

Ministry of the Solicitor General ministère du Solliciteur général

Freedom of Information and
Protection of Privacy Services
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December 21, 2021

Kevin Walby
515 Portage Avenue
Winnipeg, Manitoba R3B 2E9
k.walby@uwinnipeg.ca

Dear Kevin Walby:

SUBJECT: REQUEST NUMBER SOLGEN-A-2021-00519

In response to your request for access to information under the Freedom of Information and Protection of Privacy Act (the Act), please be advised that partial access is granted to copies of correctional records, as per the heading below, for the timeframes of January 5, 2020 to February 29, 2020, 2020 and March 1, 2020 to August 30, 2020.

COVID Screening Procedures:

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

Access to part of the responsive information is denied in accordance with section(s) 13(1), 14(1)(k), 14(1)(l) and 65(6) of the Act as follows:

13(1)

A ministry may refuse to disclose a record where the disclosure would reveal advice or recommendations of a public servant, any other person employed in the service of an institution or a consultant retained by an institution.

14(1)(k)

The ministry may refuse to disclose a record where the disclosure could reasonably be expected to jeopardize the security of a centre for lawful detention.

Kevin Walby
Page two

14(1)(l)

The ministry may refuse to disclose a record where the disclosure could reasonably be expected to facilitate the commission of an unlawful act or hamper the control of crime.

65(6)

Section 65(6) states that the Act does not apply to records collected, prepared, maintained or used by or on behalf of a ministry or agency in relation to any of the following:

- (1) Proceedings or anticipated proceedings before a court, tribunal or other entity relating to labour relations or to the employment of a person by the institution;
- (2) Negotiations or anticipated negotiations relating to labour relations or to the employment of a person by the institution between the institution and a person, bargaining agent or party to a proceeding or an anticipated proceeding;
- (3) Meetings, consultations, discussions or communications about labour relations or employment-related matters in which the institution has an interest.

The Ministry is of the opinion that section 65(6) is applicable in the circumstances of your request. As a result, the records you have requested are not accessible under the Act.

N/R

Please note that some information, such as information relating to the printing of the responsive records, has been removed from the records. This information is not responsive to your request and has marked N/R.

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

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

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

- 1) a copy of this decision letter;
- 2) a copy of your original request for access to information;
- 3) the mandatory appeal fee of \$25.00 in the form of a cheque or money order payable to the Minister of Finance.

.../3

Kevin Walby
Page three

Should you have any questions regarding the foregoing, please do not hesitate to contact Karen Foster, A/Senior Program Analyst & Advisor, at 705-492-6195.

Sincerely,

A handwritten signature in cursive script that reads "Wayne Hill for".

for:
Enza Ragone
Coordinator
Freedom of Information and
Protection of Privacy Services

Attachment

Correctional Services

COVID-19 Plans and Preparedness

Updated April 21, 2020

Our ministry continues to evaluate all measures to stop the spread of COVID-19 within our correctional system, protect all our workers and help keep our communities safe. We are focused on stopping the the introduction and spread of the virus in our institutions and workplaces.

Maintaining coordination and communication

- Working closely with the **Ministry Employee Relations Committee (MERC)** and the Provincial Joint Occupational Health and Safety Committee (PJOHSC) and actively engaging the union at all levels every day.
- Daily meetings with the **Ministry of the Attorney General** to coordinate joint-response to efforts to stop the spread of COVID-19.
- The ministry's Corporate Health Care (CHC) team consults regularly with the **Ministry of Health (MOH) and Public Health Ontario (PHO)** to ensure the response to COVID-19 is closely aligned with their recommendations.
- CHC and local health services actively engage with **local public health units** who are responsible for COVID-19 surveillance, testing, case management and contact tracing.
- CHC provides ongoing guidance and direction to the field regarding prevention, screening, and containment of COVID-19, in alignment with direction from MOH and PHO.
- Regular **communication with inmates** through local management and posting key public health messaging as well as measures in place to stop the spread of COVID-19.

Preventing introduction of COVID-19 into our institutions

- Those being admitted to our institutions are being **screened for respiratory illness** according to MOH guidance.
- All professional visitors are screened before entry, including a temperature check, according to procedures developed with MOH.
- Staff are required to perform **self-screening and complete a mandatory temperature check** prior to entering an institution. Staff are advised to monitor their own health and report to management any changes to their health status.
- **Personal Visits** are suspended until further notice (professional visits from lawyers and spiritual volunteers continue). Institutions are working on local initiatives to provide increased activities for inmates while visits are cancelled.
- Implemented an **enhanced phone system** that allows inmates to call cell phones for lawyers and family members, limiting the need for in-person counsel visits and allowing greater connection to family.
- **Non-essential movement** restricted between institutions.
- The justice sector is maximizing **audio and video court appearances** to reduce movement between institutions and the court.

Increasing available space in institutions

- Where safe and feasible, **non-custodial options** are being considered for individuals charged with non-violent or less serious offences.
- Lower risk, eligible inmates near the end of their sentence are being reviewed for **early release** and issued temporary absence permits. Where feasible, the ministry is helping to support the inmate's safe return to the community (e.g., transportation, connection to community supports, etc.).
- Working closely with Corrections Canada to coordinate moving federal inmates from our custody.
- Temporary absences beyond the current 72-hour maximum are being issued so those serving **intermittent sentences** do not have to report to a correctional facility every weekend.
- Peace officers are being encouraged to consider **release from the station**, with or without conditions, bearing in mind all relevant considerations.
- Working to provide **GPS monitoring devices** for low-risk individuals who may require this as a condition of release.
- **Ontario Parole Board hearings** are now being held by phone, video or in writing.

Update:

Following the recent outbreak of COVID-19 at the Ontario Correctional Institute (OCI) and given the dormitory style setting of OCI, the facility is temporarily closed effective Tuesday, April 21. All inmates have been transferred to TSDC and will not be placed with existing TSDC inmates to reduce any potential spread of COVID-19. The ministry will work with OPSEU when restarting operations at OCI.

Preventing the spread within the institution

- Working with MOH and the Ministry of Government and Consumer Services (MGCS) to ensure the availability of **personal protective equipment (PPE)**, such as masks, gloves, gowns, etc., at each of our institutions. Corrections staff are provided with surgical masks when they are within two metres of inmates who are symptomatic or have not yet been screened in alignment with direction from MOH and PHO.
- Facilities are inspected and thoroughly **cleaned daily** and/or as required. Telephones are disinfected between individual use. Soap and cleaning products are provided to inmates.
- Any inmate who is believed to have been exposed to COVID-19 is immediately placed in isolation; environment is deep cleaned; measures are taken to prevent direct contact with others; and protocols are strictly adhered to under the direction of the local medical officer of health.
- Each institution's **individualized pandemic plan** is being continually assessed and used in consultation with local public health officials during the outbreak.
- **Non-essential movement** is restricted within an institution. Access to virtual courts will continue and is important to help lower the number of inmates.
- Inmates have been advised of proper handwashing and cough/sneezing protocol and information is posted in inmate areas.

Additional Support for Staff

Visit Ontario's website (covid-19.ontario.ca/) to learn more about how the province continues to protect Ontarians from COVID-19.

For the latest information for OPS employees, visit intra.ontario.ca/tbs/2019-novel-coronavirus. Institutional Services employees can now call the IS information line at 1-888-861-5201 or 416-314-1598 to hear relevant COVID-19 related information anytime, anywhere.

Staff may also find helpful resources to support their health and well-being on the "Employee Wellness Resources During COVID-19" page accessed via intra.ontario.ca/solgen/corrections-hub.

Correctional Services

COVID-19 Questions and Answers for Inmates

Updated May 8, 2020

1. What is COVID-19 and what do I need to know?

COVID-19 is a deadly virus that spreads from person to person through close contact, for example, when people are living close to each other. There is no specific treatment for COVID-19, and there is no vaccine that protects against it. Most people who get COVID-19 will recover on their own.

COVID-19 spreads if:

- A person with the virus is coughing or sneezing without covering their mouth and you are close by (within two metres/six feet, or the length of a hockey stick).
- Someone with the virus touches, sneezes or coughs on a surface and you touch that surface and then touch your face without washing your hands first.

You can take steps to protect yourself and help to stop the spread of COVID-19:

- Wash your hands often and well with soap and water.
- Avoid touching your face, eyes, nose, or mouth.
- Cough or sneeze into your upper sleeve or elbow.
- Stay away from people who are sick.
- Do your best to keep at least two metres from others (six feet, or the length of a hockey stick) whenever possible.
- Do not share items like towels, cups, bedding and clothes.
- Wash your hands after you handle used clothes, blankets and sheets.

Symptoms for COVID-19 include fever, new or worsening cough, and difficulty breathing. When you feel sick, do your best to stay away from others and ask to speak to health care as soon as possible.

2. How are we making sure staff do not bring COVID-19 into the institution?

Staff must screen themselves and have their temperature checked before entering an institution. Staff are also required to wear masks while in the institution (except to eat and drink).

Staff are advised to check their own health and report to management any changes to their health. Any staff member who is sick must stay home. If a staff member is experiencing symptoms related to COVID-19 or has come into close contact with someone who has tested positive for COVID-19, they are required to remain at home until cleared to return to work by a health care provider.

If a staff member tests positive for COVID-19, the institution follows the direction of public health officials, including taking actions required such as additional cleaning.

3. How is the institution checking inmates for COVID-19?

When admitted to an institution, inmates are checked for respiratory illness according to Ministry of Health guidelines. If an inmate does not pass the screening process, they are placed in medical isolation, based on direction from the healthcare team. Inmates who pass the screening process, are placed in an intake unit for a minimum of 14 days and monitored for symptoms before they are moved into the general inmate population.

Health care teams assess any inmate that requires additional monitoring or would be deemed high risk. Any inmate who is identified as having exposure or symptoms related to COVID-19 is immediately placed in isolation. If they meet the criteria, they are tested for COVID-19. If positive, the directions from public health officials are strictly followed. If the test result is negative, the inmate is isolated until they are 48 hours without symptoms.

4. What else is being done to stop COVID-19 from spreading in the institution?

Correctional Services has taken steps to stop the spread of COVID-19 in institutions and keep staff and inmates safe. All actions follow guidance from public health.

Additional steps include:

- **Personal Visits:** Cancelled until further notice. Professional visits from lawyers and spiritual volunteers may continue. An improved phone system allows inmates to call cell phones for lawyers and family members, helping them to stay in touch.
- **Active Screening:** All persons entering institutions are screened for risk factors and must complete a temperature check. All staff and visitors must wear masks.
- **Non-essential Movement:** Only necessary movement between institutions and within the institution.
- **Virtual Courts:** All court appearances are being held by phone or video, unless specifically required by the court.
- **Ontario Parole Board:** Hearings are being held by phone, video or in writing.
- **Cleaning:** Buildings are cleaned daily and/or as needed. Extra cleaning is completed twice per day, focusing on high-touch areas. Phones are sanitized after each use. Per normal routine, inmates are given cleaning supplies, at no cost, and are responsible for keeping their living areas clean.
- **Inmate Information:** Instructions are posted in inmate areas to show the right way to wash hands and cough or sneeze in their upper sleeve or elbow.
- **Available Space:** Action is underway to make more space available in institutions such as using Temporary Absence Passes to reduce the inmate population.

