

From: [McDowell, Jock CPPS](#)
To: [CPPS CSRS SCC](#)
Cc: [CPPS CSRS Incident Reporting - Medical](#); [Allin, Kyle IJS](#); [Kolybaba, Brice CPPS](#); [McFadyen, Mark CPPS](#); [DeJong, Bryce CPPS](#)
Subject: Outbreak Declared at Saskatoon Correctional Centre - SKHR-2022-456
Date: Wednesday, November 23, 2022 3:08:58 PM
Attachments: [Outbreak Declared Letter.pdf](#)
[image001.png](#)
[PPE and Exposure Control Guideline CPPS JU IJS 2022-06-26-without Section 11.pdf](#)

To all staff,

The Medical Health Officer has declared an outbreak at Saskatoon Correctional Centre as they have identified facility COVID-19 transmission. Please see the attached letter from the Medical Health Officer. An outbreak is declared over after there has been no evidence of transmission of COVID19 in the facility for 14 days. They will notify us with a letter when the outbreak has been declared over. The outbreak number assigned to our outbreak is *SKHR-2022-456* for those related to this outbreak are encouraged to reference this number when accessing testing.

Please post the attached letter in an area that the inmates on your unit can see.

This outbreak is not different than the many that we've had since March 2020 with the last one being from in September 2022. However, it does mean a resumption of some of the COVID -19 health and safety measures that were lifted on October 31st, 2022 when we transitioned into Phase 2 of the Ministry's de-escalation of COVID -19 Measures protocol. This reverts us back to Phase 0 of the outbreak status matrix (please review page 21-23 of the attached document)

Effective 1900 hours this evening (November 23, 2022), the following will occur:

1. Continuous masking for staff in all areas
2. Continuous masking for inmates outside of their immediate living area, including outside of their unit.
3. Suspension of inmate personal visits
4. Suspension of professional stakeholder visits. Lawyer, Elder and Chaplains are still authorized
5. Self-screen questions posted at entrances

Over the last few outbreaks, a number of questions have come to the pandemic team. Below is summary of some of the common ones.

The SHA is not able to send staff to get PCR tested. You are still required to call 811 and advise them you are an essential service and request to schedule a PCR test if you are choosing to do so for WCB purposes, or you may do so with you Doctor or a private testing company.

Full PPE is required on any unit that is admission/assessment, isolation, quarantine or outbreak. A surgical mask is all that is required on any other unit.

Movements of positive and other affected inmates may happen between like units (for example between two quarantined units or between outbreak unit). When movement out of any affected unit in any way should be communicated to the pandemic team and the placement officer.

External transports are to be minimized but can continue following the Facility Testing and Transfer Protocol. This includes positive inmates to court and medical escorts based on an assessment of risk. If a judge says they go, they go.

Going forward, additional operational changes may occur. I thank you for your continued patience and understanding.

Jock McDowell

Government of Saskatchewan

Deputy Director, Men’s Reintegration Unit
Saskatoon Correctional Centre
Ministry of Corrections, Policing and Public Safety
501-4th Avenue North
Saskatoon, Canada S7K 2M5

Bus: 306-933-7741

Fax: 306-933-7714



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Dear Jock,

The Medical Health Officer has declared an outbreak at Saskatoon Correctional Centre as we have identified COVID-19 transmission. **Please see the attached letter from the Medical Health Officer.**

An outbreak is declared over after there has been no evidence of transmission of COVID19 in your facility for 14 days. We will notify you with a letter when the outbreak has been declared over.

The outbreak number assigned to your outbreak is **SKHR-2022-456** for those related to this outbreak are encouraged to reference this number when accessing testing.

We strongly recommend that everyone who is eligible, gets all doses of the COVID 19 vaccine which they are eligible to receive.

For further information regarding COVID-19, please call Health Line at 811, and/or visit the Saskatchewan Ministry of Health website at www.saskatchewan.ca/covid19.

If you have any questions or concerns, please contact us by way of email.

Kind Regards,

Ashley Gaudet, RN BScN

Public Health Nurse - Disease Control

Idylwyld Centre - Saskatoon

Saskatchewan Health Authority ½306-655-4690 (Direct Line)

November 23, 2022

Dear Jock,

Re: Notice of a COVID-19 Outbreak Declared on November 23rd 2022

Public Health staff are investigating multiple cases of COVID-19 at the Saskatoon Correctional Centre. Consult the Government of Canada's website for up to date information regarding the spread of COVID-19 ([click here for COVID-19: Main modes of transmission](#)).

