

<b>Indicator</b>	<b>Comments</b>
Indicator number: _____	
Indicator number: _____	
Indicator number: _____	
Indicator number: _____	

Please print out the last two pages of this document if you require more space.

## Infection Prevention and Control Sub Assessment: Front Entrance

<b>Institution:</b> _____
<b>Date Completed:</b> _____
<b>Reviewer Name, Title:</b> _____
<b>Reviewer Contact Information:</b> _____

**Institution self-assessment**       **External audit**

**Instructions:**

This sub-assessment should be conducted in accordance with the Infection Prevention and Control Evaluation Guidelines. Each component (*i.e.*, screening, mask-wearing, and hand hygiene) should be assessed for one hour during peak-entry time into the facility. Depending on the amount of front-entrance traffic and/or the capacity to oversee each component (e.g., hand hygiene stations not co-located with front entrance), this assessment can be spread over multiple days.

1. HAND HYGIENE		
Indicator	STAFF	NON-STAFF
1.1 Total number of individuals that passed through the front entrance.		
1.2 Number of individuals that performed hand hygiene upon entry.		
1.3 Number of individuals that used proper hand hygiene technique. Refer to the <a href="#">Infection Prevention and Control Guidelines</a> .		

## Infection Prevention and Control Sub Assessment: Front Entrance

2. MASK-WEARING		
Indicator	STAFF	NON-STAFF
2.1 Total number of individuals that passed through the front entrance.		
2.2 Number individuals wearing masks upon entering the institution.		
2.3 Number of individuals using proper mask wearing technique. Refer to the <a href="#">Guidance on the Use of Non-Medical Masks and Personal Protective Equipment</a> .		

## Infection Prevention and Control Sub Assessment: Front Entrance

3. SCREENING		
Indicator	STAFF	NON-STAFF
3.1 Total number of individuals that passed through the front entrance.		
3.2 Number of individuals that passed through the front entrance and were screened for <u>all</u> screening questions in accordance with applicable CSC screening policy documents including: <ul style="list-style-type: none"> <li>• <a href="#"><u>CSC's COVID-19 Screening Questions</u></a></li> <li>• <a href="#"><u>CSC's COVID-19 Screening Form for Use by Operations</u></a></li> <li>• <a href="#"><u>CSC's COVID-19 Screening Form for Use by Health Care</u></a></li> </ul>		
3.3 Number of individuals that had their temperature taken upon entering the institution.		

## Infection Prevention and Control Sub Assessment: Mask-Wearing

<b>Institution:</b> _____
<b>Location in institution:</b> _____
<b>Date Completed:</b> _____
<b>Reviewer Name, Title:</b> _____
<b>Reviewer Contact Information:</b> _____

**Institution self-assessment**       **External audit**

**Instructions:**

This sub-assessment should be conducted in accordance with the Infection Prevention and Control Evaluation Guidelines. In total, five locations should be evaluated in the institution – a separate form should be used for each location. Each location should be evaluated for approximately 45 minutes during peak traffic times. The front entrance should not be a location.

<b>MASK-WEARING</b>		
<b>INDICATOR</b>	<b>STAFF</b>	<b>INMATES</b>
Q1. Total number of individuals observed.	Total: _____	Total: _____
Q2. Number individuals wearing masks.	Total: _____	Total: _____
Q3. Number of individuals using proper mask wearing technique. Refer to the <a href="#">Guidance on the Use of Non-Medical Masks and Personal Protective Equipment</a> .	Total: _____	Total: _____

## Patient Journey: COVID-19 New Warrants of Committal and Returns to Federal Custody

August 21, 2020 (previous version June 23, 2020)

- 1. All medical isolation to include:**
- Inmates to wear mask and maintain distance of 2 metres from others when out of cell
  - Inmates to clean/disinfect all things they touch when outside cell (phone, showers, tables, etc.)
  - Inmates to wash hands prior to leaving cell and upon returning
  - Where possible, in a separate physical area or designated medical isolation cell
  - Daily medical isolation wellness assessments documented in OHIS-EMR measurements
  - Staff to follow PPE Guidance
  - Update medical isolation flag in OMS
  - Update InfoPoint Linelist as necessary (for example, addition of new symptoms or date of recovery)
  - Complete Form 1620 (Medical Isolation Form)

### Intake/Return to Federal Custody

Immediately begin medical isolation

Operations Screening

Ask all screening questions. Document using a logbook for those who answer 'No' to all questions, and the Screening Form for use by Operations only for those who answer 'Yes' to any question.

Health Services Screening

COVID-19 Screening Form For Use By Healthcare

'Yes' to any question

New entry in InfoPoint COVID-19 Linelist, begin contact tracing

Test Immediately

Add swab date, results, and result date in InfoPoint COVID-19 Linelist

**COVID-19 Positive Test OR  
 Consent to Test Not Provided**

- In addition to general medical isolation protocol:**
- Twice daily medical isolation wellness assessments (documented in OHIS-EMR measurements) and treatment as required
  - Discontinue medical isolation when medically cleared, no earlier than 10 days after onset of symptoms with at least 2 days symptom free.
  - Notify local public health of positive test result

**COVID-19 Negative Test**

- In addition to general medical isolation protocol:**
- Twice daily medical isolation wellness assessments (documented in OHIS-EMR measurements) and treatment as required
  - Discontinue medical isolation when medically cleared, no earlier than 10 days after onset of symptoms with at least 2 days symptom free and at least 14 days from the date of intake.

'No' to all questions

Offer test at day 10

Consent to Test Provided

New entry in InfoPoint COVID-19 Linelist and add swab date, results, and result date

**COVID-19 Positive Test  
 Consent to Test Not Provided**

- In addition to general medical isolation protocol:**
- Twice daily medical isolation wellness assessments (documented in OHIS-EMR measurements) and treatment as required
  - Begin contact tracing
  - Notify local public health of positive test result

**COVID-19 Negative Test**

- In addition to general medical isolation protocol:**
- Twice daily medical isolation wellness assessments (documented in OHIS-EMR measurements) and treatment as required
  - Discontinue medical isolation when medically cleared, no earlier than 10 days after onset of symptoms with at least 2 days symptom free and at least 14 days from the date of intake.

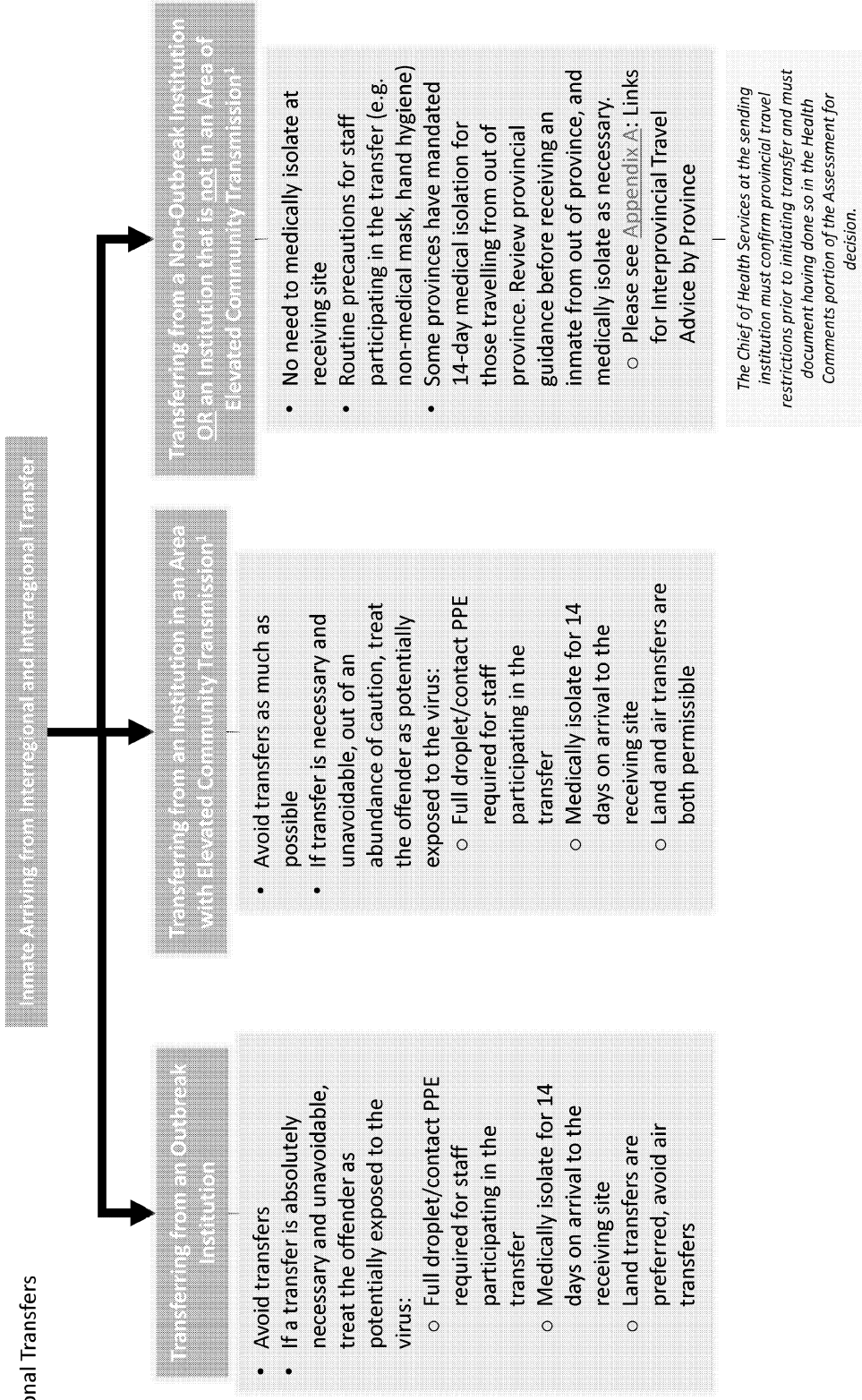
### Updates

- Added branching for asymptomatic positives to indicate that while in medical isolation, symptoms may develop (refers to the symptomatic algorithm)
- Added those who are symptomatic and do not consent to be tested to follow the same guidance as those who are positive
- Operations screening now documented by logbook for those who answer 'no' to all questions, the form is only used if inmates answers 'yes' to any screening question

**Notes**  
 Staff should engage with inmates to explain the rationale for medical isolation and provide information about the associated protocols. Inmates should be educated on the importance of other infection prevention and control measures, such as hand hygiene, wearing a mask, and maintaining a distance of 2m from others. If concerns arise about inmates following any of the recommended measures noted in this algorithm, institutional management should discuss to determine appropriate response.

**Patient Journey: COVID-19**  
 Interregional and Intra-regional Transfers

June 23, 2020



<sup>1</sup> Institutions situated in an area where NHQ-HS, in collaboration with local public health, has identified that there is evidence of uncontained elevated community transmission.  
**Note:** If an institution falls within 2 of the categories listed above (eg. a non-outbreak institution that is situated in an area of elevated community transmission), please follow the more stringent of the two procedures.

