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References and Resources

Alberta Dental Association and College (2020). *Expectations and Pathway for Patient Care during the COVID-19 Pandemic. Guidelines for Stage 1: Alberta Relaunch for Dental Practice.* Retrieved from https://www.dentalhealthalberta.ca/wp-content/uploads/2020/05/Expectations-and-Pathway-for-Patient-Care-during-the-COVID-19-Pandemic_5.25.2020.pdf

Public Health Ontario (2020). *COVID-19: Infection Prevention and Control Requirements for Aerosol-Generating Medical Procedures.* Retrieved from https://www.publichealthontario.ca/-/media/documents/ncov/ipac/ipac-aerosol-generating-procedures

Royal College of Dental Surgeons of Ontario (2020). *COVID-19: Managing Infection Risks During In-Person Dental Care.* Retrieved from https://az184419.vo.msecnd.net/rcdso/pdf/standards-of-practice/RCDSO_COVID19_Managing_In_Person_Care.pdf

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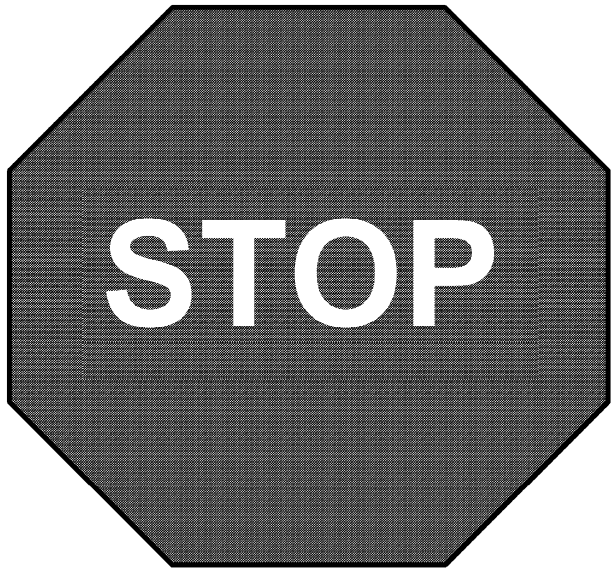
Appendix A - Door Signage for Dental Procedures



DENTAL PROCEDURE
IN PROGRESS

DO NOT ENTER

00202

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Appendix B – CSC Dental Relaunch Checklist

- ☐ All staff are briefed on new protocols for providing dental services during the COVID-19 pandemic
- ☐ All staff have been fit tested for an N95 mask
- ☐ The dental room is free of clutter (meaning it contains only dental equipment/supplies)
- ☐ All staff understand PPE expectations and have been trained in the donning and doffing of PPE
- ☐ PPE stations are located just outside dental room (according to COVID-19 Update Personal Protective Equipment guidance)
- ☐ 60-90% ABHR or other hand sanitizer approved by Health Canada for COVID-19 is available at the entrance and throughout the office
- ☐ Appropriate signage is visible in common areas (such as hand hygiene, respiratory etiquette, physical distancing, etc.)
- ☐ A door sign is available to stop any entrance to the dental room while a procedure is underway
- ☐ Cleaning plan is established to ensure appropriate cleaning and disinfection before patients, between patients, and after patients
- ☐ Schedule allows for appropriate settle time after appointments that require AGMPs

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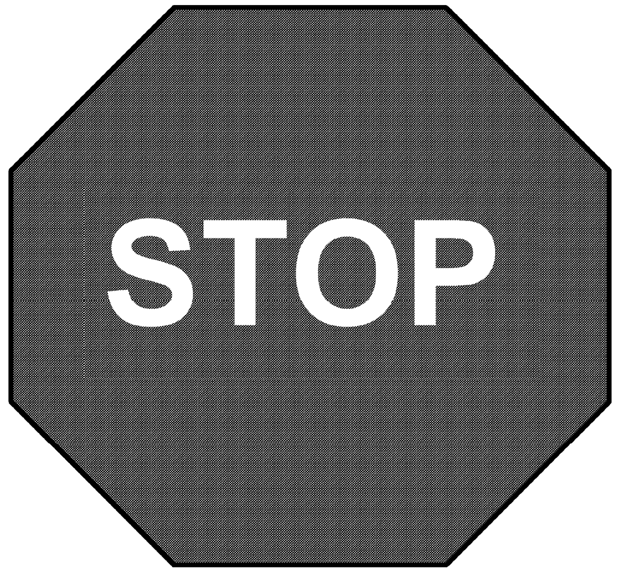
Appendix C - Door Signage for AGMP Settle Time



AGMP COMPLETED AT:

SETTLE TIME:

SAFE TO ENTER ROOM AT:

00204

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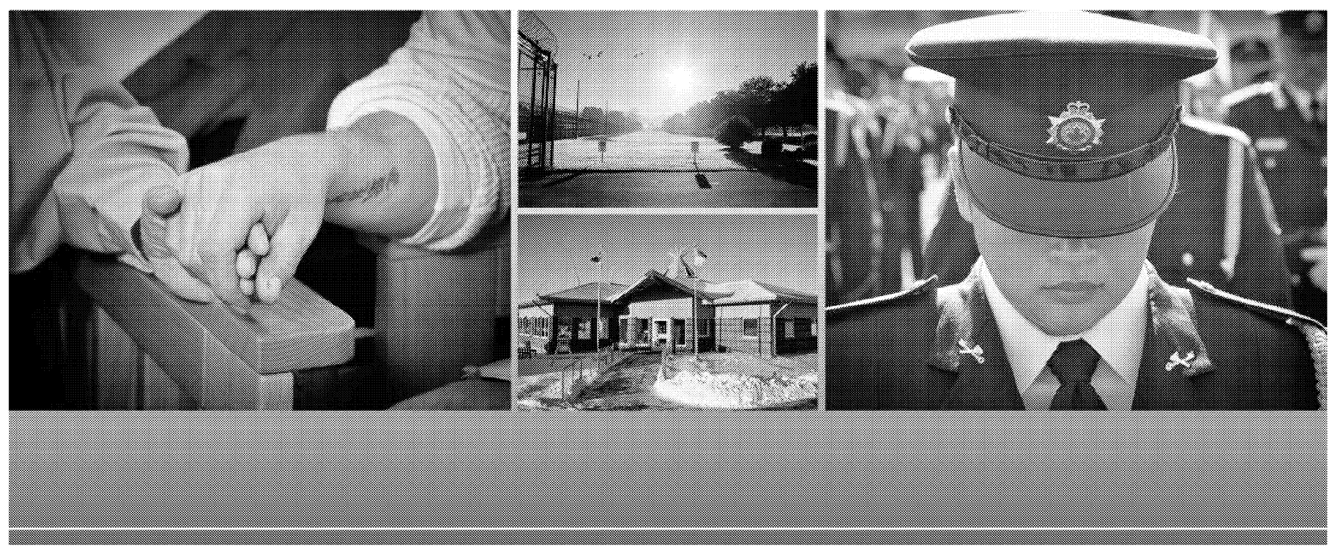

COVID -19: Interim Revisions to Cardiopulmonary Resuscitation (CPR) Procedures

UPDATED: JUNE 25, 2020

Created: April 8, 2020

Next Review: September 2020

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Table of Contents

COVID -19: Interim Revisions to Cardiopulmonary Resuscitation (CPR) Procedures ... 1
Document History ... 3
Accountability ... 3
Background ... 3
Transmission ... 3
Resuscitation ... 4
Ethical Principles ... 4
CPR in the context of COVID-19 ... 4
Compression only CPR ... 5
PPE ... 6
Sector Coordinator ... 6
Resources ... 6

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Document History

Document Date	Document Sections	Description of Revisions
April 8, 2020	Document was created	The document was approved by the National Medical Advisory Committee (NMAC) at the April 5, 2020 meeting.
April 30, 2020	Entire document	The document was reviewed and approved by NMAC at the April 30, 2020 meeting.
May 19, 2020	Resources	Reference links were added to the document.
June 4, 2020	Compression only CPR and Site Coordinator.	The procedure was reviewed and discussed by NMAC at the June 4, 2020 meeting.
June 25,2020	Compression only CPR and Site Coordinator	The document was approved by the National Medical Advisory Committee (NMAC) at the June 25, 2020 meeting.
September 2020		Next Review

Accountability

This revised CPR policy was initially reviewed and approved by the National Medical Advisory Committee (NMAC) on April 5, 2020. In order to ensure it remains consistent with the risks posed by the COVID-19 pandemic the document was subsequently reviewed on the above dates. The next review by NMAC is scheduled for September 2020

Background

COVID-19 is the infectious disease caused by the most recently discovered coronavirus. This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019. COVID-19 has been declared a global pandemic. Those who are infected with COVID-19 may have little to no symptoms. Symptoms, similar to a cold or flu, may take up to 14 days to appear after exposure to COVID-19. Symptoms include cough, fever, difficulty breathing, and pneumonia in both lungs. There is currently no vaccine against or specific treatment for COVID-19. Current studies are investigating if the virus can be transmitted to others if someone is not showing symptoms. According to the Public Health Agency of Canada (April 7, 2020) at this time, 71% of COVID-19 cases are related to community transmission.

Transmission

Current epidemiologic information suggests that human-to-human transmission of COVID-19 can occur when an individual is in close contact with a symptomatic case. Human coronaviruses are most commonly spread from an infected person through:

00207

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respiratory droplets; close, prolonged personal contact; and touching an infected area, then touching mouth, nose or eyes before washing hands.

Resuscitation

During the COVID-19 pandemic, CSC is committed to continuing to provide health care to inmates at the highest standard possible while maintaining the safety of the overall correctional community of staff, contractors, and inmates. As the pandemic continues and intensifies, practices are reviewed and revised to be consistent with the broader health community.

Ethical Principles

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

- **Proportionality**: Decisions to modify services during the pandemic should be proportionate to the real or anticipated limitations in capacity to provide those services. Capacity may refer to staffing, Personal Protective Equipment (PPE), competence in donning and doffing, or system capacity to provide different levels of critical care during surge. Restrictions to services should only be in place for as long as necessary.
- **Non-maleficence:** Decisions should minimize harm to patients wherever possible. This includes consideration for staff safety, which require equipment (PPE) and appropriate training. If certain forms of care cannot be provided, attention must be paid to minimizing pain and suffering.
- **Equity:** Equity requires that all persons in the same categories be treated in the same way unless relevant differences exist, and that special attention is paid to actions that might further disadvantage the already disadvantaged or vulnerable.
- **Transparency:** Decisions to modify services should be clearly communicated in a transparent manner to patients and to the broader community served.
- **Accountability:** Those making decisions must be accountable, and able to provide a clear rationale based on the best available evidence, practices and principles.

CPR in the context of COVID-19

- CSC is a closed environment where physical distancing can be difficult to achieve;
- Given the increase in community transmission of COVID -19 and the reality of the asymptomatic spread of the disease, any person may be contagious;
- There is evidence that CPR/cardiac compressions may generate virus particles into the air.

Current State, June 2020:

- Community rates and transmission in Canada is decreasing;

00208

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- No CSC site is in "Outbreak" as of June 16th, 2020;
- Health Services monitors the rate of incident cases of COVID-19/week in public health districts in which a CSC facility is located.

