

COVID-19 Guidance Documents for Provincial Correctional Institutions

**Prepared by the Corporate Health Care Unit
Ministry of the Solicitor General**

August 12, 2020
(Subject to Change)

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

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

Before completing this form ask each inmate entering the institution:

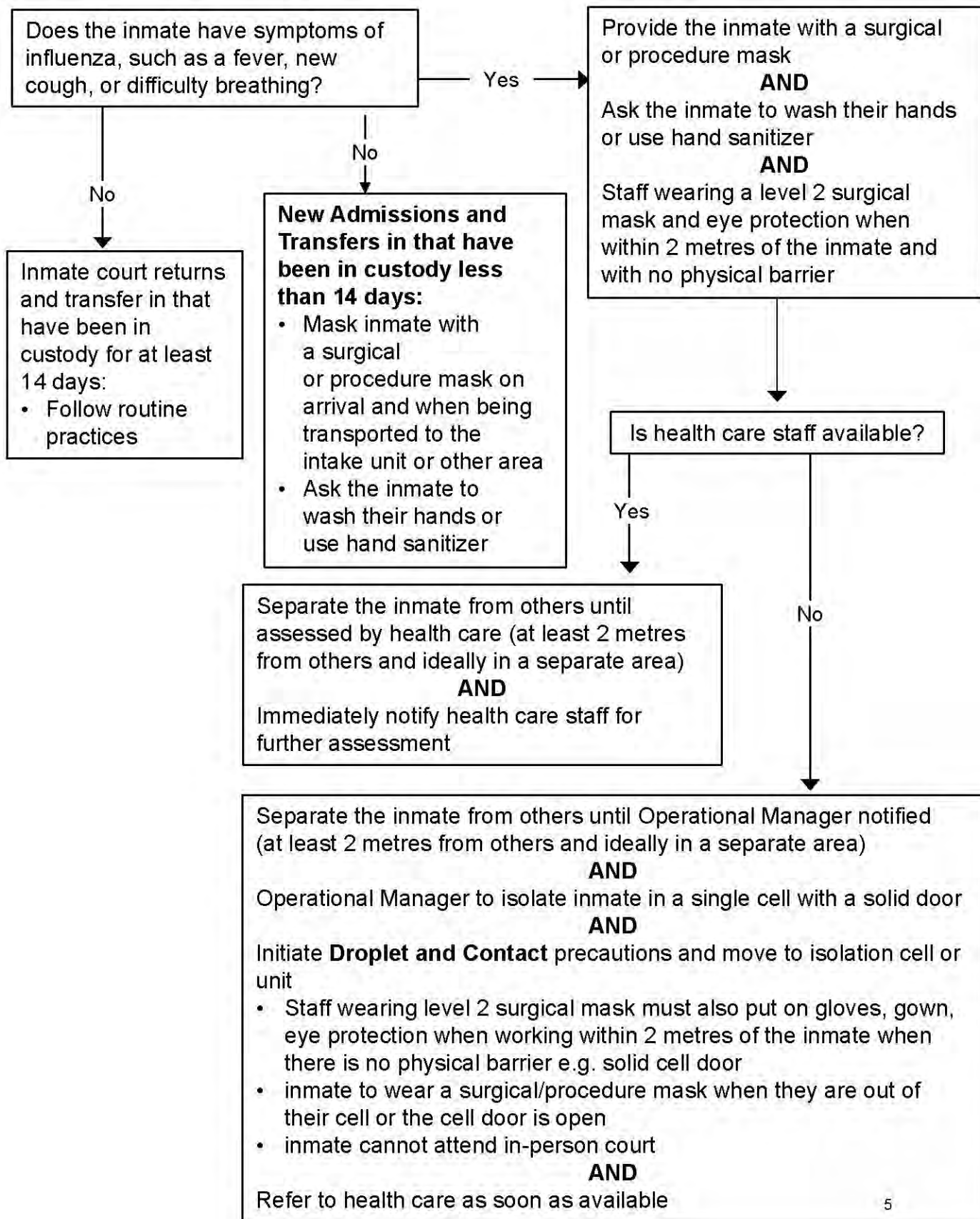
Do you have any of the following? A fever? ☐ New cough? ☐ Difficulty breathing? ☐	YES ☐ ☐ ☐
If the response is "NO" to all of the above questions → proceed with routine procedures If "YES" to any of the above → proceed with the following actions	

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

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

Inmate's Name: (Last/First)	OTIS No:	Date and Time of Screening
☐ Return from Court/Other absence ☐ New Admit ☐ Intermittent		

Correctional Officers Influenza-Like Symptom Screening Algorithm for Inmates



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

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

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

COVID-19 Screening Algorithm for Health Care Providers (June 17, 2020)

COVID-19 Screening Criteria – **Presents with any of:**

- Temperature (37.8 °C or greater)
- New onset of cough
- Worsening chronic cough
- Shortness of breath
- Difficulty breathing
- Sore throat
- Difficulty swallowing
- Decrease or loss of sense of taste or smell
- Chills
- Headaches
- Unexplained fatigue/malaise/muscle aches (myalgias)
- Nausea/vomiting, diarrhea, abdominal pain
- Pink eye (conjunctivitis)
- Runny nose/nasal congestion without other known cause **OR**
- If 70 years of age or older, experiencing any of the following: delirium, unexplained or increased number of falls, acute functional decline, or worsening of chronic condition **OR**
- Consider ****atypical symptoms** for people who are older or have developmental disabilities **OR**
- Travelled outside of Canada in the past 14 days **OR**
- Has tested positive for COVID-19 **OR**
- Had close contact with a person with a confirmed case of COVID-19 without wearing appropriate PPE

Yes



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

***Droplet and Contact Precautions**

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

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

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

- Level 1 surgical/procedure mask

NOTES

1. ****Atypical symptoms of COVID-19:** may include unexplained fatigue/malaise/myalgias, delirium (acutely altered mental status and inattention), unexplained or increased number of falls, acute functional decline, exacerbation of chronic conditions, chills, headaches, conjunctivitis, unexplained tachycardia, decrease in blood pressure, unexplained hypoxia (even if mild i.e., O₂ sat less than 90%), lethargy.

2. Case definitions are found at Ministry of Health's website at:

http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019_guidance.aspx

3. **Close contact:** Prolonged exposure duration is defined as lasting more than 15 minutes when within 2 metres for a person who provided care for the patient, including healthcare workers, or others having similar close physical contact **OR** who lived with or otherwise had close prolonged contact with a probable or confirmed case while the case was ill.

N95 Respirators must be used:

During Aerosol Generating Medical Procedures (AGMP)

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

AGMP Procedures include:

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

COVID-19 Testing Requirement Algorithm (May 26, 2020)

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

To expedite testing, provide the following mandatory information on the COVID-19 Virus Test Requisition:

1. Test(s) request and indication for testing (if confirmatory or clearance testing is requested, this must be indicated on the test requisition)
2. Travel history (if applicable - location and dates)
3. Exposure history and details
4. Clinical information including symptom onset date
5. Specimen type and collection
6. Patient setting/population (indicate Institution, and write priority group-congregate setting-correctional institution)

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

- Use the latest COVID-19 Test Requisition and provide mandatory information (see above)
- For symptomatic patients, check the **Respiratory Virus Testing box**, which can be performed on the same specimen. Request "Respiratory viruses" in Section 5 of the **COVID-19 Virus Test Requisition**
- A single upper respiratory tract specimen will be accepted for COVID-19 and Respiratory Virus testing. Nasopharyngeal swabs (NPS) are preferred followed by Deep Nasal swab (DNS) and then a Viral Throat swab
- Staff to use level 2 surgical mask, gown, gloves and eye protection when collecting any Covid-19 specimen collection
- **Due to a shortage of NPS kits, alternative specimen collection kits will be accepted.** Please see PHO Laboratory Testing website for alternative specimen collection and handling at <https://www.publichealthontario.ca/en/laboratory-services/test-information-index/wuhan-novel-coronavirus>

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

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

Corporate health care or the local public health unit should be contacted for all COVID-19 results

Preparation Prior to Transport

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

NOTE: See alternative specimen collection kits and other testing information at the PHO COVID-19 testing website:

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

MEDICAL DIRECTIVE

(Name of Medical Directive)

Nasopharyngeal Specimen Collection for COVID-19 and Respiratory Virus identification

Number
2020-1

Date
25-May-2020

Medical Order and/or Delegated Procedure

Appendix Attached: ☒ No ☐ Yes Title:

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

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

Indications

Appendix Attached: ☒ No ☐ Yes Title:

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

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

Contraindications

Appendix Attached: ☒ No ☐ Yes Title:

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

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

Consent *(How will consent be obtained?)*

Verbal Consent to the procedure

Guidelines for Implementing the Order / Procedure

Appendix Attached: ☐ No ☒ Yes Title: **Nasopharyngeal Swab Method (distributed by Corporate Health Care, 23 March 2020)**

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

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

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

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

References *(optional)*

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

COVID-19 Testing and Screening Algorithm for health care providers
Nasopharyngeal Swab method, Corporate Health Care 23 March 2020

