID19@health.gov.sk.ca.ou. You can also contact your local Public Health Office at the numbers listed below.

Public health offices are located across the province. If you don't see your community below, contact the next nearest office and your request will be redirected appropriately.

Find contact info for the office in your area:

Buffalo Narrows	306-235-2220
La Ronge	306-425-8500
Melfort	306-752-6310
Moose Jaw	306-691-1500
North Battleford	306-446-6400
Prince Albert	306-765-6500
Regina	Public Health Inquiries: 306-766-7777 Childhood Immunization Inquiries: 306-766-7500 Travel and Special Population Immunization Inquiries: 306-766-7904
Rosetown	306-882-2672 Ext. 3/Option 3
Saskatoon	Public Health Inquiries: 306-655-4620 Immunization Inquiries: 306-655-4615
Stony Rapids	306-439-2200
Swift Current	306-778-5280 Toll Free: 1-866-786-2510
Weyburn	306-842-8618
Yorkton	306-786-0600

Protocol for Offender Discharge with Unresolved COVID-19 or in Quarantine for Possible COVID-19

Correctional Officers (COs):

- COs are responsible for reviewing all warrant expiry, early release and remand expiry dates of those in their units. COs will keep a record of offenders diagnosed with COVID-19, or on quarantine for possible COVID-19 who may be released. Arrangements must be made for such offender(s) to continue their quarantine or isolation before release.
- If the inmate does not have a confirmed living arrangement after discharge, a referral must be made to the Client Service Centre at Ministry of Social Services (MSS), as far in advance as possible. The MSS mandate includes providing appropriate shelter for those who are homeless with COVID-19 and making arrangements for those who are homeless and under quarantine.
- In advance of release/discharge a housing placement must be confirmed.
- Appropriate transportation arrangements must be in place before release/discharge.
- For those offenders with probation to follow, the CO will inform the Probation Officer (PO) of the offender's status.
- Upon release all offenders will be provided with a fact sheet about COVID-19 and strategies to reduce the spread of the virus.
- Upon release, all offenders will be provided with information about the need to contact Health Care provider, and/ or Public Health Services if symptoms worsen.

Nurses:

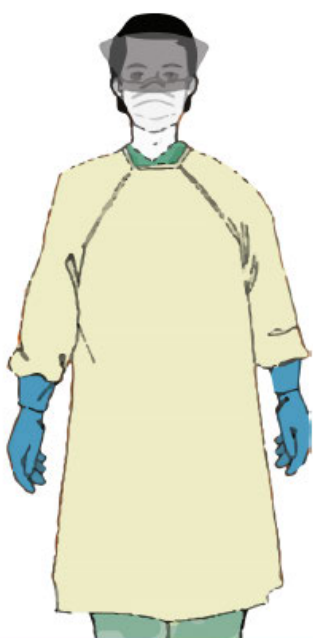
- All offenders with COVID-19 or who are on quarantine for COVID-19, will be screened by nurses before discharge. This screening will assess the severity of symptoms and whether hospitalization needs to be considered. This information will be communicated to the COs who are responsible for arranging appropriate housing and transportation post release.
- For offenders with COVID-19 or who are on quarantine for COVID-19, nurses will contact Public Health Services in advance of each offender's release.

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DROPLET/CONTACT PLUS* PRECAUTIONS (Keep door closed)



Everyone **MUST** clean their hands before entering and when leaving room



Staff wear:

- Gowns & Gloves
- Procedure mask with eye protection (when within 2 metres of patient)

For AGMPs*:

- N95 respirator + eye or facial protection are required

*Aerosol-generating medical procedures

High risk AGMPs needing negative pressure room placement:
Intubation, BIPAP, CPAP, bronchoscopy, CPR with bag valve and mask

Lower risk AGMPs, negative pressure room if available, otherwise private room with hard walls and door closed:
Optiflow (for infectious patients only), Nebulized therapy, open airway suctioning, sputum induction.

NOTE: Nasopharyngeal swab is not considered an Aerosol-Generating Medical Procedure (AGMP).



MARCH 17, 2020: For more information contact infectioncontrol@saskhealthauthority.ca

PPE photos sourced from what-where-how.com

Employee and Family Assistance Program Resources COVID-19

COVID-19 may have many employees feeling anxious and may be worried about their safety at work, and at home. Some amount of anxiety is normal, but should be kept at a manageable level. Government of Saskatchewan Employee and Family Assistance Program provider Morneau Shepell, has a pandemic response plan. The plan offers 24/7 confidential access to professional support to help employee's manage stress, anxiety, grief financial concerns, and much more. Morneau Shepell's operations are continuing without disruption as services are being offered by telephonic, video and digital means for counselling. Where these services are not practical or feasible, they will deliver services practicing social distancing.

There are two options to contact Morneau Shepell:

- 1) Call the Morneau Shepell Care Access Centre toll-free at 1-844-880-9142; press 1 or 2 for choice of language;
 - For immediate crisis counselling support press 1;
 - For intake to counselling services press 2;
 - For workplace critical incidents press 3.
- 2) Visit workhealthlife.com. Search for our organization by typing in "Government of Saskatchewan" and select your ministry. If you have trouble accessing Morneau Shepell's website or services, contact efap@gov.sk.ca or 306-787-7567.

Tips to manage anxiety about coronavirus

D. JOTI SAMRA, R. PSYCH & ASSOCIATES

1. **Educate yourself.** On what the virus is, what the signs and symptoms are and the preventative measures.
2. **Keep Perspective.** Though it is important to stay informed it is also important to keep perspective. Do not spend too much time checking the news channels. Remember to also spend time on other important and positive things in your life.
3. **Don't inflate the risk.** When something's new and there are unknowns about it, it can seem very scary. This is our brain's normal reaction to a threat (our fight or flight response) and considering the amount of attention a new threat like this gets, it's easy for the risk to be inflated. Take the time to consider the *actual* risk to you. Read the article on [Coronavirus and the risks to Canadians](#).
4. **Take precautions.** Once you've determined what the recommended precautions are, incorporate those into your regular routine. Right now, the recommendations are typical flu protocols:
 - o wash your hands regularly with soap and water;
 - o stay home if you feel sick;
 - o avoid those who are presenting with flu-like symptoms; and,
 - o maintain regular health routines like sleeping enough, eating healthy and exercising.
5. **Stay connected.** Having a support network of people to talk to when you're feeling anxious can help to keep you grounded and remind you to keep the perspective you need.

Employee and Family Assistance Program Resources COVID-19

6. Use your coping skills. If you experience anxiety in other areas of your life remember to engage in the practices that help manage your anxiety levels, for example, engaging in regular mindfulness practice.
7. Seek extra help. If you're still struggling with your anxiety or experiencing panic that is affecting your ability to maintain your regular activities, you may consider seeking additional support.

