



# Pandemic Response Plan

## Saint John Regional Correctional Centre

Department of Public Safety:  
March 2020

## Pandemic Response Plan:

### Saint John Regional Correctional Centre

#### *Contents*

1. Authority .....	3
2. Definition .....	3
3. Guide lines .....	3
4. Communications.....	4
5. Admissions .....	5
6. Kitchen Services.....	6
7. Laundry Services.....	7
8. Preventative Strategies .....	8
9. Universal Precautions.....	9
10. Programs .....	9
11. Supplies.....	10
12. Facility Maintenance.....	10
13. Quarantines.....	11
14. Human Resources.....	12
Appendix A – Pandemic Contingency Policy.....	14
Appendix B – Pandemic Risk Management & Mitigation Strategies.....	19
Appendix C – COVID-19 Questionnaire .....	21
Appendix D - Resources.....	22
Appendix E – Department of Justice Regional Contact List .....	23
Appendix F – Risk Assessment.....	24
Appendix G - Tips for Using and Removing Personal Protective Equipment (PPE) .....	26
Appendix H – Pandemic Facility Response & Containment Plan Guidelines.....	27

# ***Pandemic Response Plan***

## **Policy**

Correctional Institutions within New Brunswick must maintain a contingency plan to identify and address operational, systemic and human resource concerns that may impact service delivery in the event of a pandemic situation.

## **1. Authority**

The Authority for this local pandemic response is derived from Section G - 48 of the Adult/New Brunswick Youth Centre Policy Manual. (Appendix A)

## **Risk Management & Mitigation**

Mitigation efforts prevent hazards or emergencies from developing into disasters or reduce the effect of a disaster or pandemic outbreak through risk management. Without mitigating interventions, even a less severe pandemic could result in dramatic impact on mission critical operations within Correctional Institutions.

## **2. Definition**

**Pandemic:** a worldwide spread of a specific disease to which people have little or no immunity.

**Phase:** In the 2009 revision of the phase descriptions, World Health Organization has retained the use of a six-phased approach for easy incorporation of new recommendations and approaches into existing national preparedness and response plans.

**Tier:** the level of response by a correctional facility to be determined by the geographical location of a pandemic situation that is necessary to sustain provincial correctional facility operations

**Quarantine:** a restraint on the movement of persons or goods to prevent the spread of disease or pests.

**A quarantine can only be imposed by a Public Health Authority Official with ministerial designation.**

## **3. Guide lines**

The four tiers are defined as:

**Tier 1:** Confirmed pandemic by World Health Organization

- Conference call Operations Team and Institutional Managers as required
- Stock pile food, supplies, clothing
- Brief and prepare staff
- Review Pandemic Risk Management & Mitigation Strategies (Appendix B)

**Tier 2:** Confirmed infected person in North America

- Conference call Operations Team and Institutional Managers as required

- Heightened awareness communications/direction from Public Health, Regional Health, EMO, etc
- Institutional Medical Service Personal to provide communication updates with staff and offender/young persons as directed by Public Health

**Tier 3:** Confirmed infected person in New Brunswick by Chief Medical Officer, Department of Health.

- Conference call Operations Team and Institutional Managers as required
- Temporary Absence/Reintegration Releases strategies engaged
- Heightened screening/self-screening assessments (admissions/visiting officers)
- Institutional Medical Service Personal to provide communication updates with staff and offender/young persons as directed by Public Health

**Tier 4:** confirmed infected person in a provincial correctional facility by on-site health care in consultation with regional health authority, or in the absence of on-site health care, by public health.

- Conference call Operations Team and Institutional Managers as required
- Temporary Absence/Reintegration Release actioned as appropriate
- Visitor moratorium consideration
- Intensified screening assessments through medical services
- Consideration given to programs modifications or suspension
- Communications with outside agencies
- Transfers process reviewed with HQ Operations team
- Consideration/consultation with Justice and key stakeholder re video conferencing
- Pandemic *Response Plan* is activated

#### **4. Communications**

Saint John Regional Correctional Center will as part of its communication strategy advise all stakeholders of preventative strategies, self-isolation, suspension of programs, etc. as appropriate and as required. These stakeholders include staff, offender/young persons, offender's/young person's families, volunteers, clergy, lawyers, and court officials, Probation Services, John Howard Society, Elizabeth Fry Society, contracted services, Office of the Ombud, suppliers, and others.

Communication will include the use of signage, pre-recorded telephone messages, and development of an e-mail mailing list.

Institutions will communicate with the local Medical Officer of Health/delegate of discharged offender/young persons with Coronavirus (COVID-19) symptoms, as required and directed. (TBD)

Up-to-date surveillance data, specific to the numbers of offender/young persons and staff contracting the 'flu', may be requested daily by the Regional Health Authorities and/or Public Health office. (TBD)

Staff shall be made aware the most current information on the pandemic flu is available at <http://intranet.gnb.ca/intranet/influenza/> or [www.gnb.ca/flu](http://www.gnb.ca/flu) or call the 24-hour Pandemic (COVID-19) 2020 phone line at 1-800-580-0038.

Up dated lists to be provided for SJRCC of Stakeholders i.e. Probation Officers, Coverdale, John Howard, E-Fry and local clergy are maintained locally.

## 5. Admissions

As part of the admission process Sheriff Service staff shall alert correctional staff of any offender/young persons exhibiting symptoms of 'flu symptoms upon arrival.

Admission procedures will continue as per policy. The Admission Officer shall include the COVID-19 questionnaire for offender/young persons as part of the admission process for every offender/young person delivered to the institution. (Appendix C)

Symptoms include those similes to seasonal 'flu. They can vary from mild to severe and can include:

- fever
- cough
- difficulty breathing
- pneumonia in both lungs

Check [www.gnb.ca/flu](http://www.gnb.ca/flu) for most recent symptom list.

If an offender/young person presents with one or more symptom, Medical Services shall be notified, and offender/young persons should be isolated until medically assessed.

Offender/young person displaying symptoms should wear surgical masks anytime they are out of their cells, both within and outside the facility.

Admission Officers to use PPE's and be familiar with decontamination procedures for all equipment and immediate work area.

Remand warrants due to expire, scheduled court appearances for offender/young persons who are infected or in cases where we are unable to transport, the Records Clerk will notify the courts. Arrangements may be made for the issue of a new warrant or court appearances may take place via telephone or video conferencing, Program Supervisor to facilitate.

Transfers of offender/young persons will undergo medical clearance. Only offender/young persons who are not displaying symptoms will be transferred to other institutions, to prevent the risk of infection to the receiving institution.

### Department of Justice Regional Contact List (TBD)

Location	Contact	Alternate	Telephone No.
Bathurst			
Campbellton	Mike Doiron	Kevin Miller	(506) 789-2100

		Joey Landry	
Edmundston	Francine Pelletier-Cyr		(506) 735-2032
Fredericton	Mary Ellen MacLeod		(506) 453-2801
Miramichi	Jim Muck	Mervin Malley	(506) 627-4026
Moncton	Michel Boudreau		(506) 856-2315
Saint John	George Oram		(506) 658-2569
Woodstock	Tim Wiebe	Dorothy Sercerchi Patrick Murphy	(506) 325-4426

## 6. Kitchen Services

All kitchen services shall be carried out as per routine.

All kitchen workers shall be screened for symptoms each day before reporting to their work area. Only those offender/young persons without symptoms shall be permitted to leave their living area and report to work as a kitchen worker.

Medical Services shall be notified of all offender/young persons with one or more symptom. Offender/young persons should be isolated until medically assessed and cleared to return to kitchen duty.

All offender/young persons exhibiting symptoms shall receive meals in their cells and on disposable dinner ware.

Institutional cooks shall be required to ensure a minimum of one month's supply of food is purchased and stored on site in the event of delivery disruption. Plastic utensils, Styrofoam plates, cups, bowls and disposable trays to be purchased and stored.

A special menu has been designed and ready to activate in the event of the absence of Cooks or Institutional Service Workers.

Directions on how to prepare each meal is in the menu binder in the cook's office.

If cooks are unable to attend work, the COIII will appoint a staff member to supervise/perform kitchen related duties.

All meal delivery carts and meal trays are to be thoroughly cleaned after each meal.

### Contingency Menu

The menu will include ready to cook/reheat items. Specific food products will be ordered by the cooks.

Supply of frozen vegetables and canned fruits to be stocked.

Food services will continue with regular menus and purchasing from suppliers as long as possible.

Cooks to assist with kitchen procedure – instructions on operation of steamer, convection oven, steam table, mixer, slicer – instructions to be placed in *Pandemic Menu* binder in cook's office.

Cooks to provide suppliers names and contact numbers. Ordering information should be included – quantity and from where. Information to be placed in *Pandemic Menu* binder

### **Serving meals**

Meal service and meal times will remain status quo.

Meal trays and regular utensils will be used for all meals, except for designated quarantined cells, units or areas.

- Disposable meal trays and utensils will be used to serve meals to quarantined cells, units, or areas.
- All disposable meal trays and utensils will be retrieved, accounted for and disposed of appropriately.
- Food remaining on trays will be discarded.

### **7. Laundry Services**

All laundry workers shall be screened for symptoms each day before reporting to their work area. Only those offender/young persons without symptoms shall be permitted to leave their living area and report to work as a laundry worker. Medical Services shall be notified of all offender/young persons with one or more symptom. Offender/young persons should be isolated and medically assessed before they return to laundry duty

In keeping with the basic principles of universal precautions, all laundry service workers shall be educated regarding the proper use, wear, and disposal of protective gloves when handling soiled clothing and soiled linens.

- All clothing, bedding, towels etc. will be laundered in hot water and detergent.
- Any contaminated clothing will be placed in water soluble bags and laundered separately.
- Clothing that contains blood or human waste will be placed in Bio hazard bags and disposed of as per protocol.
- Clean towels shall be issued to offender/young persons daily.
- Laundry operation hours may have to be expanded to accommodate higher usage.
- Offender/young persons who work in laundry will require to disinfect prior to returning to their unit.
- Staff shall bring a change of clothes to wear home and be provided with a water-soluble bag to transport their uniform home.
- All maintenance staff will have a working knowledge of repairing the washers and dryers, and extra parts will be kept on-hand.
- Clothes lines will be available in the event the dryers are disabled.
- Disposable coveralls (1,000 sets) will be on-hand in case the laundry is shut down.

- 1,000 pairs of socks and underwear will be on-hand.
- Blankets and sheets will be stockpiled.
- All dirty laundry placed in "Dirty Only" laundry cart.
- All clean laundry placed in "Clean Only" laundry cart.

**(OSU should be advised to order water soluble bags, biohazard bags, disposable coveralls. Make sure he has all of the recommended items stock piled.)**

## **8. Preventative Strategies**

*Consistent and ongoing preventative strategies are critical to mitigating the spread of illness both at home and in the workplace.*

The most effective preventative technique is proper hand washing with soap and water. The use of hand sanitizer is intended to be used only during occasions when soap and water are not available.

All staff, offender/young persons and visitors shall be made aware of proper hand washing/hand sanitizing techniques, cough etiquette, and tissue disposal.

A multi-faceted communication approach shall be in place and may include, but not be limited to, posters, staff meetings, shift briefings, in-service training, email messages, etc.

Strategic placement of applicable posters throughout institutions including points of entry, living units, common areas, work stations, and washrooms, etc. is required. (Appendix D)

Self-screening assessment posters shall be made visible for all staff, offender/young persons, and visitors entering the building. Such posters shall be clearly visible at all points of entry into the facility and strategically placed throughout the institution. Persons exhibiting 'flu like symptoms may be denied access to the institution.

Regular daily cleaning schedules shall be developed for hard surface cleaning where flu droplets may land i.e. keys, radios, hand cuffs, desks, keyboards, doorknobs, telephones, vehicles, meal/laundry/medical carts, taps etc. Cleaning must be with an approved disinfectant such as Virox wipes or Quat Plus Disinfectant.

Health screening for admissions needs to be completed for all offender/young persons as directed by institutional medical staff. The initial screening tool shall be a temperature measurement and respiratory screening section of the initial health assessment. Admissions exhibiting flu like symptoms shall be assigned single cell medical isolation until cleared by medical staff.

Provision of COVID-19 flu vaccine shall be made available to staff and offender/young persons when it becomes available.

A strategy shall be in place to minimize movement of offender/young persons within each institution following a declaration of COVID-19. The strategy shall also include

limiting the movement of all non-essential staff from offender/young person contact areas.

Limitations/restrictions shall be placed on inter-institutional transfers once the declaration of **TIER 4** has been made. All transfer requests shall be forwarded to the provincial transfer coordinator, Tom Swain, and will be considered on an individual basis.

The courts are to be notified of the presence of 'flu' like symptoms or the compromised health status of offender/young persons scheduled to appear in court. (Appendix E)

Non-alcohol hand sanitizer shall be available throughout all areas of the institution and shall be available for use by staff, offender/young persons and visitors. Alcohol based hand sanitizer may only be used in areas not accessible by offender/young persons.

Disinfectant wipes (such as Virox) shall be available at all workstations, vehicles, staff lounge areas, etc. for staff use. Virox wipes may be used by offender/young persons only while under direct supervision.

If a unit has a suspected case of the 'flu', disposable dishes and cutlery may be used for that unit at the discretion of the Superintendent or designate.

Cloth covered mattresses and pillows shall be taken out of service and stored for a minimum of 48 hours before being put back into service. A procedure must be developed to clearly identify and keep mattresses separated in this 48-hour time frame from those immediately available for use. Proper disinfectant procedures shall be carried out using Virox or Quad Plus on all vinyl covered mattresses.

Hand cuff and shackle restraints in use shall be cleaned a minimum of every 24 hours using an approved mechanical hand cuff cleaner device and disinfectant.

Staff exhibiting 'flu-like symptoms shall be encouraged to remain at home until they feel well enough to attend work. Sick leave shall be granted as per existing collective agreements.

## **9. Universal Precautions**

The flu virus can survive 24- 48 hours on some hard surfaces as well there may be a period of 24-48 hours where infected individuals do not have 'flu symptoms but will be infectious. Universal precautions will be the method used to prevent the spread of the flu from infected individuals.

