

1 March 2021

Dr. Kevin Walby, University of Winnipeg, Department of Criminal Justice,
Centennial Hall, 3rd Floor, 515 Portage Avenue,
Winnipeg, Manitoba, Canada R3B 2E9,

Sent via email

Good afternoon,

Please see attached records responsive to your requests that are within our custody and control. Please kindly note that some of your records requested are not available in the specific form requested, more clarification is needed for some requests while others are exempted from disclosure under the Freedom of Information and Protection of Personal Information Act. For more details, please below:

Testing

I am requesting statistical overviews broken down by race and gender that track COVID-19 cases amongst prisoners and prison staff, including positive tests, negative tests, inconclusive tests, deaths, recoveries and active cases, as well as memorandums and presentations on these statistics.

We do not have records on COVID-19 cases that categorises patients as prisoners or prison staff.

COVID Screening Procedures

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

This would fall to Department of Justice except for inmates (prisoners) – that would fall to healthcare and we have a Care Directive that has been shared. There is also information on the publically accessible COVID Hub under Correctional Health Services (includes memos, protocols, etc.). This includes universal testing for all new admissions and a 14 days on a quarantine unit.

Health, Hygiene, Cleaning, and Distancing

I am requesting memorandums, briefing notes, information notes, statistics and powerpoint decks outlining (a) health and personal hygiene protocols issued to and measures, (b) outlining cleaning protocols issued to and measures adopted and (c) protocols issued to and measures adopted to promote social distancing in your correctional institutions related to COVID-19 pandemic prevention and management.

For the healthcare unit and cells we would follow our normal cleaning procedures for a hospital setting and adopt NSHA policies/directives with respect to masking, shields, etc. (information is available on the COVID-19 hub).

Health and Mental Health Care

I am requesting all records outlining protocols issued to and measures adopted or modified by your correctional institutions concerning health and mental health care provision to prisoners and prison staff related to COVID-19 prevention, management and treatment.

Level of care and services offered remain unchanged. We implemented universal precautions (PPE) for staff, universal testing for all new admissions to the facility, and a 14 day quarantine. Please let me know how best you want to proceed with this request and I can assist with putting information together and/or connecting us with those that can help (e.g. our IPAC practitioner).

Testing

I am requesting all records tracking COVID-19 cases amongst probationers and other individuals currently on community release, including positive tests, negative tests, inconclusive tests, deaths, recoveries and active cases.

This information is considered Personal Health Information and is protected from disclosure. By the Personal Health Information Act. If you are seeking aggregated information regarding COVID testing among a certain population please restate your request with as many specifics as possible and we will see if the information may be made available or not.

Entry and Exit Screening Procedures

I am requesting memorandums, briefing notes, information notes, statistics and powerpoint decks documenting probation office entry and exit COVID-19 screening procedures for probationers and other individuals currently on community release, prison staff, oversight body officials, lawyers, volunteers, and other parties.

Probation is a federal mandate and does not fall within the mandate of either NS Health or the NS Department of Justice.



Privacy Office; Legal Services
1-031 Centennial Building
1276 South Park Street
Halifax, NS B3H 2Y9
foipop@nshealth.ca

Health, Cleaning, Distancing, and Contacts

Related to COVID-19 pandemic prevention and management, I am requesting all records outlining health and personal hygiene protocols, all records outlining cleaning protocols issued to and measures adopted, all records outlining protocols issued to and measures adopted, and all records outlining protocols issued to and measures adopted by your probation offices to restrict community contact for those currently on probation or other forms of community release related to COVID-19 pandemic prevention and management.

Probation is a federal mandate and does not fall within the mandate of either NS Health or the NS Department of Justice.

You have the right to seek a review with the Review Officer within 60 days of receiving this decision. Complete details of the process are outlined on the website of the Office of the Information & Privacy Commissioner: <https://foipop.ns.ca/request-a-review>

Sincerely,
Fola Adeleke

For: The Privacy Office
Nova Scotia Health Authority

c/c: to file



**Novel Coronavirus
COVID-2019**

**Overview and Personal Protective
Equipment Requirements**

NSHA Infection Prevention and Control

March 2020



Evolving Situation

- On December 31, 2019 the World Health Organization was alerted to several cases of pneumonia in Wuhan, Hubei Province China. The virus did not match any other known virus. On January 7, 2020 China confirmed a novel coronavirus.
- There is now rapid global spread in recent weeks and the situation is being closely monitored by the Office of the Chief Medical Officer of Health, NS Department of Health and Wellness in partnership with the Public Health Agency of Canada.
- WHO declares a pandemic March 11, 2020 at that time 118,000 cases in 114 countries
- Planning is ongoing and evolves as the global situation changes.



Coronaviruses

- Coronaviruses are a large family of viruses which may cause illness in animals or humans. These viruses cause infections of the nose, throat and lungs. They are most commonly spread from an infected person through:
 - Coughing and sneezing.
 - Close personal contact, touching or shaking hands.
 - Touching something with the virus on it, then touching your mouth, nose or eyes before washing your hands.
- Many coronaviruses cause only minor symptoms similar to those of a cold. Two specific coronaviruses have lead to severe illness in humans:
 - Severe acute respiratory syndrome coronavirus (SARS)
 - Middle East respiratory syndrome coronavirus (MERS CoV)



Novel Coronavirus 2019

- As new Viruses are discovered, they receive names. For example H7N9, H1N1, MERSCov, etc.
- This virus has been named SARS-CO-V-2.
- COVID-19 is the name of the infectious disease caused by this most recently discovered coronavirus.



Screening and Diagnosis

If the patient presents with:

- fever (over 38 degrees celcius) OR
- new onset (or exacerbation of chronic) cough **and**
- in the 14 days prior has travelled outside Canada or has been in close contact with a confirmed case of COVID-19 or
- In contact with a person with symptoms who has travelled

**Refer to current Screening Tool for up-to-date information.*

A Nasopharyngeal (NP) swab is required for testing of standard respiratory viruses and SARS-CO-V-2. It will be forwarded to the QEII Microbiology Laboratory.

- Standard respiratory virus testing is done at the QEII but the specialized testing for this novel virus occurs at the National Microbiology Lab in Winnipeg.



Symptoms

- Those infected with COVID-19 may have little to no symptoms.
- Those hospitalized in China often had co-existing medical conditions including hypertension, diabetes, cardiovascular disease, cancer, etc.

Symptoms have included:

Fever	Fatigue
Dry Cough	Difficulty Breathing
Myalgia	Diarrhea

- These symptoms are similar to other respiratory viruses circulating in the winter months.



Recovery

Global statistics from the World Health Organization (February 28, 2020)

- Most people (80%) recover from the disease without needing special treatment.
- Approximately 18 % of patients who get COVID-19 become seriously ill and develop difficulty breathing. Older people with underlying medical conditions are most likely to develop serious illness.
- Approximately 2-3 % of people with the disease have died.