**Appendix A: Links for Travel Advice by Province**

Province	Link
BC	<a href="https://www.healthlinkbc.ca/travel-and-covid-19">https://www.healthlinkbc.ca/travel-and-covid-19</a>
Alberta	<a href="https://www.alberta.ca/covid-19-travel-advice.aspx">https://www.alberta.ca/covid-19-travel-advice.aspx</a>
Saskatchewan	<a href="https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/treatment-procedures-and-guidelines/emerging-public-health-issues/2019-novel-coronavirus/self-isolation">https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/treatment-procedures-and-guidelines/emerging-public-health-issues/2019-novel-coronavirus/self-isolation</a>
Manitoba	<a href="http://www.manitoba.ca/covid19/soe.html">http://www.manitoba.ca/covid19/soe.html</a>
Ontario	<a href="https://www.ontario.ca/page/covid-19-stop-spread#section-4">https://www.ontario.ca/page/covid-19-stop-spread#section-4</a>
Quebec	<a href="https://www.quebec.ca/en/health/health-issues/a-z/2019-novel-coronavirus/instructions-for-travellers-covid19/#c58168">https://www.quebec.ca/en/health/health-issues/a-z/2019-novel-coronavirus/instructions-for-travellers-covid19/#c58168</a>
Newfoundland	<a href="https://www.gov.nl.ca/covid-19/individuals-and-households/travel-advice-2/">https://www.gov.nl.ca/covid-19/individuals-and-households/travel-advice-2/</a>
New Brunswick	<a href="https://www2.gnb.ca/content/gnb/en/corporate/promo/covid-19/travel.html">https://www2.gnb.ca/content/gnb/en/corporate/promo/covid-19/travel.html</a>
Prince Edward Island	<a href="https://www.princeedwardisland.ca/en/information/justice-and-public-safety/travel-restrictions-and-screening">https://www.princeedwardisland.ca/en/information/justice-and-public-safety/travel-restrictions-and-screening</a>
Nova Scotia	<a href="https://novascotia.ca/coronavirus/">https://novascotia.ca/coronavirus/</a>
North West Territories	<a href="https://www.gov.nt.ca/covid-19/en/services/travel-moving-around">https://www.gov.nt.ca/covid-19/en/services/travel-moving-around</a>
Yukon	<a href="https://yukon.ca/en/health-and-wellness/covid-19/information-people-entering-yukon">https://yukon.ca/en/health-and-wellness/covid-19/information-people-entering-yukon</a>
Nunavut	<a href="https://www.gov.nu.ca/health/information/covid-19-novel-coronavirus">https://www.gov.nu.ca/health/information/covid-19-novel-coronavirus</a>



# CORRECTIONAL SERVICE CANADA

CHANGING LIVES. PROTECTING CANADIANS.



## Infection Prevention and Control Evaluation Guidelines

SEPTEMBER 28, 2020

CORRECTIONAL SERVICE CANADA

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SERVICE CORRECTIONNEL CANADA

TRANSFORMONS DES VIES. PROTÉGEONS LES CANADIENS.

# Infection Prevention and Control Evaluation Guidelines

## Purpose

The purpose of this document is to provide Correctional Service Canada (CSC) Institutions with Infection Prevention and Control (IPC) evaluation guidelines for self-assessments and external audits.

## Background

Correctional Service Canada has collaborated with various stakeholders, including the Public Health Agency of Canada (PHAC) and International Federation of the Red Cross, to audit institution IPC practices and measures across the country.

These audits, along with the input and collaboration from CSC and PHAC were used as a framework to create a number of IPC evaluation tools tailored for federal correctional institutions. These IPC tools consist of the:

1. *Infection Prevention and Control Assessment Checklist (Appendix A)*
2. *Infection Prevention and Control Sub-Assessments (Appendix B)*

Correctional Service Canada's IPC evaluation tools are to be used for institution-level self-assessments and external audits in accordance with the instructions that follow. Information from the tools will be used by site, region, and national-level management to identify areas for IPC improvement and to strengthen future IPC measures and practices.



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## Evaluation Instructions

### Self-Assessments

Self-assessments are to be coordinated by the site and will be evaluated using CSC's *IPC Assessment Checklist* and *IPC Sub-Assessments*.

Conducted by:

Self-assessment reviewers will vary based on assessment type:

1. IPC Assessment Checklists are to be conducted **jointly** by:

- An institutional staff member from Health Services, ideally the Manager of Health Services or equivalent, and
- An institutional staff member from operations, ideally at the Assistant Warden level or higher.

2. IPC Sub-Assessments are to be conducted by **one** of:

- An institutional staff member from Health Services, ideally the Manager of Health Services or equivalent, or
- An institutional staff member from operations, ideally at the Assistant Warden level or higher, or
- The delegated institutional COVID-19 site manager or equivalent.

Frequency of assessments:

Self-assessment frequency will vary based on assessment type, outbreak risk, and direction from the region:

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## 1. Assessment Type

- IPC Assessment Checklists should be conducted bi-annually.
- IPC Sub-Assessments should be conducted quarterly.

## 2. Outbreak Risk

In the event of an outbreak, or when an institution has been identified as being at increased risk for an outbreak (*e.g.*, Caution Status for COVID-19), an institution may be directed to conduct their self assessment at the following frequency:

- IPC Assessment Checklists should be conducted every six weeks.
- IPC Sub-Assessment should be conducted every two weeks.

## External Audits

External audits are to be coordinated by the region, as directed by National Headquarters, and **must** be evaluated using CSC's *IPC Assessment Checklist* and *IPC Sub-Assessments*.

Conducted by:

An accredited third-party IPC auditor.

Frequency of assessments:

At the direction of National Headquarters and/or the region.



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## Data Entry Instructions

Infection Prevention and Control evaluations (whether from self-assessment or external audit) will be entered into CSC's Public Health InfoPoint system.

1. Upon completion, *IPC Assessment Checklists* will be entered into the [IPC Checklist InfoPoint](#) by a designated site-level data entry personnel.
2. Upon completion, *IPC Front Entrance Sub Assessments* will be entered into the [IPC Front Entrance InfoPoint](#) by a designated site-level data entry personnel.
3. Upon completion, *IPC Mask Wearing Assessments* will be entered into the [IPC Mask Wearing InfoPoint](#) by a designated site-level data entry personnel.
4. Access to these InfoPoints is restricted to National Headquarters, the Regional Manager of Public Health, and designated site-level data entry personnel. Requests to access these InfoPoints can be made through the Regional Managers of Public Health.
5. Every time a new assessment is conducted, a 'New Item' in the InfoPoint should be created by the designated site-level data entry personnel. **Under no circumstances should an existing self-assessment item be edited.**
6. After clicking on 'New Item', the data entry personnel will be prompted to enter the results from the IPC checklist. Once entered, the results can be save.



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## Coronavirus Disease (COVID-19) Infection Prevention and Control (IPC) Preparedness Guidance

UPDATED MAY 12, 2020<sup>1</sup>

CORONAVIRUS DISEASE (COVID-19) INFECTION PREVENTION AND CONTROL (IPC)  
 PREPAREDNESS GUIDANCE

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CORONAVIRUS DISEASE (COVID-19) INFECTION PREVENTION AND CONTROL (IPC)  
 PREPAREDNESS GUIDANCE

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This guidance serves as a summary of important preparedness initiatives that need to be in place to facilitate the effective management of COVID-19. This checklist must be considered in the context of other guidance documents and algorithms (links are provided throughout document and in the endnotes). This guideline can be used in conjunction with the Infection Prevention and Control (IPC) Quality Improvement (QI) Preparedness Checklist (under development).

## Background

COVID-19 is the infectious disease caused by the most recently discovered coronavirus. This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019. COVID-19 has been declared a global pandemic. Those who are infected with COVID-19 may have little to no symptoms. Symptoms<sup>ii</sup>, similar to a cold or flu, may take up to 14 days to appear after exposure to COVID-19. Commonly reported symptoms among reported cases include cough, headaches, and weakness<sup>iii</sup>. There is currently no vaccine against or specific treatment for COVID-19. Evidence indicates that the virus can be transmitted to others by someone who is not showing symptoms (asymptomatic/pre-symptomatic). According to the Public Health Agency of Canada<sup>iv</sup> (PHAC, May 12, 2020) at this time, 81% of COVID-19 cases are related to community transmission, while 19% were either exposed while travelling or exposed to a traveler coming to Canada.

## Transmission

Current epidemiologic information suggests that human-to-human transmission of COVID-19 can occur when an individual is in close contact<sup>v</sup> with a symptomatic case. In addition, there is now evidence of asymptomatic/pre-symptomatic spread of the virus. Human coronaviruses are most commonly spread from an infected person through: respiratory droplets; close, prolonged personal contact; and touching an infected area, then touching mouth, nose or eyes before washing hands.

## Ethical Principles<sup>vi</sup>

The following ethical principles are taken into consideration as CSC reviews and revises its practices:

- **Proportionality:** Decisions to modify services during the pandemic should be proportionate to the real or anticipated limitations in capacity to provide those services. Capacity may refer to staffing, Personal Protective Equipment (PPE), competence in donning and doffing, or system capacity to provide different levels of critical care during surge. Restrictions to services should only be in place for as long as necessary.
- **Non-maleficence:** Decisions should minimize harm to patients wherever possible. This includes consideration for staff safety, which require equipment (PPE) and appropriate training. If certain forms of care cannot be provided, attention must be paid to minimizing pain and suffering.

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- **Equity:** Equity requires that all persons in the same categories be treated in the same way unless relevant differences exist, and that special attention is paid to actions that might further disadvantage the already disadvantaged or vulnerable.
- **Transparency:** Decisions to modify services should be clearly communicated in a transparent manner to patients and to the broader community served.
- **Accountability:** Those making decisions must be accountable, and able to provide a clear rationale based on the best available evidence, practices and principles.

**Institutions are encouraged to consult with their Workplace Health and Safety Committees on the infection prevention and control measures (e.g. strategically locating hand sanitizer, assessment and modifying routines, strategies for minimizing transmission).**

**The Infection Prevention and Control Audits that are being conducted across the country are being used to inform the guidance document.**

## Entering the Institution

### Screening<sup>vii</sup>

- National, regional and site-specific communications to staff about staying home if they are sick.
- Bilingual Signage highlighting visitor restrictions and informing staff and contractors, about how to protect themselves (e.g. hand washing, self-monitoring for symptoms, wearing a mask when physical distancing is not possible, etc.). In addition to signage at the front entrance, there must be signage throughout the institution visible to all staff and contractors (e.g. breakroom; boardrooms; offices; hallways; bathrooms; etc.).
- Formal supervised screening and hand hygiene (soap & water or alcohol-based hand sanitizer<sup>viii</sup>), at the front entrance or pre-entry location that ensures required physical distancing is established. This avoids congestion where limited space is available and establishes initial prevention protocols which leaves Entry Security to function safely and unimpeded.
- Staff exhibiting symptoms, regardless of severity, must contact their manager immediately.
- **Formal documented quality improvement spot checks to support adherence to screening and proper hand hygiene technique (i.e. signage is in place, handwashing following proper technique, staff are asked about symptoms).**

### Cleaning and Disinfection

- Process for cleaning and disinfecting tools and equipment (i.e. bins) used by staff when being processed at the Principle Entrance/Visitor Security/Duty Office.

## CORONAVIRUS DISEASE (COVID-19) INFECTION PREVENTION AND CONTROL (IPC) PREPAREDNESS GUIDANCE

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- Process for hand sanitization upon entering the institution. All persons entering and exiting the institution must wash their hands with soap and warm water and/or at least at 60% alcohol-based hand rub.
- Process for changing into and out of work clothing. Although there is a low risk of viral transmission on clothing and fabrics, where possible, staff will bring their own work clothing into the institution. It is recommended that staff: 1) change into work clothing once on site; 2) at the end of shift, work clothing will be placed into a plastic bag to take home to launder; and 3) launder used work clothing at home in regular wash hot water cycle and tumble dry. It is recommended that staff use dedicated footwear while at work and that staff shower and wash their hair upon returning home after every shift involving contact with clients or their environment (within 2 meters).
- **Formal documented quality improvement spot checks to support adherence to proper cleaning technique.**

### Personal Protective Equipment (PPE)

- Adherence to PPE protocol/ PPE guidance<sup>x</sup> (e.g. donning of mask).
- A designated location(s) for donning of PPE complete with hand sanitizer, signage, and step-wise donning of PPE to identify a clean versus protected zone can be an effective Infection Prevention Control (IPC) measure. Higher risk PPE donning and doffing locations (medical staff and/or contracted cleaners) must be identified.
- **Formal documented quality improvement spot checks to support adherence to proper technique.**

### Warrant of Committal or Return to Federal Custody

- Documented pre-screening by Provincial/Territorial Corrections, including reporting on temperature taken prior to arrival. Pre-screening documentation from the province is scanned and recorded in OMS.
- Immediately screening at intake by operations, using the COVID-19 screening form<sup>x</sup> and additional screening by Health Services as part of the intake process<sup>xi</sup>.
- Medical isolation for 14 days in accordance with health services algorithms for intake and symptomatic inmates<sup>xii</sup>.
- Inmate education on infection and prevention (cough/sneezing hygiene; handwashing; physical distancing; cleaning living area)<sup>xiii</sup>.
- Twice daily wellness checks, documented in the electronic medical record<sup>xiv</sup>.
- Non-touch temperature taken 2x daily, if individual consents documented in the electronic medical record.
- PPE and soap and water/at least a 60% alcohol based hand sanitizer strategically located, available and controlled/used as required.