Outbreaks are posted on the Saskatchewan Ministry website listed below.

If anyone develops symptoms, please self-isolate at home and follow the testing recommendations located on the ministry website <http://www.saskatchewan.ca/covid19-testing>. If you present for testing at the testing center you can use the outbreak number SKHR-2022-456. If medical attention is required please call ahead to your health care provider. If it is an emergency requiring urgent attention, call 911.

We strongly recommend that everyone who is eligible, gets all doses of the COVID-19 vaccine which they are eligible to receive. Our most vulnerable people can be protected by "herd immunity", which is when widespread immunity to an infectious disease develops in a population.

For further information regarding COVID-19, visit the Saskatchewan Ministry of Health website at www.saskatchewan.ca/covid19.

Thank you for your anticipated cooperation.

Sincerely,

Dr. Jasmine Hasselback MD, MPH, FRCPC
Medical Health Officer – Saskatoon

Healthy People, Healthy Saskatchewan

The Saskatchewan Health Authority works in the spirit of truth and reconciliation, acknowledging Saskatchewan as the traditional territory of First Nations and Métis People.

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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

Revised: **June 2022**

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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) and standard Public Health Measures as outlined by the Government of Saskatchewan and Chief Medical Officer. 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 will be taken.

4. Roles and Responsibilities

4.1 Employers

The Employer will ensure employees are informed about the risks associated with exposure to infectious materials and organisms and how to identify and correct factors that could lead to exposure injuries by developing an exposure control plan, according to Section 6 22-(1) of *The Occupational Health and Safety Regulations, 2020*.

4.2 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. Ensure exposure injury or hazardous situations are reported as per the Human Resource Manual section-818-OHS Incident Reporting and Investigation. 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, inspection, and disposal of PPE. Supervisors are to ensure that PPE is used by the employee, as outlined, and removed from use or service when damaged.

4.3 Employee

Employees will 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 with their training. PPE will be inspected before use to ensure it is not cracked, broken or damaged in any way, reporting damaged equipment to your supervisor. Employees are to follow safe work procedures and policies. Employees shall notify their supervisor of any potential risks that arise. In the event of a high-risk or infected individual, surface or work 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. Employees are

responsible for reporting exposure or potential exposure incidents to your immediate supervisor as per the Human Resource Manual section-818-OHS Incident Reporting and Investigation.

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. Coronaviruses are a large family of viruses. They can cause diseases from the common cold to more severe diseases as Severe Acute Respiratory Syndrome (SARS). Some cause illnesses in people, while others circulate among animals. Some Coronaviruses transmit easily from person to person while others do not.

COVID-19 is a new virus that has not been previously identified. At present it is causing mild to moderately severe symptoms and may cause death in rare cases.

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:

- new or worsening cough
- shortness of breath or difficulty breathing
- temperature equal to or over 38°C
- feeling feverish
- chills
- feeling very unwell
- fatigue or weakness
- muscle and/or joint aches
- new loss of smell or taste
- headache
- gastrointestinal symptoms (abdominal pain, diarrhea, vomiting)

Children have been more commonly reporting abdominal symptoms, and skin changes or rashes.¹

5.2 Transmission

COVID-19 is transmitted via droplets and fomites during close unprotected contact between an infected person and an uninfected person. The droplets can also be spread by touching surfaces with the virus on it and then touching your mouth, nose, or eyes before washing your hands. While it is not yet known exactly how long the virus lives on surfaces, preliminary evidence suggests it can live on objects and surfaces from a few hours to several days. Therefore, isolation at home or hospital is important to prevent transmission.

While the primary driver of COVID-19 transmission is by people who are symptomatic, there is evidence that some COVID-19 infected people who never develop symptoms or are not yet sick are able to transmit the virus. Sometimes the symptoms are so mild that people don't pay attention to them. It is recommended to maintain a physical distance of two metres whenever possible. Public Health Orders must be adhered to.