5. What happens if I start to show symptoms similar to COVID-19?

Do your best to stay away from others when you feel sick and ask to speak to health care as soon as possible if you have any of the following symptoms:

- fever
- new or worsening cough
- difficulty breathing

Based on public health guidelines, inmates who might have COVID-19 are housed in a separate area and tested for the virus. If you test positive, you will be isolated for 14 days or more per public health guidelines. If you test negative, you will be isolated until 48 hours after your symptoms go away. You will receive any health care required.

While in isolation you will continue to receive access to:

- court and lawyer/counsel
- fresh air ("yard")
- showers
- use of telephone
- access to personal belongings
- canteen

6. Are new admissions to the institution isolated?

Inmates who pass the screening process, are placed in an intake unit for a minimum of 14 days and are monitored for symptoms. Only after 14 days are they moved into the general inmate population. Where possible, new admits to the intake unit are housed with inmates admitted on the same day.

7. Why are staff wearing masks?

8. Staff are wearing surgical masks in the institution to protect inmates and other staff. Staff have a higher risk of coming into contact with COVID-19 when they leave the institution. Wearing a mask reduces the risk of them from spreading the virus to others. Any visitors in the institution will wear masks for the same reason.

9. Why aren't inmates wearing masks?

Based on public health recommendations, inmates will be given masks to wear if they show symptoms of COVID-19 or have had close-contact with a known COVID-19 case.

10. Can I apply for early release?

You can apply for a temporary absence at any time with the superintendent. Speak to correctional staff or your legal counsel for more information. Either the superintendent or the Ontario Parole Board will review and let you know if you are being given a temporary absence.

A new early release process is in place during the COVID-19 outbreak. The Ministry of the Solicitor General is reviewing all offenders that:

- have 30 days or less left in their sentence
- are low risk to reoffend
- are not serving time in custody for serious offences such as violent offences or offences involving weapons

There is no application process. The ministry team will be reviewing all offenders to see who is eligible for a temporary absence. You may be asked questions as we review your file – this does not mean you have been approved. If you are approved, a correctional staff member will tell you.

11. What kind of support will I receive when I am being released back into my community?

Correctional Services works with community service providers, municipalities Indigenous communities, and Indigenous organizations to help inmates who need local community services. To support your safety when being released into the community, the ministry will, where possible:

- Support your travel home and help you find housing, take medication, and continue with programming and/or treatment in your communities.
- Help you make connections to friends or family members who can assist with housing and/or transportation.
- Identify and connect you with local community service providers (such as shelters and transportation services), and Indigenous organizations that are continuing operations during the outbreak.
- Connect with community health care providers for follow-up care, including public health, and provide you with local health services and Telehealth contact information at discharge.
- Provide health education and resources on COVID-19 symptoms, self-isolation, physical distancing, hand hygiene and when to wear a mask. You will also be given a cloth or surgical mask on release.

If you know you will need help when released, you should submit an inmate request form asking for help with this at least two weeks before your release date.

If you have additional questions, please speak to an institution staff member.

**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

Correctional Services

COVID-19: What you need to know

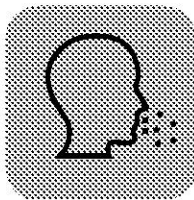
What is COVID-19?

COVID-19 is a deadly virus that spreads from person to person through close contact, for example, when people are living close to each other.

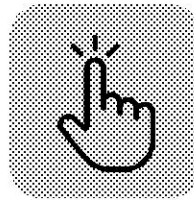
There is no specific treatment for COVID-19, and there is no vaccine that protects against it. Most people who get COVID-19 will recover on their own.

You can take steps to protect yourself and help to stop the spread of COVID-19.

How does COVID-19 spread?



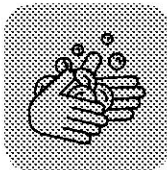
If a person is coughing without covering their mouth and you are close by (within 2 metres/6 feet, or the length of a hockey stick).



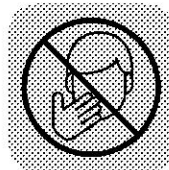
If someone with the virus touches or coughs on a surface and you touch that surface and then touch your face without washing your hands first.

How to protect yourself and others

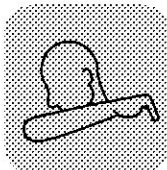
To protect yourself:



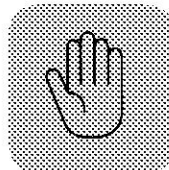
Wash your hands often with soap and water.



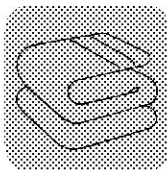
Avoid touching your face, nose, eyes or mouth.



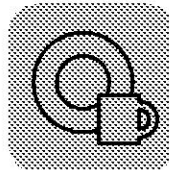
Cough and sneeze into your upper sleeve or elbow.



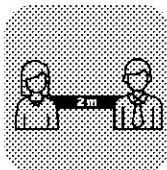
Stay away from people who are sick.



Wash your hands after you handle used clothes, blankets and sheets.



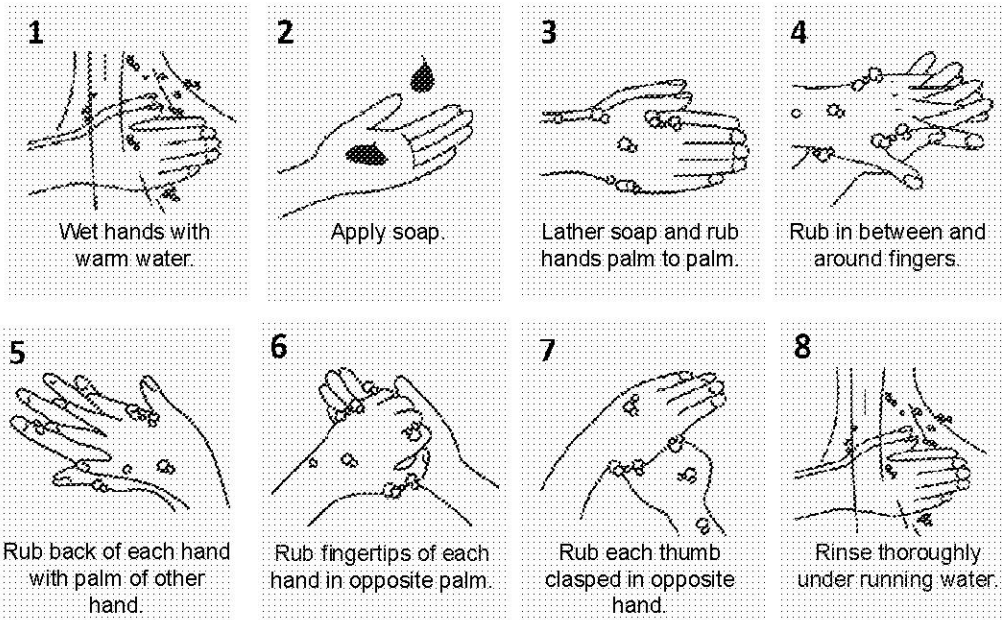
Do not share items like towels, cups, bedding and clothes.



Do your best to keep at least 2 metres from others (6 feet, or the length of a hockey stick).

How to wash your hands

Wash hands for at least 20 seconds (sing the 'Happy Birthday' song twice).



Source: COVID-19: How to wash your hands, Public Health Ontario

When to talk to health care

Do your best to stay away from others when you feel sick and ask to speak to health care as soon as possible if you have any of the following symptoms:

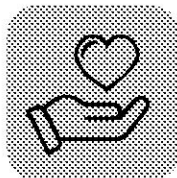
- Fever
- New or worsening cough
- Difficulty breathing

Quick Quiz

- | | |
|---|----------|
| 1. Are you finding it hard to breathe? | Yes / No |
| 2. Do you have a new cough? Or is your cough getting worse? | Yes / No |
| 3. Do you feel like you have a fever? | Yes / No |
| 4. Do you have a sore throat? | Yes / No |
| 5. Do you have a runny nose? | Yes / No |
| 6. Do you have a headache? | Yes / No |
| 7. Does your body ache? | Yes / No |
| 8. Do you feel unusually tired? | Yes / No |

If you answered 'Yes' to one or more of these questions, let staff know and ask to speak to health care.

Tips to take care of yourself and others



- Follow the guidelines in this sheet as much as possible.
- Always try to get some rest and drink lots of fluids if you are feeling unwell.
- Stay in touch with your friends and family – write them a letter, give them a call, and share this information.

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

NOVEL CORONAVIRUS (COVID-19) GUIDANCE FOR ACTIVE SCREENING OF EMPLOYEES AT ONTARIO'S PROVINCIAL CORRECTIONAL INSTITUTIONS

EMPLOYEE SCREENING

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.

Active screening of employees:

- Active screening must take place each time an employee reports to work
- Employees should be directed to specified checkpoints for active screening
- Screening will be performed by designated institutional staff or by a ministry-designated third-party service provider
- Active screening consists of temperature information and a standardized self-assessment questionnaire
 - When temperature checks are performed, a device that has been approved for use by each facility will be used
 - Staff should refer to the instructions on the packaging or the manufacturer's website for guidance on how to properly take an employee's temperature, as steps vary by brand and model
 - When using an ear thermometer, you must use a new disposable plastic cover for each temperature reading.

Criteria for screening out an employee:

- If after a second temperature check, an employee has a temperature greater than or equal to 37.8 degrees Celsius, entry to the facility will be denied.
- If an employee answers "yes" to feeling unwell, having a fever/feverish, new cough, difficulty breathing, unexplained muscle aches or fatigues, or other signs of new onset illness such as sore throat or diarrhea, entry to the facility will be denied.

- If an employee has travelled outside of Canada in the last 14 days, has had close contact with a person who has COVID-19, or has had close contact with a person who is sick with respiratory symptoms who recently travelled outside of Canada within the last 14 days, entry to the facility will be denied.

s.65(6)

Inmate Notice: Temporary Medical Isolation

As a health and safety measure, you are being housed in temporary medical isolation. Your placement in medical isolation is to protect yourself and to protect others. If you are not aware of the reason you are in medical isolation, please speak with a nurse during their medication round.

While housed in medical isolation, you will still have access to the following, consistent with the Ministry's policies and procedures:

- Court and Counsel
- Fresh-air yard
- Showers
- Use of the phone
- Access to personal belongings, including canteen

Please understand that your medical isolation placement is for your protection and the protection of others and is not punitive in any way.

If you have any questions, please notify a correctional officer, sergeant or health care professional.

Thank you,

(INSERT INSTITUTION) Administration

(INSERT 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

MEMORANDUM TO: Regional Directors
Deputy Regional Directors
Superintendents

FROM: Daryl Pitfield
Executive Director

DATE: May 8, 2020

SUBJECT: **Issuing of Cloth Masks to Inmates on Release**

As an added effort to proactively ensure Personal Protective Equipment (PPE) resources for our institutions and promote personal safety during the COVID-19 pandemic, cloth masks are being produced by Trilcor.

Cloth masks are being produced as an 'emergency supply' for our institutions and effective immediately, will also be provided to inmates on release as a personal protective tool.

Non-symptomatic and non-medically isolated inmates will be provided with one (1) cloth mask at the time of their release and are to be notified that:

- The cloth mask is to help protect them in the community for short-term, close-contact activities (e.g. while on public transit or grocery shopping)
- The cloth mask should be donned by touching the ear loops and not the mask
- The cloth mask should be washed after use, whenever possible
- They should practice physical distancing and proper hygiene practices, such as hand-washing and not touching their face

Inmates who are released to the community from medical isolation are to be released with one (1) additional surgical/procedure mask, per current protocols.

We are committed to continuing to implement proactive measures to improve the safety of employees and inmates while responsibly maintaining an adequate supply of PPE in our institutions.