Staff and offender/young persons are to be educated on the principles of universal precautions and advised to assume all contacts may be infected once the presence of the virus has been confirmed by medical staff.

## **10. Programs**

The reduction or suspension of services and activities may be required where the spread of the 'flu may occur. Examples include visits, educational and support programs, recreation, and outside yard.

All programs may be cancelled/suspended at the discretion of the Superintendent/designate upon receipt of recommendations from medical staff regarding containment strategies.

Following the implementation of the *Pandemic Response Plan* consideration shall be given to the cancellation of all non-urgent medical appointments, in house appointments with clergy, police, probation officers, social workers etc., where possible. Video conferencing may be a viable option in some situations.

- \* Professional visits must be pre-authorized prior to attending the facility.
- \* Before arrival, they will be advised of current pandemic situation in the facility.
- \* Professional visitors will only have non-contact visits.

The Temporary Absent Program will be enhanced. A potential candidate list will be developed in case of onset of COVID-19. Community assessments will be completed in advance if possible.

A strategy for the modified group delivery of medication will be employed to limit offender/young person contact as much as possible, for example, Methadone delivery, where applicable.

#### **11. Supplies**

An eight-week supply of medical supplies, cleaning and disinfecting products, operational supplies, tissues, paper towels, hand soap etc. will be in place including methods to replenish these supplies as they become depleted. Six to eight weeks has traditionally been identified as the anticipated duration of each wave of a pandemic.

Virox wipes and Evmor (non- alcohol) hand sanitizer shall be purchased through Central Stores and enough supplies made available for use immediately. Quat Plus Disinfectant may also be purchased through Central Stores. It is available in a concentrated form and is to be diluted before use as per directions. This product may be used to clean floors, walls etc and must be used under the direct supervision of a Correctional Officer.

N-95 masks and goggles for medical staff will be ordered and enough inventory maintained on site.

Surgical masks (without metal nose piece) with and without visor shall be stocked for all correctional staff and offender/young persons.

Staff shall be instructed on the proper use and disposal of personal protective equipment (PPE) (Appendix G)

#### **12. Facility Maintenance**

In the event of illness of institutional maintenance staff or unavailability of regular contractors, an updated supplier contact list shall be developed and made available to management and supervisory staff. This list shall include contacts for HVAC, plumbing, electrical, CCTV systems, laundry equipment, laundry services where applicable, kitchen equipment, etc.

#### **SJRCC Maintenance Contact List**

Garbage Disposal- Dominion Refuse – 506-633-8986  
 Cell door repair - Larry's Welding - 506-647-7470 (Frank)  
 Gate and Electric Door- EBM services -506- 643-0541 (Vern)  
 Plumbing- Lawton Plumbing - 506-633-0118  
 General Electric repairs - 506-654-2834 ( Doug)  
 Cell DOOR/Window Glass Metcalf Glass -506-648-1009 (Brian)  
 Snow Removal- name and Phone # to be updated once contract awarded.

**13. Quarantines**

The medical definition of pandemic quarantine is a restraint on the movement of persons or goods to prevent the spread of disease or pests.

Quarantine for the purposes of pandemic plans shall consist of two phases:

Phase one may be declared by institutional staff where a person(s) is displaying 'flu like symptoms and may require single cell medical isolation until assessed by medical staff. **Offender/young person's to be quarantined in our medical isolation cell if possible.**

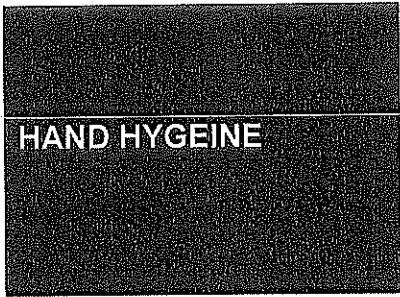
Phase two shall be an institutional designation following the discovery of a confirmed case(s) and can only be declared by a Public Health official with Ministerial designation. Phase two will involve containment strategies that limit contact between institutions, living units, and individuals moving in and out of the facility, as required.

Strategies shall be in place to provide meals, medication, exercise, lawyer calls, laundry services, etc., to those under quarantine conditions.

Staff to follow the following guidelines when dealing with offender/young persons who may be quarantined:

**UNIVERSALS PRECAUTIONS**

ITEM	PRECAUTION
<b>DOORS</b>	Door to remain closed at all times.
<b>MASK</b>	Wear a surgical mask to enter the cell. Remove the mask WITH GLOVES ON and immediately dispose in the garbage.
<b>MASK WITH PROTECTIVE EYEWEAR</b>	Wear a mask with eye protection if an offender/young person has a cough and you will be within an arm's length of them. Remove the mask WITH GLOVES ON, detach the plastic shield and dispose in the garbage. Place the mask in the sharps container.
<b>GLOVES</b>	Wear gloves when entering the cell. Remove mask and dispose of as above then remove gloves and dispose of



in the garbage.

Clean hands with non-alcoholic sanitizer if you CANNOT immediately wash your hands with soap and water. If using hand sanitizer, hands still need to be washed with soap and water as soon as possible.

#### 14. Human Resources

Pandemic planning shall ensure adequate casual staffing resources are available to backfill regular employees absent due to illness.

In the event of anticipated severe staff shortage due to illness, Human Resources shall be consulted, and further staffing options may be initiated. For example, facility program/unit restrictions, utilizing Correctional Officers from other facilities, leaves and secondment agreements may be terminated, etc. (TBD).

The importance of self-screening by staff and others exhibiting symptoms and subsequently staying home until symptoms are no longer present shall be stressed.

A Departmental strategy for reporting staff absence due to illness has been developed by Human Resources. The Superintendent or designate will be required to report the number of employees who are absent in your facility to the CCS Chief Superintendent. You will be notified if/when it becomes necessary to do so.

**Process:**

Superintendents or designates shall report to the local Chief Superintendent or designate. This will occur on an as needed basis (daily, 3 times per week or weekly) as directed. All DPS Chief Superintendents should receive the number of absences from each location before 9:00am on reporting days and email the report to [Donna.Buffett@gnb.ca](mailto:Donna.Buffett@gnb.ca) (cc. [John.Smith@gnb.ca](mailto:John.Smith@gnb.ca) & [Karen.MacAllister@gnb.ca](mailto:Karen.MacAllister@gnb.ca) ) in Human Resources.

See example below for required information:

Date: October XX/09			
Region: Fredericton CCS			
CLASSIFICATION	WORKING TITLE	NUMBER OF ABSENCES	OTHER INFORMATION
COI/II	Correctional Officers	3	'Flu symptoms
COI/II	Correctional Officers	1	Sick family members
ASL3	Clerical Assistant	1	Refusal to work

Staff shall be advised that sick leave will be granted as per collective agreements.

## Appendix A – Pandemic Contingency Policy



### Department of Public Safety Correctional Services

Policy: Pandemic Contingency (G48)  
Effective:  
Revised: March 2020

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#### MISSION STATEMENT

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Correctional Services is committed to providing professional practices that respect human rights and ensure safety for all. To be successful we will deliver fair practices, incorporate transparent policies and procedures, ensure independent quality assurance processes, and provide program access that allows for educational, cultural, traditional and faith-based services as well as mental wellness and community re-entry assistance.

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#### PURPOSE

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Mitigation efforts prevent hazards or emergencies from developing into disasters or reduce the effect of a disaster or pandemic outbreak through risk management. Without mitigating interventions, even a less severe pandemic could result in dramatic impact on mission critical operations within Correctional Institutions.

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#### LEGISLATIVE AUTHORITY

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(links only)

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#### SCOPE

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This policy applies to all employees of the Correctional Services division of the Department of Public Safety.

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#### POLICY GUIDELINES

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Correctional Institutions within New Brunswick must maintain a contingency plan to identify and address operational, systemic and human resource concerns that may impact service delivery in the event of a pandemic situation.

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#### DEFINITION

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**Pandemic:** a world wide spread of a specific disease to which people have little or no immunity.

**Phase:** In the 2009 revision of the phase descriptions, World Health Organization has retained the use of a six-phased approach for easy incorporation of new recommendations and approaches into existing national preparedness and response plans.

**Phase 1** no viruses circulating among animals have been reported to cause infections in humans.

**Phase 2** an animal influenza virus circulating among domesticated or wild animals is known to have caused infection in humans

**Phase 3**, an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks.

**Phase 4** is characterized by verified human-to-human transmission of an animal or human-animal influenza reassortant virus able to cause "community-level outbreaks." The ability to cause sustained disease outbreaks in a community marks a significant upwards shift in the risk for a pandemic the current WHO phase of pandemic alert is 4.

**Phase 5** is characterized by human-to-human spread of the virus into at least two countries in one WHO region.

**Phase 6**, the pandemic phase, is characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in Phase 5. Designation of this phase will indicate that a global pandemic is under way.

**Tier:** the level of response by a correctional facility to be determined by the geographical location of a pandemic situation that is necessary to sustain provincial correctional facility operations.

**Quarantine:** a restraint on the movement of persons or goods to prevent the spread of disease or pests. A quarantine can only be imposed by a Public Health Authority Official with ministerial designation.

**Personal Protective Equipment (PPE):** equipment that is approved and issued to staff, to be used as a safeguard when there is a risk for contracting a virus or bacteria.

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## PROCEDURE

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### Contingency Plan

Contingency plans to address pandemic situations must be developed in accordance with Policy and Procedures, Section A-3, and the Department of Public Safety 's "Continuity Plan".

### Pandemic Tiers

Superintendent(s) must ensure pandemic contingency plans address all four tiers of a pandemic response.

The four tiers are defined as:

**Tier 1:** confirmed pandemic by World Health Organization

**Tier 2:** confirmed infected person in North America

**Tier 3:** confirmed infected person in New Brunswick by Chief Medical Officer, Department of Health

**Tier 4:** confirmed infected person in a provincial correctional facility by on-site health care in consultation with regional health authority, or in the absence of on-site health care, by Public Health.

The contingency plan must describe for all staff a detailed action plan relating to each tier.

In facilities without on-site health care staff, contingency plans must give direction to staff regarding:

- infection control measures
- regional health authority contacts
- isolation; and
- ongoing care of an offender/young person exhibiting symptoms

### **Communication**

Following the confirmation of a pandemic situation, the Superintendent will notify the Director of Institutional Services regarding implementation of the corresponding tier response as identified in the facility contingency plans.

Contingency plans must identify a communication process in accordance with Policy and Procedures.

Contingency plans must identify changes in admission procedures in accordance with Tier 4 declaration. Changes must incorporate additional infection control precautions to assist in preventing the potential spread of the pandemic disease and at a minimum, must include:

- personal protective equipment to be used as a safeguard by staff and offender/young persons;
- isolation procedures for newly admitted offender/young persons exhibiting symptoms;
- in the absence of on-site health care staff, regional health authority officials contact numbers; and
- Pandemic Screening Tool

### **Admissions**

Changes to the admission procedure will be implemented at Pandemic Tier Level 4 at all correctional facilities.

### **Kitchen/Laundry Services**

Contingency plans must include infection control measures to be implemented for meal service to offender/young persons /staff and for offender/young persons providing laundry services.

### **Administration**

Contingency plans must identify operational procedures to be implemented to communicate with Sheriff and Court services to address concerns regarding the transportation of an offender/young person to court, and at a minimum include:

- communication regarding infection control requirements while offender/young person is being transported to/from or is in court

- alternative processes to be implemented in the event an offender/young person is unable to be transported to court due to a pandemic situation, such as video appearance rather than in-person appearance in court

### **Temporary Absence/Reintegration Leave**

Superintendents upon declaration of Tier 4 must review and where appropriate expand the list of offender/young persons eligible for a temporary absence in accordance with policy.

### **Supplies**

Supplies of personal protective equipment must be standardized and consistent throughout all Correctional Institutions in accordance to Department of Health guidelines.

### **Quarantine Zones**

Contingency plans must identify quarantine zones in accordance with the Tier 4 response for the following:

- isolating offender/young persons upon admission until cleared by health care;
- in the absence of the nurse correctional staff shall consult with regional health authority to determine the period of time an offender/young person must be isolated;
- isolating individual/groups of offender/young persons exhibiting symptoms or who are confirmed infected; and

### **Human Resources**

The Director of Institutional Services will (with appropriate consultation):

- identify reassignment of staff, to other provincial correctional facilities, in the event of a closure or staffing emergency due to a pandemic situation;

The Director of Institutional Services will consult with:

- Director of Community Services and ADM Corrections regarding the reassignment of Correctional Services employees to Institutions, in the event that other Correctional Services Divisions are no longer operational due to a pandemic situation (i.e. Head office, Probation Offices)
- Chief Superintendents of Compliance regarding the reassignment of other Public Safety employees to provincial correctional institutions; if necessary;
- Director of Human Resource regarding emergency hiring practices in the event of a pandemic.

### **Staff Accommodations**

Contingency plans must identify accommodations established for staff reassigned from other provincial facilities.

### **Death in Custody**

The contingency plan must identify procedures to be implemented in the event of a death in the facility where all normal methods of death declaration and body disposal are unavailable.