Compression only CPR

Considering the potential risk of transmission of COVID -19 to staff in performing CPR and the conditions necessary to mitigate that risk to staff and, potentially other inmates, CSC developed the following directions for intervening with inmates, staff, contractors, and volunteers who are unresponsive.

Direction:
If a person (inmate, staff, contractors, volunteer) is unresponsive, has no signs of circulation (not breathing or agonal respiration; if there is any doubt about the person's breathing, assume there is no breathing) including no pulse (if trained in CPR/AED at the health care provider level; if there is any doubt about the presence of a pulse, assume there is no pulse):

- Call for help, Call 911 (and CSC Health Services during operating hours) and have someone retrieve the AED;
- Don PPE (gown, N95 mask, visor or goggles, gloves);
- Move the patient to a firm flat surface, if possible, to an enclosed area. All non-essential people should be cleared from the area. Alternatively, establish a clear perimeter and all non-essential people should be cleared from the area;
- If opioid overdose is suspected administer naloxone nasal spray;
- Put a surgical/procedural mask on the patient;
- Non-health care staff begin Chest Compression Only CPR until the AED arrives and manage as per CPR/AED certification with the exception that you **do not ventilate the patient;**
- Chest compression only CPR by non-health care staff should continue with AED analyses, shocks should be delivered when prompted by the AED;
- Non-health care staff should not at any time initiate ventilation of the patient;
- Non-health services staff must continue to perform CPR until relieved by health services staff or the ambulance service;
- Health services staff on arrival should provide oxygen by nasal prongs at 5 liters/minute;
- Health services staff, qualified in using Bag-valve-mask (BVM) Ventilation, can initiate BVM with 5 liters of oxygen in keeping with standard chest compression/ventilation ratio;
- Continue to provide chest compression, BVM Ventilation by health services staff and follow AED prompts;
- If circulation or breathing returns, discontinue BVM and provide oxygen at

00209

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5 liters/minute (**Health Services only);**

- The decision to discontinue CPR can be made only by authorized health services staff or the ambulance service.

PPE

Institutional Heads will ensure sufficient PPE is positioned at responding posts to minimize the delays required to don PPE

Sector Coordinator

In order to ensure maximum safety and effectiveness of the response to the emergency, there must be a coordinator who will perform the following functions:

- Observe and ensure the donning/doffing of PPE;
- Establish a perimeter to minimize the number of persons present within a 2-metre distance;
- Monitor all aspects of the process;
- Debrief with staff and supervisor post incident;

Resources

BRITISH COLUMBIA

- Vancouver Coastal Health Infection Prevention and Control, Aerosol Generating Medical Procedures (AGMP) Best Practice Guideline, updated March 23, 2020
- Adult CPR Protocol for Suspect and Confirmed Cases of COVID-19, March 2020

PUBLIC HEALTH ONTARIO

- EVIDENCE BRIEF, Infection Prevention and Control for First Responders Providing Direct Care for Suspected or Confirmed COVID-19 Patients. March 29, 2020
- FOCUS ON, COVID-19: Aerosol Generation from Coughs and Sneezes, April 10, 2020
- TECHNICAL BRIEF, IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19, May 3, 2020

QUÉBEC

- COVID-19 et réanimation cardiorespiratoire (RCR) en contexte hors-hospitalier, mai 2020 (French)

OTHER

- Interim Guidance for Life Support for COVID-19, Edelson et al., 10.1161/CIRCULATIONAHA.120.047463, AHA/ASA Journals, American Heart Association
- International Liaison Committee on Resuscitation, Consensus on Science with Treatment Recommendations (CoSTR), COVID-19 infection risk to rescuers from patients in cardiac arrest, Created: March 30,2020 / Updated April 10,2020
- Resuscitation Council UK Statement on COVID-19 in relation to CPR and resuscitation in first aid and community settings, May 7, 2020
- Modification to Public Hands-Only CPR during the COVID-19 pandemic, Guidance for the public to reduce the risk of virus transmission, April 6, 2020, Heart and Stroke Foundation of Canada

00210

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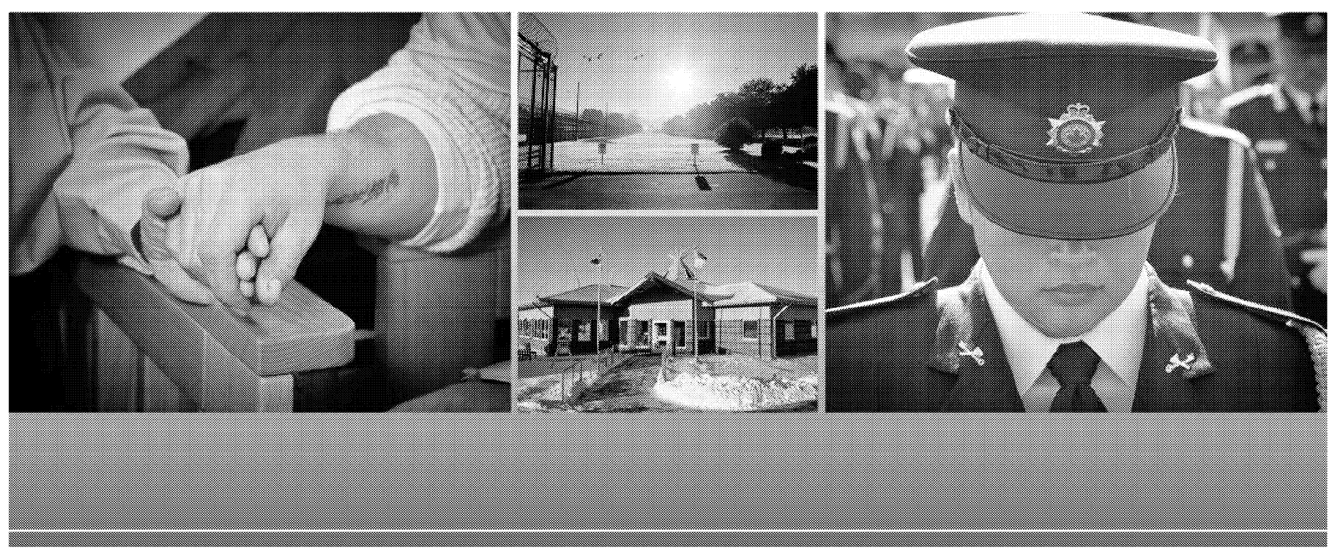

COVID -19: Interim Revisions to Continuous Positive Airway Pressure (CPAP) Procedures

UPDATED AUGUST 12, 2020

Created: May 5, 2020

Next Review: September 2020

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Contents

COVID -19: Interim Revisions to Continuous Positive Airway Pressure (CPAP) Procedures 1

Document History 2

Accountability 2

Background 3

Transmission 3

Guidance 3

The use of CPAP during a COVID-19 Pandemic 4

Institution with No COVID-19 Outbreak: *4*

Institution with a COVID-19 Outbreak *4*

Resources 5

Document History

Document Date	Description of Revisions
May 5, 2020	The new document was tabled and approved by the National Medical Advisory Committee (NMAC) at the April 30, 2020 meeting.
July 13, 2020	No changes were recommended by NMAC at the June 4 & 25, 2020 meetings.
August 12, 2020	CSC received NMAC's support on the revised document, which was sent to the Committee members by email on July 31, 2020.
September 2020	Next review

Accountability

The Regional Leaders, Primary Care and an Infectious Disease specialist discussed strategies to mitigate the risks associated with CPAP use in correctional facilities during a COVID-19 pandemic. It was agreed that the use of CPAP should be reviewed when there is a COVID-19 outbreak in a CSC Institution.

The CPAP Interim Procedures were initially reviewed and approved by the National Medical Advisory Committee (NMAC) on April 30, 2020, and will be reviewed at least every 30 days by NMAC to ensure it remains consistent with best available public health information and generally accepted public health principles regarding the risks posed by the COVID-19 pandemic.

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Background

COVID-19 is the infectious disease caused by the most recently discovered coronavirus. This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019. COVID-19 has been declared a global pandemic. Those who are infected with COVID-19 may have little to no symptoms. Symptoms, similar to a cold or flu, may take up to 14 days to appear after exposure to COVID-19. Symptoms may include cough, fever, difficulty breathing, and pneumonia in both lungs. COVID-19 can vary from being a mild, even unnoticed infection, to one that has serious long lasting health implications and a significant risk of ICU admission or death in those with chronic health conditions. There are currently no proven treatments to prevent or cure COVID-19 disease.

Transmission

Current epidemiologic information suggests that human-to-human transmission of COVID-19 can occur when an individual is in close contact with an infectious person. Coronaviruses are most commonly spread from an infected person through: respiratory droplets; close, prolonged personal contact; and touching an infected surface, then touching one's mouth, nose or eyes before washing hands. Coronavirus spread through airborne virus particles can occur through certain aerosol generating medical procedures (AGMPs) such as nebulized medications, high flow oxygen >6L and CPAP. Presently, there is an increased focus on the role that airborne transmission plays in the spread of COVID-19.

COVID-19 is spread in the community not only by those who have symptoms but also by asymptomatic individuals. In a closed community such as a correctional facility, it cannot be assumed that there are no asymptomatic individuals. In fact, COVID-19 outbreaks at CSC institutions have recorded individuals who are asymptomatic but tested positive on 'mass' screening of the incarcerated population. Hence caution needs to be exercised whether there are proven, suspected or no cases of COVID-19.

During the COVID-19 pandemic, CSC is committed to continuing to provide healthcare to inmates at the highest standard possible while maintaining the safety of the overall correctional community of staff, contractors, and inmates. An individual decision about continued use of CPAP during COVID-19 pandemic needs to balance the risk of transmission against the potential harm to the patient. Factors to consider in this decision would be the medical necessity for the patient, the risk of significant harm to the patient and the ability to continue CPAP use in the safest possible setting in the institution.

Guidance

Patients with Sleep Disordered Breathing (SDB) should have their use of CPAP reviewed during this COVID-19 pandemic to balance the medical necessity for its continued use against the risk of spreading the coronavirus to other individuals within a correctional institution.

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The use of CPAP during a COVID-19 Pandemic

Institution with No COVID-19 Outbreak

Guidance:

- All patients should be informed that in the event of an outbreak, their use of CPAP will be reviewed and may be temporarily suspended unless considered a medical necessity by their healthcare team.

Institution with a COVID-19 Outbreak

Assessing the medical necessity for CPAP:

- The decision to continue the use of CPAP for a patient who is symptomatic or COVID-19 positive must be based on a review of the patient's medical history, consultation with the patient's specialist, consideration of the likelihood of a medical complication if CPAP is temporarily discontinued, and discussion and explanation with the patient;
- The most responsible provider (MRP) – i.e. the physician or nurse practitioner – for the patient may involve other members of the healthcare team, such as the Regional Physician Lead for Primary Care or the Chief of Health Service for the institution.

CPAP assessed as NOT a medical necessity:

- The decision and rationale to discontinue the use of CPAP must be discussed with the patient;
- The patient must be advised to monitor and report any change in symptoms to Health Services without delay;
- The patient must be seen by a nurse twice per week to assess for any deterioration, development of a complication, or patient concerns.