Best practices for managers

- Share accurate and up-to-date information. If an infectious disease is causing concern in your workplace, sharing accurate information about the disease is the first step toward helping to manage anxieties in the workplace.
- Offer reassurance and help people stay focused.
- Make clear that your organization takes health and safety very seriously and will take appropriate steps to protect employees.
- Describe the steps the ministry and your division is taking to protect employees, individuals in custody and the public.
- Provide your employees information about how the ministry and division plan to keep operations running smoothly.
- Help people to stay focused on their work and maintain normal routines.
- Encourage any employees who shows signs of stress or anxiety to contact the assistance program. The program offers support and resources for many personal and work-related issues.

Additional Resources

You can access additional information and tools on [Taskroom](#) or the links below.

- [Morneau Shepell's Plan and Services](#)
- [Novel Coronavirus \(COVID-19\) webinar \(11 minutes\)](#)
- [E-Counselling Fact Sheet](#)

Free Heartbeat Webinar Series that highlight supports available for clients of Morneau Shepell. To enroll, [click here](#).

- [Tips for protecting yourself and others from COVID-19](#)
- [Tips for coping with the COVID-19 outbreak](#)
- [Managing Concerns and Anxieties about Infectious Diseases at Work](#)
- [Emotional well-being during the COVID-19 pandemic](#)
- [Tips to manage anxiety about coronavirus](#)

COVID-19



PROTECT YOURSELF AND OTHERS

If you have a fever, cough, difficulty breathing or if you have traveled outside of Saskatchewan in the past 14 days, please report this information immediately upon entering the security screening area.

Our staff may ask you to take additional precautions or limit your access to the building.

Saskatchewan 

saskatchewan.ca/COVID19

Updated March 2020

Guideline to Personal Protective Equipment and Exposure Control for COVID-19

**Ministry of Corrections and Policing
Ministry of Justice and Attorney General
Integrated Justice Services**

**Occupational Health and Safety Branch
Integrated Justice Services**

Developed: March 2020

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Saskatchewan 

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1. Introduction

This guideline has been developed following the COVID-19 recommendations for Personal Protective Equipment (PPE) and exposure control as outlined by the World Health Organization (WHO). Key documents referenced are the *Rational Use of Personal Protective Equipment for Corona Disease (COVID19)*, and *The Preparedness, Prevention and Control of COVID-19 in Prisons*. This guideline is subject to change based on evidence and the progression of the pandemic and will be updated as required.

2. Purpose

The Ministry of Corrections and Policing, Integrated Justice Services and The Ministry of Justice and Attorney General are committed to ensuring workplace health, safety and wellness. Due to the incubation period of the virus, COVID-19, the potential exists for Ministry employees to encounter possible exposure(s) to COVID-19 in the performance of their daily tasks. The purpose of this guide is to provide standards for the assessment and proper controls to protect employees from a potential exposure and spread of COVID-19. Usage of Personal Protective Equipment (PPE) is based on the risk of exposure and specific to the environment.

3. Informing Employees

Employees shall be informed by their supervisor/manager about the potential exposure to an infectious material associated with their job tasks and what precautions should be taken.

4. Roles and Responsibilities

4.1 Supervisors

Supervisors perform a risk assessment to evaluate the likelihood of exposure, and follow the outlined PPE based on results. Refer to the Government of Saskatchewan, Guidelines for Hazard Identification and Risk Assessment in addition to the COVID-19 Assessment Tool. Supervisors shall notify and educate employees of exposure symptoms and hazards, and the controls to protect themselves as outlined in this document. Supervisors ensure that employees receive training related to the use, limitations, care, sanitation, and inspection of PPE. Supervisors are to ensure that PPE is used by the employee, as outlined, and removed from use or service when damaged.

4.2 Employee

Employees should use a risk assessment approach before and during each interaction to evaluate the likelihood of exposure, and follow the outlined PPE based on results. Employees are to participate in PPE training and use PPE in accordance to their training. PPE should be inspected before use to ensure it is not cracked, broken or damaged in any way, reporting damaged equipment to your supervisor. Employees shall notify their supervisor of any potential risks that arise. In the event of a high-risk or infected: individual or surface or identified area, employees shall notify their supervisor as quickly as possible and cease all movement in the immediate vicinity to reduce the possibility of further contamination.

5. COVID-19

As defined by the Government of Canada, COVID-19 is an illness caused by a coronavirus. Human coronaviruses are common and are typically associated with mild illness, similar to the common cold. Symptoms and risks may be very mild or more serious.

5.1 Symptoms

Those who are infected with COVID-19 may have little to no symptoms. Symptoms, similar to a cold or flu, may take up to 14 days to appear after exposure to COVID-19. Symptoms include:

- fever
- cough
- sore throat
- difficulty breathing
- diminished sense of smell or taste
- pneumonia in both lungs¹

5.2 Transmission

COVID-19 is transmitted via droplets and fomites during close unprotected contact between an infected person and an uninfected person. There is consistent evidence that airborne spread has not been reported for COVID-19 and not believed to be a major driver of transmission.

5.3 Precautions

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

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

6. Early Recognition and Source Control

The key to exposure control is to have a multi-faceted plan that limits the spread of the virus and limits the number of employees who could be exposed to the virus. Signage should be posted to instruct symptomatic individuals to alert ministry employees, thus prompt screening and isolation, where possible.²

6.1 Universal Precautions

The most important first steps for protection are:

- performing hand hygiene and avoid touching your face, mouth, nose and eyes
- regular sanitizing of common surfaces

¹ Government of Canada, Coronavirus disease (COVID-19): Symptoms and Treatment; 2020 (Access date: March 2020) <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/symptoms.html>

² Government of Canada, Infection prevention and control for coronavirus disease (COVID-19): Interim guidance for acute healthcare setting; 2020 (Access date: March 2020) <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/interim-guidance-acute-healthcare-settings.html#a4.1>

- where possible, maintain physical distancing of 2 metres
- physical barriers in areas where initial assessment occurs is preferred
- early recognition of individuals with respiratory illness
- rapidly isolating anyone suspected of having COVID-19 and having the individual wear a surgical/procedural mask
- self-monitoring of personal health for signs and symptoms
- donning the appropriate PPE based on the risk of exposure and specific environment

Measures such as these are critical to reducing the likelihood of exposure of employees to the virus.³ (Refer to the symptoms listed above.)

6.2 Risk Assessment – Symptom Screening

The application of universal precautions and additional precautions is based on a symptom screening risk assessment. **All employees should use a risk assessment approach before and during each interaction to evaluate the likelihood of exposure, and follow the outlined PPE based on results.**⁴

7. Personal Protective Equipment

PPE should always be considered as the last line of defense. Safe work procedures, administrative and engineered controls are to be considered prior to PPE. PPE is used in conjunction with these controls to provide protection. PPE should be inspected before use to ensure it is not cracked, broken or damaged in any way, reporting damaged equipment to your supervisor.

Where possible, maintain a safe distance from others (2 metres). Perform hand hygiene using alcohol-based hand rub or soap and water in your universal precautions, especially before and after removing soiled PPE. (See PPE Appendices for additional information on the appropriate use of PPE by task.)