Transmission

- Many of the initial cases reported in Wuhan had exposure to a live animal market selling chickens, bats, marmots and other wild animals in addition to seafood which raised concerns that this was a zoonotic disease reminiscent of SARS and MERS.
- COVID-19 is spread by **droplet and contact** routes of transmission.
 - *Droplet*: Spread from person to person is through respiratory droplets when a person with the disease coughs or exhales.
 - *Contact*: These droplets land on objects and surfaces surrounding the person. Other people then touch these surfaces and then their eyes, mouth or nose.
- It is not spread through the air.



Public Health Agency of Canada

- Provides evidence-based recommendations on healthcare-associated infections.
- [Infection Prevention and Control for Coronavirus Disease \(COVID-19\): Interim Guidance for Acute Healthcare Settings](#) is intended to provide guidance to healthcare organizations and healthcare workers for management of symptomatic patients.
- The guidance is based on Canadian guidance documents developed for previous coronavirus outbreaks (e.g. SARS and MERS) as well as documents from the World Health Organization (WHO).
- The guidance developed for Canadian Healthcare settings and healthcare workers may differ from guidance developed by other countries.
- NSHA develops our protocols from this guidance.



Care of the Patient

- Place the Patient in a Private Room with the door closed.
 - An Airborne Infection Isolation Room (Negative Pressure Room) is only required when performing an Aerosol Generating Medical Procedure.
- Place on Droplet and Contact Precautions
- Dedicate Equipment and use single use disposable when possible.
- Restrict patients to their rooms unless essential diagnostic/therapeutic procedures are required. Transfer within and between facilities should be avoided.
- Clean and disinfect non-disposable patient care equipment between patients as per Routine Practices.



Care of Patient continued...

- No agency staff or students should care for these patients.
- Limit the number of staff entering the patient room to essential personnel.
- Avoid unnecessary entries into the room. Ensure you have all necessary equipment/supplies on entry, and try to batch care tasks i.e. provide personal care while in the room to deliver scheduled medications or perform vital signs.
- Visitors will be restricted to those who are essential (parent, guardian, primary caregiver) and will visit the patient directly and exit the facility after the visit. They should be screened and managed if they have signs and symptoms and exposure criteria consistent with COVID-19. They will be required to wear the same PPE as staff for their visit.



Additional Information:

- Testing for COVID-19 requires that the [nasopharyngeal swab](#) be sent to the National Microbiology Lab in Winnipeg for confirmation. This takes a few days. Please refer to [PPHLN Novel Coronavirus- lab testing](#) if further respiratory viral testing is required.
- Staff and Physicians can engage a trained interpreter via [Language Services](#) to support patients who do not speak English fluently or understand it fully.
- All staff members are to contact Occupational Health Safety and Wellness



Personal Protective Equipment (PPE) Donning and Doffing

- PPE should be used based on the risk of exposure (e.g., type of activity) and the transmission dynamics of the pathogen (e.g., contact, droplet or aerosol). COVID-19 is spread by **droplet and contact routes of transmission**.
- The required PPE for Droplet and Contact Precautions is familiar to most healthcare workers as we utilize it frequently during Flu season.
- You must put on a gown, gloves, mask and eye/facial protection when within 2 meters of the patient.
- Posters have been created with the proper sequencing of putting on and removing the required PPE.



Aerosol-Generating Medical Procedures (AGMPs)

- AGMPs are medical procedures that can generate aerosols as a result of artificial manipulation of a person's airway. They include: bronchoscopy, intubation, suctioning, BiPap, sputum induction, nasopharyngeal aspirate in pediatric populations, etc.
- AGMPs performed on patients with Novel or Emerging Respiratory Viruses require additional measures as per PHAC guidance documents and NSHA policies:
 - IPC-RP-015 Droplet Precautions
 - IPC-RP-025 Airborne Precautions.
- AGMPs should only be performed on patients suspected to have COVID-19 when medically necessary.
 - AGMPs should be performed in a Airborne Infection Isolation Room (AIIR) when feasible. If AIIR rooms are unavailable they should be performed in a single room with the door closed and away from high risk patients.
 - The number of healthcare workers present during an AGMP should be limited to those essential for patient care.
 - A N95 respirator and facial protection are recommended for all healthcare workers present for the AGMP on a suspected or confirmed case of COVID-19).

GUIDE TO PUTTING ON PERSONAL PROTECTIVE EQUIPMENT

Droplet & Contact Precautions

1

Hand Hygiene



Perform hand hygiene.

Alcohol-based hand rub is preferred. Use soap and water if hand are visibly soiled.

3b

OR N95 Respirator



- Required for aerosol-generating medical procedures (AGMPs) for patients with unknown, novel or emerging pathogens.
- Refer to manufacturer for specific donning instructions.
- Perform a 'seal check' with each use.
- N95 respirators must be 'fit tested' prior to use.

2

Long-sleeved gown



- Select level of gown based on fluid exposure risk.
- Make sure the gown covers from neck to knees to wrist.
- Tie at back of neck and waist.

4

Face/Eye Protection



- Several types of face/eye protection are available (e.g. mask with built-in visor, goggles, full face shield)
- Place over the eyes or face.
- Adjust to fit
- **NOTE:** Eyeglasses are not considered protective eyewear.

3a

Procedure/surgical mask



- Secure ties or ear loops around head or ears so the mask stays in place.
- Fit moldable band around the bridge of your nose.
- Fit snugly to face over mouth and nose and below chin.

5

Gloves



- Put on gloves
- Pull the cuffs of gloves over the cuffs of the gown.

FOR NOVEL AND EMERGING PATHOGENS:
Initiate Contact & Droplet Precautions and wear gloves, gowns, procedure/surgical mask and face/eye protection when within 2 meters of patient.

GUIDE TO REMOVING PERSONAL PROTECTIVE EQUIPMENT

Droplet & Contact Precautions

1 **Gloves**



- Use glove to glove, skin to skin technique.
- Outside of gloves are contaminated.
- Discard in garbage

4 **Hand Hygiene**


Perform hand hygiene.
Alcohol-based hand rub is preferred. Use soap and water if hand are visibly soiled.

2 **Hand Hygiene**




Perform hand hygiene.
Alcohol-based hand rub is preferred. Use soap and water if hand are visibly soiled.

5 **Face/Eye Protection**




- Handle only by headband or earpieces.
- Carefully pull away from the face.
- Place non disposable goggles in designated area for disinfection & disposable items in waste receptacle.

3 **Long-sleeved gown**



- Carefully unfasten ties.
- Grasp the outside of the gown at the back by the shoulders and pull down over the arms.
- Turn the gown inside out during removal.
- Carefully fold into bundle. Do not rip off.
- Place disposable gowns in garbage or place non-disposable gowns in laundry hamper.

6 **Mask OR N95 Respirator**



- Handle only by the ties.
- Undo/remove bottom tie first, then top. Allow to fall away from face.
- N95 respirator is removed outside of the patient room.