CORONAVIRUS DISEASE (COVID-19) INFECTION PREVENTION AND CONTROL (IPC)  
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- Practice of physical distancing (>2 m) wherever possible. Develop operational routines that encourage physical distancing and that facilitate the promotion and enforcement of physical distancing among staff and inmates.
- **Documented quality improvement spot checks to support adherence to physical distancing and hand hygiene by staff and inmates.**

## Cell/House/Range Assignment and Accommodation and Common Areas

### Managing the Institutional Flow to Minimize Contact

- Assessment of how people and items move through the facility and, where possible, grouping activities to achieve optimal movement of staff, inmate and equipment.
- Suspension of group correctional programs, education, and work placements at outbreak sites. Where correctional programs, education and work placements continue, the practice of physical distancing (> 2m) and use of masks is required.
- Modified routines to reduce inmate group size and increase physical distancing.
- In consultation with local public health, arrangements for separating and managing different groups of patients. For example: “asymptomatic negatives;” “recovered and refusals;” “positives” (including asymptomatic positives); “inconclusive tests;” and “symptomatic and pending.”
- Practice of physical distancing (>2 m) where ever possible.
- **Strategies for Minimizing Transmission of the Virus Through Physical Distancing:**
  - Establish isolation zones for inmates, where feasible to cohort different groups (symptomatic and COVID positive and asymptomatic contacts). Explore alternatives when zoning is not feasible such as cleaning and setting up unused cells/ranges. Put up posters in each zone to identify what PPE is required in each zone.
  - Modified rostering, in consultation with the union, for Correctional Officers to move more to unit/roster based staffing to reduce possibility of exposure.
  - Changing the post rotations for Correctional Officers to minimize the contact Correctional Officers have with the entire population in line with the requirement for consultation in the global agreement. An example is during the COVID-19 period, a staff member works a limited number of positions and works with a smaller population. This has to occur with CXIs and CXILs to minimize the contact with groups.
  - Limit cross exposure at shift changeover for correctional officers. This may mean locking up the population at changeover and having Correctional Officers leave the post with only one person remaining to ensure less exposure to the other team of officers coming into work.
  - Limit staff contact, perhaps by having officers enter through the principle entrance, but exit through an alternative exit, if infrastructure allows.

## CORONAVIRUS DISEASE (COVID-19) INFECTION PREVENTION AND CONTROL (IPC) PREPAREDNESS GUIDANCE

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- Adjust Correctional Officer post assignment to ensure officers stay with specific units, so that if there is an outbreak the cross contamination/exposure is limited.
- Appropriate wearing of PPE for staff and inmates (see [PPE guidance](#)<sup>(x)</sup>).
- PPE and appropriately placed soap and water/at least 60% alcohol hand sanitizer available throughout the institution, prepositioned close to all common use, high touch surfaces.

### Food

- Serving arrangements must be consistent with the practice of physical distancing (>2 m), wherever possible.
- In an institution with an outbreak, inmates must be served individualized food trays (if possible individual recyclable paper/cardboard containers) to reduce exposures related to sharing a kitchen. Where possible, individualized food trays are recommended at site without an outbreak, particularly heavily populated institutions.
- Consider transmission potential/prevention where laundry machines are located next to in-use self serve food preparation in a common area.

### Laundry

**In an outbreak:** double bag contaminated laundry (e.g. cloth PPE and patient laundry) and wash at centralized laundry facility, if available. All staff providing direct care to COVID patients who have contact with soiled bedding/linens/laundry must consider additional precautions (e.g. gown and gloves) and practices for handling, including placement in a dedicated soiled linen container.

Ensure there are frequent and enhanced cleaning of the personal (e.g. on unit) laundry machines in between use.

### Waste from Cells/Rooms

**Process for daily disposal of waste in an outbreak:** double bag and dispose of in accordance with municipal guidelines.

### Cleaning

**Note:** [Cleaning best practices for Health Centres and Regional Hospitals](#)<sup>(xv)</sup> are available on the Hub. These practices are expected to be in place at all institutions. In outbreak situations, these practices are to be extended to all institutional areas as appropriate and the following guidance, along with the [COVID-19 Cleaning and Disinfecting Guidance](#) and [Cleaning and Disinfecting Cells and Public Spaces](#)<sup>(xvi)</sup> is intended to augment these practices.

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Ensure that all cleaning and disinfecting products that are used are on the PHAC approved list<sup>xvii</sup>. Ensure PHAC/HC approved disinfection products, as well as readily available cleaners, are used according to manufactures instruction and contact time.

#### General Cleaning

- **In an outbreak**, close all impacted areas (i.e. unit and works areas with a suspected or confirmed COVID-19 case) of the institution to enable a deep clean/disinfection.
- Inmate cells in impacted areas must also be thoroughly cleaned and disinfected.
- Review cleaning procedures in detail, in consultation with an IPC expert.
- **Documented quality Improvement spot checks to support adherence to proper cleaning standards.**

#### Cleaning of Inmate Rooms

- Supplies are provided for inmates to clean and disinfect their room, using approved disinfecting products. Encourage and support inmates to **declutter their living area** to facilitate regular, effective cleaning. This might require storage of cell contents on behalf of inmates.
- **Documented cleaning inspection and education process must be put in place (by the contract cleaner or staff).**

#### Cleaning of Shared Spaces

- **Declutter:** Removal of all non-essential equipment and materials stored in hallways and common areas.
- Laundry machines/microwave must be cleaned and disinfected before and after use and a schedule for access must be established.
- Showers and sinks must be cleaned and disinfected before and after use, including shower curtains (launder or use disposable shower curtains).
- **Quality improvement spot checks to support adherence to proper cleaning standards and re-education to support effectiveness.**

#### Cleaning of Shared Equipment

- Telephones must be cleaned and disinfected before and after use, high contact surfaces (light switches; door surfaces), keys, PPAs, pens, electronic scanning/metal detectors. Ensure PHAC/HC approved disinfection products, as well as readily available cleaners, are use according to manufactures instruction and contact time.
- Cleaning transport vehicles (see [Memorandum<sup>xviii</sup>](#)).
- **Quality Improvement Spot checks to support adherence to proper cleaning standards and re-education to support effectiveness.**

CORONAVIRUS DISEASE (COVID-19) INFECTION PREVENTION AND CONTROL (IPC)  
PREPAREDNESS GUIDANCE

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### Cleaning of Health Care Centres (and treatment room outside of HCC)

- **Declutter:** Removal of all non-essential equipment and materials stored in hallways and common areas.
- **Quality improvement spot checks to support adherence to existing Health Care Guidelines.**

### Hand Hygiene

- Provide continuous guidance to staff and inmates on hand hygiene and respiratory etiquette.
- Make 60% alcohol based hand sanitizer available for inmates, with appropriate oversight as needed. For example, if unsupervised access is a risk, make it available when staff are present or for certain hours of the day.
- Make 60% alcohol based hand sanitizer available to staff in appropriately situated work areas (e.g. near computers, desks, phones, filing cabinets, control monitoring stations, etc.).

### Personal Protective Equipment (PPE)

Health Care providers and staff will use PPE as per the Guidance document<sup>ix</sup>.

- Donning and doffing stations are located conveniently, to facilitate desired flow of personnel from clean to protected zones and designed to facilitate the procedural steps required. There must also be strategically located no-touch receptacles for disposal of PPE and monitoring and disposal to prevent overflow. Proper hand hygiene is always part of donning and doffing.
- Donning and doffing is a collegially observed activity (i.e. buddy) and corrected to ensure proper technique (improper donning and particularly doffing can increase the risk of spreading the virus if present).
- Implement education and improvement approach for staff not wearing PPE or not wearing PPE correctly (i.e. it is everyone's responsibility, but a staff as specified at the site must be assigned to monitor, remind, and train staff).
- Process for safe, extended use (re-use) of masks based on available supply is established; planning service delivery to reduce the number of masks used (for example, same mask for cohort groups; see PPE guidance<sup>ix</sup>).
- Posters illustrating donning and doffing are strategically situated as education and reminders.
- Confirm that formal training on donning and doffing has been completed at the site and is available to staff and patients on request. Ensure that staff training is tracked in HRMS.
- Donning and doffing stations are established with clean and protected zones facilitating one-way flow of personnel.

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## Inmate Communication and Engagement

- Health staff to consult the document on guidance for communication and engagement with patients about COVID-19<sup>xix</sup>.
- It is important that inmates understand the rationale for infection prevention and control measures and the benefits to them personally and the institutional community as a whole.
- Provide information on infection prevention and control reasons why the staff are using PPE during higher potential risk activities (e.g., clean- protected person buddy system for medical activities with inmates).
- Explain the requirements for sharing of information with local public health agencies and hospitals, as part of public health safety and infection prevention control within the institutional community.
- Seek inmate suggestions on how best to achieve effective infection prevention and control measures.
- Posters and written information on COVID-19 are provided to inmates and updated as required. Provide communication on inmate television monitors, where feasible.
- Ongoing COVID-19 related meetings with inmate committees and individual inmates.
- Use wellness checks as a means to promote education and answer questions for inmates on medical isolation.

## Clinical Coverage and Human Resources Organization

### Physician

- Where feasible, increase the number of days, in person and remotely accessible (e.g. telehealth), so that a physician is available 7 days per week and maintain availability of on-call (standby) physician coverage after hours.

### Health Care Staff

- Where feasible, develop plans to expand availability of non-physician coverage by health care at “COVID unit” (e.g. zone specified for offenders who have tested positive for COVID).
- Ongoing recruitment for health care staff, including specialists in infection prevention and control, to maintain and expand services where required.

### Health Care Staff Rosters

- Establish, where possible and in consultation with the union, two staff rosters with limited to no overlap between the staff groups, in order maximize physical distancing and reduce cross contamination. Where two rosters are not possible, the use of zones to limit the potential for cross contamination may also be used.

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- Where possible, avoid staff working at more than one site or at additional sites outside of CSC (e.g. hospitals). Recognize that this may not be possible in the context of staff shortages. When working at more than one site is necessary, mitigate: a) by duration of assignment (weeks vs days at the same site); b) use of separate office space (if available) and ensure thorough cleaning before and after usage.
- Integrated provision of care, whereby all health care providers (nurses, psychologists, mental health practitioners, social workers, occupational therapists, etc.) are providing care in their area of expertise (counselling and support; suicide assessment; mental health treatment; inmate communication and engagement; family contact; spiritual care; etc.), as well as supporting general care provision (inmate assessment, wellness checks, etc.).

### Clinics and Organization of Health Care Service Delivery

- Consult the document on guidance for communication and engagement with patients about COVID-19<sup>xix</sup>.
- Working together, the physician leads (primary care and psychiatry), institutional physicians, nurse practitioner, and Chief Health Services and Chief Mental Health Services, review essential services and determine the most effective, efficient, and safe way of organizing services. For example: review specialty clinics and establish alternative ways of delivering service (for example, OAT administered at the cell ... Suboxone with or without post security observation – security decision; exchange of supplies for PNEP at the cell; etc.).
- Each site must establish a list of individuals who are at higher risk for severe illness as defined by the CDC and PHAC<sup>xx</sup>.
- Consider the use of telemedicine technology both within the institution (physician/NP/ mental health, etc., in one room and the patient in another area); and externally (consultation, assessment, and treatment via video from the community or regional office or hospital, etc.).
- Dental, optometry, physiotherapy on basis of urgency and in the absence of alternative (rely on primary care physician's judgement. Consider the advice of the respective provincial governing bodies and revise as needed.