CPAP assessed as a medical necessity:

COVID-19 Positive or Symptomatic Patient:

- The patient **must be** moved to a negative pressure room or a room that has a portable HEPA Air Purifier unit;
- If access to either of these options is not possible, then the patient should be transferred to another CSC Institution that can provide this environment.

COVID-19 Negative Patient at an Outbreak Site:

- The patient should be moved to a negative pressure room or a room that has a portable HEPA Air Purifier unit;
- If neither room is available, then CPAP should be provided in the lowest risk area of the institution. The door to the room should remain closed during the use of CPAP and for 15 minutes post use to allow for virus settle time.
- Considerations when selecting the lowest risk area of the institution: ability to distance

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from all other inmates and particularly those identified as at higher risk of severe illness from COVID-19; ability to close door; optimal ventilation; etc.

Staff considerations regarding CPAP in the setting of a COVID-19 outbreak:

- All staff who may be required to see or assess the patient during CPAP use must be trained in the use of PPE for an AGMP;
- Any staff member entering the room must wear PPE, including a N95 mask; and
- Entry into the room during CPAP use must be minimized as much as possible.

Process for all patients in the setting of a COVID-19 outbreak:

1. Identify all patients in a region utilizing CPAP;
2. MRP to review history and assess risk;
3. MRP to consult patient's specialist where applicable;
4. MRP to speak to directly with the patient, explain rationale for decision on use of CPAP during COVID-19;
5. MRP to document discussion, decision and continued management in the patient's health record;
6. A regional/site list of all patients should be maintained.

Resources

Position Statement from the Canadian Thoracic Society (CTS), Sleep Disordered Breathing (SDB) Assembly Steering Committee, Helping Canadian Health Care Providers to Optimize SDB Management For Their Patients During The COVID-19 Pandemic. April 16, 2020

1. Website: https://cts-sct.ca/covid-19/
2. Paper: https://cts-sct.ca/wp-content/uploads/2020/04/Final-CTS-COVID-19-SDB-Position-Statement.pdf

Government of Canada, Infection Prevention and Control for COVID-19: Interim Guidance for Long Term Care Homes https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevent-control-covid-19-long-term-care-homes.html#a6.5

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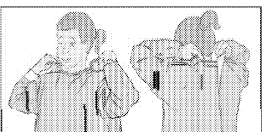
Donning Personal Protective Equipment (PPE)

Preparation

- Ensure that PPE is not damaged and is the right size
- Remove all jewellery and tie back long hair
- **WASH HANDS**

1 Gown

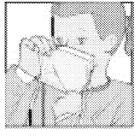
- Put on gown, tie at neck and waist



2 Mask or N95

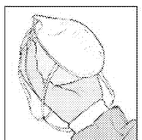
Mask

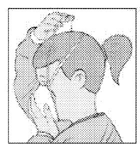
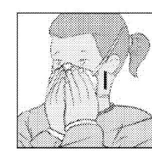
- Cover nose, mouth, and chin with surgical/procedural mask, tie or secure straps around ears
- Shape the mask to your nose



N95

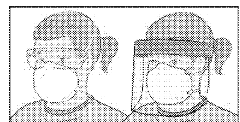
- Hold the N95 in the palm of your hand, with the straps hanging on either side
- Place mask over your chin and then nose
- Secure the upper strap on the top of the head first, then bring the lower strap over the first strap and secure at neck/under hair
- Shape the mask to your nose and check for a good seal with fingers



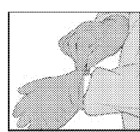
3 Face Shield

- Cover eyes with protective glasses or face shield



4 Gloves

- Insert hands into gloves
- Extend to cover the wrist of the gown



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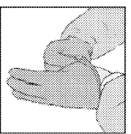
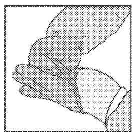
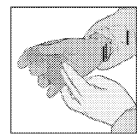
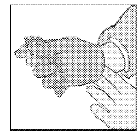
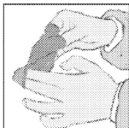
Doffing Personal Protective Equipment (PPE)

1 Gloves

- Grasp the outer surface of palm area of one glove and peel off
- Rumple glove into a ball and hold in the gloved hand
- Slide the bare fingers under the band of the other glove without touching the outside and peel off
- Dispose of the gloves in the appropriate container

Perform hand hygiene

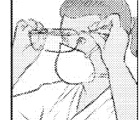
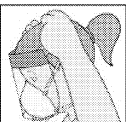
2 Gown

- Unfasten ties without contamination
- Touching only the inside of the gown, pull the gown forward
- With one hand grasp the inside of the opposite sleeve, slide it forward without turning it over to release the hand
- With your free hand, proceed in the same way to remove the other hand
- Turn gown inside out and roll into a bundle
- Dispose of the gown in the appropriate container

Perform hand hygiene

3 Face Shield

- Handle the face shield or protective goggles from the sides or back, avoid touching the front
- Dispose of the face shield or goggles in the appropriate container

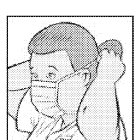



Perform hand hygiene

4 Mask or N95

Mask

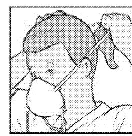
- Detach the top and bottom ties or remove straps from ears
- Pull mask forward avoiding touching the front
- Dispose of mask in the appropriate container



Perform hand hygiene

N95

- Tilt head slightly forward, pass the lower strap over the head and then the top strap, avoiding touching the filter
- Bring respirator away from face
- Dispose of N95 in the appropriate container



Perform hand hygiene

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COVID-19 Update: Guidance on the Use of Non-Medical Masks and Personal Protective Equipment

JUNE 3, 2020

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Document History

Revision Date	Document Section	Description of Revisions
April 8, 2020		Document was created.
May 1, 2020	Throughout document.	Updated to reflect Public Health Agency of Canada recommendations on all-shift masking, as well as further guidance issued on PPE for nasopharyngeal swab collection, disposal of used PPE, working in COVID-19 Transitional Units or contaminated zones, and performing seal checks on KN95 Masks.
May 13, 2020	Appendix B.	Updated to ensure consistency with BC CDC's advice on reusing face shields.
	Throughout document.	Minor editorial changes, such as grammar.
June 3, 2020	Throughout document.	The title of the document has been updated to include non-medical masks. The guidance has been updated to reflect that this guidance applies to institutions and CCCs. In addition, considerations are given for the use of PPE in the following scenarios: offenders cohorted in zones (including PPE reuse in each zone), transfers to and from outside hospital, staff working with medically isolated new admissions, and brief contacts with asymptomatic offenders. Appendix F is new and provides an overview of all the PPE scenarios detailed in the document.

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COVID-19 Update: Guidance on the Use of Non-Medical Masks and Personal Protective Equipment

Preamble

CSC has taken an active approach to the prevention and containment of COVID-19 over the last several weeks and will continue to introduce additional measures as new evidence emerges and best practices are identified.

In the absence of effective drugs or a vaccine, continued vigilance in the implementation of infection prevention and control measures is essential. The following guidance document outlines the use of medical and non-medical masks for universal masking requirements for all staff, as well as the recommended PPE for a variety of scenarios. This document applies to both institutions and Community Correctional Centres (CCCs).

The body of knowledge around COVID-19 is rapidly evolving and public health advice can change as more is learned about the virus. That said, the fundamentals of infection prevention remain the same. We know that the following measures are effective and must continue to be consistently implemented:

- Physical distancing (2 metres or more), whenever feasible;
- Frequent hand washing;
- Covering cough/sneezes with a tissue then properly disposing of the tissue or coughing/sneezing into the bend of the arm;
- Quickly identifying and isolating symptomatic individuals; and
- Enhanced cleaning with a focus on high touch surfaces.

In addition, CSC is implementing further interim measures, in accordance with Public Health Agency of Canada direction, including:

- Implementing **masking** for the full duration of shifts for all staff/contractors in all institutions;
- Implementing **masking and eye protection** for the full duration of shifts for all staff/contractors in institutions with an active COVID-19 outbreak, where an outbreak is defined as one or more confirmed COVID-19 case(s).

NHQ Health Services staff are working closely with provincial and federal public health authorities to help guide decisions about PPE.

Virus Transmission – Key Findings

Current evidence continues to indicate that droplet and contact precautions are appropriate for the routine care (within 2 metres) of COVID-19 symptomatic or confirmed individuals.

Airborne precautions should be used when aerosol generating procedures are planned or anticipated (i.e. CPAP machine, drilling by the dentist, and CPR) with COVID-19 symptomatic or confirmed individuals.

An emerging body of evidence also suggests that asymptomatic and pre-symptomatic individuals may be responsible for some transmission of COVID-19. This has led to the implementation of **masks for all**

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staff/contractors, in all CSC institutions, at all times. Staff are required to wear their masks at all times unless they are in a closed space by themselves or if there is a physical barrier between themselves and others. The intent of this masking approach is to protect staff and offenders from individuals who may unknowingly have COVID-19 and be shedding the virus. In the closed environment of a correctional setting, COVID-19 is likely introduced via the community. With the suspension of visitors and programs due to COVID-19, employees are an important potential source of introduction and spread of the virus. It is for this reason that staff/contractors are being prioritized for mask distribution for asymptomatic use, as a method of source control (preventing the worker from spreading the illness to others). As masks have become more accessible, CSC is also extending mask distribution to asymptomatic offenders. Priority is being given to asymptomatic offenders at institutions with active COVID-19 outbreaks, and non-outbreak sites will distribute masks to asymptomatic offenders wherever possible, prioritizing non-medical masks and taking into account the local PPE supply.

In institutions with an active COVID-19 outbreak, CSC is implementing the use of **masks and eye protection for all staff/contractors, at all times.** Asymptomatic offenders at outbreak sites are distributed medical/procedural masks for their own protection, and staff/contractors must instruct offenders on how to wear masks properly (including proper hand hygiene when placing the mask and removing it). In outbreak sites, non-medical masks may only be considered for use in designated non-contaminated areas, in sites that have established distinct contaminated and non-contaminated zones.

Guiding Ethical Principles in Pandemics

Public health pandemics such as COVID-19 have the potential to overwhelm any jurisdiction's available human and material resources. While all decisions need to be grounded in the best available scientific literature, leaders and decision-makers must also include key ethical considerations in their decision-making processes.

An overview of the relevant ethical considerations with respect to the deployment of PPE in response to COVID-19 are attached in Annex A.

Point of Care Assessments

All staff must work proactively to identify suspect or confirmed cases of COVID-19 among offenders. All staff/contractors who are required to be within 2 metres of an offender to provide care/perform other tasks must conduct a point of care assessment to determine, to the best of their ability, if the offender is experiencing COVID-19 symptoms. Non-medically trained staff should ask the offender if they are experiencing any of the following:

- Fever;
- Any respiratory symptoms (such as cough, shortness of breath, runny nose or sneezing, nasal congestion, hoarse voice, sore throat, or difficulty swallowing); or
- Any strange symptoms (such as chills, muscle aches, diarrhea, headache, loss of taste or smell).

Medically trained staff/contractors should follow their clinical training to determine if an offender is symptomatic prior to providing care that requires they be within 2 metres of the offender. If symptoms are present, PPE should be adjusted accordingly prior to initiating any contact and the protocol for suspected COVID-19 should be followed.