5.3 Precautions and Vaccines

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

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

- In December 2020, COVID-19 vaccines became available in Canada. The vaccine protects against COVID-19 by teaching cells how to make protein that will trigger an immune response without using the live virus that caused COVID-19. Once triggered, the body then makes antibodies that help fight the infection, if the real virus enters the body. Even when immunized, employees must follow all public health orders and the information outlined in this guideline. As the pandemic progresses, and Saskatchewan’s Chief Medical Officer indicates changes to the restrictions, updates and direction will be provided based on consultation.

A National Advisory Committee on Immunization provided federal and provincial health agencies with recommendations on key populations for early COVID-19 immunizations. More information on vaccine delivery phases, can be found on [Taskroom](#) and [Saskatchewan.ca](#).

Currently, a variety of vaccines have been approved for use in Canada. Vaccine details can be found at [Saskatchewan.ca](#)

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 will be posted, including at client and visitors point of entry, 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
- 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, if tolerated
- 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

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>

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>

risk assessment. All employees will use a risk assessment approach before and during each interaction to evaluate the likelihood of exposure, and follow the outlined controls based on results.⁴ The Public Service Commission (PSC) has developed *Guidelines for Hazard Identification and Risk Assessment* to assist with the identification of the tasks with potential exposure hazard, the risk rating and controls required using the hierarchy of hazard controls. (Appendix 10)

7. Personal Protective Equipment

PPE will always be considered as the last line of defense, and elimination, substitution, engineered controls followed by administrative controls and safe work procedures are to be considered prior to PPE. Where PPE is used, it will be selected based on the results of a risk assessment and used in conjunction with other controls to provide the most effective protection against identified hazards. PPE will be inspected before use to ensure it is not cracked, broken, modified or damaged in any way. Report damaged or modified equipment to your supervisor. PPE must never be modified.

Wearing PPE does not negate the importance and use of universal precautions. Whenever possible, employees need to continue the use of protective barriers, social distancing and diligently practice hand hygiene, and cough etiquette.

7.1 When to use Personal Protective Equipment

When an individual is displaying symptoms or is confirmed to have COVID-19, if a barrier is not present or you cannot maintain physical distancing (2 metres), follow droplet/contact PLUS*precautions based on the risk assessment results. This includes the appropriate selection and use of personal protective equipment (PPE) based on the task being completed, including cleaning, and disinfecting of effected unit/areas. (See PPE Appendices for additional information on the appropriate use of PPE by task.)⁵

7.2 Disposable Gloves

Medical grade nitrile disposable gloves, class II are appropriate for the care of clients with or suspected to have COVID-19. When providing direct hands-on care of an individual displaying symptoms/confirmed to have COVID-19 follow universal precautions by wearing medical grade, class II gloves. If unable to maintain physical distance (2 metres) from an individual displaying symptoms/confirmed to have COVID-19, and a barrier is not present, follow universal precautions by wearing medical grade, class II gloves. All employees will at minimum wear nitrile disposable gloves, or as directed by the product's Safety Data Sheet, to protect hands while cleaning and disinfecting. See donning and doffing of PPE for additional information. Hand hygiene will be performed prior to donning and after doffing disposable gloves.

7.3 Long Sleeved Gown

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

⁵ World Health Organization, The Preparedness, Prevention and Control of COVID-19 in Prisons. March 15, 2020; Regional Office website (Access date: March-October 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>

Gowns will be worn based on the specific job task and the environment. Gowns are to be worn to reduce skin exposure to bodily fluids or chemical products and as a droplet precaution based on the risk assessment results. (See the Appendices for additional information on the appropriate use of PPE by task.) See donning and doffing of PPE for additional information. Uniforms or clothing that have become contaminated (e.g., physical contact, or contaminated with respiratory droplets from an individual displaying symptoms/confirmed to have COVID-19,) require laundering in hot water and placed in a hot dryer until completely dried.

7.4 Facial Protection – Surgical/Procedural Mask

Surgical/procedural masks are medical grade masks used to protect both the client and employees. Surgical/procedural masks must meet Level 1 classifications under ASTM International Standards.⁶ When an individual displaying symptoms/confirmed to have COVID-19 and a barrier is not present or if physical distancing (2 metres) cannot be maintained, a surgical/procedural mask must be donned based on the risk assessment results. Clients use of masks can be used to limit the spread of respiratory diseases, such as COVID-19. Employees entering or cleaning effected units/areas are required to wear a surgical/procedural mask. Change surgical/procedural mask when it becomes moist, damaged, or soiled.