7.1 When to use Personal Protective Equipment

When an individual is displaying symptoms or is confirmed to have COVID-19, if you cannot maintain physical distancing (2 metres), or are entering the effected unit, or cleaning a contaminated area, in addition to the consistent application of universal precautions, follow contact and droplet precautions. This includes the appropriate selection and use of the following personal protective equipment (PPE):

- gloves
- gown
- facial protection-surgical/procedural mask
- eye protection
- hand hygiene should be performed, paying particular attention after the removal of

³ World Health Organization, The Preparedness, Prevention and Control of COVID-19 in Prisons. March 15, 2020; Regional Office website (Accessed March 2020) <http://www.euro.who.int/en/health-topics/health-determinants/prisons-and-health/publications/2020/preparedness,-prevention-and-control-of-covid-19-in-prisons-and-other-places-of-detention-2020>

⁴ Government of Canada, Infection prevention and control for coronavirus disease (COVID-19): Interim guidance for acute healthcare setting; 2020 (Access date: March 2020) <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/interim-guidance-acute-healthcare-settings.html#a4.1>

PPE, and after leaving the effected unit.^{5 6 7 8}

7.2 Gloves

When an individual is displaying symptoms or is confirmed to have COVID-19, if you cannot maintain physical distancing (2 metre), or are entering or cleaning the effected unit, in addition to the consistent application of universal precautions, follow contact and droplet precautions and wear gloves.⁹ See donning and doffing of PPE for additional information.

7.3 Long Sleeved Gown

When an individual is displaying symptoms or is confirmed to have COVID-19, if you cannot maintain physical distancing (2 metres), or are entering or cleaning the effected unit, in addition to the consistent application of universal precautions, follow contact and droplet precautions and wear a gown. See donning and doffing of PPE for additional information.¹⁰

7.4 Facial Protection – Surgical/Procedural Mask

When an individual is displaying symptoms or is confirmed to have COVID-19, if you cannot maintain physical distancing (2 metres), or are entering or cleaning the effected unit, in addition to the consistent application of universal precautions, follow contact and droplet precautions and wear a surgical/procedural mask.¹¹ Change mask when it becomes moist. Proper wearing of masks requires a snug fit over the nose and under the chin. See donning and doffing of PPE for additional information.¹²

7.5 Facial Protection – Eye Wear

When an individual is displaying symptoms or is confirmed to have COVID-19, if you cannot maintain physical distancing (2 metres), or are entering or cleaning the effected unit, in addition to the consistent application of universal precautions, follow contact and droplet precautions and wear eye protection. Face shield/goggles or surgical/procedural mask with visor attachment.

^{5 9} World Health Organization, The Preparedness, Prevention and Control of COVID-19 in Prisons. March 15, 2020; Regional Office website (Access date: March 2020) <http://www.euro.who.int/en/health-topics/health-determinants/prisons-and-health/publications/2020/preparedness-prevention-and-control-of-covid-19-in-prisons-and-other-places-of-detention-2020>

⁶ Saskatchewan Health Authority, NOVEL CORONAVIRUS (COVID-19): Interim Infection Prevention and Control Guidance for Primary Health Care Settings (Access date: March 2020) <https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/treatment-procedures-and-guidelines/emerging-public-health-issues/2019-novel-coronavirus/information-for-health-care-providers/ppe-infection-prevention-and-control#infection-prevention-and-control>

⁷ Government of Saskatchewan, COVID-19 Appropriate Use of Personal Protection Equipment (PPE) April 2020; (Access date: April 2020) <https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/treatment-procedures-and-guidelines/emerging-public-health-issues/2019-novel-coronavirus/information-for-health-care-providers/ppe-infection-prevention-and-control>

⁸ Saskatchewan Health Authority, COVID-19 PPE Bulletin, April 2020; (Access date: April 2020) <https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/treatment-procedures-and-guidelines/emerging-public-health-issues/2019-novel-coronavirus/information-for-health-care-providers/ppe-infection-prevention-and-control>

^{10 11} World Health Organization, The Preparedness, Prevention and Control of COVID-19 in Prisons. March 15, 2020; Regional Office website (Access date: March 2020) <http://www.euro.who.int/en/health-topics/health-determinants/prisons-and-health/publications/2020/preparedness-prevention-and-control-of-covid-19-in-prisons-and-other-places-of-detention-2020>

^{12 13 14} Saskatchewan Health Authority, NOVEL CORONAVIRUS (COVID-19): Interim Infection Prevention and Control Guidance for Acute Health Care Settings (Access date: March 2020) <https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/treatment-procedures-and-guidelines/emerging-public-health-issues/2019-novel-coronavirus/information-for-health-care-providers/ppe-infection-prevention-and-control#infection-prevention-and-control>

(Prescription glasses do not meet the OH&S regulations for eye protection.)¹³

7.6 When to wear a N95 Respirator

When an individual is showing symptoms or has been confirmed to have COVID-19 a N95 respirator is required during an Aerosol Generating Medical Procedure (AGMP), such as a nebulizer, Continuous Positive Airway Pressure therapy (CPAP), Emergency Medical Services (EMS) interventions including intubation, Bag Valve Mask. All employees require gloves, gown (level 2), facial/eye protection and a fit-tested N95 respirator. The following steps should be followed:

- limit the employees in the room during this procedure
- hang “AGMP in Progress! Do Not Enter “poster on the closed door. (Poster is located in Table 4)
- ensure employee have been fit tested and are trained to use a N95 respirator
- the N95 respirator and eye/facial protection should be removed immediately after leaving the room. Where the AGMP was performed should remain vacant or a N95 respirator should continue to be worn until the air clearance time has elapsed. If specific settle time is not identified, use 2 hours.¹⁴
- following the completion of the AGMP, complete and post the poster in Table 5. “AGMP completed at _____”, “Settle time: _____” (If specific settle time not identified, use 2 hours.) Fill in “Safe to Enter Room at: _____”. Once the safe to enter time has lapsed, staff no longer require a N95
- see disinfecting procedures for AGMP below for additional details

Tight-fitting respirators must seal to the wearer’s face in order to provide the expected protection. Therefore, fit testing by a competent person is required as per Section 88 of *The Occupational Health and Safety Regulations, 1996*.

7.7 Removal of PPE

Before leaving an effected unit where the individual is held, gloves, gown, eye protection and mask should be removed and disposed of to minimize the potential for cross contamination. After leaving the area, the facemask can be removed and disposed of.¹⁵ ¹⁶ Refer to donning and doffing posters below for details on the careful removal of all PPE.¹⁷

¹⁵ Government of Saskatchewan, COVID-19 Appropriate Use of Personal Protection Equipment (PPE) April 2020; (Access date: April 2020) <https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/treatment-procedures-and-guidelines/emerging-public-health-issues/2019-novel-coronavirus/information-for-health-care-providers/ppe-infection-prevention-and-control>

¹⁶ World Health Organization, The Preparedness, Prevention and Control of COVID-19 in Prisons. March 15, 2020; Regional Office website (Access date: March 2020) <http://www.euro.who.int/en/health-topics/health-determinants/prisons-and-health/publications/2020/preparedness,-prevention-and-control-of-covid-19-in-prisons-and-other-places-of-detention-2020>

¹⁷ Alberta Health Services, Infection Prevention & Control, Putting on (Donning) Personal Protective Equipment (PPE) & Taking off (Doffing) Personal Protective Equipment (PPE)