### Contact Tracing Team Lead<sup>xxi</sup>

- Contact tracing is an important IPC mechanism in managing the spread of the virus to staff/inmate. Through contact tracing, close contacts are identified and decisions are made about whether or not they need to be away from the work site.
- Each Region must have a lead for contact tracing, who is trained in the process and proficient in the use of the designated Infopoint. Understand the protocols for isolation,

CORONAVIRUS DISEASE (COVID-19) INFECTION PREVENTION AND CONTROL (IPC)  
PREPAREDNESS GUIDANCE

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return to work, and early return to work (always in consultation with the local public health agency).

## Collaboration with Local Public Health Agency

There must be a **verifiable documented process** for the following:

- Contact person(s) for local public health (not just a number to call) for daily reporting to public health (**use of required local public health agency forms**); ongoing verbal discussions with local public health agency.
- Systematic documentation on all information that is shared with local public health agencies.
- Ensure inmates understand CSC's requirement to share certain information, the rationale and benefits to them personally and to the overall institutional community, the external community (public health safety), and hospitals.
- Process for accessing swabs (i.e. if CSC purchased swabs that are not used by the local labs), testing, documenting, etc.
- Work to establish local infection prevention control committee with representation from local public health (grouped according to local public health catchment area. The committee should include senior operations; Elder, etc.).
- National Headquarters, Health Services is informed of sharing of personal health information in order to inform the Office of the Privacy Commissioner

## Hospital Contact

There must be a **verifiable documented process** for the following:

- Specific contact with the local hospital (the primary care physician lead should be the main CSC contact).
- Protocol for admission and discharge (inclusive of the threshold of care possible in the institution in combination with CSC's 24/7 continuing/transitional care unit).
- Clinical care guidance outlines the requirements for a continuing/transitional care 24/7 unit (oxygen; IV etc.).
- Protocol for contacting an appropriate individual at a hospital in the event of an inmate escort to determine and confirm hospital policies, practices, controls, and PPE for the inmate and escorting staff.

## Sharing of Information

There must be a **verifiable documented process** for sharing information with public health agencies and health authorities.

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## Daily Reporting

Reporting on the following (as per the CSC COVID-19 Testing).

- Hospitalization
  - CSC hospital or infirmary
  - Outside hospital
- Positive, negative, inconclusive, pending
- Recovery
- Death
- Staff positive cases, work refusals and office closures (monitored by labour relations)

## Inmate Release

- See guidance document on inmate releases<sup>xxii</sup>.
- Release of inmates to the community must be planned in consultation with local public health and in accordance with legislative requirements.

<sup>i</sup> Draft - Updated April 30, 2020; Revised May 4 2020, inclusive of feedback from Public Health Agency of Canada. Revised May 10, 2020 based feedback received from Labor Relations/Occupational Health & Safety, Regional Deputy Commissioners and National Health and Safety Policy Committee.

<sup>ii</sup> Signs or symptoms may include:

- Fever (temperature of 37.8°C or greater), OR
- Any new or worsening respiratory symptoms (cough, shortness of breath, runny nose or sneezing, nasal congestion, hoarse voice, sore throat or difficulty swallowing), OR
- Any new onset atypical symptoms including but not limited to chills, muscle aches, diarrhea, malaise, or headache.

<sup>iii</sup> Public Health Agency of Canada (May 12, 2020). <https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html>

<sup>iv</sup> Public Health Agency of Canada. <https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html>

<sup>v</sup> See Appendix A Contact Tracing Guidelines for definition of close and casual contact.

<sup>vi</sup> Principles provided by Mike Kekewich and Dr Jacky Parker, Department of Clinical and Organizational Ethics, The Ottawa Hospital.

<sup>vii</sup> COVID-19: Screening Questions

<sup>viii</sup> Alcohol based hand sanitizer must be at least 60% alcohol.

<sup>ix</sup> COVID-19 Update Personal Protective Equipment

<sup>x</sup> Inmates COVID-19 Brief Screening for Use by Operations

<sup>xi</sup> COVID-19 Screening Form for Use by Healthcare

<sup>xii</sup> New Warrants of Committal>Returns to Federal Custody and Symptomatic Inmates Algorithms and Commissioner's Directive 822, Medical Isolation and Modified Routine for COVID-19

<sup>xiii</sup> Inmate education on infection and prevention (cough/sneezing hygiene; handwashing; physical distancing; cleaning living area)

<sup>xiv</sup> Tip No.84 New COVID-19 Measurements Documentation

<sup>xv</sup> Cleaning Best Practices for Health Services

<sup>xvi</sup> COVID-19: Cleaning and Disinfecting Guidance and Cleaning and Disinfecting Cells and Public Spaces

<sup>xvii</sup> The Public Health Agency of Canada lists approved hard surface disinfectants for emerging viral pathogens <https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/list.html>

<sup>xviii</sup> Memorandum CSC COVID-19 Preparedness: Cleaning Requirements

<sup>xix</sup> Guidance on Staff Communication and Engagement with Patients about COVID-19

<sup>xx</sup> Based on what we know now, those at high-risk for severe illness from COVID-19 are:

- People 65 years and older

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People of all ages with underlying medical conditions, particularly if not well controlled including:

- People with chronic lung disease or moderate to severe asthma
- People who have serious heart conditions
- People who are immunocompromised
  - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
- People with severe obesity (body mass index [BMI] of 40 or higher)
- People with diabetes
- People with chronic kidney disease undergoing dialysis
- People with liver disease

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>

- People with hypertension (<https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/diseases-conditions/people-high-risk-for-severe-illness-covid-19/coronavirus-factsheet-people-at-high-risk-en.pdf>)

- [Monitoring Vulnerable Individuals for COVID-19: Health Services Practice Reminder](#)

<sup>xxi</sup> [COVID-19 Contact Tracing Guideline](#); [COVID-19 Contact Tracing Poster](#), [Manager's Guide COVID-19: Contact Tracing of Symptomatic Employee/Contractor](#), [Symptomatic Employee/Contractor Guide - Contact Tracing for COVID-19](#), [Return to Work for Staff/Contractor Algorithm](#), and [Contact Tracing of Symptomatic Employee/Contractor Algorithm](#)

<sup>xxii</sup> [Bulletin Case Management: Release/Discharge Planning in Light of COVID-19](#); [Discharge Planning for COVID-19: Health Services Practice Reminder](#)



Government of Canada  
 Gouvernement du Canada

To  
 À Regional Directors, Health Services  
 Directeurs régionaux, Services de santé

From  
 De National Senior Psychiatrist  
 Psychiatre principal national  
 National Medical Advisor  
 Conseiller médical national

Subject  
 Objet **Practice Bulletin**  
**COVID-19: Mental Health and**  
**Addictions**

Public health measures in response to COVID-19 have had a significant impact on the lives of many Canadians, including those to whom we provide care. These impacts may continue to exist, even as things open up to a new normal. While many people cope well with these stressors, some people may be adversely impacted. Additionally, it is important to recognize that as things reopen, they will do so unevenly and some may experience this disparity as particularly unfair (e.g., because of local or regional differences in the epidemiological curve where they or their families and friends reside).

In keeping with principles of person-centered care, health professionals need to be vigilant to look for these effects, approach people with understanding, and provide them with the information they need on how to maintain their health and access help if required.

CSC Health Staff are asked to actively reach out to those on their caseload and update their treatment plan if indicated as the situation continues to evolve.

**MEMORANDUM NOTE DE SERVICE**

Security Classification - Classification de sécurité Unclassified Non classifié	
Our File - Notre référence	
Your File - Votre référence	
Date 2020-07-06	Tel. No. - N° de tél.

**Bulletin sur les pratiques**  
**COVID-19 : Santé mentale et toxicomanie**

Les mesures de santé publique prises en réponse à la COVID-19 ont eu des répercussions importantes sur la vie de nombreux Canadiens, y compris ceux auxquels nous prodiguons des soins. Ces répercussions peuvent persister, même lorsque la nouvelle normalité s'installera. Bien que beaucoup de gens composent bien avec ces facteurs de stress, certains peuvent subir des effets néfastes. En outre, il est important de reconnaître que les choses reprendront de manière inégale et que certaines personnes pourraient percevoir cette disparité comme étant particulièrement injuste (p. ex. compte tenu des différences locales ou régionales de la courbe épidémiologique où résident ces personnes, leurs familles ou leurs amis).

Conformément aux principes des soins axés sur la personne, les professionnels de la santé doivent être vigilants et reconnaître ces effets, approcher les gens avec compréhension et leur transmettre l'information dont ils ont besoin pour maintenir leur santé et accéder à de l'aide, au besoin.

On demande au personnel de la santé du Service correctionnel du Canada (SCC) de communiquer activement avec les personnes dont ils ont la charge et de mettre à jour leur plan de traitement, au besoin, au fur et à mesure que la situation continue d'évoluer.

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Prioritization of this review can be based on consideration of the following factors: pre-existing mental illness, addictions, limited social supports, poor coping skills, and a lack of sense of purpose and meaning. Additionally, we should ensure that we continue to ask about mental well being during routine health visits and assessments, and follow up with referrals for services as required.

Cet examen peut être priorisé en fonction des facteurs suivants : maladie mentale préexistante, toxicomanie, soutiens sociaux limités, piètre capacité d'adaptation et absence d'un sens du devoir et d'un but bien précis. De plus, nous devrions nous assurer de continuer de vérifier le bien-être mental lors des visites et des évaluations médicales régulières et d'effectuer des aiguillages vers des services, au besoin.

Furthermore, as seen in the community, we need to be mindful of the potential impacts of COVID-19 on drug supply and drug use. As we enter a new normal, we need to be vigilant about a possible increased risk for adverse health outcomes related to drug use (e.g. withdrawal, need for medical detoxification, or susceptibility to overdose due to lost tolerance or exposure to new sources of supply).

En outre, comme nous l'avons constaté dans la collectivité, nous devons être conscients des répercussions possibles de la COVID-19 sur l'approvisionnement en drogues et la consommation de drogues. Alors que la nouvelle normalité s'installe, nous devons porter une attention particulière au risque potentiellement accru de problèmes de santé liés à la consommation de drogues (p. ex. sevrage, désintoxication médicale requise ou susceptibilité à une surdose en raison d'une perte de tolérance ou d'une exposition à de nouvelles sources d'approvisionnement).

It is important to educate those in our care about these risks so they can be informed, take precautions, and seek help if they need it.

Il est important de renseigner les personnes sous notre responsabilité au sujet de ces risques afin qu'elles puissent être informées, prendre des précautions et demander de l'aide, au besoin.

A May 2020, systematic review and meta-analysis published in the Lancet looking at the psychiatric and neuropsychiatric manifestations of severe coronavirus infections (SARS, MERS, and COVID-19) showed a significantly increased prevalence of post-traumatic stress disorder (PTSD), depression, anxiety, insomnia, irritability, and fatigue in the months and years following illness. It was also noted that approximately one third of COVID-19 survivors who required intensive care showed a post illness dysexecutive syndrome with cognitive, emotional, and behaviour symptoms related to frontal lobe damage.

Une revue systématique et une méta-analyse publiées en mai 2020 dans la revue Lancet et portant sur les manifestations psychiatriques et neuropsychiatriques des infections à coronavirus aiguës (SRAS, SRMO et COVID-19) ont révélé un taux de prévalence considérablement plus élevé du syndrome de stress post-traumatique (SSPT), de la dépression, de l'anxiété, de l'insomnie, de l'irritabilité et de la fatigue dans les mois et les années après la maladie. Il est également souligné qu'environ un tiers des survivants de la COVID-19 ayant eu besoin de soins intensifs ont manifesté un syndrome dysexécutif post-maladie avec des symptômes cognitifs, émotionnels et comportementaux liés à des lésions au lobe frontal.