Proper wearing of surgical/procedural masks requires a snug fit over the nose and under the chin. Wearing multiple masks is not recommended. See donning and insufficient to provide an adequate level of protection and other equally relevant measures will also be adopted as outlined below.

7.5 Eye Protection – Face Shield/Sealed Goggles

When an individual is displaying symptoms/confirmed to have COVID-19, if a barrier is not present or you cannot maintain physical distancing (2 metres), eye protection is required. There are two provincial standards used for Droplet/Contact Plus Precautions with suspected or confirmed COVID-19 cases. Face shields that fit from forehead to below chin and ear to ear (covering the whole face completely, without gaps or openings at the top). Appropriately fitted, Class 2B non-vented or indirectly vented sealed goggle with a neoprene or elastic strap. Employees cleaning effected unit/area are required to wear eye protection based on the risk assessment results and as directed by the Safety Data Sheet for the products used. (Prescription glasses do not meet the OH&S regulations for eye protection.) Follow the manufactures guidelines for proper use and sanitation.

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

⁶ Government of Canada, COVID-19 medical masks and respirators: Information for health professionals. (Access date November 2, 2020) <https://www.canada.ca/en/health-canada/services/drugs-health-products/covid19-industry/medical-devices/personal-protective-equipment/medical-masks-respirators/health-professionals.html>

Services (EMS) interventions including intubation, Bag Valve Mask. All employees require gloves, gown, facial/eye protection and a fit-tested N95 respirator. The following steps will 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 in Appendix 11.3 Table 1)
- ensure employee have been fit tested and are trained to use a N95 respirator
- the N95 respirator and eye/facial protection will be removed immediately after leaving the room. Where the AGMP was performed will remain vacant or a N95 respirator will continue to be worn until the air clearance time has elapsed. If specific settle time is not identified, use 2 hours.
- following the completion of the AGMP, complete and post the poster in Appendix 11.3 Table 2. “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, employees no longer require a N95
- see disinfecting procedures for AGMP below for additional details

Tight-fitting respirators must seal to the wearer’s face to provide the expected protection. Therefore, fit testing by a competent person is required as per Section 7-3 of The Occupational Health and Safety Regulations, 2020.

7.7 Removal of PPE

Before leaving an effected unit/area, gloves, gown, and eye protection will be removed and disposed of to minimize the potential for cross contamination.⁷ Refer to donning and doffing posters within the appendices for details on the careful removal of all PPE.

*Note: If continuous masking applies, please following the direction in section 11.2 Table 1: Continuous Masking for **Custody Workers**.

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 or any other symptoms 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, sore throat, or shortness of breath, you should self-isolate and call the

⁷ World Health Organization, The Preparedness, Prevention and Control of COVID-19 in Prisons. March 15, 2020; Regional Office website (Access date: March-October 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>

Public HealthLine 811 for assessment and direction. For workplace exposure without proper PPE, notify your supervisor and follow the Human Resource Manual section-818-OHS Incident Reporting and Investigation. (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 will complete a risk assessment by way of a symptom screening on individuals being admitted, or prior to services provided. All incoming transport clients with symptoms or confirmed COVID-19, will don a surgical/procedural mask, and perform hand hygiene 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, has been in close contact with a probable or confirmed case of COVID-19:

- where possible, reschedule the service
- 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

Reference Taskroom for the COVID-19 Workplace Contact Notification Toolkit process for positive cases in the workplace.

8.3 Hand Hygiene

Hand hygiene is essential to reduce cross-contamination and will be performed often. Hand hygiene consists of either washing hands thoroughly with soap and water for at least 20 seconds and drying with a single use towel or by using alcohol hand sanitizer containing at least 60% alcohol. Hand sanitizers provide a convenient option for hand hygiene where soap and water are not available.

8.4 Transporting Individuals

All incoming transports to correctional facilities with symptoms or confirmed COVID-19, will 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 reviewed and completed based on the results of the risk assessment. Transport vehicles are to be sanitized if suspected or confirmed COVID-19 exposure has occurred.

8.5 Handling of Deceased Bodies

Universal precautions will 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 will be followed.⁸

8.6 Disposal of PPE and Garbage

Single-use disposable equipment and PPE will be discarded into a no-touch garbage receptacle after use. No special precautions are recommended; universal precautions are sufficient. Garbage receptacles must be emptied as soon as they are full, overfull receptacles can cause cross contamination.