Original signed by

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

25 May 2020

DATE

Original signed by

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

25 May 2020

DATE

Ontario 	Ministry of the Solicitor General	Corporate Health Care
MEDICAL DIRECTIVE		
<i>(Name of Medical Directive)</i> Deep Nasal Specimen Collection for COVID-19 and Respiratory Virus identification	Number 2020-2	Date 25-May-2020
Medical Order and/or Delegated Procedure Appendix Attached: ☒ No ☐ Yes Title: <i>(Medical order (agent, route, dosage and interval) or Delegated Procedure and implementers)</i> A nurse is authorized to collect a Deep Nasal Swab (DNS) as per below indications.		
Indications Appendix Attached: ☒ No ☐ Yes Title: <i>(Identify exactly when and under what conditions the directive applies, e.g. presenting symptoms, specific assessment findings, test results, etc. Degree of detail required is dependent on the circumstance)</i> • Symptoms compatible with COVID-19 as per the Ministry of Health COVID-19 Guidance for Health Care Providers under Testing Resources (COVID-19 Provincial Testing Guidelines Update) at: http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019_guidance_a_spx • For patients with acute respiratory illness symptoms, also order a respiratory virus test on the swab • Newly admitted inmates on or after day 10 post admission and prior to unit re-assignment to general population • On an exceptional basis, and if the test results are routinely longer than 5 days, then the test can be moved forward to the 8th day once approved by CHC.		
Contraindications Appendix Attached: ☒ No ☐ Yes Title: <i>(No consent / clear identification of the contraindications for implementing the directive / additional conditions that would preclude implementation of the procedure. Degree of detail required is dependent on the circumstance)</i> • Inability to obtain consent • Facial swelling or other anatomical abnormality that could interfere with performing the procedure		
Consent <i>(How will consent be obtained?)</i> Verbal Consent to the procedure		
Guidelines for Implementing the Order / Procedure Appendix Attached: ☐ No ☒ Yes Title: Public Health Ontario (PHO) Deep Nasal Collection Kit Instructions May 2, 2020 <i>(Additional information necessary to guide practice, including equipment and back-up provisions that must be in place prior to implementation, directions such as what assessments to conduct and a step-by-step description of how to perform the procedure. May refer to companion policies & procedures or references that are appended)</i> • Obtain consent • Maintain droplet/contact precautions during procedure • Refer to attached instructions for deep nasal collection kit instructions. Ensure that the appropriate anatomical site is sampled for the type of specimen collection kit • Arrange for specimen pick up or delivery to the PHO Laboratory or accredited laboratory conducting COVID-19 testing in a sealed biohazard bag and in accordance with the Transportation for Dangerous Goods Regulations • To maintain optimum viability, the specimen must be stored and transported at 2-8 degrees Celsius or on wet ice to the laboratory within 72 hours		

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

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

References *(optional)*

PHO laboratory COVID-19 testing website at

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

COVID-19 Testing and Screening Algorithm for health care providers

PHO Deep Nasal Collection Kit Instructions May 2, 2020

Original signed by

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

25 May 2020

DATE

Original signed by

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

25 May 2020

DATE

INTAKE UNIT

Principles and Practices

Prevention

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

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

Dorm setting are not suitable as Intake Units.

Required Practices

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

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

Health Care

- In addition to routine health care, health care staff must conduct a daily symptoms assessment on each person on the Intake Unit, including temperature, pulse and respirations
- Health care staff should consider using a designate room in or near the Intake Unit for inmate clinical examination where possible

INTAKE UNIT
Personal Protective Equipment (PPE) for Staff and Inmates

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

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

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

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

Do you have any of the following?	YES
A fever?	☐
New or worsening cough?	☐
Difficulty breathing?	☐
If the answer to all of the above questions is NO → Proceed as planned	

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

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

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

Inmate's Name: (Last/First)	OTIS#:	Date and Time of Screening
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UNITS USED FOR ISOLATION

Principles and Practices

PRINCIPLES

Correctional institutions are congregate settings which increases the risk for disease spread. It is critical that inmates who demonstrate symptoms of a contagious disease or are identified as at-risk for developing a contagious disease due to contact or travel history be isolated from other inmates.

Isolation helps prevent the spread of illness by containing the illness through physical separation and implementation of targeted infection prevention and control practices, known as Precautions.

ONLY Health Care staff may clear an inmate for release from isolation.

Use of dorm settings is not permitted for isolation

ISOLATION UNIT REQUIRED PRACTICES

Droplet and Contact Precautions are required for inmates who

- Have symptoms
 - Are persons under investigation for influenza-like illness
 - Have identified risk factors such as close contact or travel history
-
- Level 2 masks must be worn by staff at all times
 - To reduce the risk of infection control breaches, dedicated staff should be assigned to the isolation unit, where feasible
 - Housing for inmates must be single cell unless otherwise approved by Corporate Health Care
 - Signage indicating the required precautions must be posted outside each cell
 - Inmates in medical isolation are not eligible for institution work programs or any congregate activities
 - Access to isolation units or cells is restricted to assigned staff. (except in the case of emergency)
 - If staff are unfamiliar with the guidelines and use of prescribed PPE for isolation units, they must inform their supervisor
 - Access by any other person must be cleared by the Operational Manager and those persons must be informed on how to don and doff PPE and supervised to ensure that no breach in precautions occur (except in the case of emergency)
 - All movement of isolated inmates into and out of a cell and/or area or unit must be logged in the Unit Logbook
 - In addition to the level 2 surgical mask, where there is no barrier (e.g. closed solid door) staff working within 2 meters of an inmate must wear eye protection, gloves and gown
 - Gloves and mask are to be worn at all times. When inmates are locked in their cell with the door closed, additional PPE (i.e. eye protection and gown) is not required

- Droplet/contact infection and prevention control is not affected by hatch position (whether open or closed)
- Inmates movement (transfer) from the unit must be restricted (urgent circumstance only)
- When required to leave the unit (court, professional visits, health visits etc.) the inmate must wear a level 1 procedure/surgical mask once outside the cell and escorting staff, in addition to a level 2 mask, must wear gloves, gown and eye protection
- When time out of cell is offered, it must be restricted to one inmate at a time, the inmate must wear a level 1 procedure mask and the area should be cleaned thoroughly afterwards. Correctional Officers are to monitor that these practices are enforced, if out of cell time is permitted.
- Social Distancing must be practiced at all times.
- All inmates must have access to their own soap and hand towel or hand sanitizer to sanitize their hands prior to leaving their cell, after using the toilet and upon return to their cell
- Staff are to check daily that supplies are available for each inmate.
- Inmates must have their own cup and sharing of cups and other personal items is prohibited
- Dirty dishes, utensils and trays are handled using gloves as per routine practises
- Hand hygiene is to be performed by inmates:
 - prior to leaving their cell,
 - after using the toilet facilities, and
 - upon return to their cell
- It is **CRITICAL** that hand hygiene be performed by all staff and inmates:
 - upon entering and leaving the Isolation Unit
 - **PRIOR** to putting on personal protective equipment (PPE)
 - **AFTER** removing gloves and gown and
 - **AFTER** removing eye protection and mask
- Staff must follow the guide to donning and doffing PPE
- All PPE that has been used in the area must be discarded in regular garbage receptacle with a lid prior to leaving the area
- Inmate cleaners must wear a level 2 surgical mask, gown, eye protection and gloves. All cleaners must wear appropriate PPE, and be instructed on donning and doffing of PPE, including when and how to perform hand hygiene
- After cleaning, the inmate cleaner must shower and change their clothes
- Clean surfaces and objects that are frequently touched, especially in common areas at least twice a day e.g. toilet handle, toilets, sink handles, countertops, doorknobs
- Telephones must be cleaned before and after each use with approved sanitizing wipes
- Dirty linen/clothes are to be put in the laundry bin with a lid on the unit, and transported with the lid closed
- Health care staff must conduct assessments on each person, minimally twice daily, including temperature, pulse and respirations
- Dedicated medical equipment should be used for the isolation unit (e.g. thermometer) and cleaned between each patient
- Consider using a designate room near the unit for inmate clinical examinations

Isolation Unit
Droplet and Contact Precautions
Personal Protective Equipment (PPE) for Staff and Inmates

Required PPE	Level 1 surgical/procedure mask	Level 2 surgical/procedure mask	N95 respirator (fit tested)	Expired or Commercial Grade N95/KN95 respirator (if no level 1 and 2 masks)	Eye Protection	Gloves	Gown
Staff Working in the Isolation Unit: Droplet and Contact Precautions	Staff must wear gloves at all times Practice social distancing by maintaining at least 2 metres or 6 feet between all individuals.						
At All Times		√		√			
When within 2 metres of inmate with no separation by physical barrier When cleaning after and between inmates' cells, unit, high touch surfaces and objects e.g. phone, countertops and examination room, multi purpose room or holding cells When escorting an inmate outside of the cell and unit (e.g. video court)		√		√	√	√	√
When CPAP is in use and within 2 metres without barrier (e.g. in cell) When Performing CPR			√		√	√	√
Health Care Staff: Physical examination of inmates with suspected or confirmed COVID-19 When taking a nasopharyngeal and oropharyngeal swab collection		√		√	√	√	√
Inmate							
Must wear mask when out of cell or cell door open or when being moved out of cell/unit, e.g. video court	√						
Cleaning unit including the cells, and high touch surfaces e.g. phone, countertops, tables, shower, toilets, phones, multi purpose rooms and holding cells When handling dirty linen or clothes		√			√	√	√

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

Name (Last/First):		Institution:	Admission Date (MM/dd/yyyy):
DOB (MM/dd/yyyy):		OTIS#:	Unit Entry Date (MM/dd/yyyy): ☐ Intake Unit ☐ Isolation Unit
COVID-19 Status: ☐ Not Under Investigation ☐ Under Investigation ☐ Monitoring for Symptoms ☐ Confirmed Case		Symptom Onset Date (MM/dd/yyyy):	Expected Date of Transfer Out of Unit (MM/dd/yyyy):

Health Conditions			Keep on Person Medications				
☐ Opioid withdrawal ☐ Alcohol withdrawal ☐ Other withdrawal: _____ ☐ Immunocompromised* ☐ Suicidal Ideation ☐ Other: _____ ☐ Wound care site(s): _____	☐ Diabetes* ☐ Heart disease* ☐ Asthma* ☐ COPD*	☐ Pregnancy* ☐ Age ≥65* ☐ Severe obesity* ☐ Liver disease* ☐ Hypertension* ☐ Renal disease*	Medication	Dose	Frequency	Amount	Initials
			Precautions Needed ☐ Contact ☐ Droplet ☐ Airborne				

Care Requirements						
	Type	Frequency	Time(s) Due	Location of Documentation	Additional Notes	Initials
Assessment	VS (T, P, R)					
Intervention						