7 **Perform Hand Hygiene**

8 **Exit Patient Room, remove N95 (if applicable) & perform Hand Hygiene again as needed**



Helpful PPE Tips:

- Perform Hand Hygiene prior to donning and after doffing.
- The order of putting on PPE is not as critical as removing.
- The one piece to remember in donning is to put your gloves on last.
- With doffing there are a few pointers:
 - Gloves are removed first as they are considered the most soiled.
 - The back of your gown is the cleanest- remove by pulling from the back and gently forward into a bundle.
 - Perform hand hygiene before you touch your face to remove facial protection/mask.
 - Remove eye/facial protection last and away from the patient.
 - Always remove an N95 outside of the patient room

DO's & DON'Ts

FOR WEARING GLOVES FOR ROUTINE PRACTICES & ADDITIONAL PRECAUTIONS

GLOVES

Gloves protect you from contamination from patients, workers, fluids and surfaces. They reduce the spread of microorganisms only if:

- They are properly used AND
- They are properly stored AND
- They are properly washed and dried.



NON-STERILE GLOVES

Indicated for situations where there is potential for contact with blood, other body fluids or other infectious material in a clinical setting.

STERILE GLOVES

Indicated for performing any sterile procedure including but not limited to invasive procedures, aseptic central venous access point.



DO

- DO wear gloves to reduce the risk of contamination or exposure to blood, body fluids, excretions or secretions.
- DO clean hands before putting on gloves.
- DO wear gloves when caring for or in contact with a patient or resident.
- DO clean hands and change gloves if they become torn, damaged or contaminated.
- DO make sure that gloves fit you properly before performing any tasks.
- DO ensure the correct type of glove is available if you have any skin or sensitivity issues.
- DO wear gloves for a sterile procedure.

DON'T

- DON'T substitute glove use for hand hygiene.
- DON'T use non-approved hand lotions when they impact integrity of gloves.
- DON'T store clean gloves in your pocket for future use.
- DON'T use gloves if they are damaged or visibly soiled.
- DON'T touch face when wearing gloves.
- DON'T wear the same pair of gloves from one patient to another.
- DON'T forget to remove gloves and dispose of gloves properly.
- DON'T reuse or wash gloves.

DO's & DON'Ts

FOR WEARING MASKS & FACE PROTECTION FOR ROUTINE PRACTICES & ADDITIONAL PRECAUTIONS

MASKS & FACE PROTECTION

PROCEDURE MASK

Often referred to as a surgical mask, this disposable mask prevents the health care worker from inadvertently infecting patients through sneeze, cough or talk.



FACE PROTECTION

When you may be at risk of direct splash or spray from a patient, eye protection such as a pair of safety glasses or goggles is required. There are several options available:

- Full face shield
- Goggles (non-ventilating)

DO

- DO wear mask and face protection when you may be at risk of splashes/sprays of blood, body fluids, excretions or secretions.
- DO wear mask and face protection when caring for or in contact with patient on Droplet Precautions.
- DO check to make sure mask and face protection has no defects, such as tear or torn strap or ear loop.
- DO ensure mask covers your mouth & nose.
- DO change mask when no longer in clinical space and patient intervention is complete.
- DO remove mask correctly, pull away from face in downward motion.
- DO dispose of mask into waste receptacle by touching only ear loops or ties.
- DO perform hand hygiene before and after removing mask & face protection.

DON'T

- DON'T use a procedure mask when caring for patients on Airborne Precautions (use N95 respirator).
- DON'T reuse! Discard after use (exception-reusable goggles).
- DON'T wear if wet or soiled, put on & around your neck.
- DON'T allow mask to hang or dangle.
- DON'T touch the front of the mask or face protection when wearing or during removal.



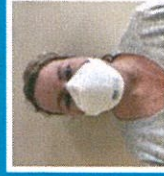
DO's & DON'Ts

FOR WEARING N95 RESPIRATORS

N95 RESPIRATOR

N95 respirators are a high-filtration mask that filters out at least 95% of particles from the air that you breathe in.

N95 respirators are a mask that filters out at least 95% of particles from the air that you breathe in. They are used for patients with suspected or confirmed tuberculosis, measles or chicken pox.



FIT TESTING

Before wearing an N95 mask, most employees in Nova Scotia are required to undergo a fit test. The N95 respirator they will use in their work environment will be the same size as the one they were tested with.

DO

- DO wear N95 Respirator when caring for or in contact with patients on Airborne Precautions OR for aerosol-generating medical procedures (AGMPs) on patients with a known or suspected pathogen.
- DO follow manufacturer's instructions on donning and removal of respirator.
- DO check to make sure respirator has no defects, such as tears, holes or torn straps.
- DO perform hand hygiene before and after removing respirator.
- DO complete a "fit or seal check" every time you wear a respirator to ensure a tight seal.
- DO remove mask when no longer in patient room/clinical space.
- DO remove respirator correctly-tilt head forward & remove by pulling bottom strap over back of head, followed by top strap without touching front of mask.
- DO pull away from face in downward motion.
- DO discard respirator in waste receptacle.

DON'T

- DON'T wear a mask that you have not been fit tested for.
- DON'T wear if wet or soiled, put on a new respirator.
- DON'T reuse! Discard after use.
- DON'T allow respirator to hang or dangle around your neck.
- DON'T touch the front of the respirator when wearing or during removal.
- DON'T let patients or visitors wear respirators unless they have been fit-tested to wear it.



DO's & DON'Ts

FOR WEARING GOWNS FOR ROUTINE PRACTICES & ADDITIONAL PRECAUTIONS

GOWNS

Gowns are a type of personal protective equipment worn by healthcare workers that cover the front and back of the body.

Procedures for contact with blood and body fluids, excretions or secretions, or other infectious material in a clinical setting.



ISOLATION GOWNS

These are sterile gowns that are used to keep clothing from becoming contaminated from contact with a patient for both Airborne Precautions and Contact Precautions.

PROCEDURE GOWNS

A non-sterile, typically disposable gown that is used to protect the healthcare worker from contact with blood, body fluids, excretions or secretions, or other infectious material in a clinical setting.

DO

- DO wear a gown when caring for or in contact with a patient on Contact Precautions or their environment.
- DO perform hand hygiene before donning and after removing all PPE.
- DO wear a gown when you may come in contact with blood or body fluids, excretions or secretions, or other infectious material in a surgical or invasive procedure.
- DO secure the gown by the ties at the neck and waist.
- DO make sure the gown covers your clothing in front and back.
- DO make sure the gown fits securely around your wrists with gloves pulled over the cuffs.
- DO remove gown by slowly rolling it inside out and away from your body into a designated front and sleeves inside bin.
- DO remove gown inside patient room or designated area (e.g. anteroom).
- DO dispose of gown in designated waste or laundry receptacle (if reusable).

DON'T

- DON'T reuse the gown for the same or different patient. Gowns are a single use!
- DON'T push or roll up sleeves of your gown.
- DON'T allow contaminated gown to hang out of laundry bin or garbage.
- DON'T wear contaminated gown outside of patient room.