8.7 Cleaning and Disinfecting

Cleaning and disinfecting are two different processes: cleaning removes dirt and debris from a surface while disinfecting kills bacteria, mold, and viruses on the surface. For common workplace settings, cleaning can be accomplished with water, detergent and scrubbing. Cleaning must be completed prior to disinfecting; the disinfectant is rendered ineffective as it cannot penetrate the soiled surface. Disinfecting requires the infected surface to be in contact with an approved disinfecting product for a minimum amount of time, as recommended by the manufacturer's guidelines.

Increased frequency of general precautionary cleaning and disinfecting of high-touch surfaces and shared equipment (e.g., telephones, keyboards, photocopier, fax machine) is significant in controlling the spread of microorganisms during a respiratory infection outbreak. Shared common areas, counter tops, sinks, desktops, file cabinets, door handles kitchen areas, sinks and taps will be cleaned and disinfected at least at the beginning and the end of each shift with documentation. Dishes will be cleaned as per normal food sanitation guidelines.

Breakrooms/eating area

Breakrooms have been identified as a high-risk area of transmission. No open or shared food (including fresh fruit, bread, or open items. i.e., boxed donuts.) Items must be single serve or be removed. (Including condiments.) Post signage for the maximum number of employees allowed in the breakroom. Post established SHA's processes for breaks. The process must include:

1. Complete hand hygiene.
2. Put on gloves. Using a disinfectant, wipe the table and chair arms. Discard the wipe in the garbage.

⁸ Government of Canada, Infection prevention and control for coronavirus disease (COVID-19): Interim guidance for acute healthcare setting; (Access date: March–October 2020) (<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/interim-guidance-acute-healthcare-settings.html#a4.1>)

3. Take a second wipe, clean the location where eye protection (when applicable) will be stored for the break. (To prevent contamination, eye protection should not be placed on surfaces. Hooks should be available where they can be disinfected and hung to dry.) Remove eye protection (when applicable). Clean and disinfect (inside surface, straps/arm, then the front of the eye protection last.) Place in a clean location away from the dining area.
4. Remove gloves and clean hands.
5. Obtain a clean mask, set it on the clean dining table (or clean napkin). Remove mask, place immediately into the garbage. (Or laundry bag if surgical/procedural mask is not required). Clean hands.
6. New mask should be worn as soon as finished eating or drinking.
7. Clear table. Put on gloves. Using disinfectant, wipe the table, chair arms. Discard wipe and gloves into the garbage.
8. Clean hands and replace eye protection (when applicable) before returning to work.
*Not all ministry employees are required to wear eye protection or surgical/procedural mask, as it is based on the task and the level of risk. Follow the outlined process as applicable.

Chemical product labels are required and to be visible on cleaning solutions. An employer who acquires a hazardous product for use, storage or handling at the workplace shall obtain a supplier safety data sheet. If a hazardous product that is used in a workplace is three years old, the employer shall, if possible, obtain from the supplier an up-to-date supplier safety data sheet with respect to the hazardous product at that time. A copy of a safety data sheet must be made readily available to employees who may be exposed to the hazardous product and the occupational health committee / worker representative(s).

8.8 Disinfecting Environments Suspected or Confirmed COVID-19

In Government- occupied workspaces, to facilitate a quick response when a deep clean and disinfection is required (for example, if an individual with a presumptive or confirmed case of COVID-19 has been in one of our workplaces), reach out to the Building Manager. Reference [Taskroom](#) for additional documented processes.

Environmental cleaning of premises and areas that may have been contaminated with COVID-19 due to proximity of individuals displaying symptoms/confirmed to have COVID-19 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 hypochlorite. Where other disinfecting products are used in place of a bleach and water solution, ensure that the product is approved as a disinfectant for COVID-19 (e.g., Health Canada approved disinfectants will contain an 8-digit DIN number on the product label). Follow PPE requirements 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 will 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. Where other disinfecting products are used in place of a bleach and water solution, ensure that the product is approved as a disinfectant for COVID-19 (e.g., Health Canada approved disinfectants will contain an 8-digit DIN number on the product label). 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 will be cleaned and low-level disinfected before reuse. Items that cannot be appropriately cleaned and disinfected will 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 will:**

1. Wear appropriate personal protective equipment, which includes gloves, surgical/procedural mask, eye face shield, 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.
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.