Print Name:	Date/Time:	Signature:	Initial:	Print Name:	Date/Time:	Signature:	Initial:
Print Name:	Date/Time:	Signature:	Initial:	Print Name:	Date/Time:	Signature:	Initial:
Print Name:	Date/Time:	Signature:	Initial:	Print Name:	Date/Time:	Signature:	Initial:

Name (Last/First):	OTIS#:	Date of Birth (mm/dd/yyyy):	Institution:
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Care Requirements						
	Type	Frequency	Time(s) Due	Location of Documentation	Additional Notes	Initial
Assessment						
Intervention						

Print Name:	Date/Time:	Signature:	Initial:	Print Name:	Date/Time:	Signature:	Initial:
Print Name:	Date/Time:	Signature:	Initial:	Print Name:	Date/Time:	Signature:	Initial:
Print Name:	Date/Time:	Signature:	Initial:	Print Name:	Date/Time:	Signature:	Initial:

General Principles:

- This document supports patients at intake, or those placed in medical isolation, who require monitoring for health conditions and/or are eligible to participate in the Keep on Person (KOP) Medication program.
- When possible, nursing care should be provided where the patient is housed rather than moving the patient through the institution.
- This document does not meet documentation requirements for nursing care performed.
 - Follow professional practices for documentation: including writing in pen, indicating the date and time, printing your name in addition to signature, and include your professional designation.
- As assessments and interventions are added to the patient care plan, nurses should ensure they are identified in the bottom area of the care plan and initial any changes.
- If the patient requires additional assessments or interventions, a second page to continue the patient care requirements has been provided. If it is utilized, mark the box on Page 1.

Health Conditions:

- Health conditions which require ongoing monitoring, such as those listed, should be identified for the purpose of planning care which minimizes the amount of health care providers interacting with the patients and the frequency of interactions, while ensuring each patient receives attentive nursing care.
- Conditions denoted with * indicate an increased risk of severe COVID-19 disease. These include: age 65 years and older, pregnancy, chronic lung disease, moderate to severe asthma, heart conditions, hypertension, diabetes, immunosuppression, poorly controlled HIV, organ transplant, cancer treatment, immunosuppressing medications, kidney disease (especially dialysis), active liver disease, and severe obesity (BMI >40).
 - These patients should be monitored frequently and the threshold for symptoms causing concern should be lowered (e.g., early signs of infection such as malaise, fatigue, and myalgia should prompt further assessment/referral to the Primary Care Provider).
 - Additional consideration should be taken when housing these patients (e.g., to minimize the risk of infection if immunosuppressed).

Keep on Person Medications:

- Approved medications should be administered through the KOP Medication Program where indicated and safe. Consult the Health Care Services Policy and Procedures Manual: Keep on Person Medication Program Policy for more information.
- The amount of medication provided for patients to keep on person must be recorded and monitored to ensure appropriate use and to prevent underuse or overuse.

Care Requirements:

- All assessments and interventions, dependent on the health conditions identified, should be listed with the frequency, times, location of documentation identified, and any additional notes needed to perform the task.
- For those under investigation or confirmed COVID-19, vital signs (TPR) must be monitored twice per day. For those not under investigation, VS once per day. Temperature checks should not occur within 30 minutes of eating, physical exercise or waking and not within 4 hours of taking a fever-reducing medication, such as acetaminophen or ibuprofen.
- If an assessment or intervention is discontinued, record this in the notes section. Do not erase.
- Nursing staff should include health teaching as an intervention for all patients, especially in relation to infection control.

Please contact your Health Care Manager for additional support if needed.

COVID-19 Decision Tree – Clearance from Medical Isolation

PATIENT		UNIT (Contact with potential Positive)
Isolate single cell and test for COVID 19		• Initiate isolation precautions for unit pending assessed level of risk and test results • Cell Partner - Isolate on the living unit and house alone, pending test results.
TEST RESULTS NEGATIVE (Contact Corporate Health Care)	• Maintain on precautions until 48 hours after symptoms resolve or medically assessed and cleared (i.e. determined not be infectious) • For patients isolated because of contact or travel, 14 days of isolation is required	• May lift precautions
TEST RESULTS POSITIVE (Contact Corporate Health Care)	• Maintain strict isolation for 14 full days from onset of symptoms or, if asymptomatic, test date • monitor twice daily and manage symptoms	• Maintain isolation for 14 full days from date of last contact • Monitor twice daily for symptoms • If any inmate becomes symptomatic, isolate per Symptomatic Patient and test for COVID 19, if clinically indicated
DISCONTINUING ISOLATION FOR POSITIVE TESTS (Contact Corporate Health Care)	Patient must be: • 14 full days from onset of symptoms and patient is afebrile and symptoms are improving for at least 72 hours • 14 days from the date of testing, if asymptomatic Absence of cough is not required for those known to have chronic cough or reactive airway	• May discontinue isolation 14 full days post last exposure if no symptoms have presented.

Patient's Name:	OTIS#:	Date of Birth: (MM/dd/yyyy)
Institution:	Discharge Date/Time:	

Plans to Be Addressed	Comment	Initial	Date		
Medication List in Property: ☐ Yes ☐ No ☐ N/A					
Medication Prescription in Property: ☐ Yes –Specify ☐ No ☐ N/A					
Medication Prescription Faxed to Community Pharmacy: ☐ Yes-Specify ☐ No ☐ N/A					
Discharge Medication Supply in Property ☐ Yes - Specify ☐ No ☐ N/A	# of days of supply:				
Community OST Clinic Notified of Discharge: ☐ Yes- Specify ☐ No ☐ N/A					
Take Home Naloxone Teaching Done and Kit in Property ☐ Yes - Specify ☐ No ☐ N/A					
Discharge Treatment Supply in Property ☐ Yes ☐ No ☐ N/A	List of supplies:				
Community Appointment//Personal Health Information for Provider in Property: ☐ Yes – Specify ☐ No ☐ N/A					
Referral to Social Work for support* ☐ Yes-Specify ☐ No ☐ N/A Discharge ILI Screening done for Community Agency or Shelter ☐ Yes ☐ No ☐ N/A Discharge Information for Community Service done for Self Isolation or Self Monitoring Patients ☐ Yes ☐ No ☐ N/A	(*transportation, financial, food security, community and housing support and ID)				
Discharge Plan and Health Teaching Done: ☐ Yes -Specify √ below ☐ No ☐ N/A ○ All Patients to Self Isolate or Self Monitor for 14 day on release ○ Hand Hygiene ○ Cough and Sneeze Etiquette ○ Social Distancing-2metres from others ○ How to Wear a Mask ○ What to do if person develops symptoms	Note: -If patient is a contact, or suspect or confirmed COVID-19, advise patient's local PHU of discharge date so they can follow up and -If a taxi/ride share, public transit, or vehicle is used, person to wear a mask, sit in the backseat, note company and operator number.				
Recommended follow-up with Health Care Provider or Telehealth 1-866-797-0000 or Public Health Unit where patient resides (provide phone#) ☐ Yes-Specify ☐ No ☐ N/A	Refer to How to Self Isolate-COVID-19 Public Health Unit Locator: https://www.phdapps.health.gov.on.ca/PHULocator/				
Discharge Instructions in Property: ☐ Yes-Specify √ beside fact sheet ☐ No ☐ N/A Mask with Instructions in Property: All patients that are still on self isolation on discharge must be given a mask ☐ Yes ☐ No	List of COVID-19 fact sheets that can be provided to patient: ○ About COVID-19 ○ How to Wash Your Hands ○ How to Self-monitor ○ How to Self -Isolate ○ Self Isolate Guide for close contacts, caregivers, and household members ○ When and How to Wear a Mask ○ Take Care of Yourself and Each Other ○ Physical Distancing				
Name (Print)	Initials	Signature	Name (Print)	Signature	Initials

Interim Discharge Planning Guidelines for COVID-19

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

Prior to Patient Discharged

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

This guide is to assist you when you are released.

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

Medications	
☐ List of prescribed medications attached ☐ Prescription for medications attached ☐ Medication has been placed in property	Prescription for medication has been faxed to the pharmacy located at: ☐ Yes ☐ No ☐ N/A

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

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

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

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

Additional Information
☐ N/A – no additional information

PLEASE READ PRIOR TO SIGNING INTO WORK

STEP 1:

STAFF SELF-ASSESSMENT

Are you feeling unwell with any of the following symptoms?

- Fever/feverish, new or worsening cough or difficulty breathing
- Other signs of new onset or worsening illness such as
 - Sore throat
 - Extreme tiredness that is unusual (fatigue)
 - Hoarse voice
 - Muscle aches that are unusual or long lasting
 - Difficulty swallowing
 - Lost sense of taste or smell
 - Headache that is unusual or long lasting
 - Digestive issues (nausea/vomiting, diarrhea, stomach pain)
 - Chills
 - Pink eye
 - Runny, stuffy or congested nose (not related to seasonal allergies or other known causes or conditions)

OR

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

- Travel outside of Canada (Note: for the purposes of this, travel is defined as an overnight period, or extended visit with extensive community interactions.)
- Close contact with a person who has been diagnosed with COVID-19 (for example, someone in your household)
- Close contact with a person who is sick with new respiratory symptoms (for example, fever, cough or difficulty breathing) or who travelled (per the definition of above) outside of Canada.

Please DO NOT enter the institution:

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

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

If you have answered yes to any of the above symptoms or have experienced the additional exposure risks (travel or contact), please contact a primary care provider or Telehealth (1-866-797-0000) for advice.

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

STEP 2:

TEMPERATURE SCREENING

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

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

STEP 3:

AFFIRMATION

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

If at any time during your shift, you begin to experience fever, cough or difficulty breathing, please distance yourself from others, put on a surgical mask, perform hand hygiene and report to your manager.

All visitors requesting admission to a provincial correctional institution in Ontario must cooperate with this screening process.