Thank you once again for your continued commitment to the front-line fight against COVID-19 and your ongoing efforts to protect the citizens of Ontario.

Sincerely,



Daryl Pitfield

cc: SOLGEN CRT

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

Visitors 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.

Visitors must mask at all times when in the institution.

If the 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

Ministry of the Solicitor General	Screening for Visitors Requesting Entry to Provincial Correctional Institutions
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All visitors requesting admission to a provincial correctional institution in Ontario must cooperate with this screening process.

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

<p>Are you feeling unwell with any of the following symptoms?</p> <ul style="list-style-type: none"> • Fever/feverish, new cough, shortness of breath when you're not active or difficulty breathing? • Unexplained muscle aches, headaches or fatigue? • Other signs of new onset illness, such as sore throat or runny nose? 	<p>if YES, they <u>cannot</u> enter the institution.</p> <p>Suggest: Contacting a primary care provider or Telehealth for further instructions. Telehealth Number: 1-866-797-0000</p>
<p>Have you travelled outside of Canada in the last 14 days?</p>	<p>if YES, they <u>cannot</u> enter the institution.</p> <p>Suggest: Contacting a primary care provider or Telehealth for further instructions. Telehealth Number: 1-866-797-0000</p>
<p>Have you had close contact with a person who has been diagnosed with COVID-19?</p>	<p>if YES, they <u>cannot</u> enter the institution.</p> <p>Suggest: Contacting a primary care provider or Telehealth for further instructions. Telehealth Number: 1-866-797-0000</p>
<p>Have you had close contact with a person who is sick with new respiratory symptoms (for example, fever, cough or difficulty breathing) or who recently travelled outside of Canada?</p>	<p>if YES, they <u>cannot</u> enter the institution.</p> <p>Suggest: Contacting a primary care provider or Telehealth for further instructions. Telehealth Number: 1-866-797-0000</p>

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.

Staff Information: Temporary Medical Isolation

The following information will assist in outlining the rights and restrictions associated with an inmate's placement in Medical Isolation.

Medical Isolation is a temporary placement meant to protect the health and safety of staff, the inmate in medical isolation and other inmates. An inmate's placement in Medical Isolation is based on a number of factors related to the admission active screening process or the development of COVID-19 or influenza-like symptoms.

While housed in Medical Isolation, inmates are to be managed in accordance with the Ministry's Specialized Care Policy and are to receive access to the following, unless otherwise instructed by health care:

- Fresh-air yard
- Showers
- Use of the phone
- Access to personal belongings, including canteen

Each inmate housed in Medical Isolation has been provided notice that their placement is temporary, is not a form of punishment and is not meant to be punitive. If an inmate has questions or concerns regarding the for their placement or duration of their placement, please notify the inmate that they can speak with a nurse during their routine rounds.

If you have any questions regarding the management of inmates on Medical Isolation, please speak to your manager.

Thank you,



Daryl Pitfield
Executive Director
Institutional Services

Page 25

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de la Loi sur l'accès à l'information**

Ministry of the Solicitor General	Screening for Visitors Requesting Entry to Provincial Correctional Institutions
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All visitors requesting admission to a provincial correctional institution in Ontario must cooperate with this screening process.

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

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

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

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

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

Ministry of the Solicitor General	Screening for Visitors Requesting Entry to Provincial Correctional Institutions
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All visitors requesting admission to a provincial correctional institution in Ontario must cooperate with this screening process.

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

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

Have you had close contact with a person who has been diagnosed with COVID-19?	if YES , they cannot enter the institution. Suggest: Contacting a primary care provider or Telehealth for further instructions. Telehealth Number: 1-866-797-0000
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 cannot enter the institution. Suggest: Contacting a primary care provider or Telehealth for further instructions. Telehealth Number: 1-866-797-0000

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

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

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:

Page 32

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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
 - Difficulty swallowing
 - Lost sense of taste or smell
 - Headache
 - 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?

- Travel outside of Canada in the last 14 days (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 recently travelled (per the definition of above) outside of Canada.

Please **DO NOT** enter the institution:

If you have answered yes to the above symptoms,

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

STEP 2:

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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:

Page 35

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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

Visitors 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.

Visitors must mask at all times when in the institution.

If the 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

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 cough or difficulty breathing
- Unexplained muscle aches or fatigue
- Other signs of new onset illness such as sore throat or diarrhea

OR

Have you experienced any of the following?

- Travel outside of Canada in the last 14 days (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 recently travelled (per the definition of above) outside of Canada.

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Please DO NOT enter the institution:

If you have answered yes to the above symptoms,

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

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STEP 2:

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<p>Have you travelled outside of Canada in the last 14 days?</p>	<p>if YES, they <u>cannot</u> enter the institution.</p> <p>Suggest: Contacting a primary care provider or Telehealth for further instructions. Telehealth Number: 1-866-797-0000</p>

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

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

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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.

Correctional Services

COVID-19 Update for Inmates

Updated April 6, 2020

Correctional Services has taken steps to prevent the spread of COVID-19 in institutions and keep staff and inmates safe. All actions follow guidance from public health.

To prevent COVID-19 from entering institutions:

- **Personal Visits:** Cancelled until further notice. Professional visits from lawyers and spiritual or programming volunteers may continue.
- **Active Screening:** All inmates, lawyers and volunteers entering institutions are screened for the virus.
- **Staff Self-screening:** Staff must screen themselves before entering the institution and report any changes to their health.
- **Improved Phone System:** Working to provide better telephone access to lawyers and family for inmates.
- **Non-essential Movement:** Only necessary movement between institutions.
- **Virtual Courts:** Increased use of audio and video court appearances.
- **Ontario Parole Board:** Hearings are being held by phone, video or in writing.

To prevent the spread of COVID-19 within institutions:

- **Personal Protective Equipment (PPE):** Corrections staff will wear surgical masks when they are within two metres of inmates who have symptoms or have not yet been screened.
- **Cleaning:** Buildings are checked and fully cleaned daily and/or as needed. Phones are sanitized after each call. Per normal routine, inmates are given cleaning supplies and are responsible for keeping their living areas clean.
- **More Safety Practices:** Any inmate who might have COVID-19 is immediately put in isolation; their area is deep cleaned; and action is taken to stop direct contact with others. Advice from public health is always followed.
- **Non-essential Movement:** Only necessary movement within an institution. Access to virtual courts will continue.
- **Inmate Information:** Instructions are posted in inmate areas to show the right way to wash hands and cough/sneeze in their sleeve
- **Available space:** Action is underway to make more space available in institutions.

If you have questions on these actions, please speak to an institution staff member.

Correctional Services

COVID-19 Update for Inmates

Updated April 24, 2020

Correctional Services has taken steps to prevent the spread of COVID-19 in institutions and keep staff and inmates safe. All actions follow guidance from public health.

To prevent COVID-19 from entering institutions:

- **Personal Visits:** Cancelled until further notice. Professional visits from lawyers and spiritual volunteers may continue.
- **Active Screening:** All persons entering institutions are screened for risk factors and must complete a temperature check.
- **Staff Self-screening:** Staff must screen themselves and have their temperature checked before entering the institution and report any changes to their health.
- **Improved Phone System:** Improved phone system allows inmates to call cell phones for lawyers and family members, helping them to stay in touch.
- **Non-essential Movement:** Only necessary movement between institutions.
- **Virtual Courts:** Increased use of audio and video court appearances.
- **Ontario Parole Board:** Hearings are being held by phone, video or in writing.

To prevent the spread of COVID-19 within institutions:

- **Personal Protective Equipment (PPE):** Corrections staff will wear surgical masks within the institution (except for eating and drinking).
- **Cleaning:** Buildings are cleaned daily and/or as needed. Phones are sanitized after each use. Per normal routine, inmates are given cleaning supplies, at no cost, and are responsible for keeping their living areas clean.
- **More Safety Practices:** Any inmate who might have COVID-19 is immediately put in isolation; their area is deep cleaned; and action is taken to stop direct contact with others. Advice from public health is always followed.
- **Non-essential Movement:** Only necessary movement within an institution. Access to virtual courts will continue.
- **Inmate Information:** Instructions are posted in inmate areas to show the right way to wash hands and cough/sneeze in their sleeve.
- **Available Space:** Action is underway to make more space available in institutions.

If you have questions on these actions, please speak to an institution staff member.

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13(1)

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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.

COVID-19 Screening Algorithm for Health Care Providers (April 26, 2020)

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

- Temperature (37.8 °C or greater), new onset of cough, worsening chronic cough, shortness of breath or difficulty breathing OR
- Two (2) or more of the following symptoms: sore throat, runny nose/sneezing, nasal congestion, hoarse voice, difficulty swallowing, decrease or loss of sense of smell, chills, headaches, unexplained fatigue/malaise, diarrhea, abdominal pain or nausea/vomiting
- If over 65 years of age, experience with any of the following: delirium, falls, acute functional decline or worsening of chronic condition
- Consider ****atypical symptom**
- s for people who are older or have developmental disabilities

OR in the past 14 days:

- Close contact with a person with ***acute respiratory illness** or confirmed case of COVID-19 **OR**
- Travelled outside of Canada

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) for COVID-19 Virus Test and Respiratory Virus Testing (Refer to NPS COVID-19 Medical Directive)
- 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 NPS results are known for symptomatic patient

***Droplet and Contact Precautions**

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

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

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

- Level 1 surgical/procedure mask

N95 Respirators must be used:

- During Aerosol Generating Medical Procedures (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

NOTES

1. ***Acute respiratory illness:** New/worsening acute respiratory illness that could be spread by droplet route (either upper or lower respiratory tract). Presenting symptoms include: new or worsening cough, shortness of breath, fever (37.8 °C or greater), sore throat, runny nose or sneezing, nasal congestion, hoarse voice, difficulty swallowing.

2. ****Atypical symptoms of COVID-19:** may include unexplained fatigue/malaise, delirium, falls, acute functional decline, exacerbation of chronic conditions, chills, headaches, unexplained tachycardia, decrease in blood pressure, unexplained hypoxia (even if mild i.e., O₂ sat less than 90%), lethargy.

3. 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

4. **Close contact:** (contact 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.

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

- 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

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

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.

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**

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	<ul style="list-style-type: none"> • Use for as long as possible before it needs to be discarded (see below)
	During Use	<ul style="list-style-type: none"> • 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
<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	When to Discard/ Discontinue Use	<ul style="list-style-type: none"> • The mask should be removed and discarded if it gets wet, soiled, damaged or hard to breathe through
	Selecting Masks for Re-Use	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Do not to touch the mask. If you touch or adjust it, perform hand hygiene immediately after
	Doffing and Storage	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ 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	<ul style="list-style-type: none"> • 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

Coronavirus Disease 2019 (COVID-19)

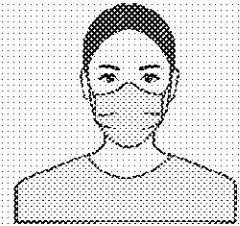
When and How to Wear a Mask

Recommendations for the General Public

Wearing a mask can help to prevent the spread of some respiratory illnesses, but it can also become a source of infection if not worn or discarded properly. If you need to wear a mask, you should also be sure to clean your hands frequently with soap and water or alcohol-based hand sanitizer.

Wear a mask if:

- You have symptoms of COVID-19 (i.e., fever, cough or difficulty breathing) and are around other people.
- You are caring for someone who has COVID-19.
- Unless you have symptoms of COVID-19, it is not recommended that you wear a mask in public.