Mask Myths...I should wear a mask all of the time to protect myself

- Health care workers caring for individuals who have respiratory symptoms such as a cough and fever should wear a mask and eye protection while caring for them (within 2 meters).
- Symptomatic patients who are outside of their room i.e. being transported to diagnostic imaging, another care unit/facility should wear a mask for this time frame to help contain any droplets. They should also wear a mask while in a waiting room if there is a delay to placing them in a private room.
- Some Immunosuppressed patient populations (e.g. patients undergoing cancer treatment or dialysis) may benefit from wearing a mask while in public spaces...this is normal practice for this group.



Pandemic

- A pandemic is the worldwide spread of a new disease.
- It can easily spread between people leading to a worldwide outbreak.
- In the past many pandemics have been caused by new Influenza viruses.
- During pandemic activity, personal protective equipment is in high demand across the globe. It is often challenging to acquire a large amount of supplies in a short time frame.



Resources

- NSHA and IWK Policies on Additional Precautions
- Public Health Agency of Canada (2020). Infection prevention and control for coronavirus disease (COVID-19): Interim guidance for acute healthcare settings.
- Province of Nova Scotia. (2019). Respiratory Response Plan for Public Health 2019-2020.
- World Health Organization (WHO). Coronavirus disease (COVID-19) outbreak website.
- Coronavirus Update button on the NSHA intranet page. “One Source of Truth”
 - Infection Prevention and Control tools
 - Occupational Health Safety and Wellness
 - Public Health Lab testing information and other resources.

The information housed on this page is updated as new information is learned about this novel virus.

Let us help



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d'applications de votre appareil ou saisissez le code QR ci-contre.



Mental Health Connections for Health Care Workers - Self-Care

As a health care worker you may be experiencing fear, anxiety, and a sense of powerlessness. There could even be aspects such as rage and anger toward those who have not followed public health advice. There can also be compassion fatigue.

Taking time to focus on self-care and your own mental health before the stress gets too high can help you cope during this time.

Relax

- Take a mental break and sit quietly for a few minutes.
- Relax with easy and quick techniques (belly breath, stretches, visualization) to destress.
- Challenge “what if” thoughts and focus on the things you can control.



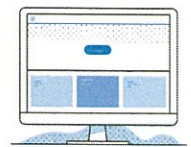
Treat Your Body Well



- Take care of your body. When you can, drink water and eat healthy.
- Moving your body or getting some fresh air can improve your mood and decrease stress.
- Be aware of your level of substance use – including smoking, vaping, and alcohol.

Connect and Connect Again

- Emotional support and healthy problem solving are vital to your health and well-being.
- Connect with people both in your personal and work lives (phone calls, virtual meetings, etc.).
- Explore, follow or join a new social network around a hobby or interest.



Unplug, If That's Helpful



- Don't feel like you have to be constantly productive. Doing what makes you laugh or provides an escape (binge watch a show, listen to music you like, read a book) is good for your well-being. There is no shame in needing to relax, laugh or take time for yourself.
- Decide how much time you're going to devote to checking reliable news and social media sources. If media and news brings you down- consider giving it a time limit in your day.

Still having difficulty coping. Now what?

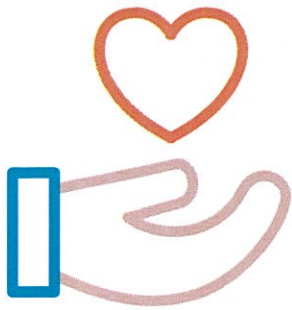
Mindwell U is a free, mindfulness challenge that only takes five minutes per day. It challenges you to take a part out of your day to learn the basics in mindfulness, a practice that allows a person to focus their attention and be fully present in a moment.

If you still feel significant distress around COVID-19 and feel you are not coping well, you may need extra support.

Reach out to NSHA resources like:

- Our **Intake line**, call toll free **1-855-922-1122** self-refer to Community Mental Health and Addictions clinics, Withdrawal Management Services, or Opioid Replacement and Treatment Program,
- The **Provincial Mental Health Crisis Line** is available 24/7 by calling toll free **1-888-429-8167**.
- **Employee Assistance Programs** offer important support and assistance.

Mental Health and Wellness Connections for Colleagues and Peers



Lots of us are feeling **worried** and **stressed** about the ongoing coronavirus outbreak.

You don't need to be an expert on mental health to be there for colleagues and peers.

Top Five Ways to Support Each Other

1

Check In

You might not be able to meet face-to-face, but picking up the phone, having a video call, starting a group chat or messaging someone on social media lets them know you are there to talk and ready to listen.

2

Listen & Reflect

If someone opens up to you, remember that you don't need to fix things or offer advice. Often just listening, and showing you take them seriously, can help someone to manage.

3

Ask Questions

Asking how people are managing can help someone to open up and explore what they're feeling. Ask again if you're worried they aren't sharing the full picture.

4

Avoid Making Assumptions

Don't try to guess what symptoms a co-worker might have and how these might affect their life or their ability to do their job – many people are able to manage mental illness and perform their role to a high standard.

5

Respect Confidentiality

Remember mental health information is confidential and sensitive. Don't pass on information. A breach of trust could also negatively impact someone's mental health.

If you feel they are experiencing a mental health crisis direct them to the **Provincial Mental Health Crisis** line **1-888-429-8167** or **call 911** if it is an emergency.

New eMH Tools in Your Toolbox

You may have heard about three new online eMH services we have launched in MHAP. Nova Scotians can now self-refer and enroll for free (descriptions of each below). Accessible through the Mental Health and Addictions Public Website at <https://www.nshealth.ca/content/online-mental-health-services>

Clinicians are not required to create or manage any client accounts or monitor client's activities in any of these programs.



ICAN (Conquer Anxiety and Nervousness)

Many adults experience mild-to moderate anxiety and depression at some point. In this program, people work with a coach to learn about anxiety and the valuable life-skills that have been proven to overcome nervousness.

This service is private and confidential and offered through the Strongest Families Institute- a charity that provides proven services to those seeking help for issues impacting health and mental well-being.

With weekly telephone support from a coach, individuals work through materials in a manual or via a secure website. The program offers skill demonstration videos, practice activities and follows a client-centered program that is customized to their needs. People can access the program from the comfort and privacy of their own home.

Adults can now self-refer to this program here <https://login.strongestfamilies.com/folder/1963/>



Therapy Assisted Online (TAO) Self-Help

TAO is a free and private online resource available in French and English. It includes interactive activities and videos for people having challenges with their mental health. Each person can choose which topics they want to explore and go at their own pace. Topics include:

- Calming your worry
- Let go and be well
- Interpersonal relationships and communication
- Leave Your Blues Behind
- Improving Your Mood
- Evaluating Alcohol and Drug Use
- Pain Management

TAO Self-Help has many videos, skill tips and short activities. As individuals engage with the interactive components, they gain knowledge, self-awareness, and skills to achieve their mental health goals. Some of the skills TAO focuses on are:

- stress management,
- mindfulness,
- problem solving
- strategies to avoid dwelling on your concerns, and
- develop more helpful thinking patterns

For more information, or to sign up for TAO please visit: https://taoconnect.org/what_is_tao/ns/



Mindwell U

Mindwell U is a free online 30-day challenge that takes just five minutes a day. Accessible on any device at any time of day in French and English.

In brief 5 mins modules the challenge teaches basics in mindfulness: how to focus your attention and be fully present in a moment. This practice lowers stress and increases resilience.

The Challenge focuses on practicing 'mindfulness-in-action' so people don't need to stop what they are doing to become calmer, present and more focused.

Everyone who registers for the Challenge can invite a buddy to take the training with them if they choose as a way to help keeping on track and support one another.

How does it work?

- 1) Visit <https://app.mindwellu.com/novascotia> to sign up.
- 2) Complete your short profile, invite a buddy (optional but recommended)
- 3) Each day for 30 days you receive an email that guides you through a "Take 5" session

The Challenge starts every Tuesday but you can sign up anytime.

Please watch this short [video](#) to learn more about Mindwell Challenge

What we need from you:

Your support and involvement in sharing information about these new tools will help the programs get into the hands of Nova Scotians who may benefit. For additional information on the tools you can watch the overview videos so you are informed about what the programs offer

We'd also ask you to share broadly with clients who you think could benefit from building these skills and share the online links in your personal networks and with colleagues. Let them know these tools have been evaluated and have been to reduce stress and increase resilience

Thank you for your help making these new services an impactful experience for all!

Coping with COVID-19



For many of us, COVID-19 is creating an uncertain future. People worry about their own health, the health of their loved ones, school, work, or finances. This is an anxious and stressful time for everyone. It's okay to take time for your mental health – good mental health and positive wellbeing can help you better cope during this time.

Take Action



Being proactive can help you take back control and reduce anxiety. Look to trusted organizations and agencies like the **Nova Scotia Government, Health Canada** and **World Health Organization** for information about how to reduce your risk of getting sick or passing the illness on to others.

Take Care of Yourself



Eat as well as possible.



Exercise regularly.



Make time for hobbies.



Get enough sleep.

Stay Connected with Family and Friends



Isolating yourself from others can affect your mood. Find ways to connect with people you care about in other ways - you can still reach out by phone, text, or video call.

Help Others if You Can



Ask friends, family members, or neighbours if they need anything, such as groceries or other household needs. Simply checking in regularly by phone, text, or video call can make a big difference.

Cut Back on Social Media and the News

Constantly checking for updates or reading sensationalized stories can really take a toll on your mental health. Try to avoid excessive exposure and limit yourself if social media or news stories increase your anxiety. If you need to limit conversations, it's okay to tell family, friends, and co-workers that you can't participate.

Explore Self-Management Strategies

Explore self-management strategies like mindfulness, yoga, meditation, art, or relaxation techniques to manage anxious thoughts.

You can find self-management strategies for anxiety from Anxiety Canada and Kids Help Phone.



Kids Help Phone 

Have a Plan

It's hard to predict exactly what will happen next, but preparing for situations like self-isolation can help reduce some uncertainty about the future.

People with preexisting mental health conditions and/or substance use disorders should continue with their treatment as much as possible and be aware of new or worsening symptoms.

The Mental Health Provincial Crisis Line is available **24 hours a day, 7 days a week** to anyone experiencing a mental health or addictions crisis or someone concerned about them, by calling **1-888-429-8167** (toll free).

For information and updates, visit: www.novascotia.ca/coronavirus

Care for the Caregiver

Honouring Your Mental Health & Wellness

Dear NSHA Team Members:

Below is a list of offerings available to all clinical and support staff, supporting our mental health and wellbeing. During these difficult, uncertain times you may need a little extra support. The Provincial Mental Health Crisis Line is available 24/7, toll-free 1-888-429-8167 as is your EFAP provider 1-800-461-5558. Thank you for all that you do.

CONTINUOUS OFFERINGS

By Request – All Formal Leaders

MicroCoaching for Leaders: Brief (15-20 minute), focused, just-in-time coaching for individual leaders. Email: basia.solarz@nshealth.ca to request this service.

SCHEDULED OFFERINGS

Nova Scotia Health in Collaboration with Community Partners: Grief: Yours, Mine & Ours Leading into the Holidays



With a grief and trauma informed care lens, we would like to invite you to participate in the upcoming wellness forum for all Healthcare & Community Partners leading into the holiday season. Beginning November 19th, 2020 the forum will take place each week and will be web based from 12:00-1:00PM. Moderated by Serena Lewis, Provincial Grief and Bereavement Lead and Pam MacLean, Workplace Health Promotion Consultant, each session will be an opportunity to share and reflect with our diverse helping community. Please feel free to attend all or a single session.

Nov 26, 2020: Managing our Fatigue: Compassion Satisfaction and Resilience

Pam MacLean & Roy Ellis, Bereavement Coordinator

To join: <https://nshealth.webex.com/nshealth/j.php?MTID=mf5ff9b7186c575383da6d3556265fd97>

Dec 3, 2020: Finding Peace in the Season

David Maginley, Spiritual and Religious Care & Linden Hardie, Hospice Halifax

To Join: <https://nshealth.webex.com/nshealth/j.php?MTID=mf5ff9b7186c575383da6d3556265fd97>

Dec 10, 2020: Coping through Adversity: A deeper dive into self-awareness

Danielle Leblanc, Clinical Manager MHA & Brian Brooks, Jr and Sr High School Counsellor – L'nu Spipuk Kina'muokuom

To Join: <https://nshealth.webex.com/nshealth/j.php?MTID=mf5ff9b7186c575383da6d3556265fd97>

Dec 17th, 2020: Mindfulness for Times of Stress

Basia Solarz, Consultant, Communication and Conflict Competence, T&OD

To Join: <https://nshealth.webex.com/nshealth/j.php?MTID=mf5ff9b7186c575383da6d3556265fd97>

Dec 21, 2020: Transitions & Expectations- 2020-2021

Pam MacLean & Serena Lewis

To Join: <https://nshealth.webex.com/nshealth/j.php?MTID=m937f6697bc92d808b38de03604f52600>

***These sessions will not be recorded to maintain confidentiality.*

For more information, feedback or suggestions, please contact:

Pam MacLean Workplace Health Promotion Consultant, OHSW pamelac.macleam@nshealth.ca.

Visit the OHSW Site @ <http://intra.nshealth.ca/ohsw/SitePages/Home.aspx> and/or T&OD Site - <http://intra.nshealth.ca/tod/SitePages/Home.aspx>

Memorandum

To: Zone Leadership

From: COVID-19 NSHA EOC

Date: April 7, 2020

Subject: Change in Practice re Masking

We appreciate all you are doing to plan, prepare, and care for patients with COVID-19; we know these are extraordinary times. After careful consideration, NSHA will be implementing a new practice around masking during the COVID-19 pandemic. Specifically, all staff who provide patient care or work in patient care areas will be asked to wear a procedure mask throughout their entire shift (refer to FAQ for more detailed information).

We need your help in working with staff to implement this strategy on the patient care area(s) you oversee. Site leads will work to set up a process for distribution of masks for staff on your site. One procedure mask per shift will be distributed to staff at the beginning of their shift. Staff will be able access additional masks should they be required.

Information is available to share with staff in the attached *Frequently Asked Questions* document.

We know and are grateful for the important role you are playing in leading and supporting staff during this remarkable time. Thank you for always making quality and safe care of patients and staff safety priorities.



Last updated July 08, 2020 1400 hrs (check OP3 to ensure this is the most current version)

MENTAL HEALTH & ADDICTIONS SERVICES Care Directive

Title:	ECFH & OHS Screening for COVID-19 by Swab Collection	Number:	CD-ECF-001
Sponsor:	Senior Director Mental Health & Addictions	Page:	1 of 5
Approved by:	Emergency Operations Center HAMAC	Approval Date:	March 20, 2020
		Effective Date:	March 20, 2020
Applies to:	East Coast Forensic Hospital & Offender Health Services: RNs, LPNs, ACPs and CCPs		

This Care Directive Applies only to East Coast Forensic Hospital (ECFH) and Offender Health Services (OHS). The ECFH & OHS has been deemed a high priority site based on its co-location with Nova Scotia Correctional Facilities.

PURPOSE

This care directive provides the conditions under which the Registered Nurse (RN), Licensed Practice Nurse (LPN), Advanced and Critical Care Paramedics (ACP and CCP), can assess and swab patients presenting with concern of COVID-19 / SARS-CoV-2 infection.

POLICY

1. If patient presents **with Red Flags +/- Risk Factors**: Consult with the medical physician on-duty/call using SBAR to discuss clinical assessment and interventions needed to manage clinical presentation.
 - 1.1. When red flags are present, the priority is to manage the clinical presentation.
 - 1.2. If required to transfer patient to an Emergency Department for further assessment, ensure transport as per local protocol or activate EHS.
 - 1.3. If unable to obtain swab before transfer, ensure swab collection status is communicated to receiving department/unit.

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1.4. Red flags include:

Adult and Pregnancy Red Flags
Adult: Heart rate greater than 110 Pregnancy: Heart rate greater than 120 or less than 50
Adult: Respiration rate greater than 30 Pregnancy: Respiration rate equal to or greater than 30 or less than 10
Chest pain
Adult: SpO2 less than 92% on room air Pregnancy: SpO2 less than 94% on room air

- If no Red Flags, the RN and LPN are authorized to collect a nasopharyngeal or throat/nare swab on all patients admitted to ECFH and OHS.

Note: During the Pandemic, LPNs are only authorized to independently enact the **collection of COVID-19 swabs** using a care directive. (See [Nova Scotia College of Nursing Statement](#))

- The ACP/CCP is not authorized to autonomously implement this CD and must collaborate with RN or medical physician on-duty/call.
- The name of the AP must be included on the lab requisition for COVID-19.
 - Dr. Lisa Barrett, Assistant Professor, Infectious Disease/ Microbiology and Immunology is the AP for the ECF and OHS.

PROCEDURE

Admission

- Admit all patients/offenders, place on droplet precautions, and swab for COVID-19.
 - In addition to routine practices initiate:
 - [IPC-RP-015 Droplet Precautions](#) and [IPC-RP-010 Contact Precautions](#).
- If the patient has red flags +/- risk factors, consult the medical physician on duty/call to determine patient disposition.

Swab

- Nasopharyngeal swabs are the preferred sample choice. Refer to [IPC-SC-001 Nasopharyngeal Swab Collection and Screening for Respiratory Illness](#).
 - Throat and nares collection is the alternate choice. Refer to [Instructions](#). *This is a CONTROLLED document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the electronic file version prior to use.*

for the alternate collection of Throat and Nares for COVID-19 testing
2020-03-19.

NOTE: If collection supplies are low or unavailable, contact the lab for further direction and refer to the **Laboratory Updates** on the [Coronavirus Intranet Page](#).

4. Ordering and requisition requirements:

- 4.1. Complete Microbiology requisition or for Meditech Order Entry, follow COVID-19 Process for Ordering as posted.
- 4.2. Include the name of the AP (Dr. Lisa Barrett), on the [lab requisition](#); for review and follow-up.
- 4.3. Ensure the top of the specimen container is tightened and that the requisition is not placed in the bag with the specimen.
- 4.4. Send swabs promptly to the local laboratory.
 - For sites that require off-site transport to the local laboratory, follow [Procedure - Off Site Viral Swab Packaging for Transport](#) and [Job Aid - Off Site Viral Swab Packaging](#).
 - All swabs will be transported to the Central Zone Laboratory at the QEII Health Sciences Centre.

Educate

5. Educate the patient as per COVID-19 Assessment Chart.

Document

6. Use COVID-19 Assessment Chart for East Coast Forensic Hospital and Offender Health Services.
- 6.1. If additional documentation is required then follow site procedure to ensure documentation is completed and properly labelled.

RELATED DOCUMENTS

[Coronavirus Disease \(COVID-19\)](#)

[COVID-19 Process for Ordering](#)

[Correction Facilities Lab Requisition](#)

[Novel Coronavirus - lab testing](#)

[COVID-19 Assessment Chart for ECFH and OHS](#)

[Procedure for Sampling Covid-19 Using HOLOGIC Swabs](#)

[Instructions for the alternate collection of Throat and Nares for COVID-19 testing 2020-03-19P](#)

Policies

[IPC-CD-001 Outbreak Management](#)

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VERSION HISTORY

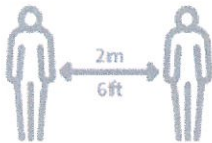
Major Revisions (e.g. Standard 4 year review)	Minor Revisions (e.g. spelling correction, wording changes, etc.)
March 19, 2020 New	
March 25, 2020 - Updated Screening Criteria	
April 09, 2020-Updated to include new symptom Criteria and red flags.	
April 21, 2020 Updated to reflect new admission criteria, etc.	
April 22, 2020 Updated 4.1 page 3	
April 23, 2020 Updated 4.0 page 3	
April 29, 2020 Revised Procedure #3 and #4	
June 04, 2020 Revised Policy Statement Section	
July 08, 2020 1. Removed Procedure statements 3 and 4 under the "Admission" heading. 2. Revised Red Flags.	

GUIDELINES FOR GATHERINGS WITHIN NSH FACILITIES



Healthcare worker and learner education are core pieces of NSH operations, the following guidelines have been developed to ensure the care and safety of healthcare workers and patients. During gatherings:

in clinical areas:



- limit learners and healthcare workers essential to patient care in patient rooms
- ensure physical distancing during team rounds, patient discussions, hand-offs, and post conferences
- virtual technology should be utilized whenever possible
- stagger break times to ensure physical distancing and minimize contacts
- **mandatory** universal masking is required at all times



in non-clinical areas



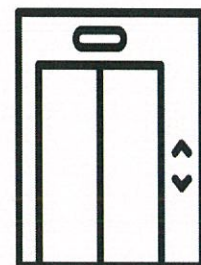
- virtual technology should be utilized whenever possible
- rooms shall be set up to maintain physical distancing
- **mandatory** universal masking is required during in-person gatherings
- regardless of room capacity, in-person classroom sessions shall be **limited to 20 (10 in CZ)** including instructors/presenters
- maintain group rotation of breaks/sessions to limit the number of contacts in each group
- communal food and drink are **not permitted** arrange for individual/pre-packaged food and drink choices
- ensure frequent cleaning of high touch surfaces



in common areas



- ensure physical distancing is maintained at all times including lunch and break times
- when sharing a meal/break consider seating arrangements to minimize face to face interactions and/or ensure physical distancing
- ensure physical distancing on benches/picnic tables
- limit number of persons in elevator to maintain physical distancing



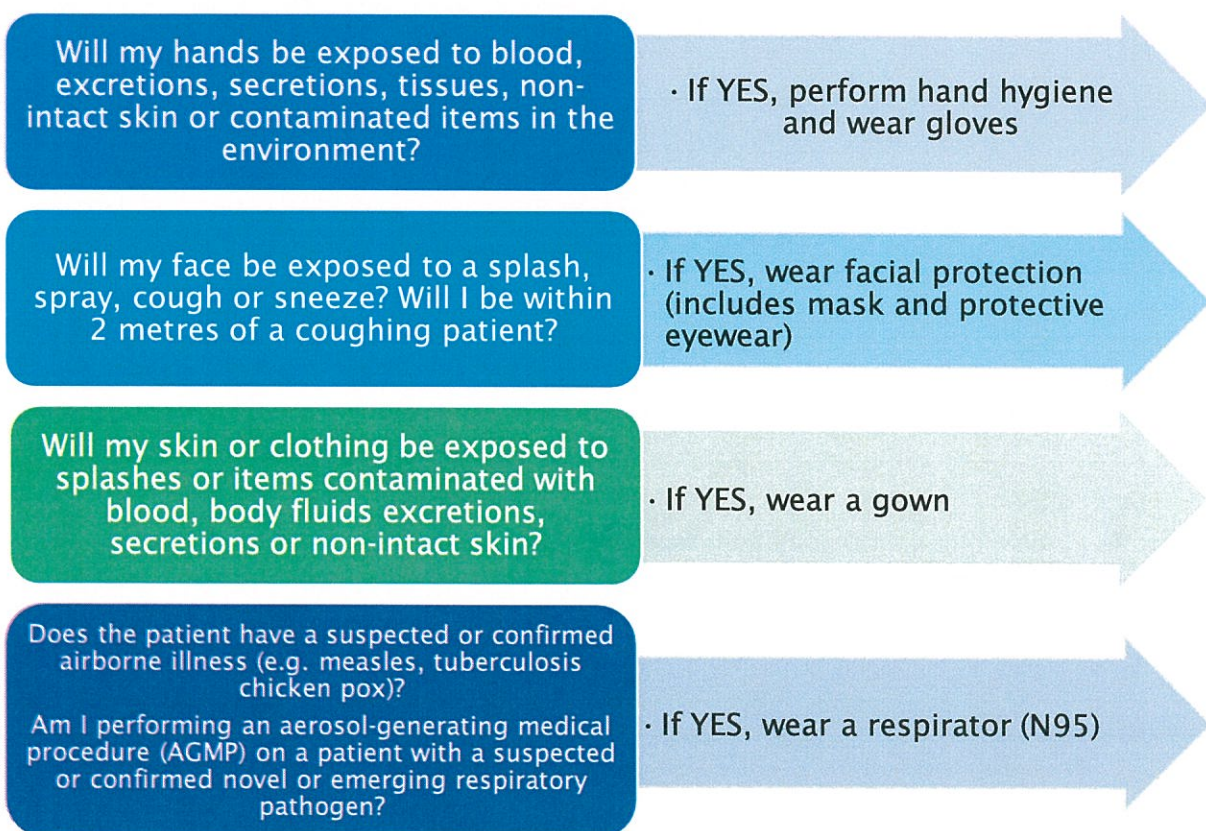
PLEASE KEEP PHYSICAL DISTANCE OF 2 METRES

POINT OF CARE RISK ASSESSMENT

Before each patient/resident/client interaction, the health care worker completes a 'Point of Care Risk Assessment' (PCRA) by asking the following questions to determine the risk of exposure and appropriate Routine Practices and Additional Precautions required for safe care:

- **What are the patient's symptoms?**
- **What is the degree of contact?**
- **What is the degree of contamination?**
- **What is the patient's level of understanding and cooperation?**
- **What is the degree of difficulty of the procedure being performed and the experience level of the care provider?**
- **What is my risk of exposure to blood, body fluids, excretions, secretions, non-intact skin and mucous membranes?**

The PCRA allows the health care worker to determine what personal protective equipment (PPE) to select and wear for that interaction. PCRA should be performed even if the patient has been placed on Additional Precautions as more PPE may be required.



REMEMBER: Perform Hand Hygiene before and after PPE use so you do not introduce germs to patients or yourself.



**East Coast Forensic Hospital & Offender Health
COVID-19 ASSESSMENT CHART (Version 5. 2021FEB10)**

Patients who present with symptoms but NO red flags + / – Risk Factors:

Provide education on the following:

- Drink plenty of fluids
- Direct individual to wash hands with soap
- Avoid touching face
- Cough into sleeve or into tissues and dispose of them and wash hands
- When interacting face-to-face with staff, wear **surgical mask** (don't share).
- Advise Correctional Officer or NSH nursing staff if beginning to feel unwell or if symptoms *worsen* and / or experience any of the following:
 - 1) Difficulty breathing
 - 2) Chest pain
 - 3) Palpitations or rapid heart rate
 - 4) Confusion
 - 5) Dizziness or faintness

Check all that apply:

- Swab collected.
- Instructions provided to patient as above.
- Physician assessment needed and arranged.
- In the event of transfer, ensure swab collection status is communicated to receiving department / unit / secondary assessment centre.
- Additional documentation, if required, completed in nursing notes.

Name of Assessor (Printed)	Signature of Assessor	Date (YYYY/MON/DD)	Time
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COVID-19 RISK ASSESSMENT (Version 18, 2021FEB10)
For patients receiving healthcare service within NS Health

Date (YYYY/MON/DD): _____

The following risk assessment must be completed for every patient who receives face to face services or is admitted.

The COVID-19 Risk Assessment should be placed in the front of the patient's chart when completed or placed in a location and communicated to team members who are caring for the patient. The Risk Assessment is used to facilitate patient, staff and physician safety.

It is the responsibility of the Most Responsible Provider to ensure that the assessment is completed and signed at the time of healthcare interaction or admission.

<p>COVID-19 RISK FACTORS: (Completed by any healthcare worker)</p> <p>If the patient meets any of the boxes below have the patient wash / sanitize their hands and put on a surgical mask.</p> <p><i>Do you currently have the following symptoms:</i></p> <p><input type="checkbox"/> An unexplained fever (measured temperature greater than 38.0) or fever like symptoms: chills or sweats OR</p> <p><input type="checkbox"/> A new or worsening cough OR</p> <p>Two or more of the following symptoms (new or worsening): <input type="checkbox"/> Sore throat <input type="checkbox"/> Runny nose <input type="checkbox"/> Headache <input type="checkbox"/> Shortness of breath</p> <p><input type="checkbox"/> No symptoms</p> <p>Non-symptomatic risk factors:</p> <p><i>In the past 14 days, has the patient or anyone in their household traveled outside of NS or PEI:</i></p> <p><input type="checkbox"/> Yes, patient <input type="checkbox"/> Yes, household member <input type="checkbox"/> No</p> <p><i>In the last 14 days, has the patient been in close contact with someone who has COVID-19 or suspected of having COVID-19:</i></p> <p><input type="checkbox"/> Known case <input type="checkbox"/> Suspected case <input type="checkbox"/> No Known COVID-19 contacts</p> <p><i>In the last 14 days, has the patient been to any location identified by Public Health Alert (see COVID-19 Hub) and instructed to self isolate and be tested for COVID-19:</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Does the patient live or work within a known facility cluster as identified on the COVID-19 Hub:</i></p> <p><input type="checkbox"/> Lives within a known COVID-19 facility cluster <input type="checkbox"/> Works within a known COVID-19 facility cluster</p> <p><input type="checkbox"/> Does not live or work in a facility cluster</p> <p><i>Does the patient live within a known community cluster as identified on the COVID-19 Hub:</i></p> <p><input type="checkbox"/> COVID-19 community cluster <input type="checkbox"/> Does not live within a community cluster</p>
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Most Responsible Provider must verify the above (or complete if not done by another team member) and complete the boxes below
PATIENT RISK COVID-19 ASSESSMENT:

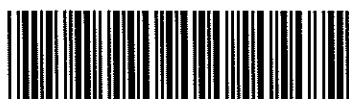
<p align="center">IDENTIFIED COVID-19 RISK (See page 2 for actions)</p> <p>Confirmed case OR symptomatic (unexplained fever, OR new or worsening cough, OR two or more symptoms (new or worsening): sore throat, runny nose, headache, shortness of breath) / other acute respiratory illness consistent with infection OR patient / someone in their household traveled outside of NS or PEI OR contact with known or suspected COVID-19 case OR resides in a known community / facility cluster or works in a facility cluster OR Public Health Alert exposure OR symptoms / exposure cannot be determined due to physical and / or mental status</p> <p align="center"><input type="checkbox"/></p>	<p align="center">NO IDENTIFIED COVID-19 RISK</p> <p align="center">Asymptomatic and no identified non-symptomatic risk factors of COVID-19</p> <p align="center"><input type="checkbox"/></p>
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COVID-19 SWAB HISTORY (*see page 2):

<i>Has the person been tested for COVID-19:</i>		
<input type="checkbox"/> Not indicated	<input type="checkbox"/> Done: Date of swab (YYYY/MON/DD): _____	<input type="checkbox"/> POS <input type="checkbox"/> NEG <input type="checkbox"/> pending (check SHARE for pending swab)

Verified by (PMB # if applicable): _____ Signature: _____

Updated by (if applicable): _____ Signature: _____
please print



COVID-19 RISK ASSESSMENT (Version 18. 2021FEB10)

Guidance in caring for patient IDENTIFIED RISK for COVID-19:

All healthcare providers and physicians should have a surgical mask on as per universal masking practice or surgical mask and eye protection (universal pandemic precautions) if working in a facility where UPP has been implemented.

* If the patient has been swabbed (i.e. for surveillance or pre-procedural screening) but does not have any risk factors listed on page 1, the patient DOES NOT require additional precautions.

Ambulatory Services:

- If the patient has COVID-19 or is symptomatic (unexplained fever or cough OR two of the following symptoms: shortness of breath, sore throat, runny nose, headache), have the patient wash / sanitize their hands and put a surgical mask on. The healthcare provider should don droplet and contact precautions. After the appointment, disinfect all equipment used. The room needs to be cleaned as per droplet and contact precautions protocol after the appointment.
- If the patient is asymptomatic but has an identified COVID-19 non-symptom risk factor, have the patient wash / sanitize their hands and put a surgical mask on. After the appointment use disinfectant wipes to clean all equipment and high touch surfaces.
- If the patient is asymptomatic and has identified as having non-symptomatic risk factors ask them to call 811 for advice around testing. Patients whose ONLY risk factor is residence in a community cluster, DO NOT need to call 811 or be tested. Complete the Risk Assessment in advance of the ambulatory care appointment. It is not necessary to test a patient for COVID-19 before coming to their ambulatory care appointment.

Emergency Department Services:

- If the patient has an **Identified COVID-19 Risk**, please have the patient wash / sanitize their hands and put a surgical mask on;
 - UPP facility: If patient's ONLY risk factor is residence in a community cluster, patient does not need droplet and contact precautions, UPP is sufficient. .
 - Non-UPP facility: Place patient on droplet and contact precautions.
- Disinfect all equipment used. If the patient required droplet and contact precautions, the room needs to be cleaned as per droplet and contact precautions protocol after the patient leaves.
- If the patient is asymptomatic but has travelled or resides in facility cluster or has been in close contact and has not been swabbed for COVID-19, please swab the patient and provide them with "*COVID-19 Patient Information Sheet*".
- If patient's ONLY risk factor is residence in a community cluster and the patient is NOT being admitted, they DO NOT need to have a COVID-19 test.

Patient requiring admission and has an Identified COVID-19 Risk: See NS Health COVID-19 Admission Pathway.

- Swab patient for COVID-19 (if not already done).
- Patients who are admitted should have the COVID-19 Risk Assessment reviewed and updated if patient's status changes.
- If patient is symptomatic, they are admitted on droplet and contact precautions (see zone or facility specific COVID-19 admission pathways).
- In the event that it is not possible to assess a patient's risk of COVID-19 because the patient's physical or mental health precludes them from providing a history of symptoms or exposure, the patient is to be placed on droplet and contact precautions, tested for and managed as a suspect COVID-19 for 48h. If asymptomatic at 48h, exposure risk has been determined to be negative, and COVID-19 swab is negative, patient can be removed from droplet and contact precautions and managed with routine practices.
- If the patient is a close contact of a person with COVID-19 or has traveled / has a household member who has traveled outside of NS or PEI in the last 14 days for any reason or resides / works in a facility cluster or is part of Public Health Alert exposure, place the patient on droplet and contact precautions, swab the patient (if not already done so), keep the patient on droplet and contact precautions for 14 days and monitor for symptoms as per inpatient symptoms monitoring (*COVID-19 ILI symptoms monitoring for inpatients*)
- If the patient's ONLY risk factor is residence in a community cluster;
 - UPP facility: If patient's ONLY risk factor is residence in a community cluster, patient does not need droplet and contact precautions, UPP is sufficient.
 - Non-UPP facility: Place patient on droplet and contact precautions.

Patients requiring resuscitation (Code Blue) and has COVID-19 or an Identified COVID-19 Risk:

- Use airborne precautions for AGMP's.
Mask and eye protection are to be used by the first responders in a Code Blue situations, regardless of COVID-19. If patient has COVID-19 or an identified COVID-19 risk factor and manual ventilation or intubation is required, all responders should be donned in airborne precautions.