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A smaller number demonstrated sequelae related to generalized hypoxic encephalopathy and encephalitis. It is important, therefore, to actively check-in with those who have had COVID-19 for possible ongoing mental health and neuropsychiatric sequelae.

Un plus petit nombre de personnes ont manifesté des séquelles liées à une encéphalopathie hypoxique ou à une encéphalite généralisée. Il est donc important de faire un suivi actif auprès des personnes qui ont été atteintes de la COVID-19 afin de détecter les séquelles psychologiques et neuropsychiatriques possibles.

#### Take home points:

- Some people may have ongoing significant effects from the necessary restrictions related to COVID-19, even after things open up.
- People with pre-existing mental illness, addictions, limited social supports, poor coping skills, and a lack of sense of purpose and meaning may be particularly vulnerable, and health professionals should continue to actively reach out to check in with existing caseloads and the treatment plan should be updated if indicated.
- Drug use patterns and potency of drugs may have changed, and will likely continue to change as we continue to re-open communities and institutions. As a result, some people may be at risk of withdrawal and in need of medical detoxification, while others may be at increased risk of overdose due to lost tolerance or obtaining drugs from new sources with different potency than they are used to. It is important to educate those in our care about the risks of these changes so they can be informed, take precautions, and seek help if they need it.

#### Points à retenir :

- Certaines personnes peuvent subir des répercussions importantes persistantes en raison des restrictions nécessaires en réponse à la COVID-19, même après que les choses reprennent.
- Les personnes ayant une maladie mentale préexistante, des problèmes de toxicomanie, des soutiens sociaux limités et une piètre capacité d'adaptation et qui n'ont pas de sens du devoir et de but bien précis peuvent être particulièrement vulnérables, et les professionnels de la santé devraient continuer de communiquer activement avec les personnes dont ils ont la charge et mettre à jour les plans de traitement, au besoin.
- Les tendances de consommation de drogues et la puissance des drogues peuvent avoir changé et continueront probablement à changer à mesure que nous continuons de rouvrir les collectivités et les établissements. Par conséquent, certaines personnes peuvent être à risque de sevrage et devoir subir une désintoxication médicale, alors que d'autres peuvent présenter un risque accru de surdose en raison d'une perte de tolérance ou de l'obtention de drogues de nouvelles sources dont la puissance diffère de celle à laquelle elles sont habituées. Il est important de renseigner les personnes sous notre responsabilité au sujet des risques associés à ces changements afin qu'elles puissent être informées, prendre des précautions et demander de l'aide, au besoin.

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- People who have been infected with COVID-19, especially those who have had severe illness, may be at increased risk for PTSD, depression, anxiety, insomnia, irritability, and fatigue. Health professionals should continue to actively reach out to check in with these patients to verify if they need mental health support, intervention, and follow up.
- Les personnes qui ont été infectées par la COVID-19, surtout celles qui ont été gravement malades, peuvent présenter un risque accru de SSPT, de dépression, d'anxiété, d'insomnie, d'irritabilité et de fatigue. Les professionnels de la santé devraient continuer de communiquer activement avec ces patients pour vérifier s'ils ont besoin de soutien en santé mentale, d'interventions et de suivis.
- People who had COVID-19 and required intensive care should be assessed for neuropsychiatric sequelae.
- Les personnes qui ont été atteintes de la COVID-19 et ont eu besoin de soins intensifs devraient être évaluées pour détecter les séquelles neuropsychiatriques.

If you have questions please do not hesitate to contact Dr. Colin Cameron or Dr. James Worthington.

Si vous avez des questions, n'hésitez pas à communiquer par courriel avec le Dr. Colin Cameron ou le Dr. James Worthington.

Please ensure that all health care staff are informed.

Veuillez-vous assurer de transmettre ces renseignements à tous les membres du personnel des soins de santé.

Thank you / Merci,

*Original Signed by / Originale signé par:*

**Colin**

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c.c : Executive Directors, Treatment Centres / Directeurs exécutives, Centres de traitement  
Director General, Clinical Services and Public Health / Directeur général, Services cliniques et Santé publique  
Director General, Mental Health / Directeur général, Santé mentale  
Regional Physician Leaders / Médecins dirigeants régionaux  
Managers, Clinical Services / Gestionnaires, Services cliniques  
Managers Mental Health / Gestionnaires, Santé mentale  
Director, Pharmacy & Health Technology / Directeur, Services de pharmacie et technologies de la santé  
Regional and National Pharmacists / Pharmaciens régionaux et nationaux  
Director, Clinical Services & Accreditation, Health Services Sector / Directrice, Services cliniques et agrément, Secteur des services de santé



Government of Canada  
 Gouvernement du Canada

To / À Regional Directors, Health Services  
 Directeurs régionaux, Services de santé

From / De DG, Clinical Services & Public Health  
 DG, Services cliniques et santé publique

Subject / Objet **Dental Clinics Suspended**

Due to the ongoing COVID-19 Pandemic, routine/elective and non-essential dental care will be suspended immediately, but emergency treatment will continue on a case-by-case basis.

This is consistent with the advice of all health authorities across Canada.

This means the suspension of dental clinic paradises. The advisory will be revisited and further recommendations will be made later.

This protocol will reduce exposure of inmates to outside contacts and conserve PPE supplies.

- A Dental Emergency is defined as:
1. Oral/facial trauma
  2. Significant infection and pain that cannot be controlled pharmacologically
  3. Uncontrolled bleeding

The Nursing Clinical Protocol for Non-Emergency Situations authorizes nurses to provide care to patients with "Dental Pain"; this includes pain because of dental infection. This should be the first line of emergency treatment.

**MEMORANDUM NOTE DE SERVICE**

Security Classification - Classification de sécurité Unclassified Non classifié	
Our File - Notre référence	
Your File - Votre référence	
Date March 27, 2020	Tel. No. - N° de tél. 613-947-1013

**Cliniques dentaires suspendus**

En raison de la pandémie actuelle du COVID-19, tous les soins dentaires électifs ou de routine seront suspendus immédiatement mais les traitements dentaires urgentes continueraient à être traitées sur une base de cas par cas.

Ceci est en ligne avec les conseils des autorités en matière de santé du Canada.

Cela signifie l'annulation des cliniques dentaires. Les directives seront revues et des recommandations seront faites dans le futur.

Ce protocole vise à réduire l'exposition des détenus avec les contacts extérieurs et à conserver le matériel d'ÉPI.

- Une urgence dentaire est définie comme :
1. Un trauma dentaire ou facial
  2. Une infection significative avec douleur ne pouvant être contrôlée par des médicaments
  3. Un saignement incontrôlé

Le protocole clinique de soins infirmiers en situations non-urgentes autorise le personnel infirmier à donner des soins aux patients avec des douleurs dentaires. Ceci inclut la douleur causée par une infection dentaire. Ceci doit être considéré comme la première ligne de traitement d'urgence.

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If nursing staff and/or the on-call Physician determines that these measures cannot resolve the issue, then the contracted Dentist should be contacted. The Dentist will then decide whether clinical assessment will be necessary. Should the dentist need to attend a clinic, then the Infection Prevention and Control Canada (IPAC) Guidelines must be followed.

Advenant le cas où le personnel infirmier et/ou le médecin de garde sentent que ces mesures ne peuvent résoudre le problème, le dentiste contractuel devrait être contacté. Le dentiste déterminera si une évaluation clinique est nécessaire ou non. Advenant le cas où le dentiste doit venir en clinique les lignes directrices de Prévention et contrôle des Infections Canada (PCI) doivent être suivies.

If you have questions please do not hesitate to contact me.

Si vous avez des questions n'hésitez pas de me contacter.

Please ensure that all staff are informed.

Veuillez-vous assurer que tous le personnel est informés.

*Original Signed by: / Originale signer par:*

Henry de Souza

c.c : Managers, Clinical Services / Gestionnaires, services cliniques  
National Medical Advisor / Conseiller médical national  
National Dental Advisor / Conseiller dentaire national  
Regional Physician Leaders / Médecins dirigeant régionaux



# CORRECTIONAL SERVICE CANADA

CHANGING LIVES. PROTECTING CANADIANS.



## Plan for Mental Health Services in Response to COVID-19

JUNE 3, 2020

COVID-19: PLAN FOR MENTAL HEALTH SERVICES

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## Introduction

For Correctional Service Canada (CSC), the continued health, safety and well-being of employees and offenders is critical, as is the ongoing ability to maintain safe and secure environments as well as public safety.

The role of health care professionals and the provision of health services is critical. As part of the response to COVID-19, the following outlines recommendations for the provision of mental health services to prevent the spread of COVID-19 while reducing the risk of infection and continuing to provide essential health services and interventions in keeping with CSC's mandate.

The recommendations ensure consistency of health service delivery across all levels of mental health care including Regional Treatment Centres, Intermediate Mental Health Care (IMHC), Primary Mental Health Care and Community Mental Health Services. It is recognized that regional differences and the ever-changing nature of the pandemic may further impact the provision of these services. In addition, these recommendations should be considered in conjunction with other CSC guidelines and directives related to COVID-19.

## COVID-19: PLAN FOR MENTAL HEALTH SERVICES

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Across all levels of care, it is very important for health care professionals, in collaboration with the health care team as possible, to continue to review the needs of current clients as well as new referrals to ensure appropriate and effective triage and the prioritization of service provision.

### Documentation and Consent

To ensure communication and continuity of care documentation in the Electronic Medical Record (EMR) continues to be essential, including method of service delivery, consent, and any limitations of services and reasons for same. Health care professionals are reminded that documentation requirements as outlined in the *Integrated Mental Health Guidelines* (IMHG) should be maintained however timelines for session notes can be completed within reasonable time periods. Please note documentation should be timely for services such as crisis intervention, assessment/intervention of individuals at risk for self-injury or with complex mental health needs. For appropriate communication and continuity of care, health care professionals should ensure ongoing and appropriate documentation of services provided in EMR.

Consent for health services is required, however, verbal consent is acceptable during the pandemic so long as it is appropriately documented in EMR at the time of service.

It is also important for health staff to ensure ongoing discussion and consultation with operations when providing health services to ensure health staff are providing services in keeping with any operational protocols specific to a particular individual and to document these in the EMR.

### Prioritization of Services

With the ever-changing health care demands, prioritization of health services will need to be re-evaluated on an ongoing basis to ensure optimal use of health care professionals across the levels of care. There is a recognition that there may be challenges to meet all timelines and processes outlined in the IMHG, but as regions make these shifts, policy compliance in relation to the following are still required:

- The assessment and management of people who are suicidal or self injurious as per the policy requirements of CD 843, *Interventions to Preserve Life and Prevent Serious Bodily Harm*.
- Risk assessments for the PBC or otherwise mandated by law.
- In-depth mental health assessments within 28 days of admission to a Structured Intervention Unit (SIU).
- For individuals identified as having a Considerable or higher overall level of mental health need on the *Mental Health Need Scale* (MHNS), timelines and processes for assessment, treatment planning and interventions should be consistent with the IMHG.
- For individuals identified as having Low or No overall level of mental health need, services should be provided as operational requirements permit.
- Continue to review the needs of current clients as well as new referrals to ensure appropriate and effective triage and the prioritization of service provision, keeping in mind that mental health need is dynamic and there may be changes in mental health need as a result of uncertain times.

## COVID-19: PLAN FOR MENTAL HEALTH SERVICES

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### Interdisciplinary Mental Health Teams

- Meetings are not required on a regular basis. Instead there should be adequate and documented consultation with required staff (Health Services, case management and operations) to ensure continuity of care and overall intervention assessment/planning for individuals with a Considerable or higher overall level of mental health need.
- Review of referrals to Intermediate Care or Psychiatric/Hospital Care should continue to be completed with required documentation and consultation prior to submission.

### Confidentiality and Information Sharing

- Issues of confidentiality and information sharing should be consistent with guidelines and policy (CCRA; Guidelines for Sharing Personal Health Information; IMHG; relevant CDs). As best can be achieved and given operational needs, health care professionals should attempt to secure confidentiality for any **Assessments and Interventions**.