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

Are you feeling unwell with any of the following symptoms? • Fever/feverish, new or worsening cough, shortness of breath when you're not active or difficulty breathing? • Other signs of new onset or worsening illness, such as ○ sore throat ○ extreme tiredness that is unusual (fatigue) ○ hoarse voice ○ muscle aches that are unusual or long lasting ○ difficulty swallowing ○ lost sense of taste or smell ○ headache that is unusual or long lasting ○ digestive issues (nausea, vomiting, diarrhea, stomach pain) ○ chills ○ pink eye ○ runny , stuffy or congested nose (not related to seasonal allergies or other known causes or conditions)	if YES, they <u>cannot</u> enter the institution. Suggest: Contacting a primary care provider or Telehealth for further instructions. Telehealth Number: 1-866-797-0000
Have you travelled outside of Canada in the last 14 days?	if YES, they <u>cannot</u> enter the institution. Suggest: Contacting a primary care provider or Telehealth for further instructions. Telehealth Number: 1-866-797-0000

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

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

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

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

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

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

	Institution:	Screening Inmate Workers for Symptoms of Influenza Like Illness (ILI)

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

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

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

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

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

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

Inmate's Name: (Last/First)	OTIS#:	Date and Time of Screening
Area of Work: ☐ Laundry ☐ Kitchen ☐ Other _____		

Interinstitutional Transfer Screening Form for Influenza like Illness



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

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

INSTRUCTIONS:

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

IMPORTANT!

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

A. INMATE SCREENING

	Initial Screening	Follow Up Screening (if required)
Mandatory Vital Signs completed?	Yes ☐	Yes ☐
Fever?	No ☐ Yes ☐	No ☐ Yes ☐

Questions for Inmate Do you have any of the following?	Initial Screening	Follow Up Screening (if required)
• New cough?	No ☐ Yes ☐	No ☐ Yes ☐
• Difficulty breathing?	No ☐ Yes ☐	No ☐ Yes ☐
• New illness (e.g. sore throat, diarrhea)?	No ☐ Yes ☐	No ☐ Yes ☐

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

If inmate has symptoms **IMMEDIATELY**:

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

B. CLEARED FOR TRANSFER

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

Federal Transfer Screening Form for Influenza like Illness



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

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

INSTRUCTIONS:

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

IMPORTANT!

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

A. INMATE SCREENING

	Initial Screening	Follow Up Screening (if required)
Mandatory Vital Signs completed?	Yes ☐	Yes ☐
Inmate Temperature	Temp _____ °C T / O	Temp _____ °C T / O
Fever?	No ☐ Yes ☐	No ☐ Yes ☐

Questions for Inmate Do you have any of the following?	Initial Screening	Follow Up Screening (if required)
• New cough?	No ☐ Yes ☐	No ☐ Yes ☐
• Difficulty breathing?	No ☐ Yes ☐	No ☐ Yes ☐
• New illness (e.g. sore throat, diarrhea)?	No ☐ Yes ☐	No ☐ Yes ☐

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

If inmate has symptoms **IMMEDIATELY**:

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

B. CLEARED FOR TRANSFER

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

Discharge Screening Form for Influenza like Illness



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

Institution:
Discharge To/Date:

INSTRUCTIONS:

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

A. INMATE SCREENING

	Screening
Mandatory Vital Signs completed?	Yes ☐
Fever?	No ☐ Yes ☐

Questions for Inmate Do you have any of the following?	Screening
• New cough?	No ☐ Yes ☐
• Difficulty breathing?	No ☐ Yes ☐
• New illness (e.g. sore throat, diarrhea)?	No ☐ Yes ☐

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

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

A. INSTRUCTIONS:

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

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

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

If YES please complete the following:

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

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

3.

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

Additional Information:

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

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

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

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

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

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

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

Inmate's Name: (Last/First)	OTIS#:	Date and Time of Screening
Area of Work: ☐ Laundry ☐ Kitchen ☐ Other _____		

Operational Plan for Universal Source Control using Surgical/Procedure Masks

Staff Masking

All Ontario Correctional institutions will immediately implement source control (being worn to protect others) masking practices, requiring that all staff and visitors wear a surgical/procedure mask at all times while at work unless otherwise specified.

Masking is not a substitute to other important infection prevention and control practices, including hand hygiene and physical distancing.

The below information is not applicable to PPE use when Additional Precautions are in place, such as droplet/contact precautions (i.e. Intake or isolation units) or when otherwise directed.

Principles and Practices

Employees will be provided with one (1) surgical/procedural mask at the beginning of their shift and will immediately perform hand hygiene and don the mask.

Masks are to be worn throughout the shift, at all times, and removed only during:

- Breaks such as when eating and drinking
- When there is a specified PPE requirement such as when working in an area requiring Additional Precautions, e.g. droplet/contact precautions.

When removing a mask that is to be re-used, employees are to:

- Perform hand hygiene
- Remove the mask by undoing ties or removing the loops from around the ears
- Fold the mask inwards so that the outside surface of the mask is exposed and the inside (the side that lies against the face) is protected.
- Place the mask in a clean paper bag and fold the paper bag closed
- Perform hand hygiene

When re-using the mask:

- Perform hand hygiene
- Remove the mask from the bag, handling the mask in a manner that minimizes contact with the exposed mask surface
- Don the mask
- Perform hand hygiene

Masks are intended to be worn for extended periods and re-used for the entire shift, however the mask should be replaced if the mask is:

- Soiled
- Contaminated

- Moist
- Damaged, or
- Difficult to breath through

At the end of the scheduled shift, employees are to:

- Perform hand hygiene
- Remove the mask, by undoing the ties or removing the loops from the ears
- Discard the mask into regular garbage
- Perform hand hygiene
- Discard bag

Visitor Masking

Professional or Spiritual Visitors or Volunteers will be provided with one (1) surgical/procedural mask after passing the screening criteria and will immediately perform hand hygiene and don the mask prior to signing in.

Personal Visitors must bring a mask or face covering with them, and that face covering must cover the nose and mouth, as well as not contain any offensive images or words. Personal Visitors will also undergo active screening, per the Reintroduction of Personal Visits document.

Visitors must mask at all times when in the institution.

If a Professional visit exceeds four (4) hours and breaks are anticipated, consider using the extended wear and re-use procedures as outlined above in Staff Masking, Principles and Practices outlined above.

At the conclusion of business within the institution, visitors are to:

- Perform hand hygiene
- Remove the mask, by undoing the ties or removing the loops from the ears
- Discard the mask into regular garbage
- Perform hand hygiene

Guidance Document – Institutional Use of Cloth Masks

The following is a guidance document provided by the Central Response Team for the use of cloth masks by employees, visitors, and/or inmates in Ontario's Correctional Institutions. Direction will be communicated to Superintendents if, and when, they are to be used in an institutional setting for emergency situations only (e.g. reduced access to appropriate masks).

The Employer acknowledges that required PPE will continue to be made available in all correctional institutions in the province, unless supply chain shortages occur.

Should there be changes to PPE supply that results in a need to prioritize use of available surgical/procedure masks under emergency circumstances, it may be necessary to implement the use of cloth masks for individuals within the institution(s).

Decisions regarding the issuing of cloth masks (in place of surgical/procedure masks) will be a joint decision made by the Superintendent, the Central Response Team and Corporate Health Care. Decision drivers will be assessed within the context of the emergency. An example where this may be applicable, is if an emergency reallocation of surgical/procedure masks is needed to address shortages in an institution experiencing an outbreak.

The following are possible scenarios where the use of cloth masks will be based on level of risk (from lowest to highest):

1. Visitors entering the non-secure area of the institution only
2. Visitors entering the secure area of the institution for short-term (4 hours or less) access
3. Employees with non-shared, walled offices in non-secure areas of the institution, who do not enter the secure area of the institution
4. Employees working in shared offices or spaces who are able to maintain a working distance of at least 2 meters (6 feet) between employees or have cubicle barriers between employees for the majority of their shift
5. Employees working by themselves in control rooms
6. All other employees who do not enter the secure area of the institution
7. Employees working in shared control rooms who are able to maintain a working distance of at least 2 meters (6 feet) between employees for the majority of their shift
8. Employees working in secure areas of the institution, having minimal close-contact with inmates or other staff during their shift
9. Employees working in secure areas of the institution, having intermittent close-contact with inmates or other staff during their shift (e.g. Correctional Officers conducting security tours in non-Direct Supervision living units)
10. Employees working in secure areas of the institution (in non-Direct Supervision living units), having continual close-contact with inmates or other staff during their shift

11. Employees working in secure areas of the institution (in Direct Supervision living units)
12. Employees working in Intake Units
13. Inmates housed on Intake Units

Employees who are directed to wear cloth masks as a substitute for surgical/procedure masks will be provided with four (4) cloth masks and will be responsible for laundering their masks between shifts to ensure that they are wearing a clean mask each day. If an Employee's cloth mask becomes damaged, it will be replaced on a 'one for one' basis by the Employer. Employees will also be responsible for ensuring that they have a clean, 'back-up' mask at the workplace for each shift as a replacement, should their mask become visibly soiled or 'damp' and is no longer suitable for use.

Inmates who are required to wear a cloth mask will be provided with 2 masks. Each mask will have their last name written in permanent marker on the mask and it will be the responsibility of each institution to ensure that masks are laundered, and each inmate is provided with a clean mask each morning. Masks that become damaged or visibly soiled will be replaced by the Employer.

Masking is not a substitute to other important infection prevention and control practices, including hand hygiene and physical distancing. The PPE Principles and Practices Guidance Document will continue to be followed and 'cloth mask' will replace 'surgical/procedure mask' in that document, where appropriate.

Should the 'emergency stock' of cloth masks become inadequate to ensure appropriate institutional use, institutions will refrain from providing inmates with a cloth mask at their time of release.

Please consult with Corporate Health Care, through the Central Response Team if any questions arise regarding any direction related to the use of cloth masks.

Facial Protection Specifications and PPE Guidance Use During COVID-19

Diligent hand hygiene is required before and after donning and doffing PPE to reduce contamination

Use of Level 1 and level 2 surgical/procedure mask:

- Level 1: is a low barrier for procedures with a low amount of fluid, blood, aerosol exposure or spray
- Level 2: is a moderate barrier for procedures with light or moderate amount of blood, fluid, aerosol or spray.