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### **RELATED POLICY**

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Section D-20 Emergencies

Section D-26 Death in Custody

Section F-6 Temporary Absence

## **Appendix B – Pandemic Risk Management & Mitigation Strategies**

Correctional Institutional Services as part of its ongoing mitigation strategies and risk management process has:

- Completed a jurisdictional and international reviews of pandemic response plans;
- Attended FPT Corrections Health committee meetings;
- Developed draft Policy: Pandemic Contingency
- Developed draft Pandemic Contingency Plan

Institutional Services proposes to put in place provisions that:

- Ask staff, volunteers and visitors to self-screen for flu symptoms. Self assessment/ information posters will be strategically displayed throughout Institutions. Correctional staff may deny visits to members of the public who are displaying 'flu-like symptoms.
- Will educate Staff/offender/young persons about self-screening, post signage in all offender/young person living areas and strategic points throughout the institution that indicates symptoms of "influenza". If the offender/young person has flu symptoms, health care staff will be notified, and a Pandemic Screening Assessment will be completed.
- Will take steps to ensure there are adequate numbers, soap dispensers, paper towels, waterless hand washes for staff; and offender/young persons.
- Provide ongoing education through medical service to all staff and offender/young persons on the importance of effective hand washing methods, cough etiquette, universal precautions, use and disposal of used tissues.
- Where appropriate ensure the closure and capping of drinking fountains within Institutions.
- Follow guidelines as directed through the Department of Health on the procurement and use of Personal Protective Equipment (PPE) i.e., surgical masks, latex/non-latex gloves.
- Will conduct education sessions for staff (and where appropriate offender/young persons) in the correct application, removal and use of PPE.
- Will take steps to introduce disinfecting wipes at every desk, workstation and under direct supervision in offender/young persons living areas.
- Introduce procedures that ensure cleaning of inanimate surfaces where the flu droplet virus will land i.e., keys, radios, hand cuffs, desks, staff and offender/young person telephones, desks, counters, key boards, door knobs, offender/young person shower taps, offender/young person tables and chairs, linen carts, Divisional transport vehicles takes place every 24 hours or as directed.
- Staff shall be instructed to disinfect items used by other staff prior to their own use e.g., when they receive a radio, they should disinfect it before use.

- Provision for cleaning of offender/young person visiting areas (both offender/young person and visitor section) before use.
- Will when deemed appropriate direct the use of disposable dishes and cutlery. Used disposable dishes are disposed of in the regular garbage.
- Maintenance staff will inspect air circulations units to ensure there is adequate air circulation throughout the institution.
- Will utilize Hand-Cuff Sanitizing Units
- Superintendents will take steps to review and increase inventory as required:
  - PPE's and associated supplies
  - Non-perishable food and potable water

## Appendix C – COVID-19 Questionnaire



Public Safety  
Corrections

### COVID-19 INFLUENZA QUESTIONNAIRE FOR OFFENDER/YOUNG PERSONS

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
INSTITUTION: \_\_\_\_\_  
DATE: \_\_\_\_\_

Are you displaying any of the following symptoms?

Do you have one or more of the following?

Have you had a rapid onset of fever and cough?	YES _____	NO _____
Fatigue	YES _____	NO _____
Muscle aches	YES _____	NO _____
Sore throat	YES _____	NO _____
Headache	YES _____	NO _____
Decreased appetite	YES _____	NO _____
Runny nose	YES _____	NO _____

If they have answered yes to any of the above questions, this offender/young person needs to be seen by medical staff prior to being placed in a Unit.  
If no medical staff are available, this individual needs to be medically locked until seen by medical staff.  
A mask should be worn if leaving his/her cell for any reason.

## Appendix D - Resources

### Resources



Isolation-ef.pdf  
(250 KB)



Sympt-ef.pdf  
(175 KB)



Protect\_yourself  
\_poster FR.pdf...



Protect\_yourself  
\_poster.pdf (1...



handwashing  
FR.pdf (215 KB)



hand\_sanitizing.  
pdf (153 KB)



hand\_sanitizing  
FR.pdf (161 K...



handwashing.pd  
f (217 KB)

These resources and others can be accessed on the websites:

<http://intranet.gnb.ca/intranet/influenza/index-e.asp>

<http://intranet.gnb.ca/intranet/influenza/index-f.asp>



H1N1 Preparedness  
Guide-eng.pdf



H1N1 Preparedness  
Guide Fr.pdf

**Appendix E – Department of Justice Regional Contact List**

**Department of Justice Regional Contact List (TBD)**

## Appendix F – Risk Assessment

Risk assessment guide for managers for determining protective equipment in a non-health setting for Pandemic (COVID-19) 2020

PPE	Low Risk	Moderate Risk	High Risk
Sample Work Settings	Customer service interaction with the general public	Indirect interaction i.e. not within 2 meters, with persons exhibiting influenza-like symptoms and/or direct contact with their environment or belongings)	Direct face to face interaction (within 2m) with persons exhibiting influenza-like symptoms, in the context of providing personal care or supervision
	Office workers, clerks, cashiers, tellers, customer service representatives, school system, all non-health care/non-caregiver positions, etc	Has contact with a contaminated environment: cleaning contaminated areas or equipment e.g. correctional facility, etc	Care activities like assisting with personal care, cleaning a room with a person with known influenza, inter-facility transport e.g. correctional officer in facilities, etc.
Hand Hygiene	YES	YES	YES
Respiratory Hygiene	YES	YES	YES
Disposable Gloves	NO	YES	YES
Apron or Gown	NO	YES	YES
Eye Protection	NO	NO, but avoid touching eyes, nose or mouth	YES
Surgical Mask	NO	NO	YES
N95 Respirator	NO	NO	NO

Notes to Table:

1. A higher level of protection is required for health care workers because of the higher risk associated with their work environments. For example, health care workers have to be part of the prevention of hospital-acquired infections, they have high frequency of exposure to multiple patients, and they have exposure to high viral-loads present in the acutely ill.

If an employee is considered to be working in a "health care setting" please refer to the Infection Prevention and Control Annex of the New Brunswick Pandemic Influenza Plan.

2. Strategies to be implemented for decreasing risk in the workplace:

- a) Post signs to reinforce adherence to hand-washing and respiratory etiquette (e.g. cough and sneeze in sleeve). Employees should perform hand hygiene frequently using soap and water
- b) Message to staff is to stay home if sick if they are experiencing symptoms of influenza like illness. Staff should stay home until they are free of symptoms and they are feeling well and able to fully participate in all normal day to day activities.

Definitions:

Hand Hygiene: Wash hands thoroughly with soap and warm water

Respiratory Hygiene: Cough and sneeze in your arm or sleeve if no tissue available.

## Appendix G - Tips for Using and Removing Personal Protective Equipment (PPE)

<p><b>Disposable Gloves</b></p>	<p><b>To don gloves:</b></p> <ul style="list-style-type: none"> <li>• Select correct type and size</li> <li>• Insert hands into gloves</li> <li>• Extend gloves over sleeves</li> </ul> <p><b>Tips for using gloves:</b></p> <ul style="list-style-type: none"> <li>• Work from clean to dirty</li> <li>• Keep gloved hands away from face</li> <li>• Avoid touching or adjusting another PPE</li> <li>• Change gloves if they become torn or heavily soiled (even during use on same person); perform hand hygiene before donning new gloves</li> <li>• Change gloves after use of each person</li> <li>• Limit surfaces and items touched</li> <li>• Never wash or re-use gloves</li> </ul> <p><b>To remove gloves:</b></p> <ul style="list-style-type: none"> <li>• Grasp outside edge near wrist</li> <li>• Peel away from hand, turning glove inside-out</li> <li>• Hold in opposite gloved hand</li> <li>• Slide ungloved finger under the wrist of the remaining glove</li> <li>• Peel off from inside, creating a bag for both gloves</li> <li>• Discard</li> </ul>
<p><b>Surgical Mask</b></p>	<p><b>To don a mask:</b></p> <ul style="list-style-type: none"> <li>• Place over nose, mouth and chin</li> <li>• Secure on head with ties or elastic</li> <li>• Adjust to fit</li> </ul> <p><b>Tips for using mask:</b></p> <ul style="list-style-type: none"> <li>• They must be used only once and changed if wet (masks become ineffective when wet).</li> <li>• If attending an individual who is in isolation, the mask should be discarded after leaving the room. If attending multiple persons are in the same room, the same mask may be used until leaving the room.</li> <li>• They must cover both the nose and the mouth.</li> <li>• Avoid touching it while it is being worn.</li> <li>• Discard them into an appropriate receptacle.</li> <li>• They must not be allowed to dangle around the neck.</li> </ul> <p><b>To remove a mask:</b></p> <ul style="list-style-type: none"> <li>• Untie the bottom, then top, tie</li> <li>• Remove from face</li> <li>• Discard</li> </ul>
<p><b>N95 Respirator or Equivalent (For Medical Services Staff)</b></p>	<p><b>To don an N95 respirator:</b></p> <ul style="list-style-type: none"> <li>• Select a fit tested respirator</li> <li>• Place over nose, mouth and chin</li> <li>• Fit flexible nose piece over nose bridge</li> <li>• Secure on head with elastic</li> <li>• Adjust to fit</li> <li>• Perform a fit check – Inhale, respirator should collapse; Exhale, check for leakage around face</li> </ul> <p><b>'Tips for using mask', as outlined under surgical masks above, also apply to N95 respirators.</b></p> <p><b>When removing an N95 respirator:</b></p> <ul style="list-style-type: none"> <li>• Lift the bottom elastic over your head first</li> <li>• Then lift off the top elastic</li> <li>• Discard</li> </ul>

**Pandemic Facility Response  
&  
Containment Plan Guidelines**

  
**New Brunswick**  
**Community & Correctional Services**  
**Public Safety**  
October 2009

## **Preamble**

Influenza pandemics occur when a new influenza virus evolves, and the human population has limited or no immunity to the virus. A pandemic can occur at any time and carries with it the potential to cause serious illness, death and substantial social and economic disruption throughout the world. Historically, pandemics occur over an extended period of time (12 – 18 months) and include two or more waves of illness.

Experts agree that future influenza pandemics are inevitable; however, the timing of the arrival of a pandemic flu cannot be predicted. Since there may be little warning, contingency planning is required to minimize the devastating effects of a pandemic.

The pandemic flu will be a Febrile (elevated temperature) Respiratory Infection (FRI). It will not be a gastro-intestinal flu.

## **Objectives**

Correctional Services has the following objectives in the event of a pandemic:

- 1) To protect the health and safety of staff, offender/young persons and the general public by implementing infection prevention and control measures.
- 2) To maintain essential services while experiencing workforce shortages due to staff being infected with the influenza virus.
- 3) To protect the general public by maintaining the security of correctional facilities and to continue to provide supervision to offender/young persons serving community sentences.
- 4) To assess, treat and provide care for offender/young persons infected by the flu.
- 5) To maintain accurate and timely communication with partners in the justice and health systems e.g., courts, medical officer of health and community hospitals.

## **Plan Development**

This document provides direction to Superintendents and their staff for the development of a pandemic contingency plan. This document and the *Pandemic Response Plan* template is intended to be used as a guideline and is based on the most recent information currently provided to the Department of Public Safety.

Each Institution must develop a plan based on the requirements outlined in this document and in consideration of the needs of the local institution. The individual institution plan must include detailed and specific instructions on how to manage the institution with reduced staffing numbers; on the stockpiling of food, drugs and medical supplies, and all other supplies; on how to prevent the spread of an influenza outbreak; and on how to identify, manage and treat the infection in offender/young persons.

The Divisional template for the facility pandemic plan and individual institution plans will be reviewed and revised as new information becomes available.

## **Communications**

Institutions must include in their plan a communication strategy to all stakeholders. These stakeholders include staff, offender's/young person's families, volunteers, lawyers, and court officials, John Howard Society, Elizabeth Fry Society, contracted services, and suppliers. Each facility will predominately display signage related to prevention strategies, symptomology, self-isolation, and proper hand washing techniques.

Institutions will communicate with the local Medical Officer of Health/delegate as required. Up to date surveillance data in regard to the numbers of offender/young persons and staff contracting the flu may be requested daily by both the Regional Health Authorities/Public Health office and the Department of Public Safety.

## **Planning Assumptions**

A pandemic flu is expected to occur worldwide at some point in the future.

Certain properties of the flu virus will not be known at the beginning of the pandemic.

Once an individual recover from this flu, the individual will have immunity to this flu strain.

➤ Best clinical predictions about the virus include:

1. The virus will be spread by droplets.
2. 35% or greater of the population will be affected by the pandemic flu over two waves of influenza.
3. Peak infection is expected to occur at approximately the five to six-week mark of the first wave when around 20-25% absenteeism is projected.
4. Prime methods to prevent being infected with the flu will be effective hand washing along with cough and sneeze etiquette (cover mouth and nose, use tissues, wash hands, sneeze into folded arm).
5. Universal/standard precautions/standard practices will be the methods used to prevent the spread of the flu from an infected individual.
6. There will be a period of 24-48 hours where infected individuals do not have flu symptoms but will be infectious.
7. The flu virus can survive for 24-48 hours on some flat surfaces.

A pandemic flu outbreak may create great anxiety among staff, offenders/young persons, volunteers, lawyers and offender's/young person's families.

There is a Departmental pandemic management group. This group will use teleconferences, e-mail, directives and the DPS Intranet web site to ensure timely, accurate, complete and current information.

### **Prevention/Protection**

#### **The plan must include:**

- ◆ Provision of pandemic flu vaccine to staff and offender/young persons when it becomes available. The supplies of vaccine will come from the local public health unit.
- ◆ Provision for health screening of offender/young persons on admission so that offender/young persons with flu like symptoms are isolated from those without flu symptoms. The initial screening tool will be a temperature measurement and the respiratory screen section part of the initial health assessment.
- ◆ Provision to screen offender/young persons scheduled for transfer to a federal or provincial correctional facility or to a provincial psychiatric facility immediately prior to transfer. Health care staff may be required to delay the transfer of any offender/young person with flu like symptoms.
- ◆ Provision for staff, volunteers and visitors to self-screen for flu symptoms. Correctional staff may deny visits to members of the public who are displaying flu like symptoms.
- ◆ Provision for offender/young persons to self-screen while incarcerated and to self-screen before all in-person court appearances. There shall be signage posted in all offender/young person living areas that indicates symptoms of the pandemic flu. If the offender/young person/young person has flu symptoms, health care staff will be notified and a health care assessment will be completed.
- ◆ Provision for staff to stay home when they have signs and symptoms of the flu.
- ◆ Provision of adequate numbers of sinks, soap dispensers, paper towels, waterless hand washes for staff; and offender/young persons

- ◆ Provision for education of all staff and offender/young persons in effective hand washing methods, cough etiquette, use and disposal of used tissues.
- ◆ The closure and capping of drinking fountains within Institutions (where applicable in the event of a pandemic flu outbreak.)
- ◆ Provision of disinfecting wipes (Virox) at every desk, workstation and staff areas.
- ◆ Non-alcohol sanitizer (shall be available throughout all areas of the facility for use by staff, offender/young persons and visitors.
- ◆ Provision for every 24-hour cleaning of inanimate surfaces where the flu droplet virus may land i.e., keys, radios, hand cuffs, desks, staff and offender/young person telephones, desks, counters, key boards, door knobs, offender/young person shower taps, offender/young person tables and chairs, linen carts, video remand suites, telemedicine suites, transport vehicles. Cleaning must be with an approved disinfectant such as Virox.
- ◆ Staff shall be instructed to disinfect items with Virox swabs for all items used by other staff prior to their own use e.g., when they receive a radio, keys, etc. they should disinfect it before use.
- ◆ Provision for cleaning of offender/young person visiting areas (both offender/young person and visitor section) before each visit/use. Accelerated hydrogen peroxide wipes (Virox) will be used for this purpose.
- ◆ Provision for use of disposable dishes and cutlery. Used disposable dishes are disposed of in the regular garbage.