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Universal Masking at All Sites and Universal Masking and Eye Protection at Outbreak Sites

Taking into consideration infection and prevention principles and recognizing that supply chains are struggling to keep up with global demands, the following guidance serves to provide the greatest degree of effective protection for staff/contractors and offenders. In addition to the guidance below, additional measures, including PPE, may be implemented on a case by case basis in the event of an outbreak.

Universal Masking for All Asymptomatic Staff/Contractors at All Sites & Universal Masking and Eye Protection for All Staff/Contractors at Outbreak Sites

As an interim measure to contain the transmission of COVID-19, all staff/contractors are required to wear masks for the full duration of their shift, across all CSC institutions. Staff are required to wear their masks at all times unless they are by themselves (e.g. in an office, corridor, empty room, outdoors) or if there is a physical barrier between themselves and others. In non-outbreak sites, non-medical masks should be worn for universal masking as much as possible in order to preserve medical/procedural masks for higher risk activities.

For any sites with an active COVID-19 outbreak, medical/procedural masks and eye protection are to be worn by all staff/contractors for the full duration of their shifts. The use of non-medical masks may only be considered in sites with established distinct contaminated and non-contaminated zones; where the non-contaminated zones may use non-medical masks.

The following are best practices when implementing universal masking and eye protection measures:

- Masks are not a replacement for physician distancing – staff/contractors must continue to maintain at least two metres of separation from offenders and other staff, whenever possible, even when following universal masking measures.
- Given resource supply limitations, a single mask may be worn for an extended period of time (e.g. donned at the beginning of the shift and continued to be worn throughout the shift) as long as it is not visibly soiled, damp, damaged, or difficult to breathe through. All staff should make efforts to maximize the longevity of each mask. See Annex C for guidelines on the extended use/reuse of masks.
- Masks are to be donned when entering the institution and removed only when eating (note: physical distancing is imperative when masks are removed for eating) or when leaving the institution at the end of the shift. In outbreak sites, the same guidance applies to the use of both masks and eye protection.
- Proper hand hygiene is imperative, including before and after removing the mask. Avoid touching and manipulating the mask (if it is necessary to readjust, hand hygiene should be performed before and after adjusting the mask). Masks should not be dangled under the chin, around the neck, or placed on top of the head.
- All staff/contractors must be trained and monitored for compliance with donning, doffing, and wearing masks – and eye protection at outbreak sites – for the duration of their shift, as well as properly assessing the need for additional PPE (as per the guidance for COVID-19 positive and symptomatic offenders below).

Institutional Heads will establish a process to track and regularly monitor PPE training, the issuing of masks and eye protection, as well as the proper use of PPE (including appropriate donning, doffing, and wearing of mask and eye protection), in collaboration with Health Services.

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PPE Requirements by Zone and/or by Offender COVID-19 Status

In order to mitigate the spread of COVID-19 throughout the institution, separate zones should be established to accommodate the cohorting of offenders in the case of an outbreak. CSC recommends cohorting offenders for medical isolation in the following zones:

- Offenders who are identified as COVID-19 positive
- Offenders who are symptomatic and/or awaiting test results
- Offenders identified as close contacts of a COVID-19 positive case

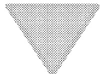
PPE Requirements: Offenders Diagnosed with COVID-19 // Zone: COVID-19 Positive

Staff/contractors within 2 metres of offender	Staff/contractors within two metres of offender on CPAP or undergoing dental work[1]	Offender (when out of cell)
Gloves Medical/Procedural Mask Face Shield (preferred)/Eye Goggles Gown	Gloves N95 Mask Face Shield (preferred)/Eye Goggles Gown	Medical/Procedural Mask

Notes

1. In order to preserve PPE supplies, staff/contractors should make efforts to provide care to more than one COVID-19 positive offender at a time in order to reduce the number of times staff/contractors are required to don and doff new PPE. Staff/contractors only need to change PPE when it becomes damaged or soiled.
2. Gloves are the only PPE that should be changed after contact with an offender and before initiating contact with a different offender. Hand hygiene should be performed before donning new gloves and gloves should cover the wrist/cuff of the gown.
3. Face Shields/goggles may be individually issued and reused if the face shield/eye goggles are in good repair and disinfected by the user (see Annex B).
4. Gowns, if cloth, are to be stored and laundered for reuse.
5. Gloves and masks should be safely disposed of after use.

PPE Reuse in This Zone



Change Gloves Between Each Offender, Reuse All Other PPE Unless Soiled/Damaged

In zones dedicated to COVID-19 positive offenders, the same PPE can be worn as long as the staff/contractor stays within the unit or zone. The entirety of these areas are considered contaminated, and as such, while in this zone, gowns, masks, and eye protection only need to be changed if they become soiled or damaged. Gloves should be changed and hand hygiene should be performed after contact with an offender (or their environment) and before initiating contact with a different offender.

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[1] Only dental work that requires the use of a high-speed drill is considered an aerosol-generating procedure; however, given that it may be hard to predict in advance which procedures will require drilling, CSC recommends treating every dental case having the potential to become an aerosol-generating procedure, requiring N95 masks. Refer to CSC's COVID-19: Guidance for Dental Services for the most up to date and additional information.

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Before leaving these contaminated units or zones, staff must doff PPE, as well as perform hand hygiene, replace their mask, and replace or repurpose their eye protection (as per Annex B). The goal is to prevent transmission of the virus from contaminated zones to areas of the site that are free from contamination. Donning and doffing should take place in designated areas – these areas should include: a hand washing station equipped with alcohol-based hand rub and/or soap and water; no-touch receptacles for the disposal of gloves and non-reusable face shields and gowns; and no-touch laundry hampers (ideally lined with plastic liners) for reusable gowns. See the section on Donning and Doffing for more information.

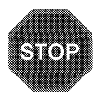
PPE Requirements: Offenders with Symptoms of COVID-19 // Zone: Symptomatic and/or Awaiting Test Result

Staff/contractors within 2 metres of offender	Staff/contractors within two metres of offender on CPAP or undergoing dental work[1]	Offender (when out of cell)
Gloves Medical/Procedural Mask Face Shield (preferred)/Eye Goggles Gown	Gloves N95 Mask Face Shield (preferred)/Eye Goggles Gown	Medical/Procedural Mask

Notes

1. **New PPE must be donned for each offender in this group** (see below for PPE Reuse in the Zone). Staff/contractors must doff PPE after providing care/performing other tasks within two metres for an offender with symptoms of COVID-19.
2. Face Shields/goggles may be individually issued and reused if the face shield/eye goggles are in good repair and disinfected by the user (see Annex B). They should be replaced or reprocessed between contact with different offenders.
3. Gowns, if cloth, are to be stored and laundered for reuse.
4. Gloves and masks should be safely disposed of after use.

PPE Reuse in this Zone



Change PPE Between Each Offender

In zones dedicated to symptomatic, but not confirmed positive COVID-19 offenders, **PPE must be changed after contact with an offender (or their environment) and before initiating contact with a different offender.** This is important in mitigating the spread of COVID-19 between offenders that are symptomatic with COVID-19 (but not yet confirmed by a positive test result), and those who are symptomatic, but whose symptoms are attributable to another infectious agent.

Before leaving this zone, staff must doff PPE, as well as perform hand hygiene, replace their mask, and replace or repurpose their eye protection (as per Annex B). The goal is to prevent transmission of the virus from contaminated zones to areas of the site that are free from contamination. Donning and doffing should take place in designated areas – these areas should include: a hand washing station equipped with alcohol-based hand rub and/or soap and water; no-touch receptacles for the disposal of gloves and non-reusable face shields and gowns; and no-touch laundry hampers (ideally

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lined with plastic liners) for reusable gowns. See the section on Donning and Doffing for more information.

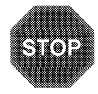
PPE Requirements: Close Contacts of a COVID-19 Case // Zone: Close Contacts

Staff/contractors within 2 metres of offender	Staff/contractors within two metres of offender on CPAP or undergoing dental work[1]	Offender (when out of cell)
Gloves Medical/Procedural Mask Face Shield (preferred)/Eye Goggles Gown	Gloves N95 Mask Face Shield (preferred)/Eye Goggles Gown	Medical/Procedural Mask

Notes

1. Asymptomatic contacts are treated the same as symptomatic individuals to mitigate the risk of offenders potentially transmitting the virus *before* the onset of symptoms. Data from recent outbreaks also suggests that offenders may not be forthcoming about reporting symptoms; therefore, the use of full PPE is recommended out of an abundance of caution.
2. **New PPE must be donned for each offender in this group** (see below for PPE Reuse in the Zone). Staff/contractors must doff PPE after providing care/performing other tasks within two metres for an offender with symptoms of COVID-19.
3. Face Shields/goggles may be individually issued and reused if the face shield/eye goggles are in good repair and disinfected by the user (see Annex B). They should be replaced or reprocessed between contact with different offenders.
4. Gowns, if cloth, are to be stored and laundered for reuse.
5. Gloves and masks should be safely disposed of after use.

PPE Reuse in this Zone



Change PPE Between Each Offender

In zones dedicated to asymptomatic close contacts of a case, **PPE must be changed after contact with an offender (or their environment) and before initiating contact with a different offender.** This is important in mitigating the spread of COVID-19 between offenders that have COVID-19 (and are presymptomatic) and those who do not.

Before leaving this zone, staff must doff PPE, as well as perform hand hygiene, replace their mask, and replace or repurpose their eye protection (as per Annex B). The goal is to prevent transmission of the virus from contaminated zones to areas of the site that are free from contamination. Donning and doffing should take place in designated areas – these areas should include: a hand washing station equipped with alcohol-based hand rub and/or soap and water; no-touch receptacles for the disposal of gloves and non-reusable face shields and gowns; and no-touch laundry hampers (ideally lined with plastic liners) for reusable gowns. See the section on Donning and Doffing for more information.

00225

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PPE Requirements for Collecting Nasopharyngeal Swabs for COVID-19 Testing

Regulated health professional collecting swab & any staff within 2 metres of offender	Offender*
Gloves Medical/Procedural Mask Face Shield (preferred)/Eye Goggles Gown	Medical/Procedural Mask

*This procedure should be followed regardless of the symptomatic/asymptomatic status of the offender.

Notes

1. The health professional performing the specimen collection, along with any other staff within 2 metres of the procedure, must don PPE prior to entering the room. The test should be performed in a closed room with as few people in the room as possible.
2. The offender should already be wearing a medical/procedural mask at all times while outside of their cell, per universal masking procedures. In preparation for the swab, the offender should be instructed to perform hand hygiene, then lower their mask so that only their nose is exposed, with their mouth and chin remaining covered.
3. Persons performing the specimen collection should stand to the side of the patient, not directly in front of them, and should move away from the patient (to more than 2 metres away) as soon as the procedure is complete.
4. The offender should be instructed to perform hand hygiene and immediately replace the mask to its proper position over the nose, mouth, and chin. If their mask has become contaminated or soiled (e.g. from coughing or sneezing), they should be given a new mask.
5. Following the procedure, face shields/goggles that have been individually issued can be reused if they are in good repair and disinfected by the user (see Annex B)
6. Gowns, if cloth, are to be stored and laundered for reuse.
7. Gloves and masks should be safely disposed of after use.