Use of N95 Respirator:

- N95 respirator: is for aerosol generating procedures e.g. intubation, manage airway during CPR.

Use of Expired N95 Respirator:

- When surgical/procedure masks are not available
- Before using an expired N95 respirator:
 - Visually inspected to ensure the respirator is not distorted or damaged in any way and check the integrity of the elastic strap
 - Not to be used for inmates

Use of Commercial Grade N95/KN95 respirators:

- During the COVID-19 outbreak if alternatives are not available

SURGICAL/PROCEDURE MASKS

<u>Extended Use of Masks:</u> Summary of Guidance Extended use means continuing to wear the same mask for close contact with several different inmates without removing it	Length of Use	• Use for as long as possible before it needs to be discarded (see below)
	During Use	• Do not touch the mask. If you touch or adjust it, perform hand hygiene immediately after • Leave the inmate care area if you need to remove the mask
	When to Discard/ Discontinue Use	• The mask should be removed and discarded if it gets wet, soiled, damaged or hard to breathe through
<u>Limited Re-Use of Mask:</u> Summary of Guidance Limited re-use is the practice of using the same mask by one staff member for multiple encounters with different inmates but removing it after each encounter and when leaving your assigned unit	Selecting Masks for Re-Use	• Masks with elastic ear hooks are most suitable for re-use. Those that fasten with ties tend to tear when being removed and are thus more suitable for extended rather than re-use (see above)
	During Use	• Do not to touch the mask. If you touch or adjust it, perform hand hygiene immediately after
	Doffing and Storage	• Fold the mask so that the surface is held inward against itself to reduce contact with outside surfaces when storing • Store folded masks in a clean paper bag and fold bag over or seal • Dispose of the paper bag daily
	When to Discard/ Discontinue Use	• Perform hand hygiene prior to removing mask • The mask should be removed and discarded if it gets wet, soiled, damaged, or hard to breathe through

EYE PROTECTION

General Eye Protection	• Wear the same eye protection for repeated close contact encounters per shift when within 2 meters of the inmate(s) when there is no physical barrier (see exceptions below) • Use one form of eye protection per shift and reuse eye protection between shifts using appropriate cleaning protocols between use
Reusable Eye Protection (dedicated to one person)	• Eye protection must be cleaned anytime it is removed and at the end of the shift • Eye protection to be cleaned if contaminated by interaction with inmate with respiratory symptoms (i.e. body fluid, spit) • Eye protection should be discarded when it is no longer able to be cleaned or is damaged • Clean eye protection using soap and water daily or when soiled or contaminated
Single Use Eye Protection	• Should be discarded when unable to clean or is damaged • Should not be shared between staff

GOWNS AND GLOVES

Extended and Re-use of Gowns	• Extended use and re-use of a gown is to be practiced where people have been isolated for the same infectious disease (e.g. COVID) • Extended use is wearing of the gown between patients with the same infectious illness (e.g. using the same gown for the duration of the shift) • Re-use refers to removal of the gown and 'storage' of the gown between use (e.g. when leaving the unit for a break) • Gown is to be changed or discarded if it becomes: ○ wet, soiled or damaged ○ contaminated by close interaction with an inmate isolated with respiratory symptoms (i.e. coughing, spit) • Gown is to be worn for a maximum of one shift • When doffing equipment intended for re-use, perform hand hygiene, untie waist ties and then neck ties, grasp the outside of the gown behind the shoulders, then pull the gown forward from the neck rolling it forward so that the outside of the gown is folded to the inside • Gowns must be hung in-between use with the outside of gown folded inwards • Perform hand hygiene immediately following • At the end of a shift or if changing a reusable cloth gown, place the reusable cloth gown in the laundry hamper or laundry bag • Reusable cloth gowns are to be washed with laundry soap and using the hottest available temperature setting and then dried well.
Gloves	• Always change gloves between inmates if contaminated or soiled • Perform hand hygiene before and after using gloves • Gloves are not a substitute for hand hygiene

INDIRECT SUPERVISION UNIT
Personal Protective Equipment (PPE) for Staff and Inmates

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

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

DIRECT SUPERVISION UNIT
Personal Protective Equipment (PPE) for Staff and Inmates

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

All inmates must perform hand hygiene: 1. when exiting or entering unit 2. upon return to cell

Laundry Services (COVID-19)
Instructions for Laundry Staff and Inmate Workers

PPE and Hand Hygiene
○ Appropriate PPE use includes diligent hand hygiene particularly when donning and doffing PPE, refer to PPE poster ○ Hand washing sink or hand sanitizer must be available in the laundry area ○ Hand hygiene (wash hands with soap and water or hand sanitizer for 20 seconds) ● upon entering the laundry area ● prior to putting on PPE ● after removing or changing gloves and gown ● after removing eye protection ● after touching and removing mask ● after using the toilet facilities ● before and after eating ● prior to leaving the laundry area
Instructions for Inmate
○ Wear clean clothes when going to work ○ Must take a shower and put on clean clothes after work ○ Social Distancing of 2 metres should be maintained whenever possible ○ Transport dirty laundry in a bin with a lid ○ Do not shake dirty laundry ○ Change gloves whenever moving from dirty to clean areas/laundry e.g. after cleaning laundry bins, before handling clean linen, etc. ○ Clean and disinfect laundry bins and lids before being used to transport clean linen ○ Clean surfaces and objects that are frequently touched at least twice a day, e.g. countertops ○ Tell staff when you are not feeling well

Required PPE (COVID-19)	Level 2 Surgical/Procedure Mask	Eye Protection	Gloves	Gown
○ When handling dirty laundry ○ When cleaning dirty laundry bins/lids, frequently touched objects and surfaces, e.g. work table Change mask if it ○ becomes wet, damaged or soiled or difficult to breath ○ if you leave the laundry area and re-enter Always doff PPE and discard or clean (eye protection) when leaving the laundry area	√	√	√	√
Modified Droplet Precautions for Inmate Laundry Workers PPE as above *Must wear a mask when travelling to and from the unit and throughout the full work shift. Changing as indicated above	√			

Kitchen Services (COVID-19)
Instructions for Kitchen Staff and Inmate Workers

PPE and Hand Hygiene	
○ Appropriate PPE use includes diligent hand hygiene particularly when donning and doffing PPE, refer to PPE poster ○ Wear the PPE recommended by the manufacturer for cleaning solutions and any chemicals ○ Ensure all sinks used for handwashing are supplied with soap and paper towels ○ Hand hygiene (wash hands with soap and water or hand sanitizer for 20 seconds and repeat often) ➤ upon entering the kitchen area ➤ prior to putting on PPE ➤ after removing or changing gloves ➤ before and after removing mask ➤ anytime after touching mask ➤ before handling any food, cleaning dishes and utensil ➤ after using the toilet facilities ➤ before and after eating ➤ any time your hands get dirty ➤ before and after touching your nose or mouth or eyes ➤ prior to leaving the kitchen area	
Instructions for Inmate	
● Clean clothes when going to work ● Must take a shower and put on clean clothes after work ● Social Distancing of 2 metres should be maintained in the work area ● Clean frequently touched surfaces at surfaces at least twice a day, and surfaces that have frequent contact with hands should be cleaned and disinfected at least twice per day and when visible dirty, e.g. countertops, chairs, food contact surfaces, meal trays, utensils, toilet handles, doorknobs ● Change gloves when moving from dirty to clean areas/surfaces ● Tell staff if you are not feeling well and notify health care to assess inmate	

Required PPE (COVID-19)	Level 1 Surgical/Procedure Mask	Eye Protection	Gloves	Gown
Change mask if ➤ Mask becomes wet, damaged, soiled or if difficult to breath Discard mask when leaving the kitchen area at end of shift	√	N/A	√	N/A
Modified Droplet Precautions for Inmate Kitchen Workers *Must wear a mask when travelling to and from the unit and continue to wear a mask throughout the full work shift	√			

Cardiopulmonary Resuscitation (CPR) during the COVID-19 Pandemic

Routine practices are the foundation of best practice in most environments and circumstances and ensure that first responder teams operate safely. The potential risks related to the transmission of COVID-19, however, require additional procedural precautions.

CPR is an aerosol generating medical procedure (AGMP) and therefore important adjustments to Personal Protective Equipment (PPE) are required to align with Airborne Precautions.

Each Unit must have a minimum of four (4) CPR – PPE kits assembled, labelled and available for use on each unit. Each CPR – PPE kit must contain:

- 1 – Fitted N95 Respirator
- 1 – Gown
- 2 – Gloves (large)
- 1 – Eye Protection (face shield or goggles)
- 1 – Surgical Mask for inmate

CPR Scene Management

Each emergency response must have a person designated as the 'Primary Coordinator' who will ensure the following:

- The donning and doffing of PPE in accordance with Ministry prescribed guidelines
- The establishment of a safe and clear perimeter around the emergency scene
- The restriction of all non-essential staff from crowding the emergency scene
- The adherence to the CPR response procedure by all involved
- The implementation of post incident de-brief session(s) with involved staff members

The Primary Coordinator should remain outside of the 2-metre perimeter wearing a surgical mask and any other PPE required in the area.

Procedure

Initial Actions

1. Secure Area
2. Call the medical emergency as per procedure
3. ****If in the Isolation Unit, when calling 911, inform EMS that the person is isolated for COVID-19**
4. Ensure only persons critical to the response remain in the area
5. Assign roles for the response team: The response team should consist of no more than five persons:
 - The Primary Coordinator
 - Two people donned in full PPE performing CPR
 - Two people donned in full PPE as back-up and to provide other assistance. These people should remain at the perimeter until called upon
6. At least one additional person should remain outside the immediate area to respond to requests from the Primary Coordinator and response team

7. When health care arrives, health care should don full PPE, as per Airborne Precautions, and remain at the perimeter when not providing an intervention. (e.g. conduct an assessment, administer injectable naloxone, oxygen, vital signs etc.)