How to wear a mask:

- Before putting on your mask, wash your hands with soap and water for at least 15 seconds or use alcohol-based 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 15 seconds or use alcohol-based hand sanitizer if you accidentally touch your mask.

How to throw away your mask:

- Do not touch the front of your mask to remove it.
- 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 with a lid.
- Wash your hands with soap and water for at least 15 seconds or use alcohol-based hand sanitizer after you have discarded your mask.

More information about masks:

- When a mask becomes damp or humid, replace it with a new mask.
- Do not reuse a single-use mask. Discard your mask when you have finished using it.

NOVEL CORONAVIRUS (COVID-19) GUIDANCE FOR ACTIVE SCREENING OF EMPLOYEES AT PROVINCIAL CORRECTIONAL INSTITUTIONS

EMPLOYEE SCREENING

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.

Active screening of employees:

- Active screening must take place each time an employee reports to work
- Employees should be directed to specified checkpoints for active screening
- Screening will be performed by designated institutional staff
- Active screening consists of temperature information and a standardized self-assessment questionnaire
 - When temperature checks are performed, a device that has been approved for use by each facility will be used
 - Staff should refer to the instructions on the packaging or the manufacturer's website for guidance on how to properly take an employee's temperature, as steps vary by brand and model
 - When using an ear thermometer, you must use a new disposable plastic cover for each temperature reading.

Criteria for screening out an employee:

- If an employee has a temperature greater than or equal to 38 degrees Celsius, entry to the facility will be denied.
- If an employee answers "yes" to feeling unwell, having a fever/feverish, new cough, difficulty breathing, unexplained muscle aches or fatigues, or other signs of new onset illness such as sore throat or diarrhea, entry to the facility will be denied.
- If an employee has travelled outside of Canada in the last 14 days, has had close contact with a person who has COVID-19, or has had close contact with a person who is sick with respiratory symptoms who

April 1, 2020

recently travelled outside of Canada within the last 14 days, entry to the facility will be denied.

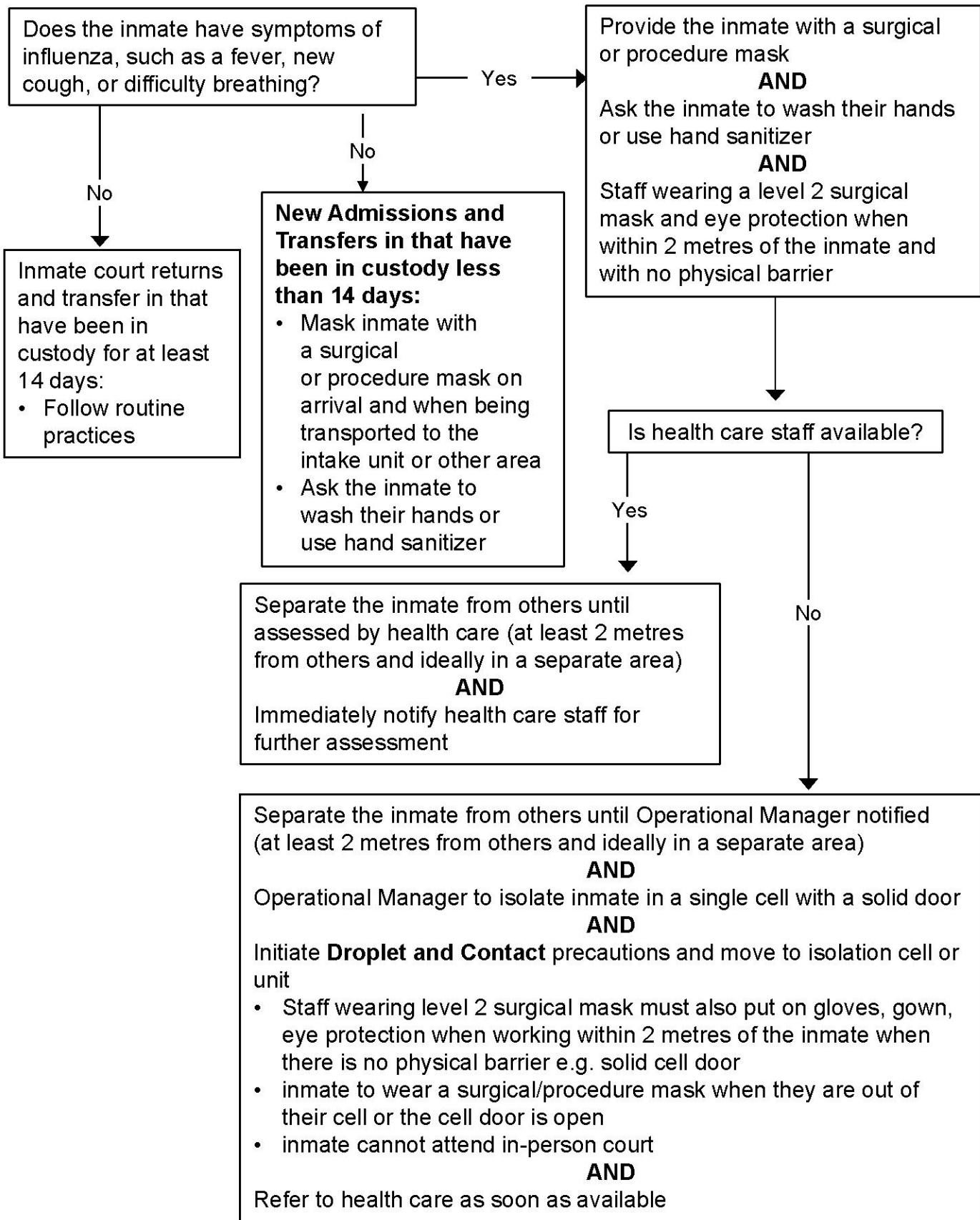
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**Pages 58 to / à 60
are withheld pursuant to section
sont retenues en vertu de l'article**

13(1)

**of the Access to Information
de la Loi sur l'accès à l'information**

Correctional Officers Influenza-Like Symptom Screening Algorithm for Inmates



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

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

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

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

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

NOTICE TO INMATES:

Staff are wearing surgical masks in the institution to protect inmates and other staff. Staff have a higher risk of coming into contact with COVID-19 when they leave the institution. Wearing a mask reduces the risk of them from spreading the virus to others.

The Ministry continues to take steps to keep inmates safe. All actions follow current guidance from public health. New measures in place include:

- Housing new inmates in a separate area for 14 days
- Providing masks to inmates when necessary
- Placing inmates with close-contact and symptoms of COVID-19 in separate living areas

Health experts recommend that inmates only wear masks if they show symptoms of COVID-19 or have had close-contact with a known COVID-19 case. Health experts currently recommend that cloth masks be used in the community for short-term use only (example: grocery shopping or using public transit). To help you, we will give inmates a cloth mask (or surgical/procedure mask) on release.

To protect yourself and others from COVID-19:

- Wash your hands often and well with soap and water.
- Avoid touching your face, eyes, nose, or mouth.
- Cough or sneeze into your upper sleeve or elbow.
- Stay away from people who are sick.
- Do your best to keep at least two metres from others (six feet, or the length of a hockey stick) whenever possible.
- Do not share items like towels, cups, bedding and clothes.
- Wash your hands after you handle used clothes, blankets and sheets.

(Institution) Administration

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.

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 local Public Health or 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 take a shower and is required to 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

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

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

PPE and Hand Hygiene
<ul style="list-style-type: none"> ○ 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) <ul style="list-style-type: none"> ➢ 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
<ul style="list-style-type: none"> ● 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	√			

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

PPE and Hand Hygiene
<ul style="list-style-type: none"> ○ 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) <ul style="list-style-type: none"> ● 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
<ul style="list-style-type: none"> ○ 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
<ul style="list-style-type: none"> ○ When handling dirty laundry ○ When cleaning dirty laundry bins/lids, frequently touched objects and surfaces, e.g. work table <p>Change mask if it</p> <ul style="list-style-type: none"> ○ becomes wet, damaged or soiled or difficult to breath ○ if you leave the laundry area and re-enter <p>Always doff PPE and discard or clean (eye protection) when leaving the laundry area</p>	√	√	√	√
<p>Modified Droplet Precautions for Inmate Laundry Workers PPE as above</p> <p>*Must wear a mask when travelling to and from the unit and throughout the full work shift. Changing as indicated above</p>	√			

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, often used for source control
- 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

<p><u>Extended Use of Masks:</u></p> <p>Summary of Guidance</p> <p>Extended use means continuing to wear the same mask for close contact with several different inmates without removing it</p>	Length of Use	<ul style="list-style-type: none"> • Use for as long as possible before it needs to be discarded (see below)
	During Use	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • The mask should be removed and discarded if it gets wet, soiled, damaged or hard to breathe through
<p><u>Limited Re-Use of Mask:</u></p> <p>Summary of Guidance</p> <p>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</p>	Selecting Masks for Re-Use	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Do not to touch the mask. If you touch or adjust it, perform hand hygiene immediately after
	Doffing and Storage	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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

<p>General Eye Protection</p>	<ul style="list-style-type: none"> • 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
<p>Reusable Eye Protection (dedicated to one person)</p>	<ul style="list-style-type: none"> • 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
<p>Single Use Eye Protection</p>	<ul style="list-style-type: none"> • Should be discarded when unable to clean or is damaged • Should not be shared between staff

GOWNS AND GLOVES

<p>Gowns</p>	<ul style="list-style-type: none"> • If extended use of a gown is required, the gown should be changed if it becomes wet, soiled or damaged • Gown must be changed or discarded (disposable gowns) if contaminated by interaction with inmate respiratory symptoms (i.e. body fluids, spit) • Gown is to be worn for a maximum of one shift
<p>Gloves</p>	<ul style="list-style-type: none"> • 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

MEMORANDUM TO: All Institutional Services Staff

FROM: Daryl Pitfield
Executive Director

DATE: January 7th, 2021

SUBJECT: Universal Use of Eye Protection

As an update to eye protection direction sent out from my office on December 3, 2020, the **universal use of eye protection for staff** in all institutions is being implemented effective today. The requirement is that all staff wear a mask and appropriate eye protection (see below) such as safety glasses, safety goggles, face shields or visors attached to masks at all times while in the institution.

Eye protection must provide a barrier to splashes from the side and must be single-use disposable or washable before re-use. Eye protection should not interfere with visual acuity and fit securely. Prescription eye glasses are not acceptable by themselves as eye protection; they may be worn underneath face shields and some types of protective eyewear.

While we have instituted this PPE requirement in institutions under outbreak protocols, we are expanding this requirement to all institutions at all times. Currently, Public Health Units are identifying anyone who is not wearing mask, *eye protection* and within proximity of a known COVID-19 positive individual as a high risk close contact. This action is intended to reduce the number of identified close contact staff members.

The current screening protocols, temperature checks, frequent cleaning, hand washing, and maintaining physical distancing continue to be critical measures to maintain a safe and healthy workplace.

Institutions are required to document and track use of eye protection through their weekly PPE inventory counts. Institutions are encouraged to use goggles, protective eye glasses or reusable face shields, and not use disposable products it is harder to obtain these products given global supply chain constraints due to COVID-19.

If you have any questions, please contact **Ruth Dixon, Provincial Health Care IPAC Lead** (ruth.dixon@ontario.ca).

Appropriate Eye Protection

As a reminder, please see the links below from Public Health Ontario and the Government of Canada regarding eye protection.