PPE Requirements for CPR[2]

First Responders	Patient*
Gloves N95 Face Shield (preferred)/Eye Goggles Gown	Medical/Procedural Mask

*Patient refers to any staff, contractor or offender, regardless of symptomatic/asymptomatic status.

Notes

1. All first responders must don PPE prior to initiating CPR.

[2] Please see CSC's COVID-19: Interim Revisions to Cardiopulmonary Resuscitation (CPR) Procedures for the most up to date and additional information.

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2. A medical/procedural mask must also be placed on the patients face to cover their nose, mouth, and chin.
3. Face Shields/goggles may be individually issued and reused if the face shield/eye goggles are in good repair and disinfected by the user (see Annex B).
4. Gowns, if cloth, are to be stored and laundered for reuse.
5. Gloves and masks should be safely disposed of after use.

PPE Requirements for Transfers to Outside Hospital

If staff are required to escort an inmate to an outside hospital during the COVID-19 pandemic, PPE requirements should take into consideration whether the receiving hospital is actively experiencing a COVID-19 outbreak or not. PPE recommendations are as follows.

Transfer to an outside hospital with no known COVID-19 outbreak

Staff: Transferring an offender who is NOT suspected of COVID-19	Staff: Transferring an offender who is symptomatic or COVID-19 positive	Offender being transferred
Gloves Medical/Procedural Mask	Gloves Medical/Procedural Mask Face Shield (preferred)/Eye Goggles Gown (disposable preferred)	Medical/Procedural Mask
This is the minimum standard, however the receiving hospital may request additional PPE. In this instance, hospital guidance should be followed.	The receiving hospital may not be able to provide PPE for CSC staff. CSC staff should prepare for this by ensuring they have 3 sets of PPE ready for the transfer: one set for travelling to the hospital, a new set upon arrival to the hospital, and a final set for returning to the institution.	

Transfers to an outside hospital with known COVID-19 outbreak

Staff: Transferring an offender regardless of COVID-19 status	Offender being transferred
Gloves Medical/Procedural Mask Face Shield (preferred)/Eye Goggles Gown (disposable preferred)	Medical/Procedural Mask
The receiving hospital may not be able to provide PPE for CSC staff. CSC staff should prepare for this by ensuring they have up to 3 sets of PPE ready for the transfer: one set for travelling to the hospital, a new set upon arrival to the hospital, and a final set for returning to the institution.	

Note

For all transfers to outside hospital, staff are required to follow hospital instructions regarding the use of PPE, the designated areas for donning and doffing PPE, as well as the appropriate locations for staff to have lunch or breaks. If staff are required to remove their masks for breaks or eating, they should maintain a two metre distance from others and remain in clean/non-contaminated areas, as designated by the hospital.

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PPE Requirements for Warrants of Committal and Returns to Federal Custody

As an interim measure to mitigate the introduction of COVID-19 into CSC institutions, new Warrants of Committal and offenders returning to federal custody must isolate for 14-day upon admission. Upon intake, offenders are expected to be screened by operations and by health services for symptoms of and potential exposures to COVID-19.

Staff/contractors working with asymptomatic offenders that are medically isolating as new admissions to the institution require only routine practices and the universal masking policies, as detailed above (Universal Masking at All Sites and Universal Masking and Eye Protection at Outbreak Sites). Routine practices include, but are not limited to, frequent hand hygiene, physical distancing as much as possible, respiratory hygiene, and appropriate cleaning practices. Offenders may also be offered non-medical masks, as resources allow.

Staff/contractors working with symptomatic offenders require PPE as detailed above (PPE Requirements: Offenders with symptoms of COVID-19).

Considerations for Brief Contacts with Asymptomatic Offenders

The risk of COVID-19 transmission is influenced by the nature and duration of contact with another person. The Public Health Agency of Canada (PHAC) defines prolonged exposure as anything over 15 minutes (which can be a continuous exposure or the cumulative duration of interactions with the same individual). Any interactions under 15 minutes are considered a 'brief' contact. There are several tasks and activities that CSC staff/contractors perform, in contact with offenders, that would be considered brief – some examples include the placement of electronic monitoring devices or cuffing an offender.

Prior to initiating contact within 2 metres of an offender, staff members should do a point of care assessment to determine if the offender is symptomatic before proceeding. If the offender is asymptomatic, both the staff and offender should wear a non-medical mask as a method of source control (i.e. to prevent the spread of their own respiratory droplets to each other or the environment). Staff may also choose to wear gloves when touching the patient, although proper hand hygiene before and after wearing gloves is imperative. Additional PPE is required if the offender is symptomatic, as detailed above (PPE Requirements: Offenders with symptoms of COVID-19).

Donning and Doffing PPE

Proper donning and doffing techniques must be followed at all times. Instructions for donning and doffing are included in Annex D.

Staff/contractors will receive instruction on how to don and doff PPE when wearing it for the first time. Institutional Heads will establish a process to track and regularly monitor PPE training, the issuing of masks and eye protection, as well as the proper use of PPE (including appropriate donning, doffing, and wearing of mask and eye protection), in collaboration with Health Services.

When donning and doffing PPE prior to providing care/performing other tasks with close contacts, symptomatic, or COVID-19 positive offenders, all staff/contractors are required to have an observer (buddy) who will observe and provide verbal correction if the PPE is not being donned or doffed properly.

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Institutional Heads, will establish a location close to the point of care for staff/contractors to doff PPE after providing care/performing other tasks with symptomatic offenders or offenders with a positive COVID-19 diagnosis. The area where PPE is donned should be separated from the area where it is removed and discarded. These areas should be clearly marked.

PPE must be properly disposed of to prevent the spread of infection. Point of care and doffing areas should be equipped with the following to allow for the proper disposal of contaminated PPE:

- Alcohol-based hand rub and/or designated hand washing sinks with soap and paper towels;
- An adequate number of no-touch waste receptacles for gloves, masks, non-reusable eye protection, non-reusable gowns, and paper towels;
- An adequate number of no-touch laundry hampers (with plastic liners) for reusable gowns;
- Accel wipes or Ultra Swipes cleaning products (or an alternate approved product) for the reprocessing of eye protection, if reusable (see Annex B).

Note on N95 and KN95 Respirators

If an N95 mask is warranted, as per the guidance issued above, it is important to ensure the mask is the correct size (as per the user's mask fit test) and sealed properly around the nose and mouth. Users should perform seal checks, prior to entering the room or area where airborne precautions are required, as per their training.

If KN95 masks are used, they do not require the same fit testing as N95 masks. However, these masks still require the user to perform a seal check prior to entering the room or area where airborne precautions are required. See Annex E for instructions on how to don and seal check KN95 masks.

Summary of PPE Requirements

A summary of the PPE requirements is available in Annex F: PPE At-a-Glance.

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References

Public Health Agency of Canada. (2020). Community-based measures to mitigate the spread of coronavirus disease (COVID-19) in Canada. https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/public-health-measures-mitigate-covid-19.html

Public Health Agency of Canada. (2020). COVID-19 Technical Brief: Masking and face shields for full duration of shifts in acute healthcare settings. https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/technical-brief-masking-face-shields-full-duration-shifts-acute-healthcare-settings.html

Public Health Agency of Canada. (2020). Infection Prevention and Control for COVID-19: Interim Guidance for Long Term Care Homes. https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevent-control-covid-19-long-term-care-homes.html

Public Health Agency of Canada. (2020). Infection Prevention and Control for COVID-19. Second Interim Guidance for Acute Healthcare Settings. https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/infection-prevention-control-covid-19-second-interim-guidance.html

00230

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Annex A

Ethical Considerations for PPE Use During a Pandemic

- **Individual liberty**: Respect for an individual's autonomy may need to be restricted in order to protect the public from serious harm.
- **Proportionality**: Any restrictions to individual liberties that are taken to protect the public from serious harm should be least restrictive and not bring about greater harm.
- **Reciprocity**: This principle requires that society and organizations support those who face a disproportionate burden in protecting the public good and take steps to minimize that burden to the degree possible.
- **Equity**: This principle, like all principles, considers the needs of staff, contractors, volunteers and offenders. Decision makers need to preserve as much equity as possible to protect the safety and health of all groups.
- **Trust**: Decision-makers are often forced during pandemics to implement various control measures. Ensuring that PPE decisions are grounded in evidence, ethical principles, are transparent and include stakeholder input, to the greatest extent possible, will help engender trust.
- **Solidarity:** Pandemics highlight the interdependence within an organization, between organizations and between jurisdictions. There is a common purpose in promoting equitable care, including in PPE utilization, to ensure the greatest public health benefit both within an organization and across all jurisdictions.
- **Stewardship:** All decisions regarding resource allocation aim to provide the best possible outcomes for all individuals. Decision-makers should look to maximize the benefits when allocating resource and aim for good and equitable outcomes. The intent is to maximize good outcomes and minimize burdens in an equitable manner.

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Annex B

Implementing extended use of eye protection.

Extended use of eye protection is the practice of wearing the same eye protection for repeated close contact encounters with several different patients. Extended use of eye protection can be applied to disposable and reusable devices.

- Eye protection should be removed and reprocessed if it becomes visibly soiled or difficult to see through or when you are removing it and planning to store it for later use.
    - If a disposable face shield is reprocessed, it should be dedicated to one employee/contractor and reprocessed whenever it is visibly soiled or removed (e.g., when leaving the isolation area) prior to putting it back on. See protocol for removing and reprocessing eye protection below.
- Eye protection should be discarded if damaged (e.g., if face shield can no longer fasten securely to the provider, if visibility is obscured and reprocessing does not restore visibility).
- Staff/contractors should make efforts to not to touch their eye protection. If they touch or adjust their eye protection they must immediately perform hand hygiene.

Process for cleaning and disinfecting eye protection (reprocessing):

When manufacturer instructions for cleaning and disinfection are unavailable, such as for single use disposable face shields, consider:

1. Perform hand hygiene and don gloves. If the eye protection is visibly soiled, wash first with soap and water and continue with the remaining steps for disinfection.

2. While wearing gloves, carefully wipe the *inside, followed by the outside* of the face shield or goggles using an Accel wipe or Ultra Swipe (or approved alternate product).

3. Carefully wipe the *outside* of the face shield or goggles using an Accel wipe or Ultra Swipe (or approved alternate product).

4. Wipe the outside of face shield or goggles with clean water to remove residue.

5. Fully dry (air dry or use clean absorbent towels).

6. Remove gloves and perform hand hygiene.

7. Store in a designated clean area.

Sources:

BC CDC: http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_EyeFacialProtectionDisinfection.pdf

CDC: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html

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Annex C

Guidance on Extended Use of Masks For Activities Involving Close Proximity to Asymptomatic Individuals

To remove facemask with intent to reuse:

1. Perform hand hygiene ;
2. Remove mask :
    a. Ear-Loop mask style: Remove mask by holding the ear loops.
    b. Tie Back: Remove mask by untying lower ties first. Untie upper ties last ;
3. After removing mask, visually inspect it. If soiled, torn, or saturated the mask should be discarded;
4. If the mask is not visibly soiled, torn or saturated, carefully store the mask in a safe location in a brown paper bag or between two pieces of paper/paper towel with your name on it and marked 'front' and 'back' on the two sides. Insert your mask so that the front of the mask faces the side of the bag labelled front; and
5. Perform hand hygiene.

To re-apply used mask:

1. Perform hand hygiene ;
2. Minimally handle the mask and re-apply; and
3. Perform hand hygiene.

A single mask can be worn between all activities requiring less than 2 metres of physical distancing so long as all individuals are asymptomatic.

Given the international shortage of medical/procedural masks all staff/contractors should make every effort to maximize the longevity of each mask and prioritize non-medical masks at non-outbreak sites, so that we can collectively preserve supply for higher risk activities.

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Annex D

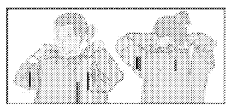
Donning Personal Protective Equipment (PPE)

Preparation

- Ensure that PPE is not damaged and is the right size
- Remove all jewellery and tie back long hair
- **WASH HANDS**

1 Gown

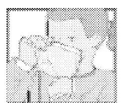
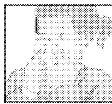
- Put on gown, tie at neck and waist



2 Mask or N95

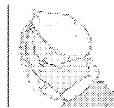
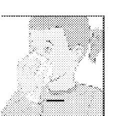
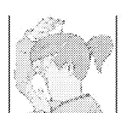
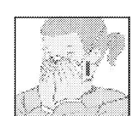
Mask

- Cover nose and mouth with surgical/procedural mask, tie or secure straps around ears
- Shape the mask to your nose

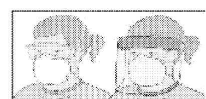
N95

- Hold the N95 in the palm of your hand, with the straps hanging on either side
- Place mask over your chin and then nose
- Secure the upper strap on the top of the head first, then bring the lower strap over the first strap and secure at neck/under hair
- Shape the mask to your nose and check for a good seal with fingers

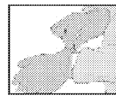
3 Face Shield

- Cover eyes with protective glasses or face shield



4 Gloves

- Insert hands into gloves
- Extend to cover the wrist of the gown



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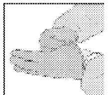
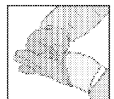
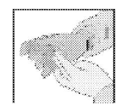
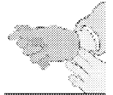
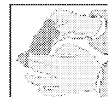
Doffing Personal Protective Equipment (PPE)

1 Gloves

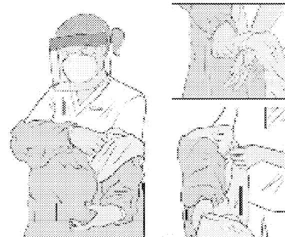
- Grasp the outer surface of palm area of one glove and peel off
- Rumple glove into a ball and hold in the gloved hand
- Slide the bare fingers under the band of the other glove without touching the outside and peel off
- Dispose of the gloves in the appropriate container

Perform hand hygiene

2 Gown

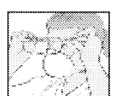
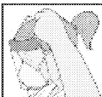
- Unfasten ties without contamination
- Touching only the inside of the gown, pull the gown forward
- With one hand grasp the inside of the opposite sleeve, slide it forward without turning it over to release the hand
- With your free hand, proceed in the same way to remove the other hand
- Turn gown inside out and roll into a bundle
- Dispose of the gown in the appropriate container



Perform hand hygiene

3 Face Shield

- Handle the face shield or protective goggles from the sides or back, avoid touching the front
- Dispose of the face shield or goggles in the appropriate container

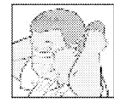
 

Perform hand hygiene

4 Mask or N95

Mask

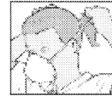
- Detach the top and bottom ties or remove straps from ears
- Pull mask forward avoiding touching the front
- Dispose of mask in the appropriate container



Perform hand hygiene

N95

- Tilt head slightly forward, pass the lower strap over the head and then the top strap, avoiding touching the filter
- Bring respirator away from face
- Dispose of N95 in the appropriate container



Perform hand hygiene

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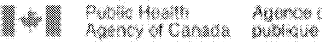
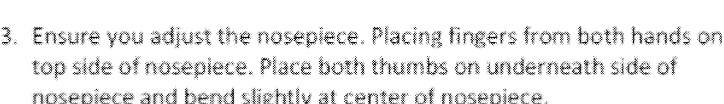
Annex E



Public Health Agency of Canada / Agence de la santé publique du Canada

Canada

Instructions for masks with ear loops (note, images may differ from actual product):

1. Donning this mask involves proper placement of the straps around the ears. Hold the mask by the ear loops, with nosepiece up. Place a loop around each ear.	
2. These masks are equipped with a nosepiece that is meant to be molded to the user's facial structure. Using your index fingers press gently against the metal strip until it molds to a snug fit. 3. Ensure you adjust the nosepiece. Placing fingers from both hands on top side of nosepiece. Place both thumbs on underneath side of nosepiece and bend slightly at center of nosepiece.  4. Ensure a good fit around your face by pulling the bottom of the mask over your mouth and ensure your chin is inside the mask.	
5. After donning the filtering face piece, perform a face fit check while wearing any accessories (e.g., glasses, goggles, jewelry) that will be worn during use to verify a snug fit around the contour of the mask. • Completely cover the outside of the mask with both hands. Do not push the mask against your face. With your hands in place on the surface of the mask, exhale or breathe out sharply. If you feel air blowing on your face or eyes, the mask needs to be adjusted. To adjust, repeat steps 2 to 5. When mask is a good fit, you will not feel any air blowing on your face or eyes. If you can't get a good fit, try a different model mask.	
6. Remove the mask by carefully drawing both ear loops away from the ears then forward away from the face. The front may be contaminated, so remove slowly and carefully.	
7. **Note, this product is not a NIOSH approved N95 respirator.**	

TEST RESULTS: To expand the availability of N95 masks and respirators during the pandemic, this product has been tested by the Public Health Agency of Canada against GB2626-2006 to determine its acceptability. This standard the NIOSH equivalent that is used outside of North America to approve KN95 masks. This is in accordance with Health Canada policies (https://www.canada.ca/en/health-canada/services/drugs-health-products/medical-devices/masks-respirators-covid19.html#a4). This product was tested at the same flowrate and particle concentration used by NIOSH for N95 filtering facepiece devices and found to have a particle filtration efficiency of greater than 95%.

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Annex F: PPE At-a-Glance

PPE by Zone and/or Offender COVID-19 Status

Zone and/or Offender COVID-19 Status	PPE Requirements		
	Staff/contractors within 2m of inmate	Staff/contractors within 2m of inmate on CPAP or undergoing dental work	Inmate (when out of cell)
Offenders Diagnosed with COVID-19 // Zone: COVID-19 Positive	Gloves Medical/Procedural Mask Eye Protection Gown	Gloves N95 Mask Eye Protection Gown	Medical/Procedural Mask
Offenders with symptoms of COVID-19 // Zone: Symptomatic and/or Awaiting Test Result	Gloves Medical/Procedural Mask Eye Protection Gown	Gloves N95 Mask Eye Protection Gown	Medical/Procedural Mask
Close contacts of a COVID-19 case // Zone: Close Contacts	Gloves Medical/Procedural Mask Eye Protection Gown	Gloves N95 Mask Eye Protection Gown	Medical/Procedural Mask

CHANGE PPE BETWEEN OFFENDERS

PPE for NP Swabs Collection and CPR

Procedure	Staff (Regulated health professional performing swab or First Responder for CPR)	Patient
Collecting Nasopharyngeal Swabs for COVID-19 Testing	Gloves Medical/Procedural Mask Eye Protection Gown	Medical/Procedural Mask
CPR	Gloves N95 Eye Protection Gown	Medical/Procedural Mask

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PPE for Transfer to Outside Hospital

Receiving Hospital's Outbreak Status Offender's	COVID-19 Status	PPE Requirements	
		Staff	Offender
NO KNOWN **COVID-19 Outbreak at Receiving Hospital**	**Transferring an offender who is NOT suspected of COVID-19**	Gloves Medical/Procedural Mask *This is the minimum standard, however the receiving hospital may request additional PPE, which should be followed*	Medical/Procedural Mask
	Transferring an offender who is symptomatic or COVID-19 positive	Gloves Medical/Procedural Mask Eye Protection Gown (disposable preferred) *The receiving hospital may not be able to provide PPE for CSC staff. CSC staff should prepare for this by ensuring they have 3 sets of PPE ready for the transfer: one set for travelling to the hospital, a new set upon arrival to the hospital, and a final set for returning to the institution.*	Medical/Procedural Mask
KNOWN **COVID-19 Outbreak at Receiving Hospital**	**Transferring an offender regardless of COVID-19 status**	Gloves Medical/Procedural Mask Eye Protection Gown (disposable preferred) *The receiving hospital may not be able to provide PPE for CSC staff. CSC staff should prepare for this by ensuring they have up to 3 sets of PPE ready for the transfer: one set for travelling to the hospital, a new set upon arrival to the hospital, and a final set for returning to the institution.*	Medical/Procedural Mask

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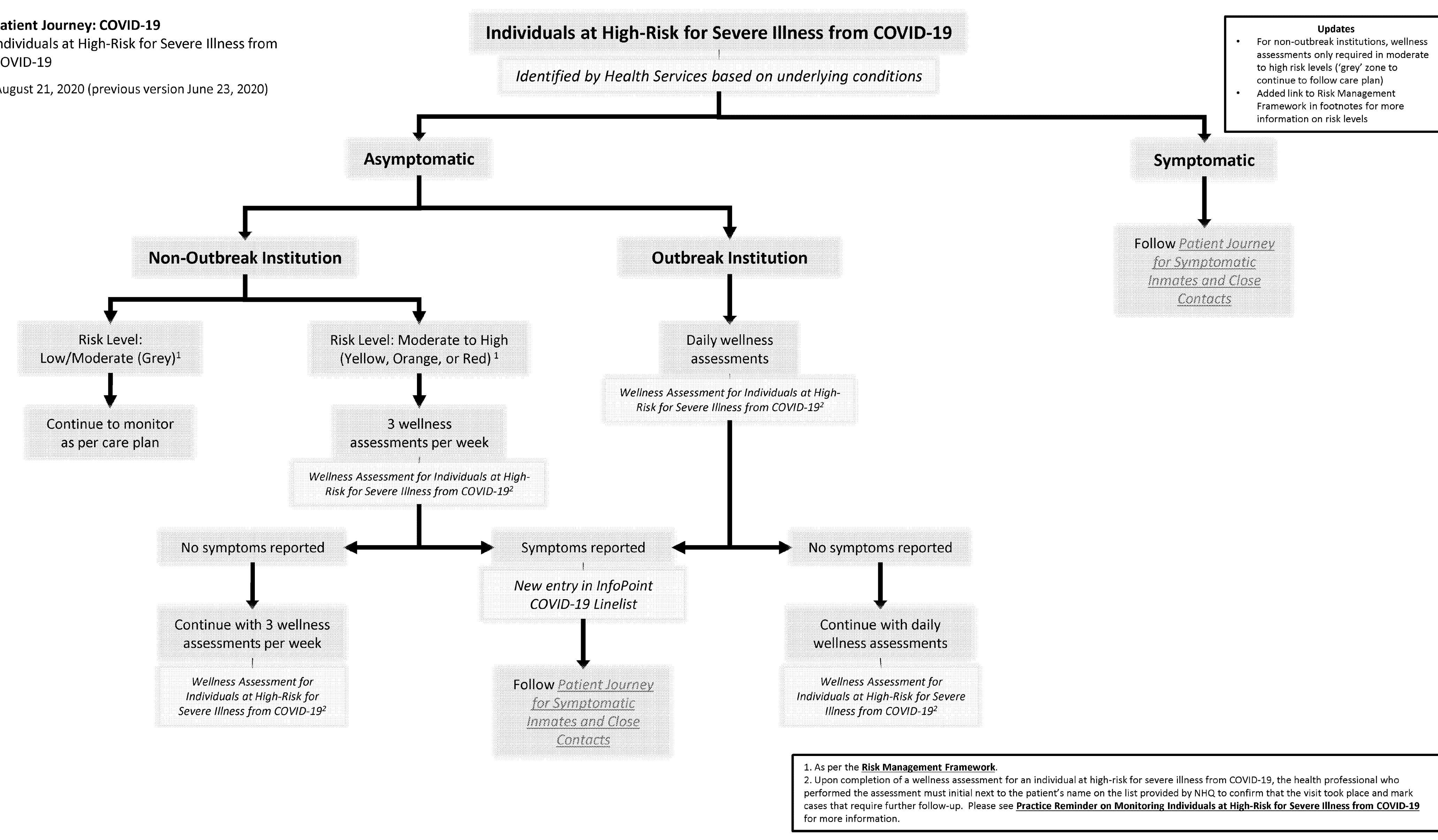
Patient Journey: COVID-19
Individuals at High-Risk for Severe Illness from COVID-19

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



Updates
- For non-outbreak institutions, wellness assessments only required in moderate to high risk levels ('grey' zone to continue to follow care plan)
- Added link to Risk Management Framework in footnotes for more information on risk levels

1. As per the **Risk Management Framework**.
2. Upon completion of a wellness assessment for an individual at high-risk for severe illness from COVID-19, the health professional who performed the assessment must initial next to the patient's name on the list provided by NHQ to confirm that the visit took place and mark cases that require further follow-up. Please see **Practice Reminder on Monitoring Individuals at High-Risk for Severe Illness from COVID-19** for more information.

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Hospital Discharge Form
Physician Recommendations for Medical Isolation

AFFIX PATIENT IDENTIFIER STICKER HERE

Patient Name: ______________________________

Date of hospitalization: __________________ Date of discharge: __________________

Current COVID-19 Outbreak at Hospital: □ Yes □ No

To your knowledge, was the patient exposed to COVID-19 while in the hospital: □ Yes □ No

COVID-19 test while in hospital: Date of test:____________________

- □ Negative
- □ Positive
- □ Not tested

Do you recommend medical isolation for this patient upon returning to a federal correctional institution (which is a congregate living environment, similar to a long-term care home)?

- □ No
- □ Yes, I recommend the patient be medically isolated for ___ days, until __________ (YYYY/MM/DD)

Rationale for recommendation regarding medical isolation requirement:

____

____

Full Name of Discharging Physician (please print): ______________________________

Physician Signature: ______________________ Date: __________________

(Form version 2020-08-26)

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What should I do and why are people being medically isolated for COVID-19?

What is COVID-19?

COVID-19 is an illness caused by a coronavirus that causes symptoms such as fever, cough, difficulty breathing. Symptoms may take up to 14 days to appear after exposure to the virus. COVID-19 is most commonly spread from an infected person through respiratory droplets when you cough or sneeze, close personal contact (shaking hands) or touching something with the virus on it, then touching your eyes, nose or mouth before washing your hands.

How can I prevent the spread of COVID-19?

The best way to prevent the spread of infection is to: practice physical distancing at all times, notify Health Services if you feel sick, wash your hands often with soap and water for at least 20 seconds, avoid touching your eyes, nose or mouth, especially with unwashed hands, avoid close contact with people who are sick, cover your mouth and nose with your arm or tissue when coughing or sneezing (dispose of tissues immediately and wash hands), clean and disinfect frequently touched objects and surfaces, and wear a non-medical mask or face covering.

Why is screening and testing for COVID-19 important?

Screening and testing allows CSC to quickly identify who has the illness and arrange for them to receive the care they need. It also allows us to take necessary steps to slow the rate of transmission by limiting contact for inmates who have symptoms of, or may be at risk of developing COVID-19.

What is medical isolation?

Consistent with the best available information regarding the management of COVID-19, CSC is implementing medical isolation as a way for CSC to combat the introduction and spread of COVID-19 in our institutions by limiting contact for inmates who have symptoms of, or may be at risk of developing COVID-19. While under medical isolation you will be placed in a designated cell/space, you will need to maintain physical distancing of at least 2 metres between yourself and any other inmates and staff, and you will need to follow established guidelines for the use of Personal Protective Equipment.

Why are people placed in medical isolation?

- To help prevent the introduction of COVID-19 into the general population at CSC institutions
- To help identify COVID-19 cases amongst inmates through close monitoring and containment
- To help contain the spread of COVID-19 in CSC institutions

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When would I be placed in medical isolation?

- If you are coming into the institution on a new warrant of committal or a return to federal custody
- If you have symptoms of COVID-19
- If you have been diagnosed with COVID-19
- If you were in close contact with other persons that have symptoms of, or a diagnosis of, COVID-19
- If you are transferring from an institution where a staff member or other inmate has symptoms of COVID-19

How will I get my food while I am in medical isolation?

- Your food will be delivered to your cell/room door
- You will have to wait for the person who delivered your food to be 2 meters away from your door before you take your food
- You are asked to wash your hands with soap and water before and after every meal
- Any garbage should be put in a sealed garbage bag

Will I get to shower while in medical isolation?

- Every reasonable effort will be made to ensure you can shower daily, assuming you are medically fit to do so.
- If you have symptoms of COVID-19 or a COVID-19 diagnosis, it is very important you clean the shower stall after using it.

Will I be able to contact my family if I am in medical isolation?

- While in medical isolation, every reasonable effort will be made to provide you out of cell time to make telephone calls, as well as to be outdoors, on the range and to shower, with appropriate infection and control measures in place including social distancing and appropriate hygiene measures such as hand washing.
- The time and frequency allotted for time out of cell may vary based on the number of persons in medical isolation and available space and staff.
- After you use any type of common area, you will be required to clean the area with household cleaning products
- You will be provided with necessary cleaning products and be shown how to properly clean any surface that you touch.

How long will I be in medical isolation?

- The duration of the medical isolation will depend on your medical condition.
- Consistent with recommendations from public health authorities, 14 days of confinement will be necessary in order to eliminate the period in which you could be contagious
- If you are in medical isolation because you have symptoms of COVID-19 or are diagnosed with COVID-19, the recovery time is at least 10 days. Health Services staff will medically clear you once it is safe for you to be released from medical isolation.
- Because the length of time in isolation depends on whether you experience symptoms, and when, the specific length of time different people need to stay in isolation may differ. For example, if you develop symptoms several days after you were placed in isolation, this may result in a longer period in isolation. CSC staff will discuss the exact length of time for your

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particular situation with you.

What personal protection equipment (PPE) is available for me?

- Everyone is required to wash their hands with soap and water before leaving their cell. It is also a good practice to wash your hands with soap and water immediately upon re-entering your cell.
- If you have symptoms of COVID-19 or have been diagnosed as having COVID-19 you will also be required to wear a surgical mask when out of your cell.
- Staff will teach you how to properly put on and remove the surgical mask.

Can I call my lawyer?

Yes. Every reasonable effort will be made to provide you telephone access within the first 24 hours of being placed in medical isolation to call a lawyer. You will also have an opportunity to call your lawyer during out of cell time. You will also be able to submit complaints and/or grievances pursuant to Commissioner's Directive (CD) 081 – Offender Complaints and Grievances and Guidelines (GL) 081-1 – Offender Complaint and Grievance Process.

How can I access Health Care?

- A health service professional will visit you at your cell/house every day to check in on you. Don't hesitate to let them know if you need anything.
- You can also request to see health services at any time if you have an urgent need. Just let any staff member know that you need to see health services.

What is the process for being placed under Medical Isolation?

Staff will meet with you to explain why you are being placed under Medical Isolation, what the conditions of isolation will be, and how long you will need to stay in isolation. You will also be provided with information on COVID-19 and practices to help keep you safe. You will be seen daily by both health care and the Institutional Head while you are in isolation. They will be able to answer any ongoing questions you have.

What is modified routine for health purposes?

In order to stop or contain the spread of COVID-19 in institutions, there may be a need to change an institution's daily routines. If the routine is changed in your institution, this will be communicated to inmates and you will be seen daily by a staff member to identify needs you may have. They will be able to answer any ongoing questions you have and connect you with the appropriate resources.

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Infection Prevention Control Checklist

Institution: ______________________________

Date Completed: ______________________________

Auditor 1 Name and Title: ______________________________

Auditor 1 Contact Information: ______________________________

Auditor 2 Name and Title: ______________________________

Auditor 2 Contact Information: ______________________________

INSTITUTION

1.1 INFECTION CONTROL STANDARDS

Indicator	Complete
1.10 Handwashing stations with soap and water or at least a 60% alcohol-based hand rub (ABHR) are available at the entrance before people get their mask.	Yes / No
1.11 There is a process in place for the active and consistent screening at the institutional entrance where all staff, essential visitors and volunteers entering are asked about COVID-19 symptoms, and receive a temperature screening. Anyone with a temperature of 38°C or higher is denied entry.	Yes / No
1.12 a. Masks are being handed out by the employee at the reception desk. b. State how is this being done.	Yes / No Describe in Appendix A.
1.13 There is a manager observing the screening process.	Yes / No
1.14 There is a process in place for disinfecting items (including pens, clipboards, visitor passes and lockers) at the reception area.	Yes / No
1.15 There is a staff member present to monitor the use of masks within the institution.	Yes / No
1.16 Bins and belts are cleaned and disinfected between staff entering the institution.	Yes / No

1.2 SIGNAGE

Indicator	Complete
1.20 Bilingual Signage for each of the following easily visible at a key location: a. Active Screening for Persons Entering the Institution b. Visitor Restrictions c. How to Protect Selves (handwashing, monitoring for symptoms)	a. Yes / No b. Yes / No c. Yes / No
1.21 Information on hand hygiene, physical distancing and self-monitoring for symptoms are visible in staff and inmate accessible areas. Posters should include written instructions, sources for additional information, and be issued by. CSC to ensure consistency across institutions.	Yes / No
1.22 Donning and Doffing posters are visible where PPE is donned and doffed. Donning and doffing poster are located as close as possible to the donning and doffing areas to facilitate readability.	Yes / No
1.23 There is signage to direct the flow of movement in and out of donning and doffing stations, to provide a better control of the environment and reduce chances of cross-contamination (i.e. no contact between clean PPE and used PPE).	Yes / No
1.24 Floor stickers are placed on the floor 2 metres apart to promote physical distancing in common areas where people may congregate (i.e., main entrance, medication line, in front of sinks, and in lunch rooms).	Yes / No
1.25 Where applicable, there is a sign in elevators indicating the maximum number of occupants at a time.	Yes / No