Responders

- Don PPE (Airborne Precautions)
- Primary Coordinator assess readiness, i.e. PPE check
- Visually inspect for absence of breathing (respiratory effort, chest rising)
- Administer naloxone if opiate overdose is suspected and assess response
- Give additional dose of naloxone, if indicated
- Place a surgical mask on the person
- When health care arrives, administer oxygen up to 10-15 l/min via O₂ mask (over the surgical mask) and titrate as clinically indicated (e.g. O₂ saturation)
- If possible, move the individual to an enclosed area and establish a clear perimeter of more than 2 metres from the individual

Initiate Compressions-Only CPR – DO NOT Ventilate

- Continue CPR until Automated External Defibrillator (AED) arrives
- Apply AED immediately and follow prompts
- Continue CPR until breathing and circulation returns or relieved by EMS
- Once EMS has assumed care, staff must move out of the area and carefully doff equipment in the following order:
 - Remove gloves
 - Perform hand hygiene
 - Remove gown
 - Perform hand hygiene
 - Remove eye protection
 - Remove mask
 - Perform hand hygiene

Post CPR

- The Coordinator must meet with the responders to de-brief as soon as practical
- Ensure supplies are replaced, including CPR – PPE kits.

Dental Unit Principles and Practices During COVID-19 Pandemic

Principles

Dental suites in correctional institutions are a higher risk for spreading COVID-19 due to the aerosol generating nature of dental procedures and the proximity of the upper respiratory tract to the operating field. Compliance with relevant COVID-19 guidance documents and direction is vital to maintain the safety of services providers, staff and inmates, and to prevent the spread of COVID-19.

The health care manager in collaboration with the dentist and assistant will review current practice and make necessary adjustments to assure alignment with this guidance.

The health care manager or delegate will monitor compliance with the Required Practices in collaboration with the dentist and assistant.

This guidance is to be applied in conjunction with the Royal College of Dental Surgeons of Ontario (RCDSO) Guidance Documents and Practice Standards.

Required Practices

- Nurses will screen each inmate 12 hours prior to their dental appointment using the COVID-19 Screening Algorithm for Health Care, and document in the health care record, Part D
- Inmates in isolation for COVID-19 or who fail screening and require isolation must not be treated in-person except in emergency or urgent situations where treatment cannot be deferred
- The dentist must be consulted regarding any interim treatment or care requirements when an appointment is deferred
 - If treatment must be provided without delay, refer to guidance for inmates that have screened or tested positive for COVID-19 below
- Staff in the dental suite during treatment will be restricted to assigned correctional staff and managers overseeing the unit, except in the case of emergency
- All staff must don a level 2 surgical/procedure mask and eye protection prior to entering the operatory area and wear the PPE at all times. Other PPE where clinically indicated and directed by dental staff must be worn as directed by Dental (e.g. gown during ASGPs)
- Dentists and dental assistants must wear a level 2 surgical/procedure mask and all other personal protective equipment (PPE) if clinically appropriate during treatment (see Table 1)
- All staff must perform hand hygiene frequently and:
 - upon entering and leaving the dental unit
 - before and after any contact with inmates,
 - after contact with high touch surfaces, contaminated surfaces and equipment
 - before and after removing PPE)

- Hand hygiene is to be performed by inmates:
 - prior to leaving their cell
 - when they arrive and leave the dental suite
 - upon return to their cell
- Except when required, a physical distance of at least 2 meters should be maintained where possible
- High-touch surfaces and objects that are frequently touched must be cleaned and disinfected at least twice a day and in between patients (e.g. countertops, doorknobs, dental chair, the arms of chairs) and cleaned and disinfected if visibly dirty
- Garbage receptacles must be lined with garbage bags and have a lid
- All used PPE must be discarded in a regular garbage receptacle prior to leaving the dental suite area

General Operatory/Clinical Area Required Practices

- Dentists must shock their dental unit water lines if returning from an extended break in practice (contact the product manufacturer for product recommendations)
- Operatories/clinical area must be cleaned and disinfected before and after use and between each appointment
- Limit paperwork in the operatory as much as possible. Cover any required clinical notes with clear barrier so what is needed for appointment can be read
- Set up operatories so that only the supplies and instruments needed for each procedure are readily accessible
- All other supplies and instruments must be in covered storage, such as drawers and cabinets, and away from potential contamination
- Supplies and equipment that are exposed but not used during the procedure should be considered contaminated and should be disposed of or reprocessed properly
- If instruments need to be left in treatment room for an extended period due to fallow times, they should be sprayed with an enzymatic gel/spray (see current RCDSO Infection Control Standards)
- Following an **aerosol generating procedure for patients who screened negative**, the dentist must wait 15 minutes after the exit of each patient before cleaning and disinfection

Guidance for Treatment of Inmates that are Isolated for COVID-19

- Only those inmates identified by the dentist to have emergency or urgent dental issues are permitted to attend dental appointments, all other dental appointments will be deferred until the individual is medically cleared
-
- Strict Droplet and Contact Precautions, in addition to Routine Practices, must be maintained

s.14(1)(j)

s.14(1)(k)

s.14(1)(l)

- Inmates must wear a level 1 surgical/procedure mask at all times when leaving cell/unit and when in dental unit, The mask may only be removed when directed by dental staff for treatment
- Inmates should not be placed in the holding cell, but be admitted directly to the dental suite
- Dentists must avoid performing aerosol-generating procedures (AGP) whenever possible, and use the lowest AGP options when necessary
 - Aerosols may be generated by high-speed, low-speed and other rotary handpieces, ultrasonic and other similar devices, and air-water syringes
 - Dentists must minimize the contents of all operatories in which AGPs may be performed, including unnecessary equipment and supplies
- When performing APGs, the procedure must be performed in an operatory capable of containing aerosol. This requires
 - floor-to-ceiling walls and a door (or other barrier) that must remain closed during and after such procedures
 - temporary walls and doors are permitted, provided they can contain aerosols and are constructed of materials that can withstand repeated cleaning and disinfection
- If possible, dentists performing AGPs on inmates should use a rubber dam with high-volume suction to minimize aerosols and mitigate exposure risk

Following Aerosol Generating Procedures for an Inmate who has Screened or Tested Positive for COVID-19

- The operatory/clinical area must be left empty (with the door closed) to permit the clearance and/or settling of aerosols (Room Fallow time)
- The length of Room Fallow time that the operatory/clinical area must be left empty is determined by the air changes per hour (ACH). The aim is to achieve 99.9% removal of airborne contaminants (see Table 2). If the ACH has not been assessed, the ADH of 2 times per hour must be used
- Terminal cleaning and disinfection of the operatory/clinical area (including all clinical contact surfaces and equipment) must only be undertaken following the necessary Room Fallow time (see Table 2)
- Cleaning and disinfection must be undertaken using appropriate hospital-grade low-level disinfectant with a DIN from Health Canada

Table 1: Required Personal Protective Equipment and Procedure/Activity

Setting	Procedure/Activity	Type of PPE For Clinical Staff
Operatory or Clinical Area	Non-aerosol generating procedures (NAGPs) when the inmate has screened negative for COVID-19	level 2 procedure/ surgical mask • Gloves • Eye protection OR face shield
	Non-aerosol generating procedures (NAGPs) when the inmate has screened positive for COVID-19	level 2 procedure/ surgical mask • Gloves • Eye protection OR face shield • Protective gown
	Aerosol generating procedures (AGPs) when the inmate has screened negative for COVID-19	N95 respirator (fit-tested, seal-checked) • Gloves • Eye protection AND/OR face shield • Protective gown (optional)
	Aerosol generating procedures (AGPs) when the inmate has screened positive for COVID-19	• N95 respirator (fit-tested, seal-checked) • Gloves • Eye protection AND face shield • Protective gown
	Cleaning and disinfection of operatory or other treatment area	level 2 procedure mask • Gloves • Eye protection
Reprocessing Area	Reprocessing of reusable instruments	level 2 procedure/ surgical mask • Heavy duty utility-gloves • Eye protection or face shield • Protective gown
Common and Staff Areas	Administrative and other tasks	level 2 surgical/procedure mask

Adapted from Royal College of Dental Surgeons on Ontario, COVID-19: Managing Infection Risks During In-Person Dental Care, May 31, 2020

Table 2: Time Required for Removal or Settling of Aerosols by Air Changes per Hour (ACH)

Air Changes Per Hour	Time Required for Removal or Settling of Aerosols in Minutes (99.9% Efficiency)
2	207
4	104
6	69
8	52
10	41
12	35
15	28
29	21
50	8

Ontario Dental Association. Return to Practice Toolkit: Adapting the Dental Office in Post-Covid-19 Times. Version 2.0 June 2020

Reintroduction of Personal Visits Guidance Framework

Introduction

On March 14, 2020, personal visits were temporarily suspended within our correctional facilities due to the COVID-19 pandemic in order to reduce the exposure and protect both our staff and inmates. Professional visits, including legal counsel, have continued with active screening and other protective measures in place.

We know that it has been a difficult time for inmates and their families and friends, and we appreciate the support of staff in facilitating inmate access to phone calls and adequate time out of cell to help maintain morale and good behaviour.

Given the nature of our institutional environments, as well as the robust health and safety guidance that has been established to limit COVID-19 risk exposure for our inmates and staff, it is critical that a reintroduction of visits is done in line with best infection prevention and control practices. Institutions are to ensure that they have sufficient amounts of the required personal protective equipment (PPE) for both staff and inmates.

Visitors must bring their own face coverings or masks which cannot have any offensive language, statements or images. This must be conveyed to visitors when they call the institution to schedule a visit. This information should be included in a Notice to Visitors to be posted on the front door of the institution, including a number for people to call to schedule a visit.

The ministry has established provincial guidance on how to reintroduce visits safely while ensuring the health and safety of our inmates and staff, equitable visitation access, and flexibility on the infrastructure and staffing realities at each institution. A Notice to Inmates will be shared with all institutions for posting.