8.12 Infection Control Measures and Limitations

- **Vaccination:** when available to the public, employees will be able to choose to be vaccinated.
 - Limitations: a sufficient percentage of the population will need to be vaccinated to reduce cases; vaccinations may not be effective for new strains of COVID, research is still underway.

- **Engineering controls:** designs or modifications to reduce the source of exposure, such as dividers/baffles/shields and Plexiglas barriers.
 - Limitations: employees and clients may not follow procedure and may interact in areas without barriers; engineering controls can give a false sense of security resulting in physical distancing and masking not being complied with.
- **Personal protective equipment:** Personal protective equipment is prescribed and provided where required.
 - Limitations: incorrect donning and doffing, using contaminated PPE for long durations. PPE can give a false sense of security resulting in physical distancing not being complied with.
- **Safe work practices and procedures:** developed as necessary by divisions.
 - Limitations: employees may be unaware of, or not follow, safe work practices and procedures.
- **Standard practices that incorporate universal precautions:** continue to be incorporated on an ongoing basis, following direction from [saskatchewan.ca](https://www.saskatchewan.ca) including limits on in-person gathering, using technology and virtual meetings rather than in-person meetings, cleaning and disinfecting, hand hygiene, physical distancing, masking etc.

Additional Resources

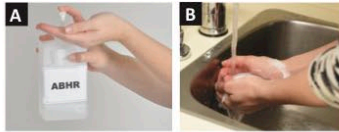
- Exposure Control Plan, Integrated Justice Services
- Guideline for Hazard Identification and Risk Assessment, Government of Saskatchewan
- Section 818-Occupational Health and Safety- Incident Reporting and Investigation (IRI), Government of Saskatchewan
- Saskatchewan.ca

Post the donning and doffing posters in the designated donning and doffing locations:

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



All styles have the same basic steps for donning; molded cup and duckbill are pictured below. Refer to the manufacturer for specific donning instructions.



- 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.

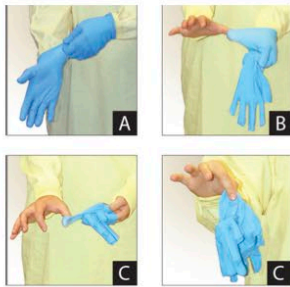


Updated on March 2020
Some Photos Used from Alberta Health Services

For more information contact infectioncontrol@saskhealthauthority.ca

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.

There are different styles of N95 respirators but all styles have the same basic steps for doffing.

7 HAND HYGIENE

- **Clean your hands.** (See No. 2)

Updated on March 2020

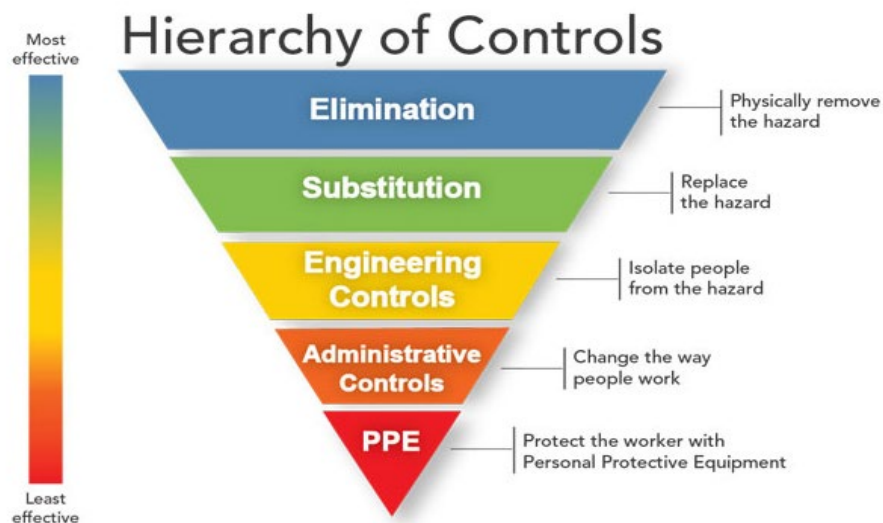
Some Photos Used from Alberta Health Services

For more information contact infectioncontrol@saskhealthauthority.ca

10. Hierarchy of Controls

How to Apply in a COVID-19 Environment:

PPE is an effective way to control hazards within a work environment. The Hierarchy of Controls is a system used to deploy effective controls within an organization, workplace, or community to identify the most effective ways to control a hazard. Depicted within the inverted pyramid below, the more effective controls are on the large, top side of the pyramid.