### **Management of Institution**

#### **The plan must:**

- ◆ Identify critical suppliers and confirm delivery priorities, e.g., Food suppliers, methadone suppliers.
- ◆ Secure temporary storage capability. The storage area may be local, regional or a leased local site.
- ◆ Include a strategy to continue to operate the facility in the event of severe staff shortages i.e., (35%) security, cleaning, laundry, video remand court attendance and court appearances
- ◆ Contain strategies to ensure health care services and meals are delivered as required.
- ◆ Include an eight-week supply of medical supplies, cleaning and disinfecting chemicals, operational supplies, etc. and must include methods to replenish these supplies as they become depleted. The institution shall develop a process to rotate and use medical supplies before expiry date. Eight weeks has been chosen to correspond with the assumption that the first wave of the pandemic flu will last eight weeks.
- ◆ Include processes for staff to access information for the most current information on the pandemic flu at [gnb.ca/flu](http://gnb.ca/flu) or toll free at 1 800 580 0038.
- ◆ Include provision for reduction in activities where the spread of the flu may occur i.e., visits, programming, and offender/young person movement.
- ◆ Include provision to cancel all non-urgent medical specialist consultations.
- ◆ There is a Divisional pandemic flu management team, which will provide support (up-to-date information and assistance in problem solving) to the field. Bruce Kingston is lead for the correction's institutional pandemic planning process.

- ◆ Include provision for staff to access the Employee Family Assistance Program (EFAP) for psychological issues arising from pandemic flu.
- ◆ Include provision for the Institutional Management/Healthcare Team to meet with the Joint Occupational Health and Safety Committee to communicate to institution staff details of the institution plan.

**In addition:**

- 1) Visits may be temporarily suspended.
- 2) Lawyers requesting visits will be encouraged to use alternate methods for communication with their clients; e.g., telephone calls for interviewing clients, use of non-contact visit areas.
- 3) Delivery areas for couriers and other deliveries should be limited.
- 4) Video remand will be used as much as possible for court appearances
- 5) Programs may be cancelled as prevalence of the pandemic flu increases at the local facility.
- 6) Volunteer programs may be temporarily suspended.
- 7) Staff training programs may be cancelled or limited to staff from a given area.

**Mitigating Treatment**

**The plan must include:**

- ◆ Include the use of universal/standard precautions/routine practices when providing health care or performing security searches that bring the staff member within two meters of an infected offender/young person.
- ◆ Include the provision for initiating discussion immediately with the local hospital regarding criteria to be used in deciding whether to send an offender/young person to hospital. The local hospital should be informed of the extent of health care services in the facility.
- ◆ Include a strategy to isolate (in single cells or in specified living unit) offender/young persons with flu like symptoms. This will be dependent on the physical layout of each facility.
- ◆ Include a strategy to limit movement between living units if one unit houses an offender/young persons with the flu. This strategy should also include limiting movement of non-essential staff from offender/young person areas.
- ◆ Include provision of tissues for offender/young persons with the flu. These will be disposed of in the ordinary garbage.
- ◆ Include temperature, pulse and health care assessments of all offender/young persons with the flu by the nurse or physician. Depending on these assessments, there should be a plan for additional assessments during a 24-hour period.
- ◆ Include provision for taking mattresses and pillows out of service for a period of 48 hours after being slept on by an offender/young person with the flu or disinfect plastic covered mattresses after use with Virox or Quat Plus. There is a need to clearly distinguish and keep separate mattresses in this 48-hour waiting time from those available for use at anytime.
- ◆ Include provision to notify Justice when an offender/young person is exhibiting symptoms of COVID-19 which may determine if the offender/young person may be excused from court proceedings for medical reasons when he/she has the 'flu.
- ◆ Encourage the utilization of video court proceedings and/or video interviews. E.g. probation, lawyers, etc.

**Initiation of the plan in the event of a declared COVID-19 pandemic**

The use of universal precautions and preventative cleaning techniques (ex, hard surface, equipment, unit cleaning regimes, hand washing personal hygiene, etc.) should be part of the ongoing normal routine.

The implementation of all other strategies in the contingency plan should be implemented upon meeting the guidelines as identified as a Tier 4 or upon the direction of the Chief Medical Officer or designate.

SECURITY CLASSIFICATION

Corrections Contingency Planning Matrix

Event Description: (Influenza Outbreak)	Threat/Event	Potential Consequences	Potential Mitigation	Current as of:			External Coordination	Related Contingencies	Information Sensitivity (H/M/L)
				Responsible Agencies (Lead Agency listed first)	Potential Response				
1	Human Recourses 35% shortage	- Security and good order of Correctional Institutions - Public Safety; ie conditional sentence/TA monitoring	- Self screening - Education staff/inmates - Posted information - Heighten awareness universal precautions protocols - PPE's	CCS DHW	- Operational Adjustments <ul style="list-style-type: none"> <li>▪ Unit population decrease</li> <li>▪ Roster adjustments</li> <li>▪ MSL Review</li> <li>▪ CCS Staff re-assignment</li> <li>▪ HR Support hiring</li> </ul> - Program cancellation (visits, gym) - Temporary Absence/RL	Dept Justice <ul style="list-style-type: none"> <li>▪ Courts</li> <li>▪ Sheriffs</li> </ul> Correctional Services Canada Policing Agencies Coroner Services	DPS IT (network access, CIS)		
2									
3									
4									
5									
6									
7									
8									

**Morehouse, Faye (JPS/JSP)**

---

**From:** Currie, Sheldon (JPS/JSP)  
**Sent:** Saturday, March 14, 2020 12:51 PM  
**To:** Tripp, Bruce (JPS/JSP); Johnston, Mike (JPS/JSP)  
**Subject:** Re: Woman offender update NBWCC March 14 @ 1230 hrs

thx

---

**From:** Tripp, Bruce (DPS/MSP) <Bruce.Tripp@gnb.ca>  
**Sent:** March 14, 2020 12:47 PM  
**To:** Johnston, Mike (DPS/MSP) <Mike.Johnston@gnb.ca>; Currie, Sheldon (DPS/MSP) <Sheldon.Currie@gnb.ca>  
**Subject:** RE: Woman offender update NBWCC March 14 @ 1230 hrs  
One correction, they are medicating her for alcohol withdrawal. This summary states that she is not being medicated.  
Not a big change but update was required.

**From:** Tripp, Bruce (DPS/MSP)  
**Sent:** Saturday, March 14, 2020 12:44 PM  
**To:** Johnston, Mike (DPS/MSP) <Mike.Johnston@gnb.ca>; Currie, Sheldon (DPS/MSP) (sheldon.currie@gnb.ca) <sheldon.currie@gnb.ca>  
**Subject:** Woman offender update NBWCC March 14 @ 1230 hrs

Boys, here is an update today which includes a summary from time of admission on our female at NBWCC. Good news. Hi Folks ~ this is a quick email to inform you that yesterday we admitted a new client [REDACTED] who claims to be from New Mexico. Upon admission she was unable to answer simple health questions and she was making claims that appeared to be confused thoughts. It was decided to isolate her in Segregation simply due to the fact that she claimed to be from the USA and presented with a cough. This client does not appear sick for the exception of suffering from drug withdrawals, which we are not medicating her for. She is a smoker but she doesn't think her cough is related to this. After discussing this case with Public Health Nurse Diana Daley, as of yesterday March 13/2020 at 1622hrs it was decided that client [REDACTED] does not meet criteria for a COVID-19 swab or isolation. As far as Medical Services is concerned client [REDACTED] is cleared for the regular population HOWEVER last night Maria Donovan and myself thought it would be in her best interest to remain in SEG due to her bizarre & confused behavior. Today client [REDACTED] is answering questions appropriately, is calm and pleasant during assessment. Her vitals are normal. There is no reason to hold her in SEG going forward, in my opinion.

Bev Taylor Bell RNBN  
Medical Services  
NBYC/NBWCC  
62-2022

## **Morehouse, Faye (JPS/JSP)**

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**From:** Currie, Sheldon (JPS/JSP)  
**Sent:** Tuesday, March 10, 2020 8:07 AM  
**To:** Ritchie, Roland (JPS/JSP); Cann, John (JPS/JSP); Bujold, Eric (JPS/JSP); Blanchette, Eric (JPS/JSP); Wright, Gerry (JPS/JSP)  
**Cc:** Johnston, Mike (JPS/JSP); Tripp, Bruce (JPS/JSP)  
**Subject:** RE: COVID-19  
**Attachments:** Protect\_yourself\_poster.pdf; Protect\_yourself\_poster FR.pdf

I forgot to include the attached.

S

**From:** Currie, Sheldon (DPS/MSP)  
**Sent:** Tuesday, March 10, 2020 7:48 AM  
**To:** Ritchie, Roland (DPS/MSP) <Roland.Ritchie@gnb.ca>; Cann, John (DPS/MSP) <John.Cann@gnb.ca>; Bujold, Eric (DPS/MSP) (eric.bujold@gnb.ca) <eric.bujold@gnb.ca>; Blanchette, Eric (DPS/MSP) <Eric.Blanchette@gnb.ca>; Wright, Gerry (DPS/MSP) <Gerry.Wright@gnb.ca>  
**Cc:** Johnston, Mike (DPS/MSP) <Mike.Johnston@gnb.ca>; Tripp, Bruce (DPS/MSP) <Bruce.Tripp@gnb.ca>  
**Subject:** COVID-19

Gentleman,

Over the next days and weeks there will be numerous communications related to Coronavirus preparedness and updating pandemic plans.

*Consistent and ongoing preventative strategies are critical to mitigating the spread of illness both at home and in the workplace.*

The most effective preventative technique is proper hand washing with soap and water. The use of hand sanitizer is intended to be used only during occasions when soap and water are not available.

Please ensure all staff, offender/young persons and visitors are made aware of proper hand washing/hand sanitizing techniques, cough etiquette, and tissue disposal.

Strategic placement of applicable posters throughout institutions including points of entry, living units, common areas, work stations, and washrooms, etc. is required.

I would ask we take steps as in previous Pandemic situations to develop a regular daily cleaning schedules shall be developed for hard surface cleaning where flu droplets may land i.e. keys, radios, hand cuffs, desks, keyboards, doorknobs, telephones, vehicles, meal/laundry/medical carts, taps etc. Cleaning must be with an approved disinfectant such as Virox wipes or Quat Plus Disinfectant. Please take steps today to review current supplies and advise me. We will today be reaching out to our contract vendors to place an orders for eight-week supply of cleaning and disinfecting products, operational supplies, tissues, paper towels, hand soap etc. Our intention is to included methods to replenish these supplies as they become depleted. Six to eight weeks has traditionally been identified as the anticipated duration of each wave of a pandemic.

Virox wipes and Evmor (non- alcohol) hand sanitizer shall be purchased and enough supplies made available for use immediately. Quat Plus Disinfectant/ or suitable alternative may also be purchased. It is available in a concentrated form and is to be diluted before use as per directions. This product may be used to clean floors, walls etc and must be used under the direct supervision of a Correctional Officer.

We will be forming committee in collaboration with our health authority partners to ensure Correctional Services has a strong and informed COVID-19 pandemic response.

Further communication update to come.

Sheldon  
Sheldon Currie  
Chief Superintendent- Programs/Connaissance divisionnaire  
Correctional Services / Services Correctionnels  
Department of Public Safety / Ministère de la Sécurité Publique



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Department of Public Safety  
Correctional Services

## **COVID-19: Que savoir et comment gérer**

### **Qu'est-ce que COVID-19?**

COVID-19 provient d'une grande famille de virus appelés coronavirus. Certains coronavirus provoquent des infections du rhume aux pneumonies.

Les symptômes de COVID-19 sont similaires à ceux de toute autre grippe ou rhume:

- Fièvre
- Toux
- Se sentir très fatigué

### **Comment puis-je obtenir COVID-19?**

- Entrer en contact avec une personne malade ou des choses qu'elle a touchées puis toucher vos yeux, votre nez ou votre bouche, propage le virus.
- Vous pouvez également l'attraper lorsque vous respirez des gouttelettes qu'une personne infectée se propage par la toux ou les éternuements.

Lorsque vous obtenez le virus pour la première fois, vous ne saurez pas que vous l'avez. Il y a une "période d'incubation" de 1 à 14 jours avant de vous sentir malade. Pendant ce temps, vous propagerez le virus lorsque vous toussiez ou éternuez. Étant donné que de nombreuses personnes ne présentent que des symptômes bénins, il est facile de partager le virus.

### **Qui devrait subir un dépistage de COVID-19?**

Les personnes qui ont de la fièvre et/ou une toux, un essoufflement ou des difficultés respiratoires sont les plus susceptibles d'avoir COVID-19. Vous devriez être testé si vous ne vous sentez pas bien, si vous présentez l'un ces symptômes ou si l'un d'entre eux décrit votre situation:

- A voyagé récemment à l'extérieur du Canada
- A eu des contacts avec une personne qui présente des symptômes qui ont voyagé à l'extérieur du Canada dans les 14 jours suivant sa maladie.
- A eu des contacts avec une personne qui a ou pourrait avoir COVID-19.