## Regional Treatment Centres (including Intermediate Care Units in RTCs)

### Patient care

- Follow guidelines on Personal Protective Equipment.
- Patients that are placed on medical isolation must be assessed daily by health care professionals.
- Patients should not be transferred from one unit to another unless there is an emergency or urgent psychiatric or medical reason to do so. Screening questions and vital signs should be done prior to any urgent/emergency transfer, and patients who are symptomatic or under suspicion should not be transferred.
- Patients should have daily screening questions (when safe to do so). Documentation of screening questions only needs to be entered in the EMR if abnormal. Usual precautions should be taken of handwashing before and after any patient interaction.
- Long-acting or other injections should be given taking into consideration the Guidelines on Personal Protective Equipment...

### Health Care Units

- Admission and discharge criteria and processes should be maintained as outlined in the IMHG, but admissions should only proceed on an emergency or urgent clinically necessary basis where the person cannot be treated elsewhere without jeopardizing safety (i.e. an individual suffering of a Major Mental Disorder and at high risk to himself and/or others, serious physical impairment and/or serious mental or physical deterioration). Where possible, COVID-19 patients or those suspected of COVID-19 should not be admitted until they have been medically cleared of COVID-19, and if they must be admitted they must be kept in appropriate medical isolation until medically cleared.

## COVID-19: PLAN FOR MENTAL HEALTH SERVICES

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- Patients and staff are to maintain social distancing measures (2 meters between patients, patients and staff, and staff and staff).
- All individual sessions should include reminders of the importance of social distancing and hand hygiene, screening for symptoms and exploration about how the person is coping.
- Individual sessions are to proceed in a room or area that allows 2-metre social distancing. This may include meeting with patients outside their rooms or in a common area with safeguards for confidentiality.
- Make allowances for patients to be seen by video conference (VC) or telephone for individual sessions with staff who are based on another unit, institution or working from home. Preference would be for VC or phone room to be on the living unit or otherwise close-by with the phone, chair, and table being cleaned/disinfected after every use.
- In cases where a person is on restricted movement (eg. Clinical seclusion, enhanced observation, medical isolation, SIU, institutional or unit modified routine) and is a known risk to throw fluids, health staff should collaborate with their managers and operations to devise a strategy as to how best to conduct assessments and interventions for each particular case to minimize the chances of contamination. It should be noted that patient specific protocols may vary on a case by case basis depending on the individual along with institutional dynamics, infrastructure and resources, and these may need to be reviewed and updated on an ongoing basis. .
- Groups can proceed in rooms that allow for 2 metres between all group members and staff (if necessary groups can be smaller and held more frequently). All group members should be asked to wash their hands before and after entering the group room, including staff.
- Groups should not mix patients from different living units. Group rooms should have tables and chairs cleaned and disinfected before and after each group session.

### Other Precautions

- Meals and medication lines should be staggered to allow social distancing of 2 metres between patients. If necessary, consideration should be given to meals and medication dispensing at patient rooms.
- Use tape on the floor in interview rooms, group rooms, eating areas, medication line areas to remind of social distancing, and place signage/posters in living units to remind of the importance of social distancing and washing hands frequently (i.e., before eating/brushing teeth/flossing/touching the face).
- Reassign and/or train staff as needed for tasks that may be outside their usual duties within their scope of competence, including to do unregulated duties (e.g., doing screening questions; taking temperatures, vital signs, oxygen saturations; delivering medications; cleaning and disinfecting; tracing new COVID-19 cases; etc.).
- Make allowances for staff to care for patients using the telephone from another unit or from home.
- Avoid, as much as possible, staff working on multiple units or moving from unit to unit.
- To minimize the likelihood of staff cross contamination and spread, identify separate groups of staff to work (e.g., Team A, Team B) to permit distinctly separate zones so they do not interact with the other group(s). Given unique dynamics in each institution and treatment center, as well as inmate populations, mental health managers should develop appropriate plans of these teams and scheduling of work, which may include shifting those

## COVID-19: PLAN FOR MENTAL HEALTH SERVICES

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who work weekday days to a 24/7 rotation where permitted by the collective bargaining agreement or on a volunteer basis. These types of arrangements can be implemented in special circumstances such as the current COVID-19 pandemic. It is imperative to ensure compliance with the respective collective agreements and work collaboratively with unions when modifications are required.

- Handover between teams to be done remotely using electronic means, telephone, or VC as much as possible.

## Primary Care and Intermediate Mental Health Care at Mainstream Institutions

### Patient care

- Follow guidelines on Personal Protective Equipment.

### Health Assessment (including mental health) Process at Intake

- First-day Health Assessments should be completed within 24-hours as per the IMHG. Given current COVID-19 circumstances and possible delay in other health assessment processes at intake, health care professionals should ensure that instructions are provided to individuals on how to access health services.
- CoMHSS testing and follow up can be completed as permitted by operational requirements. If testing was not completed, documentation of reasons should be placed in the EMR. Triage of any referrals for mental health services during the time period that individuals are in the Intake Unit should be prioritized and completed.
- Mental Health Assessments should firstly be completed for any referrals by health care professionals; otherwise these can be prioritized by need and operational requirements

### Other Considerations

- Admission and discharge criteria and processes to Intermediate Mental Health Care unit should be maintained as outlined in the IMHG.
- COVID-19 patients or those suspected of COVID-19 should not be admitted to an IMHC unit until they have been medically cleared of COVID-19.
- Individual sessions are to proceed in a room or area that allows 2-metre social distancing. This may include seeing people on/or nearby their living units, from outside their rooms or in a common area with safeguards for confidentiality.
- All individual sessions should include reminders of the importance of social distancing and hand hygiene, screening for symptoms and exploration about how the person is coping.
- Identify patients who could be seen remotely by VC or telephone by staff elsewhere within the institution, at another institution or working from home, and such sessions should be supported whenever possible.
- Make allowances for individual sessions by VC or telephone with staff who are working in another area of the institution, another institution or working from home. Preference would

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be for the VC or phone room to be in the living unit or close-by with the phone, chair and table being cleaned/disinfected after every use.

- Identify patients on the present case load who are relatively stable that can be seen less frequently than usual if there is insufficient staff resource.
- In cases where a person is on restricted movement (eg. Clinical seclusion, enhanced observation, medical isolation, SIU, institutional or unit modified routine) and is a known risk to throw fluids, health staff should collaborate with their managers and operations to devise a strategy as to how best to conduct assessments and interventions for each particular case to minimize the chances of contamination. It should be noted that patient specific protocols may vary on a case by case basis depending on the individual along with institutional dynamics, infrastructure and resources, and these may need to be reviewed and updated on an ongoing basis.
- Identify and prioritize high risk or vulnerable patients for required assessments. This includes individuals who are either: assessed at risk for acute suicide or serious self-harm; placed on enhanced observation; are unstable and at risk of serious mental or physical deterioration; or who require a risk assessment for the PBC or otherwise mandated by law.
- Identify and prioritize high risk or vulnerable patients for follow up care at the usual or greater frequency. This includes individuals who are either: assessed at risk for suicide or serious self-harm; placed on enhanced observation; are unstable and at risk of serious mental or physical deterioration; identified as having a Considerable or higher overall level of mental health need on the Mental Health Need Scale; and/or are due for a long acting injection.
- Individuals requiring a visit to the health care unit, including those in need of a long acting injection, should have screening questions and vitals signs before entering the main health care unit area. If possible, individuals should be seen in an area of health care that minimizes walking distances. Long-acting injections should be given using the usual precautions of handwashing before and after the injection, sterilizing the injection site and following guidelines on Personal Protective Equipment.
- Prescriptions and blister packs should extended as per pharmacy memo, and some DOT medication can be given unopened or uncrushed or be given in blister packs (as recommended by the Most Responsible Physician or nurse practitioner).
- Primary Care group interventions are suspended until further notice.
- IMHC Groups can proceed in rooms that allow for 2 metres between all group members and staff (if necessary groups can be smaller and held more frequently). All group members should be asked to wash their hands before and after entering the group room, including staff.
- IMHC Groups should not include patients from other living units. Group rooms should have tables and chairs cleaned and disinfected before and after each group session.

### Other Precautions

- Meals and medication lines should be staggered to allow social distancing of 2 metres between patients. If necessary, consideration should be given to meals and medication dispensing at patient rooms.

## COVID-19: PLAN FOR MENTAL HEALTH SERVICES

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- Use tape on the floor in interview rooms, group rooms, eating areas, medication line areas to remind of social distancing, and place signage/posters in living units to remind of the importance of social distancing and washing hands frequently (i.e., before eating/brushing teeth/flossing/touching the face).
- Reassign and/or train staff as needed for tasks that may be outside their usual duties within their scope of competence, including to do unregulated duties (e.g., doing screening questions; taking temperatures, vital signs, oxygen saturations; delivering medications; cleaning and disinfecting; tracing new COVID-19 cases; etc.). Make allowances for staff to care for patients using the telephone from another unit or from home.
- Avoid, as much as possible, staff working on multiple units or moving from unit to unit.
- To minimize the likelihood of staff cross contamination and spread, identify separate groups of staff to work (e.g., Team A, Team B) to permit distinctly separate zones so they do not interact with the other group(s). Given unique dynamics in each institution and inmate populations, mental health managers should develop appropriate plans of these teams and scheduling of work, which may include shifting those who work weekday days to a 24/7 rotation where permitted by the collective bargaining agreement or on a volunteer basis. These types of arrangements can be implemented in special circumstances such as the current COVID-19 pandemic. It is imperative to ensure compliance with the respective collective agreements and work collaboratively with unions when modifications are required.
- Handover between teams is to be done remotely using electronic means, telephone, or VC as much as possible.

## Community Mental Health

### Patient Care

- Follow guidelines on Personal Protective Equipment.
- Complete day-to-day tasks via telework, as appropriate and respecting privacy of health information.
- Continue to consult and collaborate with health services staff, case management and community service providers, as required.
- Prioritize and triage mental health services based on mental health needs and maintain the following services as able, using teleservices as appropriate and available:
  - triage new referrals;
  - review caseloads to prioritize service delivery based on offender need and available resources, with an effort to provide services in response to high priority mental health needs;
  - psychiatric clinics;
  - respond to offenders at risk for suicide and/or self injury according to relevant professional standards;
  - provide services to offenders with PBC conditions to prevent breaches in conditions and those with higher risk of reoffending; and
  - continue assessing specific circumstances on a case-by-case basis, including by telephone if possible.

## COVID-19: PLAN FOR MENTAL HEALTH SERVICES

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As appropriate and required, clients are encouraged to access provincial/territorial community health services for additional support, in cases of emergency and afterhours.

### Other Precautions

- Health care professionals in the community are to follow measures and staff safety considerations outlined in the direction provided to community corrections when meeting in-person with offenders to maintain physical distancing (2 metres) and use active screening health questions.

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SERVICE CORRECTIONNEL CANADA

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2020-07-06

## COVID-19 Interim Modifications to Optometry Services

In addition to existing infection prevention and control (IPC) measures implemented to ensure the safe delivery of optometry services in CSC, the following are interim modifications to optometry practice in the context of COVID-19. Optometry contractors providing any in-person care amidst the COVID-19 pandemic must also adhere to the direction of provincial public health, and their governing college to promote their safety, as well as the safety of CSC's patients and staff.

### General Infection Prevention and Control Measures

- Ensure the availability of 60-90% alcohol based hand rub<sup>1</sup> or other hand sanitizer approved by Health Canada for COVID-19<sup>2</sup> at entrance and throughout the office.
- The optometry room should be decluttered as much as possible (this includes removing any non-optometry equipment or supplies stored in the optometry room, computers, etc.)
- Minimize the number of staff in the workplace and maintain physical distancing of 2m from others.
- Ensure appropriate signage is posted in common areas, including topics such as hand washing, respiratory hygiene, and physical distancing (See [CSC Posters and Resources](#) and [Wash Your Hands](#) for signage).
- All staff, including optometry staff, should be screened by operations for symptoms of COVID-19 upon entering the institution. Optometry staff should not attend work if feeling unwell.