Examples of How to Apply in the Workplace:

When applying the Hierarchy of Controls in a COVID-19 environment, start at the top with the more effective controls and work your way down.

Elimination – Removing the risk entirely (ex: working from home and not permitting entry of those who are symptomatic)

Substitution – Although no controls around substitution have been identified for COVID-19, an example of this would be substituting technical grade ethanol with medical grade ethanol in hand sanitizer.

Engineering controls – Using physical or mechanical means to separate the person from the hazard (ex: physical barriers / partitions with plexiglass)

Administrative controls – Use policies, procedures, signage to guide behaviors (i.e.) hand hygiene, physical distancing, masking, limit gatherings.

PPE – Will be considered after careful consideration of the previous control measures (ex: use a risk assessment to determine the level of PPE needed)

12. De-escalation of COVID-19 Measures

On and after February 28, 2022, when Public Health measures are lifted, all facilities will continue to abide by Universal Precautions as found within this document and Covid-19 guidance as found on Taskroom.

Screening measures for clients, visitors and contractors, which may include temperature checks for entry, should cease in all facilities.

Should the employer wish to continue PPE measures, such as masking, a risk assessment made in review with the OHS Branch must support this decision and be available upon request. Clients and visitors can be recommended to wear a mask in these settings, but it is not required for entry, with the exception of judiciary discretion within courtroom settings.

Custody facilities will transition to dependance on Divisional Directive 612 Communicable Disease Outbreak. Transition is modelled after de-escalation measures set forth by Saskatchewan Health Authority COVID-19 Outbreak Guidance²¹ and Interim Infection and Control Guidance (IPAC) SHA De-escalation of COVID-19 matrix and should be used in conjunction with the Custody Services Roadmap for Pandemic Restrictions.

Outbreak status and de-escalation measures matrix, Custody Services			
Phase 0: High Risk Facility is listed in outbreak status	Phase 1: Moderate Risk Outbreak declared over by Public Health and for next 3 weeks	Phase 2: Low risk At least 3 weeks after outbreak declared over	Phase 3: Endemic for COVID-19 declared
Outbreak signage posted at all entrances, see 12.1			Assessment to sunset the requirements set out by this document will occur.
Self-screen questions posted at all entrances, see 12.2			
Cohorting of staff groups and offender groups, as possible			
Continuous masking required, see Table 11.2 in this document	Masking may be required in designated areas, see Table 11.1 in this document	Masking may be required in designated areas, see Table 11.1 in this document, and as based on risk	
Surgical/procedure mask required of all guests on-site. Can be provided upon sign-in.	Guests and visitors may be required to wear a mask, as facility determines		
All persons required to perform hand hygiene upon site entry	All persons encouraged to perform hand hygiene upon site entry		
No food sharing			

²¹ Saskatchewan Health Authority (SHA). SHA COVID-19 Outbreak Guidance for Long-Term Care Homes 2022. Revised: Feb.9, 2022, version 8. Last accessed on February 23, 2022: https://www.saskhealthauthority.ca/system/files/2021-06/CV-19-G0110-Outbreak-Guidance-LTC_0.pdf

Table 12.1 Outbreak Signage

COVID-19 UPDATE

STOP

**Be advised this facility is
currently in outbreak status**

To help us stop the spread, you are required to:

1. Wear a medical grade mask while on-site
2. Perform a health screen self-assessment
3. Use hand sanitizer before entry

**Thank you for helping maintain the
safety of our staff and residents**

Health Screen Self-Assessment Questionnaire

**If you answer YES to any question,
please stay home for the safety of our residents and staff**

**1. Do you have any of the new or worsening symptoms,
not attributed to seasonal allergies?**

- Cough
- Hoarse voice
- Runny nose or sneezing
- Shortness of breath, difficulty breathing
- Sore throat, difficulty swallowing
- Diarrhea
- Muscle aches
- Malaise
- Loss of sense of smell or taste
- Extreme fatigue
- Nasal congestion
- Chills

**2. Have you tested positive for COVID-19 within the last
five days?**

**3. Have you tested positive for COVID-19 and are still
symptomatic?**

13. Covid-19 Prevention Strategies for Lower Risk and Higher Risk Operations

Adapted from CSRS: Custody Services Roadmap. February 17, 2022; OH&S: PPE Exposure Control Guideline. May 20, 2022; Centers for Disease Control and Prevention: Guidance on Prevention and Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities. May 3, 2022.