8. Procedures

8.1 Self-Monitoring and Exposure

Self-monitoring means watching closely for symptoms in yourself or your dependents. You should avoid crowded public spaces, if possible. Speak to your supervisor on how to quickly self-isolate if you develop fever, cough or difficulty breathing when at work. When there are no symptoms, continue with your daily activities. If you have been exposed without proper PPE, or at the first sign of symptoms, such as increase in body temperature or development of a cough or sore throat or shortness of breath, you should self-isolate and call HealthLine 811 for assessment and direction. For workplace exposure without proper PPE, notify your supervisor and follow the Incident Reporting and Investigation Procedures. (Form 101) Whether you're self-isolating or self-monitoring, make sure you maintain proper physical distancing. (2 metres)

8.2 Exposure Control

All first point of contact employees should complete a risk assessment by way of a symptom screening on individuals being admitted. All incoming transports with symptoms or confirmed COVID-19, should don a surgical/procedural mask prior to entering custody. The surgical/procedural mask shall remain on until an assessment has been completed.

If an individual presents with symptoms of influenza-like illness and within 14 days before the onset of illness, has travelled outside of Canada, and/or has been in close contact with a probable or confirmed case of COVID-19 or someone who has travelled outside of Canada:

- place the individual in a designated separate area, where possible
- encourage the individual with signs and symptoms of an acute respiratory infection to perform respiratory hygiene/cough etiquette, and provide tissues, and a waste receptacle
- limit contact/visitors to only those who are essential
- do **not** cohort with other individual (unless necessary, in which case cohort only with individual with similar screening symptoms to COVID-19)
- disinfect the contaminated area as outlined in this guideline
- practice universal precautions, wash your hands with soap and water or alcohol-based hand sanitizer

8.3 Hand Hygiene

Hand hygiene is essential to reduce cross-contamination; hands should be washed often. Lather your hands by rubbing them together with soap and water for at least 20 seconds and dry with a single use towel; alcohol hand sanitizer containing at least 60% alcohol is also an option where soap and water are not available.

8.4 Transporting Individuals

All incoming transports to correctional facilities with symptoms or confirmed COVID-19, should don a surgical/procedural mask prior to entering custody. The surgical/procedural mask shall remain on until an assessment has been completed. All outbound transports of individual with

symptoms, or confirmed COVID-19 will be rescheduled. All incoming transfers of individuals with symptoms or confirmed COVID-19 from police agencies, will be denied by courts. Transport vehicles are to be sanitized if suspected or confirmed COVID-19 infection has occurred.

8.5 Handling of Deceased Bodies

Universal precautions should be used properly and consistently when handling deceased bodies or preparing bodies for autopsy or transfer to mortuary services. Provincial and territorial specified communicable disease regulations should be followed.¹⁸

8.6 Disposal of PPE and Garbage

Single-use disposable equipment should be discarded into a no-touch waste receptacle after use.¹⁹ No special precautions are recommended; universal precautions are sufficient.

8.7 Disinfecting

Increased frequency of cleaning high-touch surfaces is significant in controlling the spread of microorganisms during a respiratory infection outbreak. For common workplace settings, cleaning can be accomplished with water, detergent and scrubbing.

Work locations should focus on office, workplace and facility cleaning to limit the spread of infectious disease. Cleaning activities should include:

- telephones /keyboards
- photocopiers and fax machines
- shared equipment

Regular cleaning of shared common areas, counter tops, sinks, desktops, file cabinets, door handles kitchen areas, sinks and taps should be completed preferably at least at the beginning and the end of each shift with documentation.²⁰ Dishes should be cleaned as per normal food sanitation guidelines.

8.8 Disinfecting Environments Suspected or Confirmed COVID-19

Environmental cleaning **with suspected or confirmed** COVID-19 infection requires cleaners to don a surgical/procedural mask, eye protection, gloves, gown and boots or closed work shoes. According to Health Canada, a disinfecting solution can be made by mixing one part of bleach into 50 parts of water. For example, 1 teaspoon (5 mL) bleach into 1 cup (250 mL) water. These directions are based on bleach that is 5% sodium hypochlorite²¹. Follow PPE requirements

¹⁸ Government of Canada, Infection prevention and control for coronavirus disease (COVID-19): Interim guidance for acute healthcare setting; (Access date: March 2020) (<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/interim-guidance-acute-healthcare-settings.html#a4.1>)

¹⁹ Saskatchewan Health Authority, NOVEL CORONAVIRUS (COVID-19): Interim Infection Prevention and Control Guidance for Acute Health Care Settings (Access date: March 2020)

^{20,22} Government of Saskatchewan, COVID-19 Cleaning and Disinfection for Public Facilities, 2020; (Access date: April 2020) <https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/treatment-procedures-and-guidelines/emerging-public-health-issues/2019-novel-coronavirus/public-health-measures/guidance-for-health-care-facilities/cleaning-and-disinfecting-public-facilities>

listed on the Safety Data Sheet (SDS).

8.9 Disinfecting for Aerosol Generating Procedure

Where possible, wait for aerosolize settle time prior to environmental cleaning **after an aerosol generating medical procedure (AGMP)**. If an area cannot be secured and requires immediate cleaning, cleaners should don a N95 respirator, eye protection, gloves, gown and boots or closed work shoes. Post settle time of 2 hours, a N95 respirator is not required and can be replaced with a surgical/procedural mask. According to Health Canada, a disinfecting solution can be made by mixing one part of bleach into 50 parts of water. For example, 1 teaspoon (5 mL) bleach into 1 cup (250 mL) water. These directions are based on bleach that is 5% sodium hypochlorite.²² Follow PPE requirements listed on the Safety Data Sheet (SDS).

8.10 Personal Belongings

All reusable equipment and supplies, electronics, personal belongings, etc. should be dedicated to the use of the individuals with signs and symptoms and exposure criteria consistent with COVID-19. If use with other individuals is necessary, the equipment and supplies should be cleaned and low-level disinfected before reuse. Items that cannot be appropriately cleaned and disinfected should be discarded upon individuals transfer or discharge. Practice good hand hygiene, do not touch your face, eyes or nose.

8.11 Linens

All individuals dealing with soiled bedding, towels and clothes from or infected by **individuals with COVID-19** should:

1. Wear appropriate personal protective equipment, which includes gloves, surgical/procedural mask, eye protection (face shield/goggles), long-sleeved gown, (if gown is not fluid resistant), and don boots before touching any soiled linen.
2. Never carry soiled linen against body; place soiled linen in a clearly labeled, leak-proof container (e.g. bag, bucket)
3. If there is any solid excrement on the linen, such as feces or vomit, scrape it off carefully with a flat, firm object and put it in the designated toilet before putting linen in the designated container.
4. Wash and disinfect linen: washing by machine with hot water and laundry detergent is recommended for cleaning and disinfection of linens.²³

²² Saskatchewan.ca, COVID-19 Cleaning and Disinfecting for Public Facilities (Access date April 2020)

<https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/treatment-procedures-and-guidelines/emerging-public-health-issues/2019-novel-coronavirus/public-health-measures/guidance-for-health-care-facilities/cleaning-and-disinfecting-public-facilities>

²³ World Health Organization, Q & A on infectious prevention and control for health care workers caring for patients suspected or confirmed 2019-nCoV (Access date March 2020) <https://www.who.int/news-room/q-a-detail/q-a-on-infection-prevention-and-control-for-health-care-workers-caring-for-patients-with-suspected-or-confirmed-2019-ncov>

9. How to Don and Doff Personal Protective Equipment



Putting on (Donning) Personal Protective Equipment (PPE)

1 HAND HYGIENE



- A Using an alcohol-based hand rub is the preferred way to clean your hands.
- B If your hands look or feel dirty, soap and water must be used to wash your hands.