### Personal Protective Equipment

- Optometrists are required to wear medical/procedural masks and eye protection for all interactions within 2m of a patient. Optometrists should wear gloves and/or use disposable cotton tip applicators whenever they are touching patients' eyes or eyelids.<sup>3</sup>
- Patients are required to wear non-medical masks.
- Consider installing breath shields (slit lamp shields) for auxillary testing equipment.
- CSC staff and contract optometry providers must be trained in personal IPC practices including donning and doffing PPE (COVID-19 Update: [Guidance on the Use of Non-Medical Masks and Personal Protective Equipment](#)).
- Please see COVID-19 Update: [Guidance on the Use of Non-Medical Masks and Personal Protective Equipment](#) for PPE guidance that staff and contractors must adhere to while in CSC institutions, which includes universal masking protocols to be followed at all times and performing hand hygiene between each patient.

<sup>1</sup> **Public Health Agency of Canada (2020)**. Infection prevention and control for COVID-19: Interim guidance for long term care homes. Retrieved from: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevent-control-covid-19-long-term-care-homes.html>

<sup>2</sup> **Public Health Agency of Canada (2020)**. Hard-surface disinfectants and hand sanitizers (COVID-19): List of hand sanitizers authorized by Health Canada. Retrieved from: <https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/hand-sanitizer.html>

<sup>3</sup> **College of Optometrists of Ontario (2020)**. Return to Work: Infection Prevention and Control for Optometric Practice. Retrieved from: [https://opto.ca/sites/default/files/resources/documents/covid-return-to-work-ipac\\_0.pdf](https://opto.ca/sites/default/files/resources/documents/covid-return-to-work-ipac_0.pdf)



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## Cleaning

- Optometry contractors to clean and disinfect any surface area the patient may have come in contact with and all patient care items (diagnostic equipment, frames, occluders, slit lamp shields, etc.) between each patient. Then perform hand hygiene.
- Cleaning and disinfection must be undertaken using appropriate hospital-grade low-level disinfectants that are registered in Canada with a Drug Identification Number (DIN) and labelled as effective for both enveloped and non-enveloped viruses.
- It is recommended that optometrists change into different clothes at the end of the shift (then place in a bag for laundering), and shower immediately upon returning home.

## Patient Flow

- Optometry contractors should perform a point-of-care risk assessment for all patients prior to commencing the appointment to determine if the patient is experiencing symptoms (see [COVID-19 Update: Guidance on the Use of Non-Medical Masks and Personal Protective Equipment](#) for more information about this assessment), including a temperature measurement (recorded in OHIS-OMS).
  - If the patient is experiencing symptoms or has a temperature above 38°C, the appointment should be rescheduled to a later date (at least 14 days later) if possible. Refer to [COVID-19 Patient Journey: Algorithm for Symptomatic Inmates](#).
  - If a patient that is experiencing symptoms or has a temperature above 38°C requires urgent/emergency attention, consult the institutional physician or refer the patient to the emergency room.
- Prior to leaving the appointment, patients should be instructed to monitor for symptoms and notify Health Services if symptoms develop within the 14 day period after the appointment. Health Services staff must then follow the [COVID-19 Patient Journey: Algorithm for Symptomatic Inmates](#) and notify the optometrist involved in the appointment.
- Consider scheduling more vulnerable patients (older, those with underlying medical conditions, etc.) at the beginning of the day, first after lunch or on a separate day.

## Clinical Guidance

- Visual Field Testing: full threshold visual fields should only be conducted for urgent, emergency, and time-sensitive cases.
- Optometrists should use professional judgement regarding the measurement of intraocular pressure (when it is necessary, which equipment and PPE to use, the risk of aerosol generation, and disinfection of the equipment and surrounding environment). Optometrists must adhere to the guidance of their governing college for the measurement of intraocular pressure and implement their recommended infection prevention and control measures.
  - Optometrists may consider using Tonopens for measuring intraocular pressure.
  - Clean and disinfect any device or equipment before and after each patient use and according to the manufacturer recommendations (using Health Canada approved products for COVID-19).
- Single use diagnostic drops should be used.
- All eyeglass frames touched by a patient should be disinfected after use.
- When adjusting or repairing a patient's personal frames, the frames should be disinfected prior to making the adjustment or repair and any tools used should be disinfected after use.
- No initial contact lens sittings are to be performed at this time (i.e. insertion and removal training).



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2020-07-09

## Interim Modifications to Physiotherapy Services

In addition to existing infection prevention and control (IPC) measures implemented to ensure the safe delivery of physiotherapy services in CSC, the following are interim modifications to physiotherapy practice in the context of COVID-19. Physiotherapy contractors providing any in-person care amidst the COVID-19 pandemic must also adhere to the direction of provincial public health, and their governing college to promote their safety, as well as the safety of CSC's patients and staff.

### General Infection Prevention and Control Measures

- Ensure the availability of 60-90% alcohol based hand rub<sup>1</sup> or other hand sanitizer approved by Health Canada for COVID-19<sup>2</sup> at entrance and throughout the office.
- The physiotherapy room should be decluttered as much as possible (this includes removing any non-physiotherapy equipment or supplies stored in the physiotherapy room, computers, etc.)
- Limit the number of staff in the workplace and maintain physical distancing of 2m from others.
- Ensure appropriate signage is posted in common areas, including topics such as hand washing, respiratory hygiene, and physical distancing (See CSC Posters and Resources and Wash Your Hands for signage).
- All staff, including physiotherapy staff, should be screened by operations for symptoms of COVID-19 upon entering the institution. Physiotherapy staff should not attend work if feeling unwell.

### Personal Protective Equipment

- Physiotherapists are required to wear medical/procedural masks when treating patients<sup>3</sup>. Other PPE, including eye protection, gowns, and gloves, will be available to use based on a point-of-care risk assessment.
- Patients are required to wear non-medical masks.
- CSC staff and contract physiotherapy providers must be trained in personal IPC practices including donning and doffing PPE ([COVID-19 Update: Guidance on the Use of Non-Medical Masks and Personal Protective Equipment](#)).
- Please see [COVID-19 Update: Guidance on the Use of Non-Medical Masks and Personal Protective Equipment](#) for PPE guidance that staff and contractors must adhere to while in CSC

<sup>1</sup> **Public Health Agency of Canada (2020)**. Infection prevention and control for COVID-19: Interim guidance for long term care homes. Retrieved from: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevent-control-covid-19-long-term-care-homes.html>

<sup>2</sup> **Public Health Agency of Canada (2020)**. Hard-surface disinfectants and hand sanitizers (COVID-19): List of hand sanitizers authorized by Health Canada. Retrieved from: <https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/hand-sanitizer.html>

<sup>3</sup> **College of Physiotherapists of Ontario (2020)**. COVID-19 Guidance: Primary Care Providers in a Community Setting. Retrieved from: [http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019\\_primary\\_care\\_guidance.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_primary_care_guidance.pdf)

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institutions, which includes universal masking protocols to be followed at all times and performing hand hygiene between each patient.

### Cleaning

- Physiotherapy contractors to clean and disinfect any surface area the patient may have come in contact with and all patient care items (exercise equipment, reflex hammer, etc.) between each patient. Then perform hand hygiene.
- Cleaning and disinfection must be undertaken using appropriate hospital-grade low-level disinfectants that are registered in Canada with a Drug Identification Number (DIN) and labelled as effective for both enveloped and non-enveloped viruses.
- All cloth linens must be laundered after each patient. Staff handling dirty laundry should wear gloves.

### Patient Flow

- Physiotherapy contractors should perform a point-of-care risk assessment for all patients prior to commencing the appointment to determine if the patient is experiencing symptoms (see COVID-19 Update: Guidance on the Use of Non-Medical Masks and Personal Protective Equipment for more information about this assessment), including a temperature measurement (recorded in OHIS-OMS).
  - If the patient is experiencing symptoms or has a temperature above 38°C, the appointment should be rescheduled to a later date (at least 14 days later) if possible. Refer to COVID-19 Patient Journey: Algorithm for Symptomatic Inmates.
  - If a patient that is experiencing symptoms or has a temperature above 38°C requires urgent/emergency attention, the physiotherapist may use their clinical judgement to decide whether or not to proceed with the appointment.
    - When providing essential physiotherapy to a suspected or known COVID-19 case, the physiotherapist is required to wear a medical/procedural mask, gown, eye protection, and gloves<sup>4</sup>.
- Prior to leaving the appointment, patients should be instructed to monitor for symptoms and notify Health Services if symptoms develop within the 14 day period after the appointment. Health Services staff must follow the COVID-19 Patient Journey: Algorithm for Symptomatic Inmates and notify the physiotherapist involved in the appointment.
- Consider scheduling more vulnerable patients (older, those with underlying medical conditions, etc.) at the beginning of the day, first after lunch or on a separate day.
- Physiotherapists should treat only one patient at a time (1:1 ratio)<sup>5</sup>.

<sup>4</sup> College of Physiotherapists of Ontario (2020). COVID-19 (Coronavirus) FAQs. Retrieved from: <https://www.collegept.org/registrants/practice-advice/covid-19-faqs>

<sup>5</sup> Saskatchewan College of Physiotherapists (2020). Opening of Physiotherapy Clinics under the Provincial Government's Re-Open Saskatchewan Plan. Retrieved from: <https://scpt.in1touch.org/uploaded/web/Updated%20SCPT%20Practice%20Guideline%20for%20Re-Opening%20May%2029,%202020.pdf>

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## COVID-19: Recommendations for CSC Staff Returning Home After a Shift

June 15, 2020

While infection prevention and control (IPC) measures are imperative in the workplace to protect staff and inmates, the same emphasis should be placed on the importance of IPC measures upon returning to the home environment. This document is not a directive, however it outlines recommended key measures that staff can choose to follow to protect loved ones after coming home from a shift in a CSC institution (see Appendix A for full list of recommended measures):

- Properly doff PPE and wash hands upon leaving the site.
- Process for changing into and out of work clothing:
  - Staff will bring their own work clothing into the institution and will change once on site;
  - At the end of shift, work clothing will be placed into a plastic bag to take home to launder; and
  - Launder used work clothing at home in regular wash hot water cycle and tumble dry.
- Use dedicated footwear for work. Once home, leave work shoes in a designated place such as the garage or trunk of the car.
- Shower and wash hair immediately upon returning home from each shift.
- Disinfect any items brought into the site (watch, phone, keys, bag, etc.) and any items touched from the journey from the car into the house (doorknobs, gates, steering wheel, etc.).
- Perform hand hygiene.