Institutions should have a screener at the entrance to conduct active screening of institutional staff, visitors, contractors, cleaners and delivery personnel who are entering the secure area of the institution. These procedures are to apply seven days a week, 24 hours a day.

If an in-person visit cannot be accommodated, the institution should explore other options for family contact, such as facilitating telephone access for the inmate.

Guiding Principles

- Institutions are to ensure that visitation is prioritized for vulnerable inmates and that equitable visitation access is given to all inmates, with safety considerations.
- All visits should be conducted with no contact and must be conducted via video or through physical barriers (i.e. glass).
- Care should be taken to ensure that inmates from different units are not mixed within the visitation area regardless of the availability of physical distancing space, and movement of inmates must be limited.
- Visits for inmates in Intake and Isolation Units will not be permitted, unless under exceptional circumstances and with guidance from health care. If visits are granted for these inmates, full PPE for the escorting staff and PPE for the inmates will be required.
 - Institutions should follow principles similar to that for video court.
- Each institution is to develop cleaning practices prior to re-instituting visits, in alignment with the Institutional Services Cleaning Framework Poster.
- Both public and inmate visitation areas must be cleaned and disinfected before and after each visit. Institutions should follow best practices and guidance on cleaning (see *attached Institutional Services Cleaning Framework Poster*).

Process for Inmate Visits

1. Prior to the Visit

- a) Institution to ensure that both public and inmate visitation areas are thoroughly cleaned and sanitized before and after each visit has occurred.
- b) Visitors are to call ahead to the facility and all visits will be scheduled by institution-specific dates and time slots; unscheduled visits will not be allowed.
- c) Institution to ensure that visitation is prioritized for vulnerable inmates and that equitable visitation access is given to all inmates, with safety considerations.
- d) All visits should be conducted with no contact and must be conducted via video or through physical barriers.
- e) Visitors must be advised that a maximum of two (2) adults and two (2) children are allowed per visit.
- f) Visitors should be advised that at the time of their visit booking, they must bring a non-offensive face covering or mask with them to the visit and wear it at all times while in the institution. Children over the age of two (2) must also wear a face covering. Exceptions may be made, if required. Removing a mask, or refusing to wear a mask, may result in cancellation of the visit.

- g) During the booking of the visit, visitors are to be advised that self-screening must be done before the visit and that when they arrive at the institution, they will undergo active screening, which includes a temperature check. Children will require the consent of their parents or guardians in order to undergo the temperature check.

NOTE: a script will be developed for institutions, similar to the Notice to Visitors to be placed on the front door of the institution.

2. During the Visit

- a) Visitors must show government-issued photo ID when signing in for the visit and confirm that they have conducted a self-assessment prior to the visit.
- b) All visitors must bring their own non-offensive face covering or mask. Removing a mask, or refusing to wear a mask, may result in cancellation of the visit.
- c) Conduct active screening and temperature checks of visitors using the attached *Screening Tool for Visitors*
 - Note that if they answer 'yes' to any of the questions, or refuse to answer, they will not be allowed into the building.
 - If they answer 'no' to all the questions, temperature screening must be completed next (temperature must be less than 37.8°C).
- d) If the visitor passes the temperature screening, they must wash their hands or use hand sanitizer before entering the institution.
- e) A maximum of two (2) adults and two (2) children are allowed per visit.
- a) Staff must ensure that visiting times are strictly adhered to.

Local Direction for (Add Institution Name)

- i. Inmate visitations will take place in (add location within the institution), with the appropriate physical barriers and cleaning protocols in place. Visitors and inmates must maintain physical distancing requirements.
- ii. It is recommended that institutions begin with one (1) personal visit per week per inmate. The time allocated for each visit should be done in accordance with fitting in as many inmate visits as possible without sacrificing the quality of the visit (e.g. 20 minutes per visit). Special consideration will be given to compassionate situations. Institutions can consider changing these parameters if it can be done safely and if all health care considerations are adhered to.
- iii. The institution may consider expanding visiting hours; however, this should only be done if it can be safely accommodated with sufficient staffing.

- iv. All visits should be conducted with no contact and must be conducted via video or through physical barriers.
- v. Care should be taken to ensure that inmates from different units are not mixed within the visitation area regardless of the availability of physical distancing space, and movement of inmates must be limited.

- vi. Visits will take place on the following days and times: (fill out for your institution)

Day	Time Slots	Unit	Population

- vii. Visitors are to be directed to the specified checkpoint to undergo active screening prior to entering the institution: (identify active screening area)
- viii. The institution is to assign administrative staff to schedule the visits and general duty officers to conduct the active screening prior to the visitation. Staff conducting the active screening must wear the required PPE.
- ix. X amount of time is to be allocated between each visit to enable proper cleaning and disinfecting of the public and inmate visitation areas. Cleaning is recommended to be done by an inmate that is supervised by a staff member. Inmates and/or staff conducting the cleaning must wear the required PPE.
- x. Cleaning procedures (please outline the steps required to clean the visitation areas prior to each visit):
 - Use disposable wipes (60 second contact on the surfaces required)
 - Extra attention should be placed on the high-touch surfaces

**See attached Institutional Services Cleaning Framework Poster which outlines Public Health guidelines on proper cleaning and disinfecting practices*

Process for In-Person Court Appearances

Introduction

In March of 2020, courthouses were closed due to the COVID-19 pandemic. In partnership with the Ministry of the Attorney General, the Ministry of the Solicitor General (the ministry) moved all court appearances to video or telephone in order to reduce the movement of inmates in and out of the institutions.

On July 6, 2020, as the province continues its path to recovery, both the Superior Court of Justice and the Ontario Court of Justice will reopen their courts on a limited basis. The ministry will be working with our justice partners to facilitate the attendance of inmates at court as required.

Given the nature of our institutional environments, as well as the robust health and safety guidance that has been established to limit COVID-19 risk exposure for our inmates and staff, it is critical that the reintroduction of in-person court hearings is done in line with best infection prevention and control practices.

Guiding Principles

- Inmates in intake or isolation units will only attend court by video.
- Inmates are unfit for in-person court if they:
 - Have tested positive for COVID-19 and have not been cleared by Corporate Health Care;
 - Are awaiting a COVID-19 test result;
 - Have been determined to be medically unfit by health care;
 - Report illness prior to leaving and health care is not able to assess prior to leaving the institution;
 - Are currently housed in medical isolation or in an intake unit.
- Inmates who report illness will be assessed by health care and made unfit for court, if appropriate.
- Health Care will receive a court list
 - and provide one-on-one health teaching on how and when to use a mask, the importance of physical distancing and not touching your face, proper hand hygiene and cough etiquette, and the importance of reporting illness.
- Inmates will be provided with the required PPE (level 1 surgical mask) for use while out of institution.
- Upon return to the institution, inmates will be monitored through a point of care assessment to determine level of exposure risk while outside the institution.

s.14(1)(j)

s.14(1)(k)

s.14(1)(l)

- Ministry of the Attorney General and police services guidelines will be expected to be followed while in the custody of police services and at the courthouse.
- While in transit or in court, inmates should be:
 - wearing a level 1 surgical mask at all times if unable to be 2 metres apart from others with no physical barrier, and
 - have access to hand hygiene (either sink, soap and water or hand sanitizer) throughout the process.
- A replacement mask should be provided for inmates should the mask become contaminated, soiled or wet.
- Institutions should maintain regular contact with local police services to ensure that guiding principles are followed.
- Inmates must be screened by Correctional Staff per Inmate Screening for Symptoms of ILI upon return from court.
- Inmates returning from court will also have additional questions asked by correctional staff using the Return from Court Risk Assessment to assess exposure risks and health care will be contacted, where indicated.
- The information gathered from the ILI screening and Court Risk Assessment may generate a change in housing requirements (e.g. intake unit or isolated) and the individual may need to be monitored for 14 days from their Court appearance.
- Logs must be kept for those who make court appearances and ideally all persons cohorted for transport or at court along with contact information, in case exposure is identified and contact follow up becomes necessary.

Process for In-Person Court Appearances

1. Prior to leaving the institution

- a) Health Care staff will review the court list and provide one to one health teaching on how and when to use a mask, the importance of physical distancing and not touching your face, proper hand hygiene and cough etiquette, and the importance of reporting illness.
- b) Inmates will be provided with the required PPE (level 1 surgical mask) for use while out of institution.
- c) The institution must provide notification as per policy to the Ministry of the Attorney General if the inmate will not be appearing at court.
- d) Correctional staff will give each inmate leaving the institution one (1) level 1 surgical/procedural mask which is to be worn at all times if unable to be 2 metres apart from others with no physical barrier.

s.14(1)(j)

s.14(1)(k)

s.14(1)(l)

2. At the courthouse

- a) Inmates will follow all police services guidelines while in their custody.
- b) Inmates will follow all Ministry of the Attorney General guidelines while at the courthouse. This includes, but is not limited to:
 - Wearing a mask as required;
 - Keeping physical distance; and
 - Sanitizing/washing hands as appropriate

3. Returning to the institution

- a) Each inmate must be screened by correctional staff each time they return to the institution using the Inmate Screening for Symptoms of ILI and the Return from Court Risk Assessment.
- b) If the inmate does not pass the screening, correctional staff are to follow the Correctional Officer Influenza-Like Symptom Screening Algorithm for Inmates.
- c) Inmates who pass screening and are determined to not be an exposure risk may be returned to the unit they had been housed in prior to leaving. They are not to proceed to the intake unit.