2 Gown



- A Make sure the gown covers from neck to knees to wrist.
- B Tie at the back of neck and waist.

3a Procedure/Surgical mask

- ◆ Secure the ties or elastic around your head so the mask stays in place.
- ◆ Fit the moldable band to the nose bridge. Fit snugly to your face and below chin.



3b N95 respirator

There are different styles of N95 respirators (pictured below). They include: a) molded cup, b) duckbill, c) flat-fold and d) v-fold. Refer to the manufacturer for specific donning instructions.



All personnel MUST receive FIT testing/ training and be clean-shaven before donning any respirator.



- A Pre-stretch both top and bottom straps before placing the respirator on your face.
- B Cup the N95 respirator in your hand.
- C Position the N95 respirator under your chin with the nose piece up. Secure the elastic band around your head so the N95 respirator stays in place.
- D Use both hands to mold the metal band of the N95 respirator around the bridge of your nose.
- E Fit check the N95 respirator.

4 Eye protection or face shields



- ◆ Place over the eyes (or face).
- ◆ Adjust to fit.

5 Gloves




- ◆ Pull the cuffs of the gloves over the cuffs of the gown.

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For more OHS resources, see J-ville

Taking off (Doffing) Personal Protective Equipment (PPE)

1 Gloves



A Grasp the outside edge of the glove near the wrist and peel away from the hand, turning the glove inside-out.


- ◆ Hold the glove in the opposite gloved hand.

B Slide an ungloved finger or thumb under the wrist of the remaining glove.

C Peel the glove off and over the first glove, making a bag for both gloves.

- ◆ Put the gloves in the garbage.

2 HAND HYGIENE



A Using an alcohol-based hand rub is the preferred way to **clean your hands**.

B If your hands look or feel dirty, soap and water must be used to wash your hands.

3 Gown



A Carefully unfasten ties.

B Grasp the outside of the gown at the back of the shoulders and pull the gown down over the arms.

C Turn the gown inside out during removal.

- ◆ Put in hamper or, if disposable, put in garbage.

4 HAND HYGIENE



- ◆ **Clean your hands.** (See No. 2)
- ◆ Exit the patient room, close the door and **clean your hands** again.

5 Eye protection or face shield



- ◆ Handle only by headband or ear pieces.
- ◆ Carefully pull away from face.
- ◆ Put reusable items in appropriate area for cleaning.
- ◆ Put disposable items into garbage.

6 Mask or N95 respirator



- ◆ Bend forward slightly and carefully remove the mask from your face by touching only the ties or elastic bands.
- ◆ Start with the bottom tie, then remove the top tie.
- ◆ Throw the mask in the garbage.

All personnel MUST receive FIT testing/training and be clean-shaven before donning any respirator.

7 HAND HYGIENE

- ◆ **Clean your hands.** (See No. 2)

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For more OHS resources, see J-ville

10. References

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- Government of Canada, Infection prevention and control for coronavirus disease (COVID-19): Interim guidance for acute healthcare settings March 24 2020; (Access date: March 2020) <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/interim-guidance-acute-healthcare-settings.html#a4.6>
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11. PPE Appendices

11.1 Table 1: Custody

Table 1. Recommended personal PPE during the outbreak of COVID-19 outbreak, according to the setting, personnel, and type of activity^a. For the purpose of this table, Youth Facility Workers and Correctional Workers will be referred to as Custody Workers. Health Care workers will be referred to as Custody Health Workers.

Setting	Target personnel or clients	Activity	Type of PPE or procedure
Adult or youth custody facilities			
Custody facilities - suspected/confirmed COVID-19			
Client cell or designated room	Custody Health care workers	Providing direct care to suspected/confirmed COVID-19 clients	Surgical/Procedural mask Gown Gloves Eye protection
	Custody workers, collectively	Aerosol-generating medical procedures (AGMP) performed on suspected/confirmed COVID-19 Clients	Respirator N95 or equivalent Gown (level 2) Gloves Eye protection
	Cleaners	Entering the room of suspected/confirmed COVID-19 clients	Surgical/Procedural mask Gown Heavy duty gloves Eye protection (if risk of splash from organic material or chemicals) Boots or closed work shoes *If an AGMP was performed, a N95 mask is to be used if cleaning is required before the settle time of 2 hours
	Visitors ^b	Entering the room of a suspected/confirmed COVID-19 client	Surgical/Procedural mask Gown Gloves

Other areas of client transit (e.g. common areas, corridors).	All staff, including Custody Health care workers and Custody workers.	Any activity that does not involve contact less than 2 metres with suspected/ confirmed COVID-19 Clients	No PPE required
Medical Units within Custody facilities			
Treatment room	Custody Health care workers Custody Workers	Physical examination of client with respiratory symptoms	Surgical/Procedural mask Gown Gloves Eye protection
	Custody Health care workers Custody workers	Physical examination of client without respiratory Symptoms	PPE according to standard precautions and risk assessment
	Clients with respiratory symptoms	Any	Provide Surgical/Procedural mask if tolerated
	Clients without respiratory symptoms	Any	No PPE required, unless from quarantined area which requires a mask
	Cleaners	After and between clients with respiratory symptoms (not AGMPs).	Surgical/ Procedural mask Gown Heavy duty gloves Eye protection (if risk of splash from organic material or chemicals). Boots or closed work Shoes
Waiting area	Clients with respiratory symptoms or from quarantine unit.	Any	Client should be provided Surgical/Procedural mask if tolerated prior to leaving their unit Immediately move the client to an isolation room or separate area away from others; if this is not feasible, ensure spatial distance of at least 2 metres from other clients

Quarantine Areas and Isolation Areas within facilities			
Quarantine designated areas	Clients with or without respiratory symptoms	Any	Maintain spatial distance of at least 2 metres. Clients don a Surgical/Procedural mask when leaving the unit
	Custody Health care worker Custody worker	Entering the suspected/ confirmed COVID-19 unit	Surgical/Procedural mask Gown Gloves Eye protection
	Custody Health care worker Custody worker	Providing direct care or when handling stool, urine, or waste from suspected/ confirmed COVID-19 client being cared for in quarantine	Gloves Surgical/Procedural mask Eye protection Gown (if risk of splash)
Isolation unit	Custody Health care workers Custody workers	Entering the isolation unit, suspected/ confirmed COVID-19 client	Surgical/ Procedural mask Gloves Eye protection Gown
	Custody Health care workers Custody workers	Providing direct care or when handling stool, urine, or waste from suspected/ confirmed COVID-19 client being cared for in quarantine	Surgical/Procedural mask Gown (if risk of splash) Gloves Eye protection
	Cleaners	Cleaning isolation area	Surgical/Procedural mask Gown Heavy duty gloves Eye protection (if risk of splash from organic material or chemicals). Boots or closed work shoes *If an AGMP was performed, a N95 mask is to be used if cleaning is required before the settle time of 2 hours