*Measures noted in the table below align with the De-escalation measure matrix found within this document, Section 12.

The following table is meant to provide a guidance for best practices in Correctional Services when determining operational tasks. Should the Facility Director, in risk consultation with the OHS team, decide to make operational decisions that do not align with the table below, the Facility Director is supported to do so.

Outbreak status and de-escalation measures matrix, Custody Services			
Phase 0: High Risk Facility is listed in outbreak status	Phase 1: Moderate Risk Outbreak declared over by Public Health and for next 3 weeks	Phase 2: Low risk At least 3 weeks after outbreak declared over	Phase 3: Endemic for COVID-19 declared

Guidelines are based on Infection Prevention Control (IPC) practices recommended to assist custody facility decision making to limit disease transmission based on outbreak status and risk. Practices should be implemented to manage health and safety risks for offenders, staff and stakeholders, considering local facility operational environment (i.e., adult correctional centres, reintegration units, reduced custody facilities; youth secure, youth open custody) and mandate (i.e., adult/youth).

COVID-19 Prevention Strategy	Strategies for Low-Risk Operations (Risk Matrix Phase 2,3)*	Strategies for Medium/High-Risk Operations (Risk Matrix Phase 0,1)*
Up to date vaccinations	X	X
Standard infection control	X	
Enhanced infection control (e.g., fogging, extra cleaning/disinfecting, ventilation)		X
Testing		
Symptomatic offenders	X	X
Close contacts	X	X
On admission	X	X
Before transfer	X	X
Before, on return subsequent day(s) from, community transport, court, Reintegration Leave/Temporary Absence		X
Before release on request		X
Surveillance/screening testing (with Public Health)		X

Guidelines are based on Infection Prevention Control (IPC) practices recommended to assist custody facility decision making to limit disease transmission based on outbreak status and risk. Practices should be implemented to manage health and safety risks for offenders, staff and stakeholders, considering local facility operational environment (i.e., adult correctional centres, reintegration units, reduced custody facilities; youth secure, youth open custody) and mandate (i.e., adult/youth).

COVID-19 Prevention Strategy	Strategies for Low-Risk Operations (Risk Matrix Phase 2,3)*	Strategies for Medium/High-Risk Operations (Risk Matrix Phase 0,1)*
Medical isolation & quarantine protocol	X (5 days isolation, 5 days quarantine)	X (10 days isolation, 5 days quarantine)
Routine Admission/Assessment observation protocol	X (5 days admission/assessment)	X (5 days admission/assessment)
Medical masks		
Masks worn on designated units and available to all offenders and staff (OHS Table 11.1)	X	
Mandatory universal indoor masking for staff, offenders, contractors, stakeholders (OHS Table 11.2)		X
Guests and visitors may be required by facility to wear masks (OHS Table 11.1)	X	
Facility access		
Elders and Chaplains on site	X	X
Professional stakeholder access permitted	X	
Lawyers	X	X
Offender visitors permitted	X	
Minimize movement and contact across housing units and with the community		X
Staff group eating and exercise areas	X	
Staff meetings and training in person	X	
Offender mixed unit programming	X	
Offender programming, exercise as a unit	X	X

Guidelines are based on Infection Prevention Control (IPC) practices recommended to assist custody facility decision making to limit disease transmission based on outbreak status and risk. Practices should be implemented to manage health and safety risks for offenders, staff and stakeholders, considering local facility operational environment (i.e., adult correctional centres, reintegration units, reduced custody facilities; youth secure, youth open custody) and mandate (i.e., adult/youth).

COVID-19 Prevention Strategy	Strategies for Low-Risk Operations (Risk Matrix Phase 2,3)*	Strategies for Medium/High-Risk Operations (Risk Matrix Phase 0,1)*
Sweat Lodge ceremony for groups from same non-designated unit	X	
Reintegration Leaves (Adult)	X	X
Reintegration Leaves (Youth)	X	X
Reintegration Leaves (Youth) that do not extend overnight		X
Temporary Absences that do not extend overnight (Adult)		X