## Appendix A

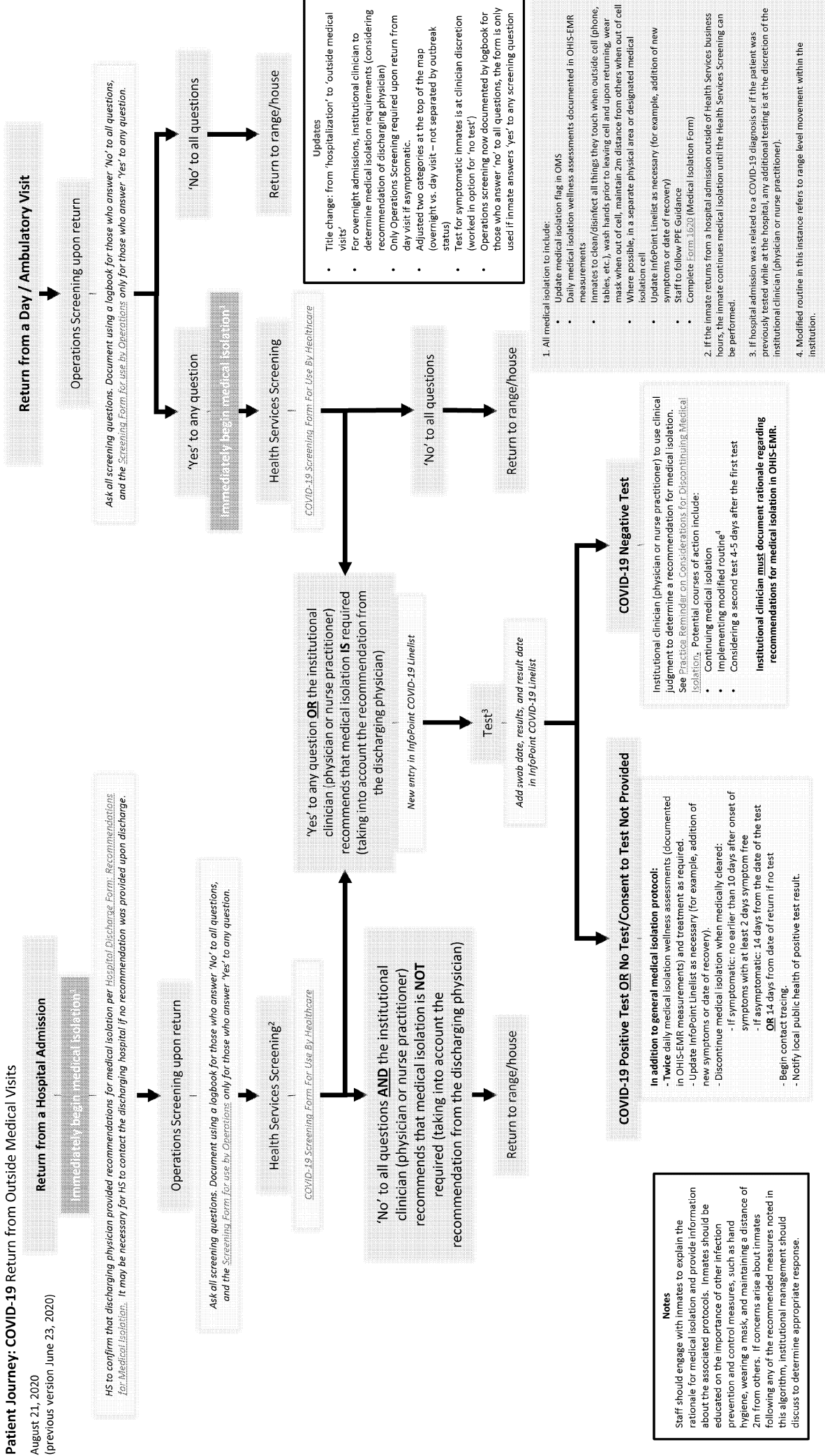
### IPC Measures for Returning Home After a Shift\*

1. At the end of your shift, properly doff your mask (avoid touching the front of the mask and clean your hands after doffing).
  - Perform hand hygiene.
  - Detach the top and bottom ties or remove straps from ears.
  - Pull mask forward, avoiding touching the front.
  - Dispose of mask in the appropriate container.
    - CSC is currently providing staff with disposable non-medical masks. If staff are wearing their own fabric/non-medical masks, it is their responsibility to ensure proper storage and laundering.
  - Perform hand hygiene.
2. Change out of work clothing/uniform at the site, place directly into a designated plastic bag. Perform hand hygiene.
3. Stage storage bins or bags in the back of your vehicle to store your workbag and other work items until you are able to complete a full decontamination at home.
4. Once you arrive home, remove your work shoes in the garage or leave in the trunk of your car. If shoes are not work-specific, remove at the entrance to your residence and place in a plastic bin.
5. While in the entryway, remove all items in your pockets. Place these, along with your phone, car keys and any other items you took to work in another storage bin.
6. Immediately upon entering your home and emptying your pockets, walk to the bathroom and shower. Have a clean change of clothes ready in the bathroom. Do not physically greet your pet or your family.
7. After showering and changing into clean clothes, take your dirty clothes to the washing machine immediately. Try not to touch these clothes as you place them in the washing machine.
8. If shoes are in the entryway of your residence: spray a diluted bleach solution or use an approved cleaning solution on your shoes, remembering not to touch them.
  - If normally used disinfectant is not available, use a 10:1 water-to-bleach solution.
9. Disinfect all items removed from your pockets, as well as your phone and car keys.
10. Retrace your steps to your car. Wipe down any surfaces you may have touched, including door handles, car handles and gates.
11. Clean the remainder of your work items. Wash bags and reusable food containers and wipe down any other equipment (e.g. watch).
12. At the end of your decontamination process, wash your hands one final time.

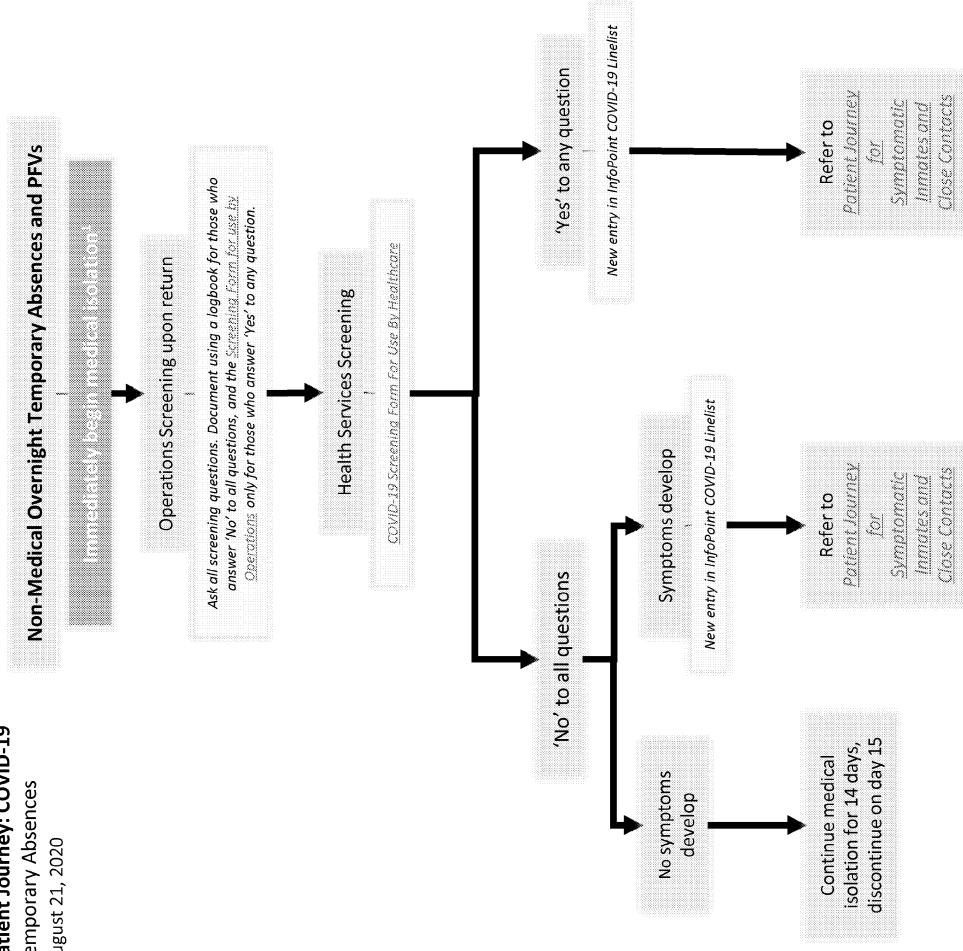
\*Modified for CSC from a checklist for First Responders (*How can I protect my family from COVID-19?* By Emily Pearce, BS, EMT-P, FAWM, DiMM)

**Patient Journey: COVID-19 Return from Outside Medical Visits**

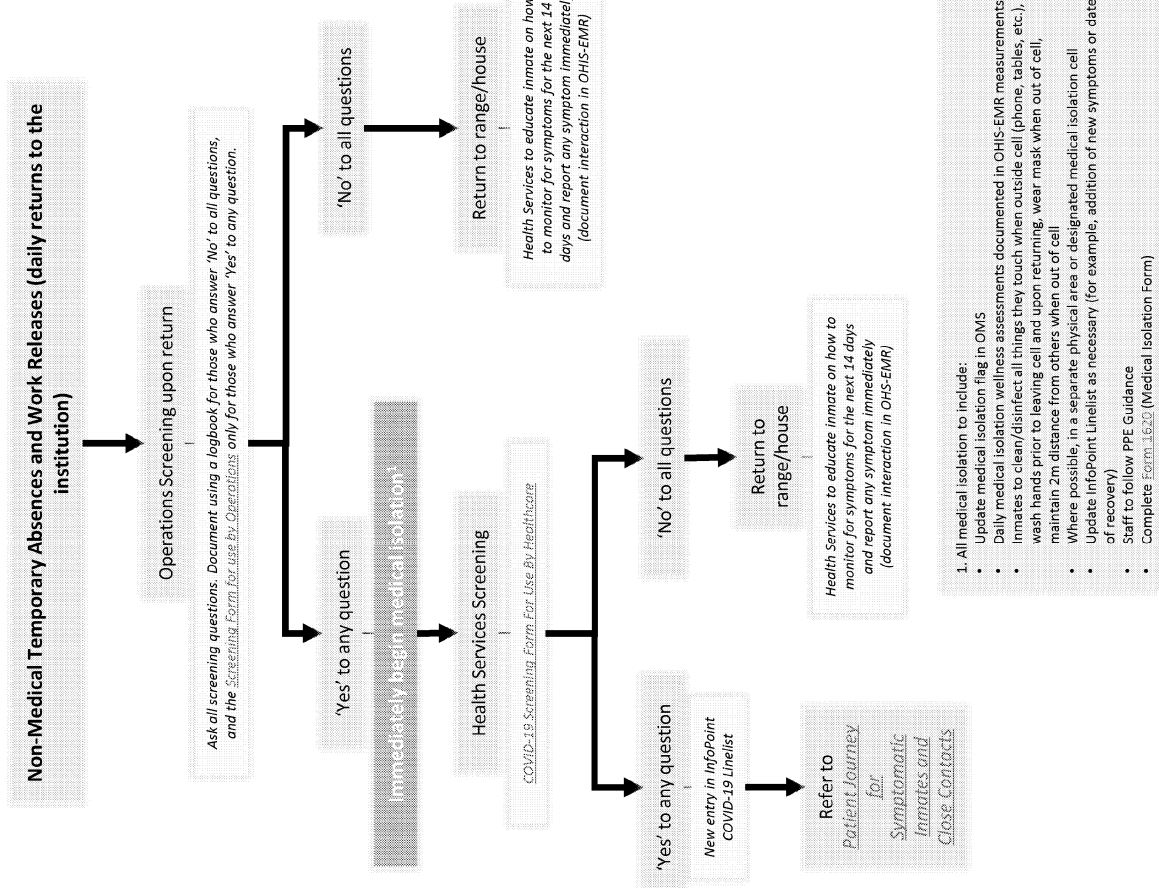
August 21, 2020  
 (previous version June 23, 2020)



**Patient Journey: COVID-19  
 Temporary Absences**  
 August 21, 2020



**Notes**  
 Staff should engage with inmates to explain the rationale for medical isolation and provide information about the associated protocols. Inmates should be educated on the importance of other infection prevention and control measures, such as hand hygiene, wearing a mask, and maintaining a distance of 2m from others. If concerns arise about inmates following any of the recommended measures noted in this algorithm, institutional management should discuss to determine appropriate response.



1. All medical isolation to include:
- Update medical isolation flag in OMS
  - Daily medical isolation wellness assessments documented in OHIS-EMR measurements
  - Inmates to clean/disinfect all things they touch when outside cell (phone, tables, etc.), wash hands prior to leaving cell and upon returning, wear mask when out of cell, maintain 2m distance from others when out of cell
  - Where possible, in a separate physical area or designated medical isolation cell
  - Update InfoPoint Linelist as necessary (for example, addition of new symptoms or date of recovery)
  - Staff to follow PPE Guidance
  - Complete Form 1672 (Medical Isolation Form)