Isolation unit (continued)	Clients with or without respiratory symptoms	Any	Maintain spatial distance of at least 2 metres Surgical/Procedural mask when in the common area, or required to leave the unit
Points of entry Custody facilities – symptomatic/suspected/confirmed COVID-19			
Administrative areas	All staff	Any activity that does not involve contact with suspected/confirmed COVID-19 Clients	No PPE required
Admitting	Custody Health care workers Custody workers	Screening	Maintain spatial distance of at least 2 metres where possible If in direct/close contact without physical barrier (less than 2 metres) with those symptomatic, suspected or confirmed to have COVID-19 PPE includes: Surgical/ Procedural mask Gown Gloves Eye protection Clients with symptoms or confirmed COVID-19 would require a Surgical/Procedural mask
	Cleaners	Cleaning the area where clients with symptoms are being screened	Surgical/Procedural mask Gown Heavy duty gloves Eye protection (if risk of splash from organic material or chemicals). Boots or closed work shoes *If an AGMP was performed, a N95 mask is to be used if cleaning is required before the settle time of 2 hours

Ambulance or transfer vehicle	Custody Health care workers Custody workers	Transporting suspected/confirmed COVID-19 clients to the referral health care facility	Surgical/Procedural mask Gown Gloves Eye protection
	Driver	Involved only in driving the client with suspected/confirmed COVID-19 disease and the driver's compartment is separated from the COVID-19 client	Maintain spatial distance of at least 2 metre if possible Surgical/Procedural mask Gown Gloves Eye protection, (N95 if AGMP performed)
		Assisting with loading or unloading client with suspected/confirmed COVID-19	Surgical/Procedural mask Gown Gloves Eye protection (N95 if AGMP performed)
	Client with suspected COVID-19.	Transport to the referral health care facility	Surgical/Procedural mask if tolerated
	Cleaners	Cleaning after and between transport of clients with suspected/confirmed COVID-19 to the referral health care facility.	Surgical/Procedural mask Gown Heavy duty gloves Eye protection (if risk of splash from organic material or chemicals) Boots or closed work Shoes *If an AGMP was performed, a N95 mask is to be used if cleaning is required before the settle time of 2 hours
Special considerations for Rapid-Response Teams (RRT) or Emergency Response (ERT) physically responding and handling of client disturbance or code response^d			
Custody facilities			
Anywhere	Rapid-response team (RRT) or Emergency Response team (ERT)	Physically responding in direct contact/ within 2 metres of client. Assume client is COVID-19 positive in	Standard ERT PPE (Including gloves, eye protection and mask)

Anywhere (continued)		all disturbances, code responses	
	Custody Health care worker Custody worker	Physically responding within 2 meters of client(s) Assume client is COVID-19 positive in all client disturbances, code responses	Surgical/Procedural mask Gloves Eye protection
	Custody Health care worker Custody worker Rapid-response team (RRT) or Emergency Response team (ERT)	Physically responding to CODE Blue, in direct contact/within 2 metres with client; CPR with compressions only pending EMS arrival is not an AGMP and does not require an N95 – see Corrections COVID-19 CPR Policy Assume client is COVID-19 positive	Surgical/Procedural Mask Gown Gloves Protective Eyewear (Goggles/Face Shield); Mask on client (N95 if in area within 2 hours of EMS performing AGMP)
	Client(s) involved in disturbance	Post-restraint. Where possible, client(s) should be supplied shower	Surgical/Procedural mask if tolerated Spit hood, according to protocol
Special considerations Auxiliary Staff/kitchen			
Custody facilities			
Anywhere	Custody Health care worker Custody worker	Staff handling laundry from a COVID-19 case or case contact	Surgical/Procedural mask Disposable gloves Eye protection Gown. (if gown is not fluid resistant), Boots

	<p>Custody Health care worker</p> <p>Custody worker</p>	<p>Staff serving, handling food service items from/to a COVID-19 case or case contact within 2 metres</p>	<p>Surgical/Procedural mask</p> <p>Gown</p> <p>Gloves</p> <p>Protective Eyewear goggles</p>
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a In addition to using the appropriate PPE, frequent hand hygiene and respiratory hygiene should always be performed. PPE should be discarded in an appropriate waste container after use, and hand hygiene should be performed before putting on and after taking off PPE.

b The number of visitors should be restricted. If visitors must enter a COVID-19 client’s room, they should be provided with clear instructions about how to put on and remove PPE and about performing hand hygiene before putting on and after removing PPE; this should be supervised by a Custody Health care worker.

c This category includes the use of no-touch thermometers, thermal imaging cameras, and limited observation and questioning, all while maintaining a spatial distance of at least 2 m.

d All rapid-response team members must be trained in performing hand hygiene and how to put on and remove PPE to avoid self-contamination.

For PPE specifications, refer to WHO’s [disease commodity package](#).^{25 26 27}

²⁵ Saskatchewan Health Authority, Summary of PPE Recommendations for Patients Suspected or Confirmed to have COVID-19 in Primary Care March 2020; (Access date: April 2020) <https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/treatment-procedures-and-guidelines/emerging-public-health-issues/2019-novel-coronavirus/information-for-health-care-providers/ppe-infection-prevention-and-control>

²⁶ World Health Organization, Rational Use of Personal Protective Equipment for Corona Disease (COVID19) March 19, 2020; (Access date: March 2020) <https://apps.who.int/iris/handle/10665/331498>

²⁷ Saskatchewan Health Authority, Summary of PPE Recommendations for Patients Suspected or Confirmed to have COVID-19 in Acute Care, 2020; (Access date: April 9 2020) <https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/treatment-procedures-and-guidelines/emerging-public-health-issues/2019-novel-coronavirus/information-for-health-care-providers/ppe-infection-prevention-and-control>

11.2 Table 2: Courts and Prisoner Transport

Table 2. Recommended personal PPE during the outbreak of COVID-19 outbreak, according to the setting, personnel, and type of activity^a

Setting	Target personnel or patients	Activity	Type of PPE or procedure
Courthouses and Transport Vans			
Courts Services General			
Courtroom	Deputy Sheriffs	Escorting accused with suspected/confirmed COVID-19 in secure areas within courthouse	Surgical/Procedural mask Gloves Eye protection Gown
	Court staff as well as judiciary	Performing regularly scheduled tasks, which may include taking payment from clients, reading information	No PPE required Maintain spatial distance of at least 2 metres
	Cleaners	Entering the holding cells, transports vans and secure passages with suspected/confirmed COVID-19 client	Surgical/Procedural mask Gown Heavy duty gloves Eye protection (if risk of splash from organic material or chemicals) Boots or closed work Shoes
	Visitors ^b	Entering the courthouse	No PPE required unless symptoms/confirmed COVID-19 Mask required if there are symptoms
Unrestricted areas of transit (e.g. halls, corridors, stairwells)	All staff, including Deputy Sheriffs as well as judiciary	Any activity that does not involve contact with clients	No PPE required Maintain spatial distance of at least 2 metres
Administrative areas	All staff, including Deputy Sheriffs as well as judiciary	Administrative tasks that do not involve contact with clients	No PPE required Maintain spatial distance of at least 2 metres