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Service correctionnel du Canada

1.3 SUPPLIES

Indicator	Complete
1.30 Supplies for cleaning and disinfection are easily accessible and readily available, for staff and inmates, and are found in key locations (i.e., near shared equipment, in common areas, where PPE is put on/removed).	Yes / No
1.31 Disinfectant products approved for COVID-19 (with DIN number, appropriate labels and disinfection times) are provided. Proper dispenser (test) strips that state appropriate disinfection concentrations are included to ensure staff and inmate safety.	Yes / No
1.32 There is a staff member responsible for verifying disinfectant concentrations and expiration dates, regularly.	Yes / No

1.4 ENVIRONMENTAL CLEANLINESS

Indicator	Complete
1.40 An accountable manager, responsible for auditing cleaning practices (i.e., monitoring the disinfection of any surfaces that may be touched by an infected patient/inmate while out of the room) is identified.	Yes / No
1.41 Inmates are instructed to regularly declutter and keep their cells clean.	Yes / No
1.42 All non-essential equipment/materials stored in the following areas are kept to a minimum: a. Hallways b. Health Services c. Common areas Remove all unnecessary items from counters (including the pamphlets located in the reception area, and magazines located in the visitor area) and keep surfaces uncluttered to facilitate cleaning and disinfection.	a. Yes / No b. Yes / No c. Yes / No
1.43 Contaminated laundry is bagged and washed in hot water at a centralized facility in the institution. Bins containing contaminated laundry are kept covered, and contaminated laundry is marked with a biohazard sticker.	Yes / No
1.44 Plywood dining tables should be covered with a smooth, non-absorbent and easily washable material/table cloth.	Yes / No

1.5 ENVIRONMENTAL STRUCTURE

Indicator	Complete
1.50 Donning and doffing stations are set-up, physically separated, and appropriately located outside of isolation zones to support the desired flow of staff from clean to protected zones.	Yes / No
1.51 Clean gloves and masks are located outside of the doffing station for staff to access after washing their hands and exiting the doffing station.	Yes / No
1.52 Soap and water (or at least 60% ABHR) and disinfectant wipes approved for use for COVID-19 are available throughout the institution (i.e., the entrance/exit of each zone or wing, cafeteria entrance, boardrooms, staff lounge, nursing stations, and control posts) and are appropriately placed in proximity to all common use, high touch surfaces and entrance units.	Yes / No
1.53 60% ABHR for inmates is placed in a space where its use can be observed and monitored.	Yes / No
1.54 No touch receptacles for disposal of PPE are available and properly emptied to prevent overflow.	Yes / No
1.55 There is an established program for maintaining heating, ventilation and air conditioning (HVAC) systems appropriate to the care setting, with specific expectations for dental and CPAP, as per CSC Guidelines.	Yes / No
1.56 There is a sign-in and sign-out sheet located at both the donning and doffing stations to record the time of entry and time of exit, and to report PPE deficiencies (breakage/breaches).	Yes / No
1.57 Potentially contaminated equipment (including used PPE or waste) from the dirty zone is not stored in the clean zone.	Yes / No

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Service correctionnel du Canada

1.6 HEALTH SERVICES

Indicator	Complete
1.60 There are physically separated ranges identified to cohort the following groups of inmates: (i) those who are symptomatic/awaiting test results, (ii) new warrants of committal/return to federal custody, and (iii) confirmed positive cases	Yes / No
1.61 Upon entry into the Health Care Centre, all individuals should wash their hands at the sink with soap and water or disinfect using 60% ABHR.	Yes / No
1.62 Arrangements have been made to perform and document daily wellness assessments performed for all inmates in medical isolation.	Yes / No
1.63 Arrangements have been made to monitor and document inmates who are at increased risk of illness, based on identification of underlying medical conditions.	Yes / No
1.64 Has the capacity to provide oxygen therapy.	Yes / No
1.65 Has the capacity to provide intravenous medication/fluids.	Yes / No

1.7 OUTBREAK MANAGEMENT

Indicator	Complete
1.70 A verifiable, documented process is in place for the following: a. Contact person(s) for local public health (not just a number to call) for daily reporting to public health (use of required local public health agency forms) with ongoing verbal discussions with local public health agency (provide name and contact information); b. Systematic documentation on all information to be shared with local public health agencies; c. Discharge/Release; d. A local and regional IPC/Outbreak committee with representation from local public health (grouped according to local public health catchment area has been established; e. National Headquarters, Health Services is informed of sharing of personal health information in order to inform the Office of the Privacy Commissioner.	a. Yes / No b. Yes / No c. Yes / No d. Yes / No e. Yes / No
1.71 There is a plan in place describing how areas impacted by outbreak will be deep cleaned and disinfected (including showers which should be washed and disinfected after each use and shower curtains should be washed regularly). Describe this plan.	Yes / No Describe in Appendix A.
1.72 In an outbreak, waste from cells/rooms is double bagged and disposed of daily in accordance with municipal guidelines.	Yes / No
1.73 Food service arrangements have been made to enable the practice of physical distancing. In outbreak institutions, use disposable food items (i.e., plates, cutlery) and tray service. It is recommended that all food handlers wear a surgical mask that covers both the mouth and nose to prevent droplets from getting onto food or food containers.	Yes / No
1.74 In an outbreak there is a plan to restrict the movement of inmates within the institution, including preventing the congregation of inmates in common areas, as well as discontinuation of all non-essential activities, including communal activities.	Yes / No
1.75 The movement of presumptive and confirmed inmate cases is as follows: a. Presumptive cases should be medically isolated or placed on modified routine as per the symptomatic inmate and close contacts algorithm. b. Confirmed cases should remain in their cell. Care and essential activities should be provided in their individual cell.	a. Yes / No b. Yes / No
1.76 Protocols exist for transferring inmates who test positive for COVID-19 a. within institutions b. between institution c. to and from community	a. Yes / No b. Yes / No c. Yes / No
1.77 In the case of an outbreak, physician services can be made available 7 days per week on site and stand by coverage is available if needed.	Yes / No
1.78 In the case of an outbreak, nursing services can be made available 24 hours per day, 7 days per week.	Yes / No
1.79 Percent of staff on 699 leave by staff grouping	State in Appendix A.

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Service correctionnel du Canada

Indicator	Complete
1.80 Where possible, health services and care are provided in a purposeful direction, from presumptive to confirmed cases in order of risk, with attention to PPE to prevent cross-contamination and potential transmission from 'clean' areas to 'contaminated' areas.	Yes / No

2. OFFENDER CARE AND ENGAGEMENT

2.1 EDUCATION

Indicator	Complete
2.10 Inmates are explained (a) the rationale for the IPC measures (including, why staff are using PPE during higher risk activities and why medical isolation is an important measure), (b) the requirements for sharing of information with local public health agencies and hospitals, and how this benefits their health and the institution, and (c) the importance of reporting symptoms.	a. Yes / No b. Yes / No c. Yes / No
2.11 Continuous guidance on proper hand hygiene protocols.	Yes / No
2.12 Continuous guidance on mask use, including reinforcing the need for masks among inmates when outside their cells and to change masks at least daily, and/or when visibly soiled or wet.	Yes / No
2.13 Continuous guidance on cleaning procedures and respiratory etiquette, as well as encouragement to report symptoms is provided to inmates. A comprehensive cleaning and disinfection procedure has been developed to indicate: (a) what surfaces are to be cleaned and disinfected, (b) how often and in what order they are to be cleaned and disinfected (e.g. cleanest to dirtiest), (c) what maintenance equipment and disinfectant products are to be used, (d) what the product dilution ratio (concentration) is, (e) what contact time is required, (f) what PPE is to be worn, and (g) how the PPE is to be donned and removed.	Yes / No
2.14 Inmate rooms are inspected and training/education on cleaning and disinfecting is available/ongoing.	Yes / No
2.15 Safety data sheets (WHIMIS) are provided to the inmate for disinfection products.	Yes / No
2.16 Large posters and written information on COVID-19 are provided to inmates and, where available, is provided on inmate television monitors.	Yes / No

2.2 COLLABORATION

Indicator	Complete
2.20 Ongoing COVID-19 related meetings are held with inmate committees, range representatives and individuals inmates, and suggestions are sought.	Yes / No

2.3 MOVEMENT, TRANSFERS AND RELEASES

Indicator	Complete
2.30 Release of inmates to the community is be planned in consultation with local public health and in accordance with legislative requirements.	Yes / No
2.31 Transport vehicles are cleaned and disinfected before and after use. It is encouraged to have a written protocol outlining the defined roles for staff members (including cleaning responsibilities) and a route of transport for the inmate is identified.	Yes / No

3. STAFF

3.1 TRAINING

Indicator	Complete
3.10 Formal and hands-on training for staff on the donning and doffing of PPE have been conducted and educational support is readily available. This includes demonstration of competency in donning and doffing protocols and documentation of training. Regular check-ups are practiced.	Yes / No

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Correctional Service of Canada
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Service correctionnel du Canada

Indicator	Complete
3.11 All staff and contractors are routinely trained on practices and additional precautions for IPC as per National standards, including respiratory etiquette and hand hygiene, as well as reminders of compliance fatigue. Continuous guidance and quality assurance checks are provided.	Yes / No
3.12 Masks are changed at least daily, and/or when visibly soiled or wet and the proper procedure for re-use of masks is available, when applicable.	Yes / No
3.13 Proper protocols exist for when in staff room/eating.	Yes / No
3.14 Staff are encouraged to remove any unnecessary items on desks and place them in cabinets.	Yes / No
3.15 PPE is collegially observed during donning and doffing, and correction is provided to ensure proper technique. Education and reminders from managers are provided to those not wearing PPE or not wearing PPE properly.	Yes / No
3.16 Staff hand hygiene is reinforced when moving between buildings.	Yes / No
3.17 Staff who come in contact with soiled bedding or linens use appropriate PPE (gown, gloves and mask) while doing so, and place in dedicated soiled linen container.	Yes / No

3.2 OCCUPATIONAL HEALTH AND SAFETY

Indicator	Complete
3.20 An Occupational Health and Safety (OH&S) workplace policy is put in place, clearly outlining the roles and responsibilities of staff.	Yes / No
3.21 Staff have access to an occupational health and safety committee.	Yes / No

Please document any additional comments in Appendix B.

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APPENDIX A

Indicator	Comments
1.12 Describe how masks are being handed out by staff at the reception desk.	
1.71 Describe the plan regarding how areas impacted by the outbreak will be deep cleaned and disinfected. Consider the following: Are high-touch surfaces including telephones, door knobs, commonly used equipment being cleaned regularly? Are showers being washed and disinfected after each use? Are shower curtains being washed regularly? Are cleaning contracts necessary and have they been established?	
1.79 State the percent of staff on 699 leave by staff grouping.	

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APPENDIX B

Indicator	Comments
Indicator number: __________	
Indicator number: __________	
Indicator number: __________	
Indicator number: __________	

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