Local Direction for (Add Institution Name)

- i. Each institution should add any specific steps that their institution needs to take, due to operational requirements. These steps must be reviewed by the Regional Office and cleared by the Central Response Team (CRT) before implemented.*

Health Teaching Protocol for Patients Attending In-person Court

s.14(1)(j)

s.14(1)(k)

s.14(1)(l)

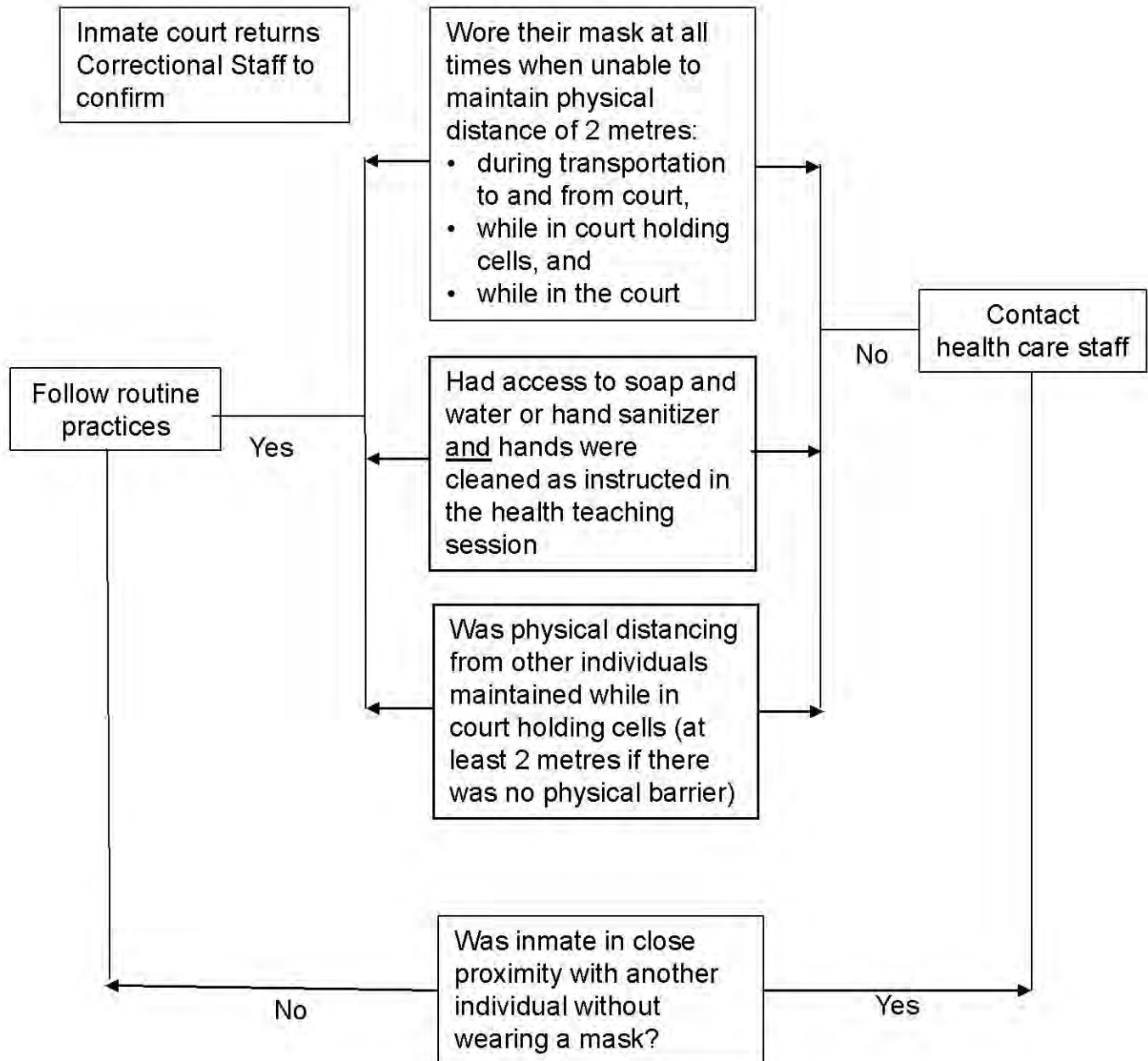
The Health Care Manager/Senior Nurse will receive a court list
and nursing staff will provide health teaching to patients prior to attending in-person court.

Nurses will document completion of health teaching in the Health Care Record, Part D.

Prior to in-person court the nurse will review the importance of:

- how and when to perform hand hygiene, including using soap and water for at least 20 seconds or hand sanitizer
- how and when to use a surgical/procedure mask
 - wear a level 1 surgical/procedure mask at all times during transportation and in court if unable to be 2 metres apart from others with no physical barrier
 - before putting on a mask, wash your hands with soap of water or hand sanitizer
 - secure the elastic loops of the mask around your ears. If your mask has strings, tie them securely behind your head
 - cover your mouth and nose with the mask and make sure there are no gaps between your face and the mask
 - do not touch the front of the mask while you wear it. Wash your hands with soap and water for at least 20 seconds or use hand sanitizer if you accidentally touch your mask
 - if the mask must be removed, remove the elastic loops of the mask from around your ears or untie the strings from behind your head
 - hold only the loops or strings and place the mask in a garbage bin
 - wash your hands with soap and water for at least 20 seconds or use hand sanitizer
 - If the mask becomes contaminated, soiled or wet, request a new mask
- physical distancing, which means staying at least 2 metres or 6 feet away from other people whenever possible
- coughing and sneezing into one's sleeve or elbow and not your hands
- avoiding touching your eyes, nose or mouth, especially with unwashed hands
- reporting illness to staff in the institution, during transport and in the court house

Return From Court Risk Assessment for Correctional Staff



Guidance for Programs Recommencing in Institutions

INTRODUCTION

During the COVID-19 pandemic, many external agencies and volunteers temporarily suspended visits to correctional institutions. In such circumstances, individual correctional institutions made efforts to connect and work with impacted agencies and volunteers to continue program delivery, where possible.

As the province moves through the various stages of reopening and agency staff and volunteers are planning to recommence programming at our facilities, the following guidance is being provided to institutions to ensure consistency in protocols and procedures. This also applies to agencies that have continued to provide their services throughout the pandemic.

Given the nature of our institutional environments, as well as the robust health and safety guidance that has been established to limit COVID-19 risk exposure for our inmates and staff, it is critical that the resumption of programming is done in line with the best infection prevention and control practices.

GUIDING PRINCIPLES

Screening Inmates

- Inmates must be screened by Correctional staff prior to participating in programming, as per the ***Screening Inmate Attending Programs for Symptoms of Influenza Like Illness (ILI)*** (see attached)
- Inmates will not be able to participate in programming if they:
 - Have tested positive for COVID-19 and have not been cleared by Corporate Health Care;
 - Are awaiting a COVID-19 test result;
 - Have been determined to be medically unfit by health care;
 - Report feeling unwell with any symptoms associated with COVID-19;
 - Are currently housed in medical isolation or in an intake unit
- Inmates who report illness will be assessed by health care and made unfit for programming, if appropriate
- Prior to the first program, Health Care staff will provide one-on-one health teaching to inmates on how and when to use a mask, the importance of physical distancing and not touching your face, proper hand hygiene and cough etiquette, and the importance of reporting illness
- Inmates will be provided with a level 1 surgical mask for use during programming if unable to be 2 metres apart from others

- Inmates should have access to hand hygiene (either sink, soap and water or hand sanitizer) before and after programming
- A replacement mask should be provided for inmates should the mask become contaminated, soiled or wet
- Logs must be kept for all inmates who participate in programming as well as the instructor, in case exposure is identified and contact follow up becomes necessary

Screening Agency Staff and Volunteers

- Screening procedures will be in accordance with the attached ***Screening Tool for Visitors*** and will also include a temperature check
- The institution will provide agency staff and volunteers with a ministry-provided mask and they will be expected to comply with the Ministry's COVID-19 screening procedures
- Ensure agency staff and volunteers are familiar with proper hand hygiene, cough etiquette, physical distancing, cleaning procedures, how to wear a mask and the process to follow if an inmate becomes ill while participating in the program

Group Programming

- Maximum capacity is 10 individuals in a room, including the instructor or volunteer, within the same cohort (from the same units)
- Avoid mixing of units for any group program; however, where mixing must occur, the same units should be consistently placed together. In such circumstances, all inmates must wear a level 1 surgical mask

Hand Hygiene and Cough Etiquette

- Have hand sanitizer or hand washing facilities readily available at entrance and in program space with proper signage
- All group program attendees to wash hands on arrival and departure and when hands are visibly dirty
- Post hand hygiene, cough and sneeze etiquette signage in program space
- Everyone is expected to:
 - wash their hands frequently with soap and water or alcohol-based hand sanitizer
 - cough or sneeze into a tissue and discard into non-touch waste container or cough/sneeze into your elbow or sleeve and wash hands
 - avoid touching their eyes, nose or mouth

Physical Distancing

- Individual's to maintain the 2 metre distance from other people to the greatest extent possible
- Create a 2 metre floor or desk/table or seat markings and unidirectional flow in the programming room/area
- Organize tables and chairs to maintain a 2 metre separation and have assigned seating
- If physical distancing cannot be maintained, the inmates must wear a level 1 surgical mask

Cleaning

- Have disinfectant wipes and gloves available, as surfaces are to be cleaned before and after use
- High touch surfaces should be cleaned twice a day
- Supplies should be designated for each inmate and should not be shared (i.e. pencils, notepads, etc.)
- Where sharing of equipment cannot be avoided, shared equipment must be cleaned between each use
- Clean program space between groups and at the end of each day
- Correctional Officers picking up the inmates must observe and supervise the inmates cleaning the program space and equipment
- Inmates conducting the cleaning must wear a level 1 mask and gloves

Local Direction for (Add Institution Name)

- *Each institution should add any specific steps that their institution needs to take, due to operational requirements. These steps must be reviewed by the Regional Office and cleared by the Central Response Team (CRT) before being implemented.*
- *Each institution should establish operational procedures for the extended use of level 1 surgical masks. Refer to the attached:*
 - **Operational Plan for Universal Source Control using Surgical/Procedure Masks**

Attention Inmates



If you have at least one of the following: fever and/or a new cough or difficulty breathing
OR

At least two of the following:

- chills
- fatigue
- headache
- sore throat
- runny nose
- hoarse voice
- lost sense of taste or smell
- stuffy or congested nose
- difficulty swallowing
- nausea/vomiting, diarrhea, stomach pain

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