Holding cells			
Holding cells	Deputy Sheriffs	Physical search/ examination of client with suspected/ confirmed COVID-19	Surgical/Procedural mask Gown Gloves Eye protection
	Deputy Sheriffs	Physical search/ examination of patient without suspected/ confirmed COVID-19	PPE according to normal standard precautions and risk assessment
	Clients with respiratory symptoms	Any	Provide Surgical/Procedural mask if tolerated Immediately moving client to an isolated room or separate area away from others; if this is not feasible, ensure spatial distance of 2 metres from other clients
	Clients without respiratory Symptoms	Any	No PPE required
	Cleaners	After and between search/examinations of clients with suspected/confirmed COVID-19	Surgical/Procedural mask Gown Heavy duty gloves Eye protection (if risk of splash from organic material or chemicals). Boots or closed work shoes
	Clients with respiratory symptoms	Any	Provide Surgical/Procedural mask if tolerated. Immediately move the client to an isolation room or separate area away from others; if this is not feasible, ensure spatial distance of at least 2 metres from other clients

Administrative areas	All staff, including Deputy Sheriffs	Administrative tasks	No PPE required Maintain spatial distance of at least 2 metres
Admitting area	Deputy Sheriffs	Preliminary screening not involving direct contact ^c	Maintain spatial distance of at least 2 metres No PPE required
	Clients with suspected/confirmed COVID-19	Any	Maintain spatial distance of at least 2 metres Surgical/ Procedural mask if tolerated
	Clients without suspected/confirmed COVID-19	Any	No PPE required Maintain spatial distance of at least 2 metres
Points of entry			
Administrative areas	All staff	Any	No PPE required Maintain spatial distance of at least 2 Metres
	Cleaners	Cleaning the area where clients suspected/confirmed COVID-19 are being screened	Surgical/procedural mask Gown Heavy duty gloves Eye protection (if risk of splash from organic material or chemicals) Boots or closed work shoes
Temporary isolation area	Any staff, including Deputy Sheriffs as well as judiciary	Entering the isolation area, but not providing direct assistance	Maintain spatial distance of at least 2 Metres Surgical/Procedural mask Gloves
	Any staff, including Deputy Sheriffs as well as judiciary	Assisting client/staff/judge suspected/confirmed COVID-19 transported to a health care or custody center	Surgical/Procedural mask Gown Gloves Eye protection

Temporary isolation area	Cleaners	Cleaning isolation area suspected/confirmed COVID-19	Surgical/Procedural mask Gown Heavy duty gloves Eye protection (if risk of splash) organic material or chemicals) Boots or closed work shoes
Ambulance or transfer vehicle	Deputy Sheriffs	Transporting suspected/confirmed COVID-19 clients to the referral health care facility or custody center	Surgical / procedural mask Gown Gloves Eye protection
	Driver	Involved only in driving the client with suspected/confirmed COVID-19 disease and the driver's compartment is separated from the COVID- 19 client	Maintain spatial distance of at least 2 metres Surgical/Procedural mask Gown Gloves Eye protection
		Assisting with loading or unloading client with suspected/confirmed COVID-19	Surgical/Procedural mask Gown Gloves Eye protection
		No direct contact with client with suspected/confirmed COVID-19, but no separation between driver's and patient's compartments	Surgical/Procedural mask
	Client with suspected COVID-19.	Transport to the referral health care facility or custody center	Surgical/Procedural mask if tolerated
	Cleaners	Cleaning after and between transport of clients with suspected/confirmed COVID-19	Surgical/Procedural mask Gown Heavy duty gloves Eye protection (if risk of splash from organic material or chemicals). Boots or closed work Shoes
Special considerations for rapid-response teams responding to client disturbance^d			
Holding cells, writs of possession orders, transport transfer or secure passages within courthouse			

Anywhere	Deputy Sheriffs Rapid-response team (RRT) or Emergency Response team (ERT)	Physically responding to client(s). Assume client is suspected/ confirmed COVID-19 positive in all client disturbances	Surgical/Procedural mask Disposable gloves, Eye protection Standard PPE
Anywhere	Client(s) involved in disturbance suspected/confirmed COVID-19	Post-restraint- Where possible, client(s) should be given sanitary wipes to clean self	Surgical/Procedural mask if tolerated Spit hood, according to protocol
	Cleaners	Cleaning affected suspected/confirmed COVID-19 area(s) post-restraint	Surgical/Procedural mask Gown Heavy duty gloves Eye protection (if risk of splash from organic material or chemicals). Boots or closed work Shoes
	Deputy Sheriffs	Executing Writs of Possession orders clients with suspected/ confirmed COVID-19	Maintain spatial distance of at least 2 metres where possible, if not possible the following PPE is required: Surgical/Procedural mask Gown Gloves Eye protection

a In addition to using the appropriate PPE, frequent hand hygiene and respiratory hygiene should always be performed. PPE should be discarded in an appropriate waste container after use, and hand hygiene should be performed before putting on and after taking off PPE.

b The number of visitors should be restricted. If visitors must enter a COVID-19 client’s space, they should be provided with clear instructions about how to put on and remove PPE and about performing hand hygiene before putting on and after removing PPE; this should be supervised by a Deputy Sheriff.

c Not applicable.

d All rapid-response team members must be trained in performing hand hygiene and how to put on and remove PPE to avoid self-contamination.

For PPE specifications, refer to WHO’s [disease commodity package](#).^{28 29 30}

²⁸ World Health Organization, Rational Use of Personal Protective Equipment for Corona Disease (COVID19) March 19, 2020; (Access date: March 2020) <https://apps.who.int/iris/handle/10665/331498>

²⁹ Saskatchewan Health Authority, Summary of PPE Recommendations for Patients Suspected or Confirmed to have COVID-19 in Primary Care March 2020; (Access date: April 2020) <https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/treatment-procedures-and-guidelines/emerging-public-health-issues/2019-novel-coronavirus/information-for-health-care-providers/ppe-infection-prevention-and-control>

³⁰ Saskatchewan Health Authority, Summary of PPE Recommendations for Patients Suspected or Confirmed to have COVID-19 in Acute Care, 2020; (Access date: April 9 2020) <https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/treatment-procedures-and-guidelines/emerging-public-health-issues/2019-novel-coronavirus/information-for-health-care-providers/ppe-infection-prevention-and-control>

11.3 Table 3: Coroner’s Services

Table 3. Recommended personal PPE during the outbreak of COVID-19 outbreak, according to the setting, personnel, and type of activity^a