1. As per the Government of Canada for Face Shields:

<https://www.canada.ca/en/health-canada/services/drugs-health-products/covid19-industry/medical-devices/personal-protective-equipment/face-shields.html>

“In Canada, face shields are Class I medical devices. A face shield has a transparent window or visor that shields the face and associated mucous membranes (eyes, nose and mouth). Face shields are made of shatterproof plastic, fit over the face and are held in place by head straps or caps. They may be made of polycarbonate, propionate, acetate, polyvinyl chloride, or polyethylene terephthalate...”

2. Government of Canada Authorized medical devices for uses related to COVID-19: List of authorized medical devices other than testing devices (Includes goggles, face shields)

<https://www.canada.ca/en/health-canada/services/drugs-health-products/covid19-industry/medical-devices/authorized/other.html>

3. Provincial Infectious Diseases Advisory Committee- Routine Practices and Additional Precautions Document

<https://www.publichealthontario.ca/-/media/documents/b/2012/bp-rpap-healthcare-settings.pdf?la=en>

Daryl Pitfield

cc: Karen Ellis, Assistant Deputy Minister, Institutional Services
Christie Hayhow, Director, Institutional Operations Branch
Regional Directors and Deputy Regional Directors, Institutional Services

MEMORANDUM TO: Regional Directors
Deputy Regional Directors
Superintendents

FROM: Daryl Pitfield
Executive Director

DATE: May 8, 2020

SUBJECT: **Issuing of Cloth Masks to Inmates on Release**

As an added effort to proactively ensure Personal Protective Equipment (PPE) resources for our institutions and promote personal safety during the COVID-19 pandemic, cloth masks are being produced by Trilcor.

Cloth masks are being produced as an 'emergency supply' for our institutions and effective immediately, will also be provided to inmates on release as a personal protective tool.

Non-symptomatic and non-medically isolated inmates will be provided with one (1) cloth mask at the time of their release and are to be notified that:

- The cloth mask is to help protect them in the community for short-term, close-contact activities (e.g. while on public transit or grocery shopping)
- The cloth mask should be donned by touching the ear loops and not the mask
- The cloth mask should be washed after use, whenever possible
- They should practice physical distancing and proper hygiene practices, such as hand-washing and not touching their face

Inmates who are released to the community from medical isolation are to be released with one (1) additional surgical/procedure mask, per current protocols.

We are committed to continuing to implement proactive measures to improve the safety of employees and inmates while responsibly maintaining an adequate supply of PPE in our institutions.

Thank you once again for your continued commitment to the front-line fight against COVID-19 and your ongoing efforts to protect the citizens of Ontario.

Sincerely,



Daryl Pitfield

cc: SOLGEN CRT

NOTICE FOR INMATE VISITORS:

Please note that if you are here to visit an inmate, you MUST:

- have a pre-booked visit;
- have self-screened for symptoms and risk exposure to COVID-19; and
- wear a non-offensive face covering or mask.

Children over the age of two (2) must also wear a face covering.

If you did not schedule a visit ahead of time, please call:
(enter phone number to schedule visits)

When signing in for the visit, visitors must show valid, government-issued photo ID.

There is a maximum of two (2) adults and two (2) children per visit. All visits will be done by video or through glass. All 'contact' visits remain suspended for inmate and staff health and safety reasons.

Public and inmate visitation areas will be cleaned and disinfected before and after each visit.

Prior to entering the public visitation area, all visitors will undergo active screening, which includes a temperature check. If you do not pass the screening and temperature check, you will not be allowed to enter the institution.

If you pass the screening and temperature check, you must wash your hands or use hand sanitizer before entering the institution.

MEDICAL DIRECTIVE

(Name of Medical Directive)

Nasopharyngeal Specimen Collection for COVID-19 identification

Number

Date

26-April-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_a_spx
- Newly admitted inmates on or after day 10 post admission and prior to unit re-assignment to general population

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
- Arrange for specimen pick up or deliver to the PHO Laboratory or accredited laboratory conducting COVID-19 testing in a sealed bag and in accordance with the Transportation for Dangerous Goods Regulations
- If transfer to the lab is delayed, store at between 2-8 degrees Celsius for up to 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, and 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 on-site 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)

26 April 2020

DATE

Original signed by

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

26 April 2020

DATE

Page 79

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65(6)

**of the Access to Information
de la Loi sur l'accès à l'information**

**Pages 80 to / à 82
are withheld pursuant to sections
sont retenues en vertu des articles**

13(1), 65(6)

**of the Access to Information
de la Loi sur l'accès à l'information**

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

IMPORTANT!

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

A. INMATE SCREENING

	Initial Screening	Follow Up Screening (if required)
Mandatory Vital Signs completed?	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Inmate Temperature	Temp _____°C T / O	Temp _____°C T / O

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

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

If inmate has symptoms **IMMEDIATELY**:

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

B. CLEARED FOR TRANSFER

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

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 before an inmate's interprovincial transfer
2. This completed form **MUST** be included inside 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

A. INMATE SCREENING

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

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

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

If inmate has symptoms **IMMEDIATELY**:

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

Script for Institutions when Scheduling Inmate Visits

The following instructions must be provided to the public when they call to schedule a visit with an inmate, in addition to any site-specific protocols:

1. Visits with inmates must be pre-scheduled; unscheduled visits will not be permitted.
2. All visits will be conducted by video or through glass.
3. A maximum of two (2) adults and two (2) children are allowed per visit.
4. All visitors must provide valid, government-issued photo ID.
5. Visitors must bring a face covering or mask with them, which cannot have any offensive language, statements or images. The face covering or mask must be worn at all times while in the institution. Children over the age of two (2) must also wear a face covering.
6. Advise visitors that a self-screening must be done before the visit. If they answer 'yes' to any of the following questions, they should not attend the institution:
 - Are they feeling unwell (for example, fever, cough or difficulty breathing)?
 - Have they travelled outside of Canada in the last 14 days?
 - In the last 14 days, have they had close contact with a person who has been diagnosed with COVID-19?
 - In the last 14 days, have they had close contact with a person who is sick with new respiratory symptoms or who recently travelled outside of Canada?
7. When visitors arrive at the institution, they will undergo active screening, which includes a temperature check. Children will require the consent of a parent or guardian in order to undergo the temperature check.
8. If the visitor passes the temperature check, they must wash their hands or use hand sanitizer before entering the institution.
9. Visitors and inmates will be required to physically distance in the visit areas (i.e. use every other visit booth/cubicle).
10. Public and inmate visitation areas will be cleaned and disinfected before and after each visit.
11. Refusing to wear a face covering or mask, or refusing to undergo active screening may result in cancellation of the visit.
12. If a visitor attends the institution and is actively displaying respiratory symptoms, they will not be allowed to enter the institution.

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are withheld pursuant to section
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65(6)

**of the Access to Information
de la Loi sur l'accès à l'information**

Institutional Services Cleaning Framework

<Institution Name>

To ensure the safety of our workplaces during the COVID-19 outbreak, SolGen is following Ontario Public Health Guidelines on Cleaning and Disinfection of Public Workspaces:

What you should know

- Commonly used cleaners and disinfectants are effective against COVID-19.
- Frequently touched surfaces are most likely to be contaminated.
- Use only disinfectants that have a Drug Identification Number (DIN). A DIN is an 8-digit number given by Health Canada that confirms it is approved for use in Canada.
- Check the expiry date of products you use and always follow manufacturer's instructions.

Clean frequently touched surfaces twice per day

- In addition to routine cleaning, surfaces that have frequent contact with hands should be cleaned and disinfected twice per day and when visibly dirty.
- Examples include doorknobs, elevator buttons, light switches, toilet handles, counters, hand rails, touch screen surfaces and keypads.
- In addition to routine cleaning, check with your organization for any specific protocols for cleaning for COVID-19.
- Please refer to cleaning protocols and appropriate cleaning products outlined in the IS policy manual.



Source: Ontario Public Health, COVID-19: Cleaning and Disinfection for Public Settings

Enhanced Cleaning – Scope of Work

SolGen and its service providers are providing enhanced cleaning services for all essential workplaces. This scope includes:

- Admitting and Discharge
- Public Entrance
- Professional Visitation areas
- Staff Areas (e.g. institution to add)
- TrilCor space (remove if no TriCor space)
- Kitchens
- Public Washrooms
- Health Care
- Frequently touched surfaces (Doorknobs, elevator buttons, light switches, toilet handles, counters, rails, etc.)

The list of cleaning products can be found at:
<https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/list.html>

Cleaning Protocol:

One-time Cleaning Requests

All cleaning requests must go through a request to the Ministry of Government and Consumer Services (MGCS) and Infrastructure Ontario (IO) and approved by the ministry's CAOs office.

Request for One-time Cleaning:

If there is a positive case of COVID-19, a further one-time cleaning request can be made. Please ensure that you take appropriate action to request this cleaning.

- Ensure that access to the immediate area where the staff member was working is blocked off.
- Review any security footage to determine the travel patterns of the staff member when they were last in the work place.
- Regional Office will notify the Facilities Branch who can expedite approvals through the CAO's office to request the one-time cleaning.
- Infrastructure Ontario is notified and cleaning contractors are contacted to arrange one-time cleaning.

Institutional Cleaning

Regular cleaning of the institution should continue according to ...

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65(6)

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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 cough or difficulty breathing
- Unexplained muscle aches or fatigue
- Other signs of new onset illness such as sore throat or diarrhea

OR

Have you experienced any of the following?

- Travel outside of Canada in the last 14 days
- Close contact with a person who has COVID-19 (for example, someone in your household or workplace)
- Close contact with a person who is sick with respiratory symptoms (for example, fever, cough or difficulty breathing) who recently travelled outside of Canada within the last 14 days

Please DO NOT enter the institution:

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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 38.0 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 registers higher than 38.0 degrees Celsius, please DO NOT enter the institution:

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

Who to test: Refer to the attached corporate nasopharyngeal swab (NPS) medical directive, 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-corrections)

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

- Use the latest COVID-19 Test Requisition and provide mandatory information (see above)
- A single upper respiratory tract specimen will be accepted for COVID-19 testing. Nasopharyngeal swabs (are preferred over oropharyngeal specimens)
- Staff to use level 2 surgical mask, gown, gloves and eye protection when collecting a NPS or oropharyngeal swab
- **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 through the PHO Laboratory's Customer Service Centre at: [416-235-6556](tel:416-235-6556) or [1-877-604-4567](tel:1-877-604-4567) or the After-Hours Emergency Duty Officer at [416-605-3113](tel:416-605-3113)

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

Upper Respiratory Tract Specimen	Minimum Volume	Collection Kit
Nasopharyngeal swab	NPS in 1 ml universal transport media (UTM)	Virus Respiratory Kit order #390082 Follow Instructions
Viral throat swab (see notes below)	Swab in 1 ml in UTM	Virus Culture Kit order #390081 Follow instructions

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

The local public health unit should be contacted for all COVID-19 results

Order concomitant **Respiratory Virus Testing** which can be performed on the same specimen. Request "Respiratory viruses" in Section 5 of the **COVID-19 Virus Test Requisition**

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>

INTAKE UNIT

Principles and Practices

Prevention

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

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

Dorm setting are not suitable as Intake Units.

Required Practices

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

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

Health Care

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

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

Ministry of the Solicitor General	Screening for Visitors Requesting Entry to Provincial Correctional Institutions
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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:

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

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

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

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

Ministry of the Solicitor General	Screening for Visitors Requesting Entry to Provincial Correctional Institutions
--	--

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:

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

Have you had close contact with a person who has been diagnosed with COVID-19?	if YES , they cannot enter the institution. Suggest: Contacting a primary care provider or Telehealth for further instructions. Telehealth Number: 1-866-797-0000
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 cannot enter the institution. Suggest: Contacting a primary care provider or Telehealth for further instructions. Telehealth Number: 1-866-797-0000

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

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

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.

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:

Page 105

**is withheld pursuant to section
est retenue en vertu de l'article**

65(6)

**of the Access to Information
de la Loi sur l'accès à l'information**

**Pages 106 to / à 108
are withheld pursuant to section
sont retenues en vertu de l'article**

13(1)

**of the Access to Information
de la Loi sur l'accès à l'information**

From: Panton, Veronica (SOLGEN) on behalf of Pitfield, Daryl (SOLGEN)
Sent: May 8, 2020 3:10 PM
To: Bukowski, Tanis (SOLGEN); Dunne, Dean (SOLGEN); O'Brien, Lisa (SOLGEN); Phillips, Shawn (SOLGEN); Wright, Kimberly (SOLGEN); Baker, Laurie (SOLGEN); Gunton, Tracey (SOLGEN); Sheil, Ted (SOLGEN); Sutton, Shawn (SOLGEN); Degan, Robyn (SOLGEN); Lacroix, Christopher (SOLGEN); McLeod, Shawn X (SOLGEN); Muller, Marianne (SOLGEN); Parisotto, Mark (SOLGEN); Tamcsu, Brad (SOLGEN); Campbell Lauzon, Marnee (SOLGEN); Gauthier, Denis (SOLGEN); Houghton, Doug (SOLGEN); McDaniel, Richard (SOLGEN); St-Louis, Roch (SOLGEN); Frankovich, Tanya (SOLGEN); Wilson, David W. (SOLGEN); Andrusco, Dave (SOLGEN); Barker, Doug (SOLGEN); Baxter, Karen (SOLGEN); Boucher, Guy (SOLGEN); Bradley, Tom E. (SOLGEN); Calitri-Bellus, Donata (SOLGEN); Chillman, Don (SOLGEN); Cole, John (SOLGEN); Croke, Julie (SOLGEN); Curkan, Kathrine (SOLGEN); Davis, Donald (SOLGEN); Dykstra, Tom (SOLGEN); Gauthier, Sherry (SOLGEN); Golder, Annetta (SOLGEN); Graham, Roger (SOLGEN); Happonen, Mel (SOLGEN); Holmquist, Kevin (SOLGEN); Hooper, Felecia (SOLGEN); Hyatt, Ryan (SOLGEN); Ireland, Julie (SOLGEN); Jolicoeur, Kelly (SOLGEN); Shorts, Larry (SOLGEN); Smith, Lisa (SOLGEN); Timoll, Tracey (SOLGEN); Wood, Mike (SOLGEN); Barrett, Kim (SOLGEN); Clark, Brisha M. (SOLGEN); Delos Santos, Eileen (SOLGEN); Puckalo, Melissa (SOLGEN); Vasic, Johanna (SOLGEN)
Cc: SolGenCRT (SOLGEN); Wingrove, Vanessa (SOLGEN); Walker, Michael B. (SOLGEN); Payne, Dale (SOLGEN); Panton, Veronica (SOLGEN); Okada, Marc (SOLGEN); Graziani, Melanie (SOLGEN); McGurn, Suzanne (SOLGEN); Riedstra, Erynne (SOLGEN)
Subject: Direction on issuing cloth masks to inmates upon release
Attachments: Memo_EDO_Cloth Masks to Inmates_FINAL_05 08 2020.pdf; Inmate Notice - Cloth masks - May 8 2020.docx
Follow Up Flag: Follow up
Flag Status: Flagged

Good afternoon,

Attached for distribution are an Executive Director Memo and Inmate Notice related to issuing cloth masks to inmates upon release. As you are aware, cloth masks are being produced by Trilcor as an 'emergency supply' for our institutions, and further guidance around use for this purpose will be provided in the coming days. At this time, masks should not be issued to inmates on living units.

Per the attached memo, effective Monday, May 11 (or whenever your institution receives shipments from Trilcor):

- Masks should be provided to inmates on release, as follows:
 - Non-symptomatic and non-medically isolated inmates will be provided with one cloth mask at the time of their release; and
 - Inmates who are released to the community from medical isolation are to be released with one additional surgical/procedure mask, per current protocols.
- Notice to Inmates should be posted in appropriate areas within your institution. Reminder: in the Notice to Inmates, please add the name of the Institution (highlighted in yellow at the bottom of the page) prior to posting.

**A French version of the Inmate Notice will follow*

We are committed to continuing to implement proactive measures to improve the safety of employees and inmates while responsibly maintaining an adequate supply of PPE in our institutions.

Sincerely,
Daryl

Daryl Pitfield
Executive Director, Institutional Operations Branch
Office of the ADM, Institutional Services
Ministry of Solicitor General
25 Grosvenor, 17th floor
Toronto, ON
Cell: 705-919-2209



"The power of diversity is unleashed when we respect and value differences"

If you have any accommodation needs or require communication supports or alternate formats, please let me know | Si vous avez des besoins en matière d'adaptation pour participer pleinement à tout aspect de cette réunion, veuillez me le faire savoir.

**Pages 111 to / à 112
are withheld pursuant to section
sont retenues en vertu de l'article**

65(6)

**of the Access to Information
de la Loi sur l'accès à l'information**

From: Panton, Veronica (SOLGEN) on behalf of Pitfield, Daryl (SOLGEN)
Sent: May 13, 2020 12:07 PM
To: Barrett, Kim (SOLGEN); Clark, Brisha M. (SOLGEN); Delos Santos, Eileen (SOLGEN); Puckalo, Melissa (SOLGEN); Vasic, Johanna (SOLGEN); Bukowski, Tanis (SOLGEN); Dunne, Dean (SOLGEN); O'Brien, Lisa (SOLGEN); Phillips, Shawn (SOLGEN); Wright, Kimberly (SOLGEN); Baker, Laurie (SOLGEN); Gunton, Tracey (SOLGEN); Sheil, Ted (SOLGEN); Sutton, Shawn (SOLGEN); Campbell Lauzon, Marnee (SOLGEN); Gauthier, Denis (SOLGEN); Houghton, Doug (SOLGEN); McDaniel, Richard (SOLGEN); St-Louis, Roch (SOLGEN); Degan, Robyn (SOLGEN); Lacroix, Christopher (SOLGEN); McLeod, Shawn X (SOLGEN); Muller, Marianne (SOLGEN); Parisotto, Mark (SOLGEN); Tamcsu, Brad (SOLGEN); Frankovich, Tanya (SOLGEN); Wilson, David W. (SOLGEN); Andrusco, Dave (SOLGEN); Barker, Doug (SOLGEN); Baxter, Karen (SOLGEN); Boucher, Guy (SOLGEN); Bradley, Tom E. (SOLGEN); Calitri-Bellus, Donata (SOLGEN); Chillman, Don (SOLGEN); Cole, John (SOLGEN); Croke, Julie (SOLGEN); Curkan, Kathrine (SOLGEN); Davis, Donald (SOLGEN); Dykstra, Tom (SOLGEN); Gauthier, Sherry (SOLGEN); Golder, Annetta (SOLGEN); Graham, Roger (SOLGEN); Happonen, Mel (SOLGEN); Holmquist, Kevin (SOLGEN); Hooper, Felecia (SOLGEN); Hyatt, Ryan (SOLGEN); Ireland, Julie (SOLGEN); Jolicoeur, Kelly (SOLGEN); Shorts, Larry (SOLGEN); Smith, Lisa (SOLGEN); Timoll, Tracey (SOLGEN); Wood, Mike (SOLGEN)
Cc: SolGenCRT (SOLGEN); Ogilvie, Linda (SOLGEN); Mayoh, Melanie (SOLGEN); Pitfield, Daryl (SOLGEN); Hayhow, Christie (SOLGEN); Panton, Veronica (SOLGEN); Payne, Dale (SOLGEN); McGurn, Suzanne (SOLGEN); Panton, Veronica (SOLGEN); Riedstra, Erynne (SOLGEN); Wingrove, Vanessa (SOLGEN); Walker, Michael B. (SOLGEN); Okada, Marc (SOLGEN); Graziani, Melanie (SOLGEN); Yuen, May (SOLGEN); Khanna, Kritika (SOLGEN)
Subject: UPDATED Guidance Documents for Institutions on Healthcare and PPE
Attachments: CPR during the COVID (002) May 4 Final.pdf
Follow Up Flag: Follow up
Flag Status: Flagged

Good afternoon,

As a follow up to the guidance documents for institutions on health care and PPE shared with you on May 4th, please find attached another guidance document on CPR during the COVID-19 Pandemic. It was shared yesterday with Health Care Managers by Corporate Health Care.

The potential risks related to the transmission of COVID-19 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.

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

Thank you,

Daryl

Daryl Pitfield
Executive Director, Institutional Operations Branch
Office of the ADM, Institutional Services
Ministry of Solicitor General
25 Grosvenor, 17th floor
Toronto, ON
Cell: 705-919-2209



"The power of diversity is unleashed when we respect and value differences"

If you have any accommodation needs or require communication supports or alternate formats, please let me know | Si vous avez des besoins en matière d'adaptation pour participer pleinement à tout aspect de cette réunion, veuillez me le faire savoir.

From: Panton, Veronica (SOLGEN) <Veronica.Panton@ontario.ca> **On Behalf Of** Pitfield, Daryl (SOLGEN)

Sent: May 4, 2020 1:46 PM

To: Barrett, Kim (SOLGEN) <Kim.Barrett@ontario.ca>; Clark, Brisha M. (SOLGEN) <Brisha.Clark@ontario.ca>; Delos Santos, Eileen (SOLGEN) <Eileen.DelosSantos@ontario.ca>; Puckalo, Melissa (SOLGEN) <Melissa.Puckalo@ontario.ca>; Vasic, Johanna (SOLGEN) <Johanna.Vasic@ontario.ca>; Bukowski, Tanis (SOLGEN) <Tanis.Bukowski@ontario.ca>; Dunne, Dean (SOLGEN) <Dean.Dunne@ontario.ca>; O'Brien, Lisa (SOLGEN) <Lisa.O'Brien@ontario.ca>; Phillips, Shawn (SOLGEN) <Shawn.Phillips@ontario.ca>; Wright, Kimberly (SOLGEN) <Kimberly.Wright@ontario.ca>; Baker, Laurie (SOLGEN) <Laurie.Baker@ontario.ca>; Gunton, Tracey (SOLGEN) <Tracey.Gunton@ontario.ca>; Sheil, Ted (SOLGEN) <Ted.Sheil@ontario.ca>; Sutton, Shawn (SOLGEN) <Shawn.Sutton@ontario.ca>; Campbell Lauzon, Marnee (SOLGEN) <Marnee.CampbellLauzon@ontario.ca>; Gauthier, Denis (SOLGEN) <Denis.Gauthier@ontario.ca>; Houghton, Doug (SOLGEN) <Doug.Houghton@ontario.ca>; McDaniel, Richard (SOLGEN) <Richard.McDaniel@ontario.ca>; St-Louis, Roch (SOLGEN) <Roch.St-Louis@ontario.ca>; Degan, Robyn (SOLGEN) <Robyn.Degan@ontario.ca>; Lacroix, Christopher (SOLGEN) <Christopher.Lacroix@ontario.ca>; McLeod, Shawn X (SOLGEN) <Shawn.X.McLeod@ontario.ca>; Muller, Marianne (SOLGEN) <Marianne.Muller@ontario.ca>; Parisotto, Mark (SOLGEN) <Mark.Parisotto@ontario.ca>; Tamcsu, Brad (SOLGEN) <Brad.Tamcsu@ontario.ca>; Frankovich, Tanya (SOLGEN) <Tanya.Frankovich@ontario.ca>; Wilson, David W. (SOLGEN) <David.W.Wilson@ontario.ca>; Andrusco, Dave (SOLGEN) <Dave.Andrusco@ontario.ca>; Barker, Doug (SOLGEN) <Doug.Barker@ontario.ca>; Baxter, Karen (SOLGEN) <Karen.Baxter@ontario.ca>; Boucher, Guy (SOLGEN) <Guy.Boucher@ontario.ca>; Bradley, Tom E. (SOLGEN) <Tom.E.Bradley@ontario.ca>; Calitri-Bellus, Donata (SOLGEN) <Donata.CalitriBellus@ontario.ca>; Chillman, Don (SOLGEN) <Don.Chillman@ontario.ca>; Cole, John (SOLGEN) <John.Cole@ontario.ca>; Croke, Julie (SOLGEN) <Julie.Croke@ontario.ca>; Curkan, Kathrine (SOLGEN) <Kathrine.Curkan@ontario.ca>; Davis, Donald (SOLGEN) <Donald.Davis@ontario.ca>; Dykstra, Tom (SOLGEN) <Tom.Dykstra@ontario.ca>; Gauthier, Sherry (SOLGEN) <Sherry.Gauthier2@ontario.ca>; Golder, Annetta (SOLGEN) <Annetta.Golder@ontario.ca>; Graham, Roger (SOLGEN) <Roger.Graham@ontario.ca>; Happonen, Mel (SOLGEN) <Mel.Happonen@ontario.ca>; Holmquist, Kevin (SOLGEN) <Kevin.Holmquist@ontario.ca>; Hooper, Felecia (SOLGEN) <Felecia.Hooper@ontario.ca>; Hyatt, Ryan (SOLGEN) <Ryan.Hyatt@ontario.ca>; Ireland, Julie (SOLGEN) <Julie.Ireland@ontario.ca>; Jolicoeur, Kelly (SOLGEN) <Kelly.Jolicoeur@ontario.ca>; Shorts, Larry (SOLGEN) <Larry.Shorts@ontario.ca>; Smith, Lisa (SOLGEN) <Lisa.Smith@ontario.ca>; Timoll, Tracey (SOLGEN) <Tracey.Timoll@ontario.ca>; Wood, Mike (SOLGEN) <Mike.Wood@ontario.ca>

Cc: SolGenCRT (SOLGEN) <SolGenCRT@ontario.ca>; Ogilvie, Linda (SOLGEN) <Linda.Ogilvie@ontario.ca>; Mayoh, Melanie (SOLGEN) <Melanie.Mayoh@ontario.ca>; Pitfield, Daryl (SOLGEN) <Daryl.Pitfield@ontario.ca>; Hayhow, Christie (SOLGEN) <Christie.Hayhow@ontario.ca>; Panton, Veronica (SOLGEN) <Veronica.Panton@ontario.ca>; Payne,

Dale (SOLGEN) <Dale.Payne@ontario.ca>; McGurn, Suzanne (SOLGEN) <Suzanne.McGurn@ontario.ca>

Subject: Updated Guidance Documents for Institutions on Healthcare and PPE

Good afternoon,

Please find attached a package of updated guidance documents. We ask that Health Care Managers be included as part of your local distribution.

The package consists of the following documents:

- Admission and Discharge PPE Requirements
- Direct Supervision PPE Requirements
- Inmate Living Unit Signage
- Intake Unit CO Screening Tool for Influenza Like Illness
- Updated CO Screening Tool for Influenza Like Illness in A&D
- Intake Unit Principles
- Isolation Unit Principles and Practices
- NPS Medical Directive from Corporate Health Care
- Testing for COVID-19 Algorithm
- COVID-19 Screening Algorithm for Health Care Providers

Thank you,

Daryl Pitfield
Executive Director, Institutional Operations Branch
Office of the ADM, Institutional Services
Ministry of Solicitor General
25 Grosvenor, 17th floor
Toronto, ON
Cell: 705-919-2209



"The power of diversity is unleashed when we respect and value differences"

If you have any accommodation needs or require communication supports or alternate formats, please let me know | Si vous avez des besoins en matière d'adaptation pour participer pleinement à tout aspect de cette réunion, veuillez me le faire savoir.

From: Panton, Veronica (SOLGEN)
Sent: May 14, 2020 2:56 PM
To: Bukowski, Tanis (SOLGEN); Dunne, Dean (SOLGEN); O'Brien, Lisa (SOLGEN); Phillips, Shawn (SOLGEN); Wright, Kimberly (SOLGEN); Baker, Laurie (SOLGEN); Gunton, Tracey (SOLGEN); Poulin, Francine (SOLGEN); Sheil, Ted (SOLGEN); Sutton, Shawn (SOLGEN); Degan, Robyn (SOLGEN); Lacroix, Christopher (SOLGEN); McLeod, Shawn X (SOLGEN); Muller, Marianne (SOLGEN); Parisotto, Mark (SOLGEN); Tamcsu, Brad (SOLGEN); Campbell Lauzon, Marnee (SOLGEN); Gauthier, Denis (SOLGEN); Houghton, Doug (SOLGEN); McDaniel, Richard (SOLGEN); St-Louis, Roch (SOLGEN); Frankovich, Tanya (SOLGEN); Wilson, David W. (SOLGEN)
Cc: Wingrove, Vanessa (SOLGEN); Riedstra, Erynne (SOLGEN); Walker, Michael B. (SOLGEN); Payne, Dale (SOLGEN); SolGenCRT (SOLGEN); Ogilvie, Linda (SOLGEN); Mayoh, Melanie (SOLGEN); Okada, Marc (SOLGEN); Hume, Jessica (SOLGEN); Pitfield, Daryl (SOLGEN); Hayhow, Christie (SOLGEN); Khanna, Kritika (SOLGEN); Barrett, Kim (SOLGEN); Clark, Brisha M. (SOLGEN); Delos Santos, Eileen (SOLGEN); Puckalo, Melissa (SOLGEN); Vasic, Johanna (SOLGEN)
Subject: Inmate Info Sheets and Q&A doc. - For Distribution & Posting
Attachments: Corrections Covid info sheet inmates v3.pdf; Corrections Covid info sheet inmates v3 FR.pdf; 200508-COVID19-Inmate QA-V7.docx; 200508-COVID19-Inmate QA-V7_FR.docx
Follow Up Flag: Follow up
Flag Status: Flagged

Good afternoon everyone,

Please find attached the inmate info sheet and Q & A document in both English and French. Please ensure that they are posted in each institution where inmates can review.

Thank you,
Veronica

Veronica Panton | Executive Assistant | Office of the Executive Director | Institutional Services Division
Ministry of the Solicitor General | 25 Grosvenor St. 17th fl., Toronto ON M7A 1Y6 | Tel: 437-777-2867



Please consider the environment. Think before you print.

**Pages 117 to / à 118
are withheld pursuant to section
sont retenues en vertu de l'article**

65(6)

**of the Access to Information
de la Loi sur l'accès à l'information**

From: Ogilvie, Linda (SOLGEN)
Sent: June 17, 2020 10:00 AM
To: SolGenCRT (SOLGEN); Bauman, Robert (SOLGEN); Pitfield, Daryl (SOLGEN); Doobay, Amanda (SOLGEN); Greene, Robert (SOLGEN); Mayoh, Melanie (SOLGEN); Nowak, Bart (SOLGEN); Wilson, David W. (SOLGEN); Hayhow, Christie (SOLGEN); Houghton, Doug (SOLGEN); Robertson, Todd (SOLGEN); Hobkinson, Christine (SOLGEN); Satkunendran, Thevagi (SOLGEN)
Subject: Updated documents
Attachments: COVID-19 Screening Algorithm for Health Care Providers Final June 17 2020.pdf; Facial protection specifications and PPE Guidance Use during COVID Final June 17 2020.pdf
Follow Up Flag: Follow up
Flag Status: Flagged

As discussed yesterday, attached is the updated PPE do
Good day,

Please find the updated COVID-19 Screening Algorithm for health care and Facial Protection Specifications and PPE Guidance Use during COVID-19 document. These were released this morning to HCMs in anticipation of discussion at the meeting this afternoon – apologies for having them go out before sending to this table

FYI

Screening algorithm Updates:

- Removed ARI question and ARI in note
- 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

Facial Protection Specifications and PPE Guidance Use during COVID-19 Update:

- See gown section regarding cloth gown use

Regards

Linda

From: Panton, Veronica (SOLGEN) on behalf of Houghton, Doug (SOLGEN)
Sent: June 26, 2020 3:47 PM
To: Baker, Laurie (SOLGEN); Gunton, Tracey (SOLGEN); Poulin, Francine (SOLGEN); Sheil, Ted (SOLGEN); Sutton, Shawn (SOLGEN); Bukowski, Tanis (SOLGEN); Dunne, Dean (SOLGEN); O'Brien, Lisa (SOLGEN); Phillips, Shawn (SOLGEN); Wright, Kimberly (SOLGEN); Degan, Robyn (SOLGEN); Lacroix, Christopher (SOLGEN); McLeod, Shawn X (SOLGEN); Muller, Marianne (SOLGEN); Parisotto, Mark (SOLGEN); Tamcsu, Brad (SOLGEN); Campbell Lauzon, Marnee (SOLGEN); Gauthier, Denis (SOLGEN); Golder, Annetta (SOLGEN); Houghton, Doug (SOLGEN); McDaniel, Richard (SOLGEN); St-Louis, Roch (SOLGEN); Frankovich, Tanya (SOLGEN); Wilson, David W. (SOLGEN); Andrusco, Dave (SOLGEN); Barker, Doug (SOLGEN); Baxter, Karen (SOLGEN); Boucher, Guy (SOLGEN); Bradley, Tom E. (SOLGEN); Calitri-Bellus, Donata (SOLGEN); Chillman, Don (SOLGEN); Cole, John (SOLGEN); Croke, Julie (SOLGEN); Curkan, Kathrine (SOLGEN); Davis, Donald (SOLGEN); Dykstra, Tom (SOLGEN); Gauthier, Sherry (SOLGEN); Graham, Roger (SOLGEN); Happonen, Mel (SOLGEN); Holmquist, Kevin (SOLGEN); Hooper, Felecia (SOLGEN); Hyatt, Ryan (SOLGEN); Ireland, Julie (SOLGEN); Jolicoeur, Kelly (SOLGEN); Leblanc, Darlene (SOLGEN); Shorts, Larry (SOLGEN); Smith, Lisa (SOLGEN); Timoll, Tracey (SOLGEN); Wood, Mike (SOLGEN)
Cc: Hayhow, Christie (SOLGEN); Khanna, Kritika (SOLGEN); SolGenCRT (SOLGEN); Wingrove, Vanessa (SOLGEN); Walker, Michael B. (SOLGEN); Riedstra, Erynne (SOLGEN); Payne, Dale (SOLGEN); Pitfield, Daryl (SOLGEN); Panton, Veronica (SOLGEN); Coventry, Terry (SOLGEN); Foster-Fulton, Susan (SOLGEN); Okada, Marc (SOLGEN); Yuen, May (SOLGEN); Graziani, Melanie (SOLGEN); Barrett, Kim (SOLGEN); Clark, Brisha M. (SOLGEN); Povse, Carol (SOLGEN); Puckalo, Melissa (SOLGEN); Vasic, Johanna (SOLGEN)
Subject: Reintroduction of Visits - Supporting Documentation
Attachments: Script for Institutions_Inmate Visits_FINAL.docx; Notice to Visitors_Inmate Visits_FINAL.docx; Inmate Notice_Personal Visits_FINAL.docx
Follow Up Flag: Follow up
Flag Status: Flagged

Good afternoon,

Thank you to everyone for all of the thorough and quick work that was done to build your plans for reintroducing personal visits for inmates. To assist as you move forward next week, please find attached three (3) documents for use:

- Script for Institutions – *for use when scheduling visits*
- Notice to Visitors – *to be posted*
- Inmate Notice – *to be posted*

Translated versions will be circulated early next week, hopefully Monday. Should you have any questions, please work with your regional offices, or reach out to Christie Hayhow at christie.hayhow@ontario.ca.

Thank you,
Doug

Doug Houghton
Executive Director/A
Institutional Services
Ministry of the Solicitor General
705 492-0994

From: Panton, Veronica (SOLGEN) on behalf of Houghton, Doug (SOLGEN)
Sent: June 29, 2020 3:32 PM
To: Baker, Laurie (SOLGEN); Gunton, Tracey (SOLGEN); Poulin, Francine (SOLGEN); Sheil, Ted (SOLGEN); Sutton, Shawn (SOLGEN); Bukowski, Tanis (SOLGEN); Dunne, Dean (SOLGEN); O'Brien, Lisa (SOLGEN); Phillips, Shawn (SOLGEN); Wright, Kimberly (SOLGEN); Degan, Robyn (SOLGEN); Lacroix, Christopher (SOLGEN); McLeod, Shawn X (SOLGEN); Muller, Marianne (SOLGEN); Parisotto, Mark (SOLGEN); Tamcsu, Brad (SOLGEN); Campbell Lauzon, Marnee (SOLGEN); Gauthier, Denis (SOLGEN); Golder, Annetta (SOLGEN); Houghton, Doug (SOLGEN); McDaniel, Richard (SOLGEN); St-Louis, Roch (SOLGEN); Frankovich, Tanya (SOLGEN); Wilson, David W. (SOLGEN)
Cc: Hayhow, Christie (SOLGEN); Khanna, Kritika (SOLGEN); SolGenCRT (SOLGEN); Payne, Dale (SOLGEN); Pitfield, Daryl (SOLGEN); Panton, Veronica (SOLGEN); Wingrove, Vanessa (SOLGEN); Walker, Michael B. (SOLGEN); Riedstra, Erynne (SOLGEN); Coventry, Terry (SOLGEN); Foster-Fulton, Susan (SOLGEN); Okada, Marc (SOLGEN); Graziani, Melanie (SOLGEN); Yuen, May (SOLGEN); Barrett, Kim (SOLGEN); Clark, Brisha M. (SOLGEN); Povse, Carol (SOLGEN); Puckalo, Melissa (SOLGEN); Vasic, Johanna (SOLGEN)
Subject: (Updated) Universal Masking Operational Document
Attachments: Operational Plan for Universal Masking-2020-06-29.pdf

Importance: High

Follow Up Flag: Follow up
Flag Status: Flagged

Good afternoon,

Please find the revised Universal Masking Operational Document, updated to include the new information regarding personal visitors now that personal visits are live. This is simply an amendment to compliment the Reintroduction of Personal Visits document, as at the time the original Universal Masking Operational Document was put in place for staff and professional visitors, there were no active personal visits anywhere in the province.

For ease of review, the adjustment is below:

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.

Please circulate as needed. This revised document is effective immediately.

Thank you,
Doug

Doug Houghton
Executive Director/A

Institutional Services
Ministry of the Solicitor General
705 492-0994

From: Satkunendran, Thevagi (SOLGEN)
Sent: July 3, 2020 9:26 AM
To: SolGenCRT (SOLGEN)
Subject: FW: FOR DISTRIBUTION: Re-Opening of In-Person Courts - SolGen Documents
Attachments:

s.N/R

Follow Up Flag: Follow up
Flag Status: Flagged

From: Houghton, Doug (SOLGEN) <Doug.Houghton@ontario.ca>
Sent: July 3, 2020 8:57 AM
To: Wingrove, Vanessa (SOLGEN) <Vanessa.Wingrove@ontario.ca>; Payne, Dale (SOLGEN) <Dale.Payne@ontario.ca>; Riedstra, Erynne (SOLGEN) <Erynne.Riedstra@ontario.ca>; Walker, Michael B. (SOLGEN) <Michael.B.Walker@ontario.ca>; Panton, Veronica (SOLGEN) <Veronica.Panton@ontario.ca>; Hayhow, Christie (SOLGEN) <Christie.Hayhow@ontario.ca>; O'Brien, Lisa (SOLGEN) <Lisa.O'Brien@ontario.ca>; Andrusco, Dave (SOLGEN) <Dave.Andrusco@ontario.ca>; Barker, Doug (SOLGEN) <Doug.Barker@ontario.ca>; Baxter, Karen (SOLGEN) <Karen.Baxter@ontario.ca>; Boucher, Guy (SOLGEN) <Guy.Boucher@ontario.ca>; Bradley, Tom E. (SOLGEN) <Tom.E.Bradley@ontario.ca>; Calitri-Bellus, Donata (SOLGEN) <Donata.CalitriBellus@ontario.ca>; Chillman, Don (SOLGEN) <Don.Chillman@ontario.ca>; Croke, Julie (SOLGEN) <Julie.Croke@ontario.ca>; Curkan, Kathrine (SOLGEN) <Kathrine.Curkan@ontario.ca>; Davis, Donald (SOLGEN) <Donald.Davis@ontario.ca>; Dykstra, Tom (SOLGEN) <Tom.Dykstra@ontario.ca>; Gauthier, Sherry (SOLGEN) <Sherry.Gauthier2@ontario.ca>; Golder, Annetta (SOLGEN) <Annetta.Golder@ontario.ca>; Graham, Roger (SOLGEN) <Roger.Graham@ontario.ca>; Holmquist, Kevin (SOLGEN) <Kevin.Holmquist@ontario.ca>; Hooper, Felecia (SOLGEN) <Felecia.Hooper@ontario.ca>; Hyatt, Ryan (SOLGEN) <Ryan.Hyatt@ontario.ca>; Ireland, Julie (SOLGEN) <Julie.Ireland@ontario.ca>; Jolicoeur, Kelly (SOLGEN) <Kelly.Jolicoeur@ontario.ca>; Shorts, Larry (SOLGEN) <Larry.Shorts@ontario.ca>; Smith, Lisa (SOLGEN) <Lisa.Smith@ontario.ca>; Timoll, Tracey (SOLGEN) <Tracey.Timoll@ontario.ca>; Wood, Mike (SOLGEN) <Mike.Wood@ontario.ca>; Bukowski, Tanis (SOLGEN) <Tanis.Bukowski@ontario.ca>; Dunne, Dean (SOLGEN) <Dean.Dunne@ontario.ca>; Phillips, Shawn (SOLGEN) <Shawn.Phillips@ontario.ca>; Vasic, Johanna (SOLGEN) <Johanna.Vasic@ontario.ca>; Wright, Kimberly (SOLGEN) <Kimberly.Wright@ontario.ca>; Delos Santos, Eileen (SOLGEN) <Eileen.DelosSantos@ontario.ca>; Lacroix, Christopher (SOLGEN) <Christopher.Lacroix@ontario.ca>; McLeod, Shawn X (SOLGEN) <Shawn.X.McLeod@ontario.ca>; Muller, Marianne (SOLGEN) <Marianne.Muller@ontario.ca>; Parisotto, Mark (SOLGEN) <Mark.Parisotto@ontario.ca>; Povse, Carol (SOLGEN) <Carol.Povse@ontario.ca>; Tamcsu, Brad (SOLGEN) <Brad.Tamcsu@ontario.ca>; Campbell Lauzon, Marnee (SOLGEN) <Marnee.CampbellLauzon@ontario.ca>; Cole, John (SOLGEN) <John.Cole@ontario.ca>; Gauthier, Denis (SOLGEN) <Denis.Gauthier@ontario.ca>; McDaniel, Richard (SOLGEN) <Richard.McDaniel@ontario.ca>; Puckalo, Melissa (SOLGEN) <Melissa.Puckalo@ontario.ca>; St-Louis, Roch (SOLGEN) <Roch.St-Louis@ontario.ca>; Clark, Brisha M. (SOLGEN) <Brisha.Clark@ontario.ca>; Frankovich, Tanya (SOLGEN) <Tanya.Frankovich@ontario.ca>; Wilson, David W. (SOLGEN) <David.W.Wilson@ontario.ca>; Yeboah, Fredrick (SOLGEN) <Fredrick.Yeboah@ontario.ca>; Baker, Laurie (SOLGEN) <Laurie.Baker@ontario.ca>; Barrett, Kim (SOLGEN) <Kim.Barrett@ontario.ca>; Gunton, Tracey (SOLGEN) <Tracey.Gunton@ontario.ca>; Poulin, Francine (SOLGEN) <Francine.Poulin@ontario.ca>; Sheil, Ted (SOLGEN) <Ted.Sheil@ontario.ca>; Sloboda, Erin (SOLGEN) <Erin.Sloboda@ontario.ca>; Sutton, Shawn (SOLGEN) <Shawn.Sutton@ontario.ca>; McCready, Laura (SOLGEN) <Laura.McCready@ontario.ca>; Cece, Jenny (SOLGEN) <Jenny.Cece@ontario.ca>; Bauman, Robert (SOLGEN) <Robert.Bauman@ontario.ca>; Beisel, Jennifer (SOLGEN) <Jennifer.Beisel@ontario.ca>; Reed, Kathleen (SOLGEN) <Kathleen.Reed@ontario.ca>; Davis, Kyle (SOLGEN) <Kyle.Davis@ontario.ca>; Whan, Lynette (SOLGEN)

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Subject: RE: FOR DISTRIBUTION: Re-Opening of In-Person Courts - SolGen Documents

Good morning,

I also want to take this opportunity to remind you of a few key points as we move forward with the reopening of the courts;

- Records staff should continue to have regular communication with the Crown Attorney's office and Trial Coordinators regarding
 - court lists and arrangements to transfer inmates from other institutions in time for in person court appearances
 - inmates that are unfit to attend court due to housing in an intake or isolation unit or are symptomatic.
 - provide court lists to Health Care staff,
 - to allow them to complete health teaching with inmates regarding mask wearing, physical distancing and hand hygiene
- Inmates will be issued a Level 1 surgical mask when leaving the institution for their court appearance. The courthouse will provide replacement masks to inmates, if needed during the day
- Correctional Officers in A+D will screen inmates returning from court and secure them in cells separate from new admissions.

Please keep your Regional Offices informed of any issues/concerns regarding in person courts,

Lastly I would like to thank you and your teams for efforts during these difficult times.

Thank you

**Pages 126 to / à 127
are withheld pursuant to section
sont retenues en vertu de l'article**

N/R

**of the Access to Information
de la Loi sur l'accès à l'information**

**Pages 128 to / à 131
are withheld pursuant to section
sont retenues en vertu de l'article**

65(6)

**of the Access to Information
de la Loi sur l'accès à l'information**