La plupart des gens vont mieux sans avoir besoin d'un traitement spécial, mais environ 1 personne sur 6 devient très malade avec des problèmes de santé comme l'hypertension artérielle, des problèmes cardiaques ou pulmonaires ou le diabète sont plus susceptibles de tomber malades et d'en souffrir davantage.

**Si vous pensez que vous pourriez avoir COVID-19, que vous êtes libéré après avoir subi un test sur écouvillon ou que vous étiez en isolement en détention:**

- Appelez Télé Soins 811 pour obtenir des conseils et de l'aide.
- Si vous vous rendez dans un refuge ou un autre organisme communautaire après votre libération, veuillez informer le personnel de votre situation et il pourra vous aider; si vous rentrez chez vous, essayez de rester isolé jusqu'à ce que vous receviez des conseils du 811.
- Si vous n'êtes pas très malade, n'allez pas chez un médecin, une clinique sans rendez-vous, une urgence ou un laboratoire sans appeler d'abord Télé Soins.
- Composez le 911 si vous êtes très malade et avez besoin de soins de santé immédiatement. Dites-leur si pourriez avoir COVID-19.

### Comment vous protéger et protéger les autres contre COVID-19:

- Lavez-vous les mains pendant au moins 20 secondes souvent et bien
- Évitez de toucher votre visage, votre nez ou votre bouche avec des mains non lavées
- Éloignez-vous des personnes malades
- Restez à la maison et loin des autres si vous vous sentez malade et évitez d'avoir des visiteurs.
- Nettoyez et désinfectez les choses qui sont beaucoup touchées.
- Évitez les situations où vous entreriez en contact avec beaucoup d'autres personnes (ce que l'on appelle aussi « distanciation sociale »)
- Évitez de partager des articles comme la vaisselle, les verres, les tasses, les cuillères, les couteaux et les fourchettes, les serviettes ou les oreillers. Nettoyez-les correctement.
- Lorsque vous êtes malade, couvrez votre bouche lorsque vous toussiez et éternuez, puis lavez-vous les mains.

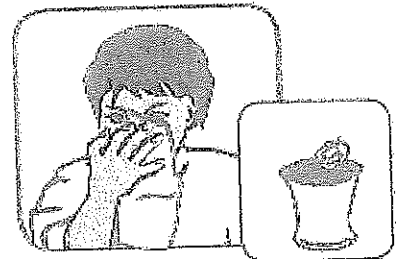
### Couvrez votre toux

Arrêtez la propagation des germes qui vous rendent malade, vous et les autres!



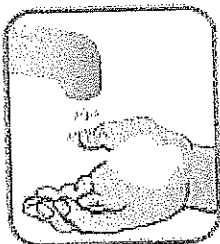
Toussez ou éternuez dans votre manche, pas vos mains

OU



Couvrez votre bouche et votre nez avec un mouchoir et mettez vos mouchoirs usagés dans la corbeille

### Lavez-vous les mains après avoir toussé ou éternué



Lavez-vous les mains avec du savon et de l'eau chaude pendant au moins 20 secondes

OU



Se nettoyer les mains avec un désinfectant ou un désinfectant pour les mains à bases d'alcool

OU



On peut vous demander de mettre un masque pour protéger les autres



March 18<sup>th</sup>, 2020

**SCRIPT FOR CORRECTIONS HEALTH SERVICES**

Admission Screening

*To be used by all staff when clients are admitted to remand, correctional or youth correctional facilities in New Brunswick, as well as to all clients reporting for intermittent sentences. These questions will be asked of all clients by the admissions officer in the correctional centre:*

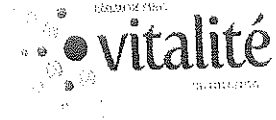
1. Are you experiencing a fever, new cough that started within the last 14 days, sore throat, or difficulties breathing?
2. Ask the following:
  - o In the last 14 days before illness onset, have you travelled anywhere outside of Canada?
  - o In the last 14 days, have you had close contact with a confirmed or probable case of COVID-19?
  - o Have you had close contact with a person who has had a fever, cough, sore throat or breathing difficulties who has travelled anywhere outside of Canada within the past 14 days?

If NO to all questions in Number 1 & 2, the client may be housed in general population or other housing deemed appropriate by Department of Public Safety.

If YES to number 1 or any of number 2:

- i. Correctional staff to don PPE per AT RISK protocol
- ii. Client to be escorted into RISK assessment room by officer and door is to be closed.
- iii. Nursing staff to don PPE per AT RISK protocol
- iv. Nursing staff to complete designated assessment and record vital signs in at RISK assessment room
- v. Call Institutional Physician/ Nurse Practitioner

The client is to remain in isolation for at least 14 days. Any contact with client will require donning PPE per AT RISK protocol. The client will be seen by the facility MD as soon as possible. CHS staff will monitor the client daily for signs and/or symptoms of COVID-19. If, at any time, the client show signs or symptoms consistent with COVID-19, call 811 for direction.



March 18<sup>th</sup>, 2020

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New Brunswick  
Department of Public Safety  
Correctional Services

### Corrections Masking Guidelines during COVID-19 Pandemic

**\*PLEASE NOTE: This information is current as of April 7, 2020 and is subject to change.**

After careful consideration and in alignment with many health care facilities across Canada and the Nova Scotia Health Authority (NSHA), Nova Scotia Correctional Services will be implementing a new practice around the masking of its correctional staff during the COVID-19 pandemic. Specifically, anybody who enters the secure envelope MUST wear a procedure mask throughout their entire shift at all sites. One (1) procedure mask per shift will be distributed upon entry to the facility. Managers will have access to additional masks should they be required.

For information regarding the distribution/collection of masks at the start of your shift, please contact your manager or designate.

#### Frequently Asked Questions (FAQ)

**1. Why are we being asked to wear the same mask throughout the day?**

- Several other provinces have seen a rapid increase in the prevalence of COVID-19 in their communities, leading to outbreaks at long-term care homes and exposures in hospitals. As we begin to see increasing community spread in Nova Scotia (NS), we want to be ahead of this situation.
- Some staff have been coming to work with mild symptoms, which they do not necessarily perceive to be an infection, or coming to work feeling well and then developing mild upper respiratory tract infection symptoms while on duty. This poses a safety risk to our inmates and other staff that can result in significant exposures and require quarantine/isolation of staff.
- We are therefore taking increased measures to ensure the continued safety of staff and inmates.
- Given the expected challenge in maintaining our supply of PPE, this strategy, if used well, may conserve our supply of procedure masks while enhancing the safety of inmates and corrections staff dealing directly with inmates.

**2. Why are we not giving inmates masks?**

- Inmates are screened upon admission for respiratory symptoms and risk factors. Those who are suspected or confirmed to have COVID-19 are put in isolation. Given the potential for PPE shortage, we have elected not to provide inmates with masks for source control.

**3. Which staff members should wear masks?**

- Staff who have any face-to-face (direct) or indirect contact with inmates should wear a mask. If you are uncertain if you are included in this definition, please contact your superintendent.
- Staff members who do not work in inmate areas and are not inmate-facing do not require masks. They are asked to work at home whenever possible, practice social distancing when at work, perform hand hygiene regularly, and not come to work when ill.
- Masks should only be worn on days when working in inmate areas.

**4. Can I bring my OWN procedure masks?**

- No. At this time, Corrections does not support personnel bringing in their own supply of masks. Our procedure masks are controlled for quality and we cannot be sure that masks coming from elsewhere meet our quality standards without additional evaluation.



Department of Public Safety  
Correctional Services

- 5. We have been asked to wear a mask at all times during our shift. When can I remove the mask?**
- The mask should be removed whenever a staff member is taking a break, eating a meal, or using the restroom. Social distancing (2 metres) MUST be maintained at all times when not wearing a mask.
  - Remove the mask using the straps, fold in half at the nosepiece (with the front (inmate-facing) side inwards and the side against your face, outwards). See video <https://vimeo.com/403797242>.
    - The mask should be stored in a safe place in a clean, dry paper bag labeled with your name. The bag should be discarded after each use.
    - A personal locker – If readily available, the mask may be stored in a locker with a hook. Pay close attention not to contaminate the mask in this space.
    - Make sure that the mask can be clearly identified as yours: put your name on the bag before use.
  - Meticulous hand hygiene should occur before and after removing your mask and before placing the mask back on your face.
- 6. When is it appropriate to DISCARD my mask and use a new one?**
- Your mask should be discarded and replaced when:
    - Visibly soiled.
    - It makes direct contact with an inmate.
    - It becomes so moist/humid that its integrity is affected.
- 7. How can I tell if my mask is soiled and should be discarded?**
- If the mask is directly exposed to respiratory droplets (saliva/cough/sneeze).
  - If you touch the mask accidentally with visibly soiled hands, it should be replaced.
  - Note: If the mask is covered with a face shield that was properly placed to completely cover the face, the mask is protected from these droplets.
- 8. Do I need to replace my mask after entering an Isolation room?**
- No. If you have not met any of the above criteria to discard the mask, you do NOT need to replace the procedure mask. Perform diligent hand hygiene after exiting the room.
- 9. How else can I protect myself?**
- Avoid touching the mask unless necessary for donning/doffing and then, only by the straps
  - Ensure you are wearing the procedure mask appropriately
    - The mask should fully cover your mouth and nose
    - Pull the mask down to cover your chin
    - Press down to mold the metallic strip over the bridge of your nose.
  - Do not partially remove the mask by pulling down under your chin. The mask is either fully on, or fully off. Do not hang the mask around your neck or from your ear.
  - Avoid touching the mask at all times.
  - If you must readjust the mask or are donning/doffing for the reasons described above, ensure you perform hand hygiene immediately before and after doing so. Do not adjust the mask with a gloved hand.
  - Clean your hands before and after touching the mask for any reason.
  - Clean your hands before and after every inmate contact.
  - Do NOT come to work when ill. Contact your managers as soon as possible if you do become ill.
- 10. What else do I need to think about?**
- Do NOT attempt to sanitize/clean the procedure mask.
  - If you have discarded your allocated mask, report to the unit where you acquired your mask at the beginning of the shift to request a new one.



Department of Public Safety  
Correctional Services

## COVID-19: What to Know & How to Manage

### What is COVID-19?

COVID-19 comes from a large family of viruses called Coronaviruses. Some Coronaviruses cause infections from common colds to pneumonias.

The symptoms of COVID-19 are similar to any other flu or cold:

- Fever
- Cough
- Feeling very tired

### How can I get COVID-19?

- Coming in contact with a sick person or things they touched then touching your eyes, nose or mouth, will spread the virus.
- You can also catch it when you breathe in droplets an infected person spreads through coughing or sneezing.

When you first get the virus, you won't know you have it. There's an "incubation period" of 1-14 days before you feel sick. During this time you will spread the virus when you cough or sneeze. Because many people only have mild symptoms, sharing the virus is easy to do.

### Who should be screened for COVID-19?

People with fever and/or a cough, shortness of breath, or difficulty breathing, are most likely to have COVID-19. You should be tested if you aren't feeling well, have any of these symptoms or one of these describes your situation:

- Recently travelled anywhere outside of Canada
- Had contact with a person who has symptoms that travelled outside of Canada within 14 days of getting sick
- Had contact with someone who has or may have COVID-19

Most people get better without needing any special treatment but about 1 in 6 people become very sick with breathing problems. Older people and those with other health problems like high blood pressure, heart or lung problems or diabetes are more likely to become very ill and experience further complications from it.

If you think you may have COVID-19, are being released after having a swab test done, or were on isolation in custody:

- Call Health Link 811 for advice and assistance.
- If you are going to a shelter or other community agency on release, please tell the staff about your situation and they can assist; if you are going home try to stay isolated until you receive advice from 811.
- If you are not very sick, don't go to a doctor, walk-in clinic, emergency or lab without calling Health Link first.
- Call 911 if you are very sick and need health care right away. Tell them if you might have COVID-19.

How to protect yourself and others from COVID-19:

- Wash your hands for at least 20 seconds often and well
- Avoid touching your face, nose, or mouth with unwashed hands
- Stay away from people who are sick
- Stay at home and away from others if you are feeling sick and avoid having visitors
- Clean and disinfect things that are touched a lot
- Avoid situations where you would come in contact with a lot of other people (this is also called 'social distancing')
- Avoid sharing items like dishes, drinking glasses, cups, spoons, knives and forks, towels or pillows. Clean them properly.
- When you're sick, cover your mouth when you cough and sneeze and then wash your hands

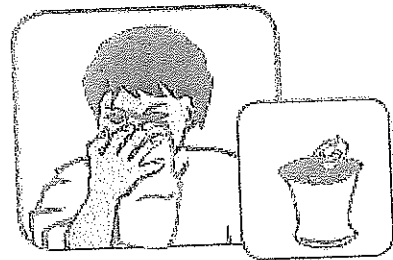
### Cover Your Cough

Stop the spread of germs that make you and others sick!



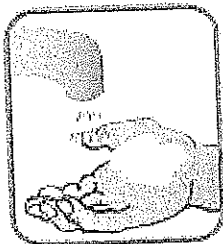
Cough or sneeze into your sleeve,  
not your hands

OR



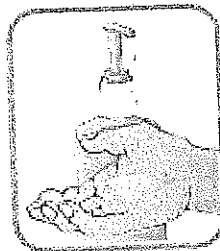
Cover your mouth and nose with a  
tissue and put your used tissue  
in the waste basket

### Clean your hands after coughing or sneezing



Wash your hands with  
warm soap and water for at  
least 20 seconds

OR



Clean hands with  
alcohol-based hand rub  
or sanitizer

OR



You may be asked to  
put on a mask to  
protect others



Department of Public Safety  
Correctional Services

## **COVID-19: Que savoir et comment gérer**

### **Qu'est-ce que COVID-19?**

COVID-19 provient d'une grande famille de virus appelés coronavirus. Certains coronavirus provoquent des infections du rhume aux pneumonies.

Les symptômes de COVID-19 sont similaires à ceux de toute autre grippe ou rhume:

- Fièvre
- Toux
- Se sentir très fatigué

### **Comment puis-je obtenir COVID-19?**

- Entrer en contact avec une personne malade ou des choses qu'elle a touchées puis toucher vos yeux, votre nez ou votre bouche, propage le virus.
- Vous pouvez également l'attraper lorsque vous respirez des gouttelettes qu'une personne infectée se propage par la toux ou les éternuements.

Lorsque vous obtenez le virus pour la première fois, vous ne saurez pas que vous l'avez. Il y a une "période d'incubation" de 1 à 14 jours avant de vous sentir malade. Pendant ce temps, vous propagerez le virus lorsque vous toussiez ou éternuez. Étant donné que de nombreuses personnes ne présentent que des symptômes bénins, il est facile de partager le virus.

### **Qui devrait subir un dépistage de COVID-19?**

Les personnes qui ont de la fièvre et/ou une toux, un essoufflement ou des difficultés respiratoires sont les plus susceptibles d'avoir COVID-19. Vous devriez être testé si vous ne vous sentez pas bien, si vous présentez l'un ces symptômes ou si l'un d'entre eux décrit votre situation:

- A voyagé récemment à l'extérieur du Canada
- A eu des contacts avec une personne qui présente des symptômes qui ont voyagé à l'extérieur du Canada dans les 14 jours suivant sa maladie.
- A eu des contacts avec une personne qui a ou pourrait avoir COVID-19.

La plupart des gens vont mieux sans avoir besoin d'un traitement spécial, mais environ 1 personne sur 6 devient très malade avec des problèmes de santé comme l'hypertension artérielle, des problèmes cardiaques ou pulmonaires ou le diabète sont plus susceptibles de tomber malades et d'en souffrir davantage.

**Si vous pensez que vous pourriez avoir COVID-19, que vous êtes libéré après avoir subi un test sur écouvillon ou que vous étiez en isolement en détention:**

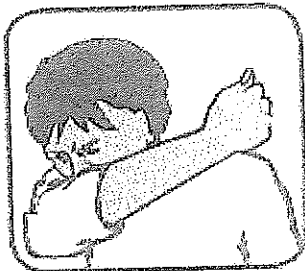
- Appelez Télé Soins 811 pour obtenir des conseils et de l'aide.
- Si vous vous rendez dans un refuge ou un autre organisme communautaire après votre libération, veuillez informer le personnel de votre situation et il pourra vous aider; si vous rentrez chez vous, essayez de rester isolé jusqu'à ce que vous receviez des conseils du 811.
- Si vous n'êtes pas très malade, n'allez pas chez un médecin, une clinique sans rendez-vous, une urgence ou un laboratoire sans appeler d'abord Télé Soins.
- Composez le 911 si vous êtes très malade et avez besoin de soins de santé immédiatement. Dites-leur si pourriez avoir COVID-19.

### Comment vous protéger et protéger les autres contre COVID-19:

- Lavez-vous les mains pendant au moins 20 secondes souvent et bien
- Évitez de toucher votre visage, votre nez ou votre bouche avec des mains non lavées
- Éloignez-vous des personnes malades
- Restez à la maison et loin des autres si vous vous sentez malade et évitez d'avoir des visiteurs.
- Nettoyez et désinfectez les choses qui sont beaucoup touchées.
- Évitez les situations où vous entreriez en contact avec beaucoup d'autres personnes (ce que l'on appelle aussi « distanciation sociale »)
- Évitez de partager des articles comme la vaisselle, les verres, les tasses, les cuillères, les couteaux et les fourchettes, les serviettes ou les oreillers. Nettoyez-les correctement.
- Lorsque vous êtes malade, couvrez votre bouche lorsque vous toussiez et éternuez, puis lavez-vous les mains.

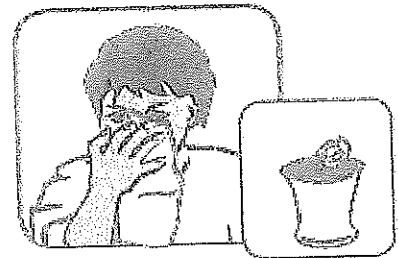
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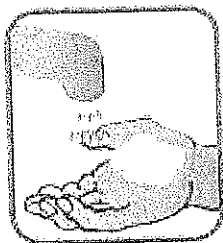
Toussez ou éternuez dans votre manche, pas  
tes mains

ou



Couvrez votre bouche et votre nez avec un  
mouchoir et mettez vos mouchoirs usagés  
dans la corbeille

### Lavez-vous les mains après avoir toussé ou éternué



Lavez-vous les mains avec du  
savon et de l'eau chaude pendant  
au moins 20 secondes

ou



Se nettoyer les mains avec  
un désinfectant ou un  
désinfectant pour les  
mains à bases d'alcool

ou



On peut vous demander de  
mettre un masque pour protéger  
les autres

## COVID 19 Planning for Corrections Health Services.

### Messaging for Clients

We would like to talk to you today about COVID-19, also known as Coronavirus, the virus that is currently affecting our country. As of this time, we wanted to share some good news and information. Currently the virus is not here in the facility and we want to ensure you that we are taking every measure to keep you safe.

COVID-19 is a respiratory infection. For most people it is usually mild, and they recover from it. But for people with immune, lung or other compromised conditions it can become more serious.

At this time there is no vaccine or specific medicine for treatment.

It is spread by sneezing and coughing and getting in contact with the droplets that have the virus in them.

The main risk factor to getting this is close contact with someone who has it and who has travelled internationally.

Just because someone is coughing or sneezing doesn't mean that they have the virus, so we need to treat everyone with respect. Make sure that you report to Health services if you think you have the symptoms and have been in contact with someone who has it and has travelled internationally.

The symptoms of COVID -19 feel like the flu or a bad cold.

Fever,  
Cough,  
Shortness of breath/ difficulty breathing,  
Extreme tiredness

### How care is being provided here through....

Regular cleaning will continue and occur more frequently throughout facility

All staff will increase frequency of hand washing

Safe food preparation will continue

Health services/ Nursing will provide screening assessments as warranted

People that are confirmed to have the virus will receive care and monitoring from Health Services and Public Health

Staff will wear gloves and masks when caring for someone who is sick. This will help prevent the spread of the virus between people.

### What can you do....

Wash hands often with soap and water or hand sanitizer for at least 20 seconds.

Avoid close contact with people who are sick or if you are sick

Cover your cough and sneeze with a tissue and throw it away safely OR cough into the bend in your elbow. Wash hands again.

Keep your hands away from your eyes, nose, and mouth.

Report to Health Services if you have any of the symptoms

Do not share personal items like cups, utensils, food.

Keep your room space clean and tidy.

#### How we will keep them informed

Updates from Correctional staff and Health Services through written or TV or telephone blasts when changes happen.

#### FAQ



Department of Public Safety  
*Correctional Services*

## **COVID-19 – Jail Visitation Guide**

While the situation is evolving, those over 60 years of age, immune-compromised or those with chronic medical conditions have been identified to be at higher risk for severe illness from COVID-19. Facilities should actively screen visitors to prevent resident and staff exposure to COVID-19.

### **Stay up-to-date:**

Monitor public health updates from:

- Government of New Brunswick – Coronavirus  
<https://www2.gnb.ca/content/gnb/biling/coronavirus.html>
- Public Health Agency of Canada  
<https://www.canada.ca/en/public-health.html>
- Department of Health  
<https://www2.gnb.ca/content/gnb/en/departments/health.html>

### **Visitation Overview**

- Due to community transmission of COVID-19, visitation is currently restricted at all facilities. Specifically, family and friends are not permitted to visit in person at this time. Additional restrictions may be implemented as guidance is revised by the province or federal government.
- Facilities should conduct active screening of all vendors and contractors to prevent resident and staff exposure to COVID-19.
- Visible signage should educate visitors about COVID-19 and remind them to practice good health habits, including: frequent handwashing or use of alcohol-based hand sanitizer, sneezing/coughing into their elbow, putting used tissues in a plastic-lined waste receptacle, and washing hands immediately after using tissues.

### **Visitor Screening**

Signs should be posted at building entrances and in reception areas alerting visitors to active screening protocols, including:

- Temperature check
- Standard questions about acute respiratory illness symptoms, recent international travel and contact with anyone who has COVID-19



# Pandemic Response Plan

Department of Public Safety

Correctional Services

Department of Public Safety:  
March 13<sup>th</sup>, 2020

## Pandemic Response Plan:

### Contents

Policy 3	3
1. Authority.....	3
Risk Management & Mitigation.....	3
2. Definition.....	3
3. Guidelines.....	4
4. Communications.....	6
6. Kitchen Services.....	7
7. Laundry Services.....	8
8. Preventative Strategies.....	9
9. Programs.....	9
11. Supplies.....	10
12. Facility Maintenance.....	10
13. Quarantines.....	10
14. Human Resources.....	10
Appendix A – Pandemic Contingency Policy.....	12
Appendix B – Pandemic Risk Management & Mitigation Strategies.....	17
Appendix C – COVID-19 Questionnaire.....	19
Appendix D - Resources.....	20
Appendix E – Department of Justice Regional Contact List.....	21
Appendix F – Risk Assessment.....	22
Appendix G - Tips for Using and Removing Personal Protective Equipment (PPE).....	23

# *Pandemic Response Plan*

## **Policy**

Correctional Institutions within New Brunswick must maintain a contingency plan to identify and address operational, systemic and human resource concerns that may impact service delivery in the event of a pandemic situation.

## **1. Authority**

The Authority for this local pandemic response is derived from Section G - 48 of the Adult/New Brunswick Youth Centre Policy Manual. (Appendix A)

## **Risk Management & Mitigation**

Mitigation efforts prevent hazards or emergencies from developing into disasters or reduce the effect of a disaster or pandemic outbreak through risk management. Without mitigating interventions, even a less severe pandemic could result in dramatic impact on mission critical operations within Correctional Institutions.

## **2. Definition**

**Pandemic:** a worldwide spread of a specific disease to which people have little or no immunity.

**Phase:** In the 2009 revision of the phase descriptions, World Health Organization has retained the use of a six-phased approach for easy incorporation of new recommendations and approaches into existing national preparedness and response plans.

**Tier:** the level of response by a correctional facility to be determined by the geographical location of a pandemic situation that is necessary to sustain provincial correctional facility operations

**Quarantine:** a restraint on the movement of persons or goods to prevent the spread of disease or pests. A quarantine can only be imposed by a Public Health Authority Official with ministerial designation.

**Client:** Individual who is housed in a provincial correctional centre who could be remanded or sentenced.

## **3. Guidelines**

The four tiers are defined as:

**Tier 1:** Confirmed pandemic by World Health Organization

- Conference call Operations Team and Institutional Managers as required
- Stock pile food, supplies, clothing
- Brief and prepare staff
- Review Pandemic Risk Management & Mitigation Strategies (Appendix B)

**Tier 2:** Confirmed infected person in North America

- Conference call Operations Team and Institutional Managers as required
- Heightened awareness communications/direction from Public Health, Regional Health, EMO, etc
- Institutional Medical Service Personal to provide communication updates with staff and offender/young persons as directed by Public Health

**Tier 3:** Confirmed infected person in New Brunswick by Chief Medical Officer, Department of Health.

- Conference call Operations Team and Institutional Managers as required
- Temporary Absence/Reintegration Releases strategies engaged
- Heightened screening/self-screening assessments (admissions/visiting officers)
- Corrections Health Services (CHS) to provide communication updates with staff and clients as directed by Public Health
- Intensified screening assessments through CHS per direction from Public Health
- Consideration given to programs modifications or suspension
- Communications with outside agencies

**Tier 4:** confirmed infected person in a provincial correctional facility by on-site health care in consultation with regional health authority, or in the absence of on-site health care, by public health.

- Conference call Operations Team and Institutional Managers as required
- Temporary Absence/Reintegration Release actioned as appropriate
- Visitor moratorium consideration
- Continued Intensified screening assessments through medical services
- All programs suspended
- Communications with outside agencies
- Transfers process reviewed with HQ Operations team
- Consideration/consultation with Justice and key stakeholder re video conferencing
- *Pandemic Response Plan* is activated

#### **4. Communications**

DPS shall advise all stakeholders of preventative strategies, self-isolation, suspension of programs, etc. as appropriate and as required. These stakeholders include staff, clients, clients families, volunteers, clergy, lawyers, and court officials, Probation Services, John Howard Society, Elizabeth Fry Society, contracted services, Office of the Ombud, suppliers, and others.

Communication will include the use of signage, pre-recorded telephone messages, and development of an e-mail mailing list.

CHS will provide up-to-date surveillance data, specific to the numbers of clients and staff as requested daily by the Regional Health Authorities and/or Public Health office.

Staff shall be made aware the most current information on COVID-19 is available at:  
<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html>  
<https://openwho.org/channels/covid-19>  
[https://www2.gnb.ca/content/gnb/en/departments/ocmoh/cdc/content/respiratory\\_diseases/coronavirus.html](https://www2.gnb.ca/content/gnb/en/departments/ocmoh/cdc/content/respiratory_diseases/coronavirus.html)

## 5. Admissions

Admission procedures will evolve as screening parameters are dictated by public health per CHS.

The Admission Officer shall include the COVID-19 questionnaire for clients as part of the admission process for every client delivered to the institution. (Appendix C)

Symptoms include those similar to the seasonal 'flu. They can vary from mild to severe and can include:

- fever
- cough
- difficulty breathing
- extreme fatigue

Most recent symptom list:

[https://www2.gnb.ca/content/gnb/en/departments/ocmoh/cdc/content/respiratory\\_diseases/coronavirus.html](https://www2.gnb.ca/content/gnb/en/departments/ocmoh/cdc/content/respiratory_diseases/coronavirus.html)

If a client presents with one or more symptom, CHS shall be notified, and client should be isolated until medically assessed.

Admission Officers to use PPE's as directed by CHS and be familiar with decontamination procedures for all equipment and immediate work area.

Remand warrants due to expire, scheduled court appearances for clients who are infected or in cases where we are unable to transport, the Records Clerk will notify the courts. Arrangements may be made for the issue of a new warrant or court appearances may take place via telephone or video conferencing, Program Supervisor to facilitate.

Transfers of clients will undergo medical clearance by CHS. Only clients who are not displaying symptoms will be transferred to other institutions, to prevent the risk of infection to the receiving institution.

## Sheriff Services

Location	Contact	Telephone No.	Alternate	Telephone No.
Bathurst	Rene Losier	(506) 545-8945	Lisette Noel	(506) 543-3076
Campbellton	Glen Perron	Cell: [REDACTED] Home: [REDACTED]	Kevin Miller	(418) 865-3140
Edmundston	Stephane Lizotte	(506) 740-6431	Kevin Bouchard	(506) 253-9163
Fredericton	Debi Hallihan	(506) 625-1701	John Latimer	(506) 260-6491
Miramichi	Mervin Malley	(506) 624-8575	Ron Cook	(506) 626-2437
Moncton	Larry Williams	(506) 866-738	Mike Gaudet	(506) 850-5865
Saint John	George Oram	(506) 647-5910	Allan Thibodeau	(506) 343-0719
Woodstock	Patrick Murphy	(506) 328-7753	Norm Brown	(506) 324-5371
Head Office	Mike Boudreau	(506) 866-7000	Amanda Doucette	(506) 476-5643

### 6. Kitchen Services

All kitchen services shall be carried out as per routine.

All clients exhibiting symptoms and in isolation shall receive meals in their cells and on disposable dinner ware.

Institutional cooks shall be required to ensure a minimum of eight weeks supply of food is purchased and stored on site in the event of delivery disruption. Plastic utensils, Styrofoam plates, cups, bowls and disposable trays to be purchased and stored.

A special menu has been designed and ready to activate in the event of the absence of Cooks.

Directions on how to prepare each meal is in the menu binder in the cook's office.

If cooks are unable to attend work, the COIII will appoint a staff member to supervise/perform kitchen related duties.

All meal delivery carts and meal trays are to be thoroughly cleaned after each meal.

#### Contingency Menu

The menu will include ready to cook/reheat items. Specific food products will be ordered by the cooks.

Supply of frozen vegetables and canned fruits to be stocked.

Food services will continue with regular menus and purchasing from suppliers as long as possible.

Cooks to assist with kitchen procedure – instructions on operation of steamer, convection oven, steam table, mixer, slicer – instructions to be placed in *Pandemic Menu* binder in cook's office.

Cooks to provide suppliers names and contact numbers. Ordering information should be included – quantity and from where. Information to be placed in *Pandemic Menu* binder

### **Serving meals**

Meal service and meal times will remain status quo unless change is required to accommodate CHS medication administration.

Meal trays and regular utensils will be used for all meals, except for designated isolation cells, units or areas.

- Disposable meal trays and utensils will be used to serve meals to isolation cells, units, or areas.
- All disposable meal trays and utensils will be retrieved, accounted for and disposed of appropriately.
- Food remaining on trays will be discarded.

### **7. Laundry Services**

All laundry workers shall be screened for symptoms each day before reporting to their work area. Only those clients without symptoms shall be permitted to leave their living area and report to work as a laundry worker. CHS shall be notified of all clients with one or more symptom. Clients should be isolated and medically assessed before they return to laundry duty.

All laundry service workers shall be educated regarding the proper use, wear, and disposal of protective gloves when handling soiled clothing and soiled linens by CHS.

- All clothing, bedding, towels etc. will be laundered in hot water and detergent.
- Any contaminated clothing will be placed in water soluble bags and laundered separately.
- Clothing that contains blood or human waste will be placed in Bio hazard bags and disposed of as per protocol.
- Clean towels shall be issued to clients daily.
- Laundry operation hours may have to be expanded to accommodate higher usage.
- Clients who work in laundry will require to disinfect prior to returning to their unit.
- Staff shall bring a change of clothes to wear home and be provided with a water-soluble bag to transport their uniform home.
- All maintenance staff will have a working knowledge of repairing the washers and dryers, and extra parts will be kept on-hand.
- Clothes lines will be available in the event the dryers are disabled.
- Disposable coveralls (1,000 sets) will be on-hand in case the laundry is shut down.
- 1,000 pairs of socks and underwear will be on-hand.
- Blankets and sheets will be stockpiled.
- All dirty laundry placed in "Dirty Only" laundry cart.
- All clean laundry placed in "Clean Only" laundry cart.

## 8. Preventative Strategies

*Consistent and ongoing preventative strategies are critical to mitigating the spread of illness both at home and in the workplace.*

The most effective preventative technique is proper hand washing with soap and water. The use of hand sanitizer is intended to be used only during occasions when soap and water are not available.

All staff, clients and visitors shall be made aware of proper hand washing/hand sanitizing techniques, cough etiquette, and tissue disposal.

A multi-faceted communication approach shall be in place and may include, but not be limited to, posters, staff meetings, shift briefings, in-service training, email messages, etc.

Strategic placement of applicable posters throughout institutions including points of entry, living units, common areas, work stations, and washrooms, etc. is required.  
(Appendix D)

Self-screening assessment posters shall be made visible for all staff, clients, and visitors entering the building. Such posters shall be clearly visible at all points of entry into the facility and strategically placed throughout the institution. Restrictions will be determined based on current direction from Department of Health.

Regular daily cleaning schedules shall be developed for hard surface cleaning where flu droplets may land i.e. keys, radios, hand cuffs, desks, keyboards, doorknobs, telephones, vehicles, meal/laundry/medical carts, taps etc. Cleaning must be with an approved disinfectant such as Virox wipes or Quat Plus Disinfectant.

Health screening for admissions needs to be completed for all clients as directed by CHS. The initial screening tool shall be a temperature measurement and respiratory screening section of the initial health assessment. Additional screening may be required by CHS as determined by the Department of Health.

Provision of COVID-19 flu vaccine shall be made available to staff and clients when it becomes available.

A strategy shall be in place to minimize movement of clients within each institution following a declaration of COVID-19. The strategy shall also include limiting the movement of all non-essential staff from client contact areas.

Limitations/restrictions shall be placed on inter-institutional transfers once the declaration of **TIER 4** has been made.

Hand sanitizer shall be available throughout all areas of the institution and shall be available for use by staff, clients and visitors.

Disinfectant wipes (such as Virox) shall be available at all workstations, vehicles, staff lounge areas, etc. for staff use. Virox wipes may be used by clients only while under direct supervision.

Hand cuff and shackle restraints in use shall be cleaned a minimum of every 24 hours using an approved mechanical hand cuff cleaner device and disinfectant.

Staff exhibiting 'flu-like symptoms shall be encouraged to remain at home until they feel well enough to attend work. Sick leave shall be granted as per existing collective agreements.

## **9. Programs**

The reduction or suspension of services and activities may be required where the spread of the COVID-19 may occur. This decision will be made in collaboration with DPS/CHS and Public Health following the direction of the Department of Health. Examples include visits, educational and support programs, and recreation.

Following the implementation of the *Pandemic Response Plan* consideration shall be given to the cancellation of all non-urgent medical appointments, in house appointments with clergy, police, probation officers, social workers etc., where possible. Video conferencing may be a viable option in some situations.

- \* Professional visits must be pre-authorized prior to attending the facility.
- \* Before arrival, they will be advised of current pandemic situation in the facility.
- \* Professional visitors will only have non-contact visits.

The Temporary Absent Program will be enhanced. A potential candidate list will be developed in case of onset of COVID-19. Community assessments will be completed in advance if possible.

A strategy for the modified group delivery of medication will be employed to limit client contact as much as possible, for example, Methadone delivery, where applicable.

## **11. Supplies**

An eight-week supply of medical supplies, cleaning and disinfecting products, operational supplies, tissues, paper towels, hand soap etc. will be in place including methods to replenish these supplies as they become depleted.

Virox wipes and Evmor (non- alcohol) hand sanitizer shall be purchased through Central Stores and enough supplies made available for use immediately. Quat Plus Disinfectant may also be purchased through contracted vendors. This product may be used to clean floors, walls etc and must be used under the direct supervision of a Correctional Officer.

N-95 masks and goggles for CHS will be maintained on site as provided by the Regional Health Authorities.

Surgical masks (without metal nose piece) with and without visor shall be stocked for all correctional staff and clients.

Staff shall be instructed on the proper use and disposal of personal protective equipment (PPE) (Appendix G)

## 12. Facility Maintenance

Tier 3: In the event of institutional maintenance staff or unavailability of regular contractors, an updated supplier contact list shall be developed and made available to management and supervisory staff. This list shall include contacts for HVAC, plumbing, electrical, CCTV systems, laundry equipment, laundry services where applicable, kitchen equipment, etc.

## 13. Quarantines

The medical definition of pandemic quarantine is a restraint on the movement of persons or goods to prevent the spread of disease or pests. Quarantine for the purposes of pandemic plans shall consist of two phases:

Phase one (Isolation) may be declared by DPS and/or CHS where a person(s) is displaying COVID-19 like symptoms and may require single cell medical isolation until assessed by CHS. **Clients to be quarantined in our medical isolation cell if possible.**

Phase two shall be an institutional designation following the discovery of a confirmed case(s) within the correctional setting and can only be declared by a Public Health official with Ministerial designation. Phase two will involve containment strategies that limit contact between institutions, living units, and individuals moving in and out of the facility, as required.

Strategies shall be in place to provide meals, medication, exercise, lawyer calls, laundry services, etc., to those under quarantine conditions.

Staff to follow the following guidelines when dealing with clients who may be quarantined:

## 14. Human Resources

Pandemic planning shall ensure adequate casual staffing resources are available to backfill regular employees absent due to illness.

In the event of anticipated severe staff shortage due to illness, Human Resources shall be consulted, and further staffing options may be initiated. For example, facility program/unit restrictions, utilizing Correctional Officers from other facilities, leaves and secondment agreements may be terminated, etc. .

The importance of self-screening by staff and others exhibiting symptoms and subsequently staying home until symptoms are no longer present shall followed per the Department of Health recommendations.

A Departmental strategy for reporting staff absence due to illness has been developed by Human Resources. The Superintendent or designate will be required to report the number of employees who are absent in your facility to the CCS Chief Superintendent. You will be notified if/when it becomes necessary to do so.

**Process:**

Superintendents or designates shall report to the local Chief Superintendent or designate. This will occur 3 times per week in Tier 3 and daily in Tier 4 as directed by Chief Superintendent/ All DPS Chief Superintendents should receive the number of absences from each location before 9:00am on reporting days and email the report to Ray Butler [Ray.Butler@gnb.ca](mailto:Ray.Butler@gnb.ca) and Amy Rivard [Amy.Rivard@gnb.ca](mailto:Amy.Rivard@gnb.ca) in Human Resources.

Date: October XX/09			
Region: Fredericton CCS			
CLASSIFICATION	WORKING TITLE	NUMBER OF ABSENCES	OTHER INFORMATION
COI/II	Correctional Officers	3	'Flu symptoms
COI/II	Correctional Officers	1	Sick family members
ASL3	Clerical Assistant	1	Refusal to work

## Appendix A – Pandemic Contingency Policy



### Department of Public Safety Correctional Services

Policy: Pandemic Contingency (G-48)  
Effective: March 13, 2020  
Revised: March 2020

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#### MISSION STATEMENT

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Correctional Services is committed to providing professional practices that respect human rights and ensure safety for all. To be successful we will deliver fair practices, incorporate transparent policies and procedures, ensure independent quality assurance processes, and provide program access that allows for educational, cultural, traditional and faith-based services as well as mental wellness and community re-entry assistance.

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#### PURPOSE

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Mitigation efforts prevent hazards or emergencies from developing into disasters or reduce the effect of a disaster or pandemic outbreak through risk management. Without mitigating interventions, even a less severe pandemic could result in dramatic impact on mission critical operations within Correctional Institutions.

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#### LEGISLATIVE AUTHORITY

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(links only)

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#### SCOPE

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This policy applies to all employees of the Correctional Services division of the Department of Public Safety.

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#### POLICY GUIDELINES

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Correctional Institutions within New Brunswick must maintain a contingency plan to identify and address operational, systemic and human resource concerns that may impact service delivery in the event of a pandemic situation.

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#### DEFINITION

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**Pandemic:** a world wide spread of a specific disease to which people have little or no immunity.

**Phase:** In the 2009 revision of the phase descriptions, World Health Organization has retained the use of a six-phased approach for easy incorporation of new recommendations and approaches into existing national preparedness and response plans.

**Phase 1** no viruses circulating among animals have been reported to cause infections in humans.

**Phase 2** an animal influenza virus circulating among domesticated or wild animals is known to have caused infection in humans

**Phase 3**, an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks.

**Phase 4** is characterized by verified human-to-human transmission of an animal or human-animal influenza reassortant virus able to cause "community-level outbreaks." The ability to cause sustained disease outbreaks in a community marks a significant upwards shift in the risk for a pandemic the current WHO phase of pandemic alert is 4.

**Phase 5** is characterized by human-to-human spread of the virus into at least two countries in one WHO region.

**Phase 6**, the pandemic phase, is characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in Phase 5. Designation of this phase will indicate that a global pandemic is under way.

**Tier:** the level of response by a correctional facility to be determined by the geographical location of a pandemic situation that is necessary to sustain provincial correctional facility operations.

**Quarantine:** a restraint on the movement of persons or goods to prevent the spread of disease or pests. *A quarantine can only be imposed by a Public Health Authority Official with ministerial designation.*

**Personal Protective Equipment (PPE):** equipment that is approved and issued to staff, to be used as a safeguard when there is a risk for contracting a virus or bacteria.

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## **PROCEDURE**

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### **Contingency Plan**

Contingency plans to address pandemic situations must be developed in accordance with Policy and Procedures, Section A-3, and the Department of Public Safety 's "Continuity Plan".

### **Pandemic Tiers**

Superintendent(s) must ensure pandemic contingency plans address all four tiers of a pandemic response.

The four tiers are defined as:

**Tier 1:** confirmed pandemic by World Health Organization

**Tier 2:** confirmed infected person in North America

**Tier 3:** confirmed infected person in New Brunswick by Chief Medical Officer, Department of Health

**Tier 4:** confirmed infected person in a provincial correctional facility by on-site health care in consultation with regional health authority, or in the absence of on-site health care, by Public Health.

The contingency plan must describe for all staff a detailed action plan relating to each tier.

In facilities without on-site health care staff, contingency plans must give direction to staff regarding:

- infection control measures
- regional health authority contacts
- isolation; and
- ongoing care of an offender/young person exhibiting symptoms

### **Communication**

Following the confirmation of a pandemic situation, the Superintendent will notify the Director of Institutional Services regarding implementation of the corresponding tier response as identified in the facility contingency plans.

Contingency plans must identify a communication process in accordance with Policy and Procedures.

Contingency plans must identify changes in admission procedures in accordance with Tier 4 declaration. Changes must incorporate additional infection control precautions to assist in preventing the potential spread of the pandemic disease and at a minimum, must include:

- personal protective equipment to be used as a safeguard by staff and clients;
- isolation procedures for newly admitted clients exhibiting symptoms;
- in the absence of on-site health care staff, regional health authority officials contact numbers; and
- Pandemic Screening Tool

### **Admissions**

Changes to the admission procedure will be implemented at Pandemic Tier Level 43at all correctional facilities.

### **Kitchen/Laundry Services**

Contingency plans must include infection control measures to be implemented for meal service to offender/young persons /staff and for clients providing laundry services.

### **Administration**

Contingency plans must identify operational procedures to be implemented to communicate with Sheriff and Court services to address concerns regarding the transportation of an clients to court, and at a minimum include:

- communication regarding infection control requirements while a client is being transported to/from or is in court
- alternative processes to be implemented in the event a client is unable to be transported to court due to a pandemic situation, such as video appearance rather than in-person appearance in court

### **Temporary Absence/Reintegration Leave**

Superintendents upon declaration of Tier 4 must review and where appropriate expand the list of clients eligible for a temporary absence in accordance with policy.

### **Supplies**

Supplies of personal protective equipment must be standardized and consistent throughout all Correctional Institutions in accordance to Department of Health guidelines.

### **Quarantine Zones**

Contingency plans must identify quarantine zones in accordance with the Tier 4 response for the following:

- isolating clients upon admission until cleared by health care;
- in the absence of the nurse correctional staff shall consult with regional health authority to determine the period of time a client must be isolated;
- isolating individual/groups of clients exhibiting symptoms or who are confirmed infected; and

### **Human Resources**

The Director of Correctional Services will (with appropriate consultation):

- identify reassignment of staff, to other provincial correctional facilities, in the event of a closure or staffing emergency due to a pandemic situation;

The Director of Institutional Services will consult with:

- Director of Community Services and ADM Corrections regarding the reassignment of Correctional Services employees to Institutions, in the event that other Correctional Services Divisions are no longer operational due to a pandemic situation (i.e. Head office, Probation Offices)

- Chief of Inspection & Enforcement regarding the reassignment of other Public Safety employees to provincial correctional institutions; if necessary;
- Director of Human Resource regarding emergency hiring practices in the event of a pandemic.

### **Staff Accommodations**

Contingency plans must identify accommodations established for staff reassigned from other provincial facilities.

### **Death in Custody**

The contingency plan must identify procedures to be implemented in the event of a death in the facility where all normal methods of death declaration and body disposal are unavailable.

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### **RELATED POLICY**

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Section D-20 Emergencies

Section D-26 Death in Custody

Section F-6 Temporary Absence

## **Appendix B – Pandemic Risk Management & Mitigation Strategies**

Correctional Institutional Services as part of its ongoing mitigation strategies and risk management process has:

- Completed a jurisdictional and international reviews of pandemic response plans;
- Attended FPT Corrections Health committee meetings;
- Developed draft Policy: Pandemic Contingency
- Developed draft Pandemic Contingency Plan

Institutional Services proposes to put in place provisions that:

- Ask staff, volunteers and visitors to self-screen for flu symptoms. Self-assessment/ information posters will be strategically displayed throughout Institutions. Correctional staff may deny visits to members of the public who are displaying 'flu-like symptoms.
- Will educate staff and clients about self-screening, post signage in all offender/young person living areas and strategic points throughout the institution that indicates symptoms of COVID-19. If the client has flu symptoms, health care staff will be notified, and a Pandemic Screening Assessment will be completed.
- Will take steps to ensure there are adequate numbers, soap dispensers, paper towels, waterless hand washes for staff, and clients.
- Provide ongoing education through medical service to all staff and clients on the importance of effective hand washing methods, cough etiquette, universal precautions, use and disposal of used tissues.
- Where appropriate ensure the closure and capping of drinking fountains within Institutions.
- Follow guidelines as directed through the Department of Health on the procurement and use of Personal Protective Equipment (PPE) i.e., surgical masks, latex/non-latex gloves.
- Will conduct education sessions for staff (and where appropriate clients) in the correct application, removal and use of PPE.
- Will take steps to introduce disinfecting wipes at every desk, workstation and under direct supervision in offender/young persons living areas.
- Introduce procedures that ensure cleaning of inanimate surfaces where the flu droplet virus will land i.e., keys, radios, hand cuffs, desks, staff and offender/young person telephones, desks, counters, key boards, door knobs, offender/young person shower taps, clients tables and chairs, linen carts, Divisional transport vehicles takes place every 24 hours or as directed.
- Staff shall be instructed to disinfect items used by other staff prior to their own use e.g., when they receive a radio, they should disinfect it before use.
- Provision for cleaning of client visiting areas (both client and visitor section) before use.

- Will when deemed appropriate direct the use of disposable dishes and cutlery. Used disposable dishes are disposed of in the regular garbage.
- Maintenance staff will inspect air circulations units to ensure there is adequate air circulation throughout the institution.
- Will utilize Hand-Cuff Sanitizing Units
- Superintendents will take steps to review and increase inventory as required:
  - PPE's and associated supplies
  - Non-perishable food and potable water

## Appendix C – COVID-19 Questionnaire

March 24<sup>th</sup>, 2020

### SCRIPT FOR CORRECTIONS HEALTH SERVICES

#### Admission Screening

*To be used by all staff when clients are admitted to remand, correctional or youth correctional facilities in New Brunswick, as well as to all clients reporting for intermittent sentences.*

***These questions will be asked of all clients by the admissions officer in the correctional centre:***

1. Are you experiencing a fever, new cough that started within the last 14 days, sore throat, or difficulties breathing?
2. Ask the following:
  - o In the last 14 days before illness onset, have you travelled anywhere outside of New Brunswick?
  - o In the last 14 days, have you had close contact with a confirmed or probable case of COVID-19?
  - o Have you had close contact with a person who has had a fever, cough, sore throat or breathing difficulties who has travelled anywhere outside of Canada within the past 14 days?

If NO to all questions in Number 1 & 2, the client may be housed in general population or other housing deemed appropriate by Department of Public Safety.

If YES to number 1 or any of number 2:

- i. Correctional staff to don PPE per AT RISK protocol
- ii. Client to be escorted into RISK assessment room by officer and door is to be closed.
- iii. Nursing staff to don PPE per AT RISK protocol
- iv. Nursing staff to complete designated assessment and record vital signs in at RISK assessment room
- v. Call Institutional Physician/ Nurse Practitioner

The client is to remain in isolation for at least 14 days. Any contact with client will require donning PPE per AT RISK protocol. The client will be seen by the facility MD as soon as possible. CHS staff will monitor the client daily for signs and/or symptoms of COVID-19. If, at any time, the client shows signs or symptoms consistent with COVID-19, call 811 for direction.

***“SCRIPT IS SUBJECT TO CHANGE”***





**IN THE ABSENCE OF CORRECTIONS HEALTH STAFF, DPS STAFF SHOULD FOLLOW SCRIPT, EXCEPT OMIT ASSESSMENT AND VITAL SIGNS.**





## Appendix D - Resources

Online training: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/training/online-training>

Department of Health:  
[https://www2.gnb.ca/content/gnb/en/departments/ocmoh/cdc/content/respiratory\\_diseases/coronavirus.html](https://www2.gnb.ca/content/gnb/en/departments/ocmoh/cdc/content/respiratory_diseases/coronavirus.html)

Government of Canada:  
<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html>

 [covid-19-be-prepared-infographic.pdf](#)  [eng-handwashing.pdf](#)  [PosterCL.pdf](#)  [SanitizerDesinfectant.pdf](#)

 [Visitor Restrictions.pdf](#)  [Visitor Restrictions FRENCH.pdf](#)  [Correction Services IPC Script March 18, 2020.pdf](#)  [DPS IPC Guidance of Suspect Case COVID-19.pdf](#)

**Appendix E – Department of Public Safety – Sheriff Services Contact List**

**Sheriff Services - Contact List**

<b>Location</b>	<b>Contact</b>	<b>Telephone No.</b>	<b>Alternate</b>	<b>Telephone No.</b>
Bathurst	Rene Losier	(506) 545-8945	Lisette Noel	(506) 543-3076
Campbellton	Glen Perron	Cell: [REDACTED] Home: [REDACTED]	Kevin Miller	(418) 865-3140
Edmundston	Stephane Lizotte	(506) 740-6431	Kevin Bouchard	(506) 253-9163
Fredericton	Debi Hallihan	(506) 625-1701	John Latimer	(506) 260-6491
Miramichi	Mervin Malley	(506) 624-8575	Ron Cook	(506) 626-2437
Moncton	Larry Williams	(506) 866-738	Mike Gaudet	(506) 850-5865
Saint John	George Oram	(506) 647-5910	Allan Thibodeau	(506) 343-0719
Woodstock	Patrick Murphy	(506) 328-7753	Norm Brown	(506) 324-5371
Head Office	Mike Boudreau	(506) 866-7000	Amanda Doucette	(506) 476-5643

## Appendix F – Risk Assessment

Risk assessment guide for managers for determining protective equipment in a non-health setting for Pandemic (COVID-19) 2020

PPE	Low Risk	Moderate Risk	High Risk
Sample Work Settings	Customer service interaction with the general public	Indirect interaction i.e. not within 2 meters, with persons exhibiting influenza-like symptoms and/or direct contact with their environment or belongings)	Direct face to face interaction (within 2m) with persons exhibiting influenza-like symptoms, in the context of providing personal care or supervision
	Office workers, clerks, cashiers, tellers, customer service representatives, school system, all non-health care/non-caregiver positions, etc	Has contact with a contaminated environment: cleaning contaminated areas or equipment e.g. correctional facility, etc	Care activities like assisting with personal care, cleaning a room with a person with known influenza, inter-facility transport e.g. correctional officer in facilities, etc.
Hand Hygiene	YES	YES	YES
Respiratory Hygiene	YES	YES	YES
Disposable Gloves	NO	YES	YES
Apron or Gown	NO	YES	YES
Eye Protection	NO	NO, but avoid touching eyes, nose or mouth	YES
Surgical Mask	NO	NO	YES
N95 Respirator	NO	NO	NO

## Appendix G - Tips for Using and Removing Personal Protective Equipment (PPE)

<p><b>Disposable Gloves</b></p>	<p><b>To don gloves:</b></p> <ul style="list-style-type: none"> <li>• Select correct type and size</li> <li>• Insert hands into gloves</li> <li>• Extend gloves over sleeves</li> </ul> <p><b>Tips for using gloves:</b></p> <ul style="list-style-type: none"> <li>• Work from clean to dirty</li> <li>• Keep gloved hands away from face</li> <li>• Avoid touching or adjusting another PPE</li> <li>• Change gloves if they become torn or heavily soiled (even during use on same person); perform hand hygiene before donning new gloves</li> <li>• Change gloves after use of each person</li> <li>• Limit surfaces and items touched</li> <li>• Never wash or re-use gloves</li> </ul> <p><b>To remove gloves:</b></p> <ul style="list-style-type: none"> <li>• Grasp outside edge near wrist</li> <li>• Peel away from hand, turning glove inside-out</li> <li>• Hold in opposite gloved hand</li> <li>• Slide ungloved finger under the wrist of the remaining glove</li> <li>• Peel off from inside, creating a bag for both gloves</li> <li>• Discard</li> </ul>
<p><b>Surgical Mask</b></p>	<p><b>To don a mask:</b></p> <ul style="list-style-type: none"> <li>• Place over nose, mouth and chin</li> <li>• Secure on head with ties or elastic</li> <li>• Adjust to fit</li> </ul> <p><b>Tips for using mask:</b></p> <ul style="list-style-type: none"> <li>• They must be used only once and changed if wet (masks become ineffective when wet).</li> <li>• If attending an individual who is in isolation, the mask should be discarded after leaving the room. If attending multiple persons are in the same room, the same mask may be used until leaving the room.</li> <li>• They must cover both the nose and the mouth.</li> <li>• Avoid touching it while it is being worn.</li> <li>• Discard them into an appropriate receptacle.</li> <li>• They must not be allowed to dangle around the neck.</li> </ul> <p><b>To remove a mask:</b></p> <ul style="list-style-type: none"> <li>• Untie the bottom, then top, tie</li> <li>• Remove from face</li> <li>• Discard</li> </ul>
<p><b>N95 Respirator or Equivalent (For Medical Services Staff)</b></p>	<p><b>To don an N95 respirator:</b></p> <ul style="list-style-type: none"> <li>• Select a fit tested respirator</li> <li>• Place over nose, mouth and chin</li> <li>• Fit flexible nose piece over nose bridge</li> <li>• Secure on head with elastic</li> <li>• Adjust to fit</li> <li>• Perform a fit check – Inhale, respirator should collapse; Exhale, check for leakage around face</li> </ul> <p><b>'Tips for using mask', as outlined under surgical masks above, also apply to N95 respirators.</b></p> <p><b>When removing an N95 respirator:</b></p> <ul style="list-style-type: none"> <li>• Lift the bottom elastic over your head first</li> <li>• Then lift off the top elastic</li> <li>• Discard</li> </ul>