Setting	Target personnel or patients	Activity	Type of PPE or procedure
Field setting			
Any, including urban or rural residential, commercial, industrial or out of doors			
Field setting	Community Coroner	Providing direct care to deceased confirmed COVID-19 clients	Do not attend scene. Follow procedure for home investigation
		Providing direct care to the deceased	Surgical/Procedural mask Gown or Tyvex suit, as appropriate Latex Gloves Eye protection (protective glasses, goggles or face shield)
		Information gathering through coordination with others, i.e. police, EMS, family members	Maintain spatial distance of at least 2 metres No PPE required
Autopsy facilities			
Autopsy room	Health care workers	Physical examination of client	Follow standards as outlined by SHA
Special considerations for coroners assisting with public health investigations^d			
Community			
Anywhere	Community coroners	Interview suspected/ or confirmed COVID-19 clients or their contacts	No PPE if done remotely (e.g. by telephone or video conference) Remote interview is the preferred method
		In-person interview of suspected/ confirmed COVID-19 clients without direct contact	Surgical/Procedural mask Maintain spatial distance of at least 2 metres The interview should be conducted outside the house or outdoors and when

Anywhere (continued)			confirmed or suspected COVID-19 clients should wear a Surgical/Procedural mask if tolerated
		In-person interview with asymptomatic contacts of suspected/confirmed COVID-19 clients	Maintain spatial distance of at least 2 metres No PPE required The interview should be performed outside the house or outdoors. If it is necessary to enter the household environment, use a thermal imaging camera to confirm that the individual does not have a fever, maintain spatial distance of at least 2 metres and do not touch anything in the household environment

a In addition to using the appropriate PPE, frequent hand hygiene and respiratory hygiene should always be performed. PPE should be discarded in an appropriate waste container after use, and hand hygiene should be performed before putting on and after taking off PPE.

b Not applicable

c Not applicable

d All coroners must be trained in performing hand hygiene and how to put on and remove PPE to avoid self-contamination.

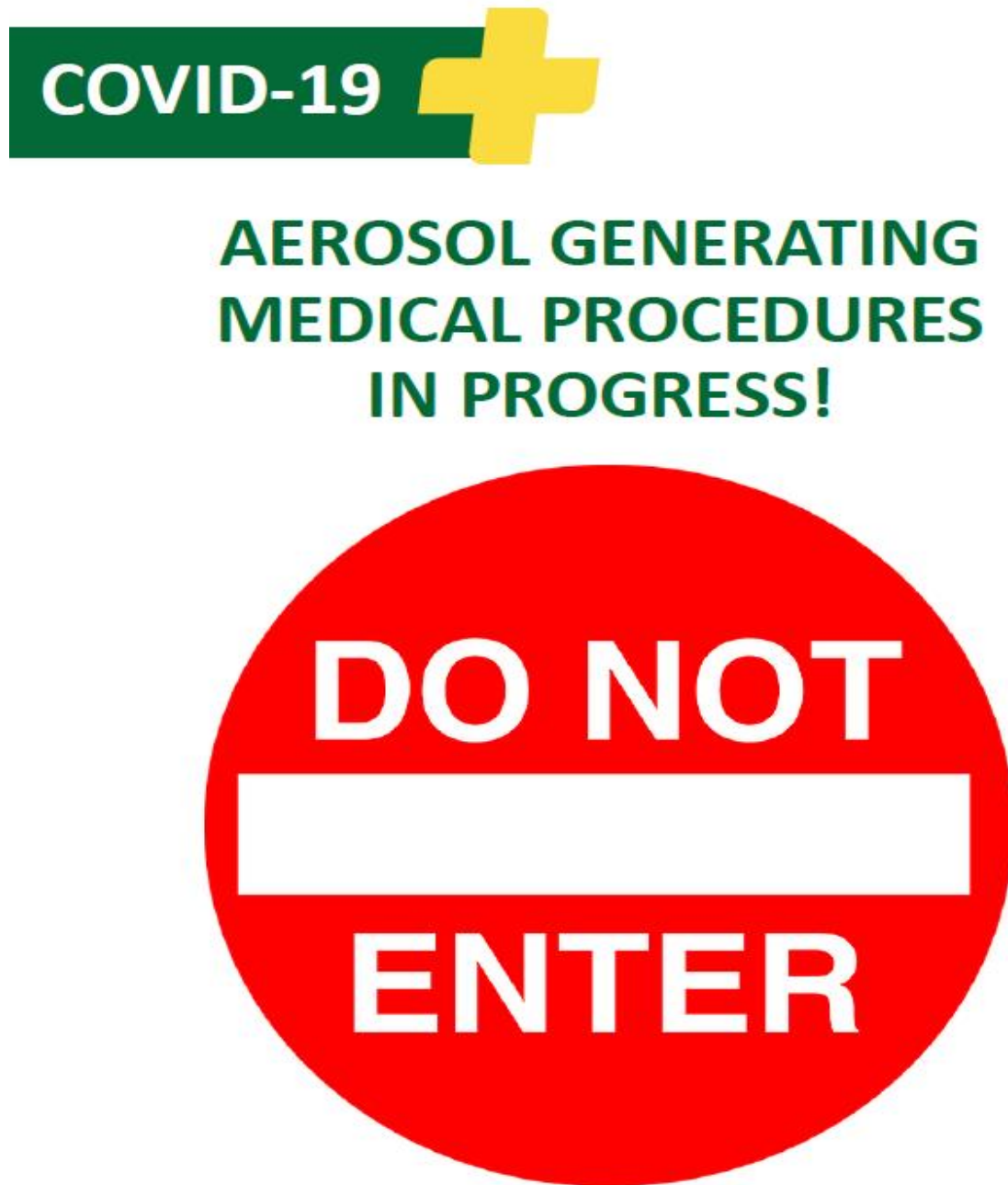
For PPE specifications, refer to WHO's [disease commodity package](#).^{31 32 33}

³¹ World Health Organization, Rational Use of Personal Protective Equipment for Corona Disease (COVID19) March 19, 2020; (Access date: March 2020) <https://apps.who.int/iris/handle/10665/331498>


³² Saskatchewan Health Authority, Summary of PPE Recommendations for Patients Suspected or Confirmed to have COVID-19 in Primary Care March 2020; (Access date: April 2020) <https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/treatment-procedures-and-guidelines/emerging-public-health-issues/2019-novel-coronavirus/information-for-health-care-providers/ppe-infection-prevention-and-control>

³³ Saskatchewan Health Authority, Summary of PPE Recommendations for Patients Suspected or Confirmed to have COVID-19 in Acute Care, 2020; (Access date: April 9 2020) <https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/treatment-procedures-and-guidelines/emerging-public-health-issues/2019-novel-coronavirus/information-for-health-care-providers/ppe-infection-prevention-and-control>

11.4 Table 4: Aerosol Generating Medical Procedure in Progress - Posters



11.5 Table 5: Aerosol Generating Medical Procedure - Posters

COVID-19 

AGMP COMPLETED AT:

SETTLE TIME:

MINUTES

(IF SETTLE TIME NOT IDENTIFIED USE 120 MINUTES)

SAFE TO ENTER ROOM AT: