

2. Covid screening procedures

Sharon Inman - Fwd: Employee FAQ - COVID-19

From: Ron Taylor
To: COs March 2020
Date: 3/13/2020 12:47 PM
Subject: Fwd: Employee FAQ - COVID-19

FYI

>>> Delma Good for Tanya Rowell (Delma Good) 3/12/2020 3:12 PM >>>

This message has been approved by Tanya Rowell, CEO of the Public Service Commission

The following has been prepared to address civil service employee concerns regarding COVID-19. Please convey this message to any employees at your worksite who do not have computer access.

The Chief Public Health Office is providing regular updates regarding the COVID-19 virus and to ensure you are well-informed, please find all available information on the following resource page:

www.princeedwardisland.ca/coronavirus

How can I protect myself?

As always, we encourage you to take the following precautions to avoid the spread of germs during cold and flu season:

- wash your hands often with soap and water for at least 20 seconds;
- use soap immediately before handling any food or beverages;
- use hand sanitizer if you can't wash;
- avoid touching your eyes, nose or mouth, especially with unwashed hands;
- politely refrain from shaking hands to reduce the risk of spreading infection;
- wipe down your workstations, computers, doorknobs, debit machines, desk and mobile phones, etc;
- avoid close contact with people who are sick;
- cough and sneeze into your sleeve and not your hands;
- stay home if you are sick to avoid spreading illness to others; and
- consult with your healthcare provider as needed.

If I am quarantined, or it becomes necessary to self-isolate due to symptoms of COVID-19, will I be able to take this time as sick leave?

You will be eligible for sick leave benefits in accordance with your collective agreement. During this time, employees will **not** be requested to provide medical certificates for leave related to COVID-19.

If you do not have enough earned sick time, you may request to be advanced sick leave credits, up to a maximum of 15 days, as per Article 23.04 of the UPSE Civil Collective Agreement.

Can I request to work from home if I believe I've been exposed to COVID-19, or I feel unsafe because the workplace may have been exposed to COVID-19?

If you're concerned you have symptoms of COVID-19, such as fever, cough or difficulty breathing, you should contact your healthcare provider immediately for further instructions.

If you are not ill but have received medical advice to self-isolate, contact your Manager to discuss whether options such as working from home are operationally feasible for your particular position. If this is not an option, you can request sick leave.

If you have any safety concerns about your workplace, please discuss these with your Manager.

What if I have business travel planned (i.e. event, conference) but am no longer comfortable traveling?

Employees may have varying degrees of comfort with travel, given concerns about COVID-19. You are encouraged to use your discretion based on your comfort level and personal situation and discuss upcoming business travel plans and any concerns with your Manager.

If you have further questions or concerns, please contact your Manager or your departmental Human Resource Manager to discuss.

Sharon Inman - Employee FAQ - COVID-19- updated as of March 13, 2020

From: Delma Good for Tanya Rowell (Delma Good)
To: Delma Good
Date: 3/13/2020 4:43 PM
Subject: Employee FAQ - COVID-19- updated as of March 13, 2020

This message has been approved by Tanya Rowell, CEO of the Public Service Commission

The Chief Public Health Office is providing regular updates regarding the COVID-19 virus and to ensure you are well-informed, please find all available information on the following resource page: www.princeedwardisland.ca/coronavirus. The Chief Public Health Office issued new recommendations today in efforts to limit the potential number of cases and spread of COVID-19.

Recommendations include:

- Any Islanders who have traveled outside of Canada (whether experiencing symptoms or not) are required to self-isolate for 14 days following their return.
- Cancel all non-essential travel outside of country.
- Reconsider attending social gatherings where a 2-meter distance is not possible, especially if the elderly or immune-compromised people are present.

As a result, the following has been updated to address civil service employee concerns regarding COVID-19. Please convey this message to any employees at your worksite who do not have computer access.

If I returned to Canada within the last 7 calendar days and am not experiencing symptoms, am I required to self isolate?

Yes, civil service employees who have returned to Canada within the last 7 calendar days are to self isolate for a period of 14 calendar days from the date of return to Canada. For example, if you returned on March 10th, you would self isolate until end of day, March 24th.

If I am currently traveling outside of Canada and am not experiencing symptoms, am I required to self isolate upon my return?

Yes, civil service employees, upon their return, are required to self isolate for 14 calendar days from the date of return to Canada.

If I am quarantined, or it becomes necessary to self-isolate, will I be able to take this time as sick leave?

You will be eligible for sick leave benefits in accordance with your collective agreement. During this time, employees will **not** be requested to provide medical certificates for leave related to COVID-19.

If you do not have enough earned sick time, you may request to be advanced sick leave credits, up to a maximum of 15 days, as per Article 23.04 of the UPSE Civil Collective Agreement.

Can I request to work from home if I believe I've been exposed to COVID-19, I'm required to self-isolate,

or I feel unsafe because the workplace may have been exposed to COVID-19?

If you're concerned you have symptoms of COVID-19, such as fever, cough or difficulty breathing, you should contact your healthcare provider immediately for further instructions.

If you are not ill but are to self-isolate, contact your Manager to discuss whether options such as working from home are operationally feasible for your particular position. If this is not an option, you can request sick leave.

If you have any safety concerns about your workplace, please discuss these with your Manager.

What if I have business travel planned (i.e. event, conference) but am no longer comfortable traveling?

Employees may have varying degrees of comfort with travel, given concerns about COVID-19. You are encouraged to use your discretion based on your comfort level and personal situation and discuss upcoming business travel plans and any concerns with your Manager.

How can I protect myself?

As always, we encourage you to take the following precautions to avoid the spread of germs during cold and flu season:

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- stay home if you are sick to avoid spreading illness to others; and
- consult with your healthcare provider as needed.

If you have further questions or concerns, please contact your Manager or your departmental Human Resource Manager to discuss.

Sharon Inman - PCC Changes as a result of COVID-19

From: Ron Taylor
To: COs March 2020
Date: 3/16/2020 5:09 PM
Subject: PCC Changes as a result of COVID-19
CC: Food Services, Stores and Maintenance; McIver, Luke; Natasha; Nursing...
Attachments: PCC Changes COVID.docx

Staff:

- As a preventative measure, effective today, March 16, 2020 and until further notice, the Provincial Correctional Centre will be closed to volunteer and professional organizations including Open Door Outreach, Chaplaincy (15.1) (15.1) and church members), Father (15.1) (1) Alcoholics Anonymous groups, etc.
- Access will be restricted to non-contact visits through the glass partitions daily from 0800 to 1300hours for the following professionals: Lawyers, Probation Officers, Parole Officers, Mi'kmaq Confederacy staff, Addiction Services staff, and Child and Family staff. All scheduling of such visits is to be arranged through the Floor Supervisor.
- The only persons permitted inside the building are police, required medical personnel (physicians, EMT, etc.) and Public Works. Any exceptions have to be approved through the Operations, Programs, and Security Managers.
- Supply deliveries (at 110 door) will remain status quo.
- All offender programming is currently on hold until further notice including: School, the weekender Impaired Driving program (LEAD), Alcoholics Anonymous groups, Clinical Services groups, Correctional Substance Abuse Program, Integrated Correctional Program Model, and the Women's Engagement Program.
- Inmate access to non-contact visits through the glass partitions will continue at this time. No open visits will occur.
- Inmate access to gym and outside exercise will continue as usual at this time.
- We are reviewing eligible inmates for possible Temporary Absences.

As we are well aware, the situation is changing rapidly and, as a result, we will be updating staff on any changes/updates as the situation in PEI changes.

Ron Taylor,
Manager

Ron Taylor

Manager- Provincial Correctional Centre

*Department of Justice and Public Safety – 508 Sleepy Hollow Road
Charlottetown, PEI C1E 0Z3*

☎ 902-368-4885

(C)902-314-1468

Government of

Department of Justice
and Public Safety
Provincial Correctional Centre
 508 Sleepy Hollow Road
 Charlottetown, PE
 Canada C1E 1Z4
To: Staff**Date:** March 16, 2020
**Community & Correctional
 Services Division**

 Telephone: 902 368-4885
 Fax: 902 368-5834
 E-mail: rjtaylor@gov.pe.ca
From: Ron Taylor
Manager**Re:** COVID 19 Virus**MESSAGE:****Subject :** PCC Changes as a Result of COVID-19 Virus

- As a preventative measure, effective today, March 16, 2020 and until further notice, the Provincial Correctional Centre will be closed to volunteer and professional organizations including Open Door Outreach, Chaplaincy (15 (1)) and church members), (15 (1)) Alcoholics Anonymous groups, etc.
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As we are well aware, the situation is changing rapidly and, as a result, we will be updating staff on any changes/updates as the situation in PEI changes.

 Ron Taylor,
 Manager

Sharon Inman - meals

From: Scott A McCabe
To: Abeywardane, Kalana; Acorn, Jeff; Acorn, Vanessa; Arsenault, Andy; A...
Date: 3/20/2020 2:45 PM
Subject: meals

Hi Folks

As of supper time today for a period of time meals will be provided to staff . Just request through the kitchen.

Thanks

Scott

Scott McCabe
Operations, Programs and
Security Manager
Provincial Correctional Centre
Justice and Public Safety
Tel: 902 368 5837
Fax: 902 368 5834
Email: samccabe@gov.pe.ca

Sharon Inman - Notice to staff who are coming from out of province.

From: Ron Taylor
To: Anita MacKenzie; Sara Brothers; Norma Watts; Sherry Rowe; Jacqueline Per...
Date: 3/21/2020 3:49 PM
Subject: Notice to staff who are coming from out of province.
CC: Gordon Roche

Effective today, any Islander who has travelled within Canada is being directed to self-isolate for 14 days - Dr. Heather Morrison

To confirm, anyone returning today and going forward has to self isolate.

Ron

Ron Taylor

Manager- Provincial Correctional Centre

Department of Justice and Public Safety – 508 Sleepy Hollow Road

Charlottetown, PEI C1E 0Z3

☎ 902-368-4885

(C)902-314-1468

Sharon Inman - Social Distancing

From: Scott A McCabe
To: Abeywardane, Kalana; Acorn, Jeff; Acorn, Vanessa; Arsenault, Andy; A...
Date: 3/23/2020 11:07 AM
Subject: Social Distancing
CC: Roche, Gordon

Hi Folks

As we move forward into a new week I would ask you keep something in mind. We have always heavily depended on each other to work as team to ensure compliance for security and safety of our facility. We are now in a time where we heavily depend on one another to 100% comply with the rules Dr. Heather Morrison and our Government have put in place regarding unnecessary social interaction in the community. We are an essential service and are required to come to the workplace. We all work in close proximity to one another and are at increased risk if someone contracts COVID-19. We all have family and certainly do not want to be bringing this virus home. I just ask that we continue to follow these protocols as we move forward together. Keep up the great work.

Thanks

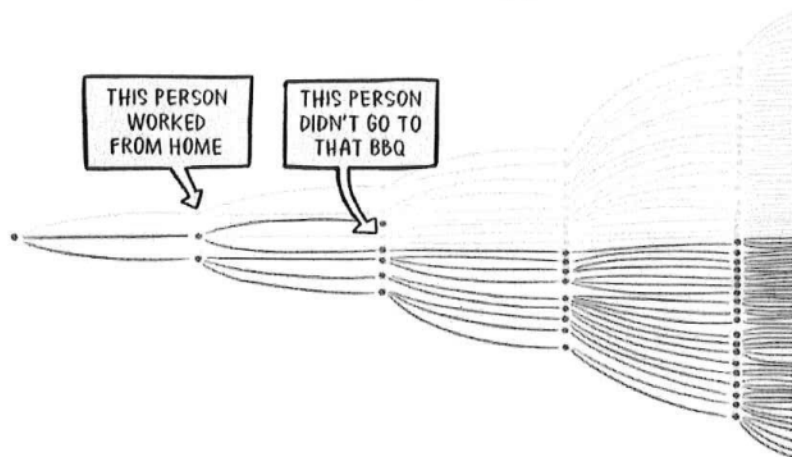
Scott

Scott McCabe
Operations, Programs and
Security Manager
Provincial Correctional Centre
Justice and Public Safety
Tel: 902 368 5837
Fax: 902 368 5834
Email: samccabe@gov.pe.ca

Sharon Inman - Re: Social Distancing

From: Brandi Martin
To: Aaron Richards; Aaron Weatherbie; Adam Wharton; Amanda Dunn; Andrew ...
Date: 3/23/2020 12:25 PM
Subject: Re: Social Distancing
CC: Gordon Roche

It makes a difference .. more than we probably give credit.



Brandi S. Martin, NP
MN-NP, RN, BScN, CPMHN(c)
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Community & Correctional Services
508 Sleepy Hollow Road
Milton Station, PEI C1E 0Z3
W:(902) 620-3212
F: (902) 368-4123
E: bsmartin@ihis.org

>>> Scott A McCabe 3/23/2020 11:07 AM >>>
Hi Folks

As we move forward into a new week I would ask you keep something in mind. We have always heavily depended on each other to work as team to ensure compliance for security and safety of our facility. We are now in a time where we heavily depend on one another to 100% comply with the rules Dr. Heather Morrison and our Government have put in place regarding unnecessary social interaction in the community. We are an essential

service and are required to come to the workplace. We all work in close proximity to one another and are at increased risk if someone contracts COVID-19. We all have family and certainly do not want to be bringing this virus home. I just ask that we continue to follow these protocols as we move forward together. Keep up the great work.

Thanks

Scott

Scott McCabe
Operations, Programs and
Security Manager
Provincial Correctional Centre
Justice and Public Safety
Tel: 902 368 5837
Fax: 902 368 5834
Email: samccabe@gov.pe.ca

Sharon Inman - Couple of things

From: Scott A McCabe
To: Acorn, Jeff; Acorn, Vanessa; Arsenault, Jody; Arsenault, Robert; Bar...
Date: 3/25/2020 3:48 PM
Subject: Couple of things
CC: Roche, Gordon

Hi Folks

Legal Aid attorneys are now working from home. If they call looking for an offender have the offender call back on the inmate phone to 368-6043(legal aid #) and they will forward the call. If for some reason this doesn't work use the rolling cart phone.

On another note handcuffs have been placed in central for each unit. When you sign a set of keys out a set of handcuffs will be assigned to those keys and will be returned at the end of the shift as you pass your keys in. Thank you for your continued commitment and great work.

Scott

Scott McCabe
Operations, Programs and
Security Manager
Provincial Correctional Centre
Justice and Public Safety
Tel: 902 368 5837
Fax: 902 368 5834
Email: samccabe@gov.pe.ca

Ron Taylor - Fwd: Procedures for New Admissions

From: Ron Taylor
To: Staff March 2020
Date: 4/2/2020 2:27 PM
Subject: Fwd: Procedures for New Admissions
Attachments: SCREENING FOR NEW ADMISSIONS AND LOCK UPS.docx; PROCEDURES FOR NEW ADMISSIONS AND LOCK-UPS .docx

Staff,

As you may be aware all adult custody admissions in PEI will be coming to the Provincial Correctional Centre, since PRCC is not as equipped to provide for social isolation and social distancing of new admissions. The attached is a new admission procedure which was developed by our Management team in consultation with PCC Nursing department as per Chief Public Health Office(PEI) guidelines and protocols. Please note, these processes may change as we become more aware of further information from CPHO(PEI). Additionally, there is a short screening tool to be completed on all new admissions by the COIV or DSS on duty.

To reduce the risk to staff and other inmates we are requiring that to the best extent possible all new admissions will be isolated totally from other inmates and staff will have very minimal interaction or contact. These measures will be for all new admissions regardless if they are showing symptoms or not. It is very much like taking universal precautions with blood spills, etc. where we treat all persons as if they are infected.

Obviously, because of the nature of the work, there will be situations where staff will have to interact with the new admissions and staff will have to continue to do their jobs as usual; however, we will have to take necessary precautions when dealing with them, IE social distancing, conversing through glass, use of PPE when dealing with inmate or their property, effective cleaning, etc. It is recommended that gloves be worn at all times, but other protective equipment will be available. At this time CPHO (PEI) guidelines do not require the use of PPE for persons who are not symptomatic, but protective equipment will be available for staff if necessary or if staff feel more comfortable using it. There are other procedures for inmates who are symptomatic in the attached procedures.

As we have mentioned previously, we are trying to deal with this crisis using recommendations of Chief Public Health Office(PEI) guidelines and protocols, but if any staff member has any questions or concerns please free to ask our Nursing Department or any member of the Management team and we will try our best to answer.

Ron

Ron Taylor

Manager- Provincial Correctional Centre

Department of Justice and Public Safety – 508 Sleepy Hollow Road

Charlottetown, PEI C1E 0Z3

☎ 902-368-4885

(C)902-314-1468

PROCEDURES FOR NEW ADMISSIONS AND LOCK-UPS

April 1, 2020

All Offenders

- Immediately placed in cell (Cell 183- males/West Wing lock up- females)
- COIV/DSS is to complete the *Screening for New Admissions and Lock-ups* form through the glass;
- Offender is to be strip searched and regular admission process completed;
- Clothing placed in a bio- hazard bag. New admissions' clothing will be sent to laundry and washed in hot water immediately after admission to be cleaned;
- As soon as practical, a Health Assessment is to be completed by a Nurse on new sentenced or remand admissions through the glass and vitals obtained through the hatch;
- If the offender is determined to be a risk to himself /herself or requires constant supervision, staff will provide the appropriate level of supervision via camera and cell checks.
- Offenders will be locked in the cell whenever items are delivered to them, including food, medication, clothing, etc.;
- Food will be served in Styrofoam containers, which are to be placed in plastic garbage bags and disposed of after use;
- If an offender is out of his/her cell for any reason (shower, telephone call, court, etc.) the area will have to be disinfected by staff with appropriate personal protective equipment, including booties, gown and gloves (janitorial staff during day Mon-Fri and by correctional staff on evenings / nights / weekends);
- If more than one offender is on quarantine in an area they must be let out of their cell separately.

Male offenders:

- To be taken directly to Cell 183;
- Offenders will be placed in a cell in Max Right Unit or Quad Unit and will remain isolated for 14 days prior to going to a Living Unit;
- If there is only one offender in the unit the Floor Supervisor may determine the frequency and length of time out of the cell;
- If the offender is deemed to be a risk to himself and/or requires constant supervision, he can be placed in the Quad with a staff providing the appropriate level of supervision via camera and cell checks;
- Supervision will be done by Quad staff, with assistance of by Max staff, as required;
- Two staff must be present when going into the Quad or Max Right;

Female Offenders:

- Offender taken directly to Wing Wing lock up cell;
- Offenders will remain in isolation for 14 days prior to going to a POD;
- Offender will be let out of cell once daily or more in shower/lock up area with doors closed at discretion of Unit Supervisor/Floor Supervisor;
- Two staff must be present when delivering anything to the offender and when she is out of cell for any reason;
- If the offender is a risk to herself and/or requires constant supervision, staff will provide the appropriate level of supervision via camera and cell checks.

Offenders who may become symptomatic:

- If an existing offender within the facility become symptomatic of a new cough and fever, they are to be placed in Max right(males) and West Wing Lock Up(females) under isolation precautions until assessed by nursing staff;
- Once nursing staff assess, 811/Public health will be notified and appropriate measures taken;
- If swabs for COVID are required, nursing staff will arrange;
- Continue with recommended COVID PPE precautions until negative result is obtained or positive is confirmed;
- Depending on severity of symptoms, offender may remain housed at PCC for duration of illness in isolation, or be transferred to QEH via PCC staff if more acute health services are required.

15.(1)

Ron Taylor, PCC Manager

Brandi Martin, NP

Sharon Inman - COVID-19 OH&S Guidelines for Staff

From: Ron Taylor
To: Staff March 2020
Date: 4/7/2020 10:44 AM
Subject: COVID-19 OH&S Guidelines for Staff
Attachments: OH&S Guideline for Dept of Justice (Custody).pdf

Staff,

Please see attached OH&S Guidelines for Corrections staff, which was developed using a Health PEI document circulated on April 3, 2020.

Ron

Ron Taylor
Manager- Provincial Correctional Centre
Department of Justice and Public Safety – 508 Sleepy Hollow Road
Charlottetown, PEI C1E 0Z3
☎ 902-368-4885
(C)902-314-1468

COVID-19 OH&S Guidelines for: Department of Justice and Public Safety (Custody Programs)

Overview

- The Department of Justice and Public Safety, along with Health PEI strongly supports the infection prevention and control (IPC) guidance developed by the Public Health Agency of Canada (PHAC) National Advisory Committee on Infection Prevention and Control. This approach recommends the use of **droplet and contact precautions** and is aligned with the guidance provided by the World Health Organization (WHO) and has been endorsed by Canada's Federal, Provincial and Territorial Special Advisory Committee (SAC) on COVID-19.
- Only aerosol-generating medical procedures (AGMP) require **airborne precautions**.
- All staff within the Correctional setting are being provided all the necessary personal protective equipment required to mitigate risk of being infected with COVID-19, including surgical masks, gowns, gloves, and hand sanitizer.

How Coronavirus spreads:

- Transmission occurs person-to-person in symptomatic individuals via droplet.
- Human coronaviruses are most commonly spread from an infected person through:
 - o respiratory droplets generated when you cough or sneeze
 - o close, prolonged personal contact, such as touching or shaking hands
 - o touching something with the virus on it, then touching your mouth, nose or eyes before washing your hands

How to protect yourself and others:

1. Hand Hygiene

Proper hand hygiene can help reduce the risk of infection or spreading infection to others:

- wash your hands often with soap and water for at least 20 seconds, especially after using the washroom and when preparing food
 - o use alcohol-based hand sanitizer if soap and water are not available
- avoid touching your eyes, nose, or mouth with unwashed hands

2. Respiratory etiquette

- when coughing or sneezing:
 - o cough or sneeze into a tissue or the bend of your arm, not your hand
 - o dispose of any tissues you have used as soon as possible in a lined waste basket and wash your hands afterwards

3. Keep your distance

- Keep a distance of 6 feet between you, your coworkers, and clients, where possible.
This includes all staffing areas and units within PCC/PRCC/YC.
- Increase distance between desks, tables and workstations.
- Reduce activities that require close physical proximity or contact with people
- Limit any contacts closer than 6 feet to the shortest time possible.

4. Additional precautions for those who provide direct care or are in direct contact with patients

In addition to routine practices, healthcare workers or correctional officers at risk of exposure to an individual presenting with respiratory signs and symptoms and exposure criteria consistent with COVID-19 should follow **contact and droplet** precautions.

This includes the appropriate selection and use of personal protective equipment (PPE):

- Gloves; AND
- Gown; AND
- Facial protection: Surgical/procedural mask and eye protection, or face shield, or surgical/procedural mask with visor attachment.
- **PLEASE NOTE***: An N95 respirator (plus eye protection) is only required when performing aerosol-generating medical procedures (AGMPs) on a person under investigation (PUI) for COVID-19. This would not be required of non-health care staff.
- **Surgical masks (per CPHO) is sufficient for all tasks that take place within our division**
- Hand hygiene should be performed whenever indicated, paying particularly attention to during and after removal of PPE, and after leaving the units or after contact with offenders.

The use of N95 respirators is not required unless aerosol-generating medical procedures are performed. In these settings, **airborne precautions** should be implemented, including but not limited to the use of N95 respirators. The routine use of N95 respirators in settings where it is not necessary will lead to supply shortages of N95.

***Aerosol-generating medical procedure: (AGMP) includes:** *intubation, manual ventilation, open endotracheal suctioning, cardiopulmonary resuscitation (CPR), sputum induction, nebulization, surgery, non-invasive positive pressure ventilation (CPAP, BiPAP), and autopsy. High flow oxygen (6L/min or greater) is considered an AGMP.*

A nasopharyngeal swab or a throat swab are not considered AGMP.

Sharon Inman - Mask usage during COVID-19 Pandemic

From: Ron Taylor
To: Staff March 2020
Date: 4/14/2020 3:26 PM
Subject: Mask usage during COVID-19 Pandemic
CC: Deborah; Gordie Roche; Shannon Ellis
Attachments: Mask pandemic.doc; Mask use - To post for staff.docx

Staff,

Please see attached memo and procedures.

After careful consideration and following the lead of PEI hospitals and other correctional jurisdictions, we are requiring that **staff at PCC/PRCC/YC will wear surgical masks whenever there is contact with inmates effective April 15, 2020 until further notice.** The purpose of this is to ensure that our staff remain safe and that inmates may be protected from possible transmission to avoid a facility outbreak.

Ron

Ron Taylor

*Manager- Provincial Correctional Centre
Department of Justice and Public Safety – 508 Sleepy Hollow Road
Charlottetown, PEI C1E 0Z3
☎ 902-368-4885
(C)902-314-1468*

Process for surgical mask use for Staff:

Who: ALL staff to wear surgical mask

When: When in direct contact with inmates or when in contact with inmate areas

How: 1) Pick up mask/bag from CO4 at beginning of shift
2) Use the bag any time mask is removed from face. Discard at end of shift.
3) To remove: Take off straps, fold in half at nosepiece (with the front side inwards and the side that was against your face, outwards) and place in bag.

From: PCC Management

Government of



Department of Justice
and Public Safety

Provincial Correctional Centre
508 Sleepy Hollow Road
Charlottetown, PE
Canada C1E 1Z4

To: Staff
Date: April 14, 2020

**Community & Correctional
Services Division**

Telephone: 902 368-4885
E-mail: rjtaylor@gov.pe.ca

From: Ron Taylor
Manager

Re: Mask usage during
COVID-19 Pandemic

MESSAGE:

All staff having direct inmate contact will wear a surgical mask when in contact with inmates (if contact is constant, then mask is worn for duration of shift. If it occasional, then masks only needs be worn when in contact). **This also includes any time that indirect contact is made** (ie. when entering the inmate's room/unit, when doing checks (all shifts), when supervising methadone and suboxone, escorts, inmate movement for exercise, etc).

Procedure:

Staff will be provided a paper bag and mask at the beginning of each shift. These can be picked up from CO4 office. Please put your name on the bag and use this any time you take your mask off (to eat, when you are no longer in contact with inmates, etc.) Replace mask if it becomes visibly soiled or makes contact with an inmate. Do not have the mask hanging down your neck – it is either fully on or fully off. These masks can be disposed of in regular garbage.

How to remove mask:

When removing mask when storing in paper bag during shift:

- remove straps;
- fold in half at nose piece (with the front side inwards and the side that was against your face, outwards);
- Store in bag until next use.

If you have any questions or concerns, please bring them forward.

15.(1)

Ron Taylor, PCC Manager

Brandi Martin, NP

Sharon Inman - Recent Covid-19 admission

From: Scott A McCabe
To: Martin, Brandi; PCC CO/Sup/Mang Group
Date: 7/20/2020 1:53 PM
Subject: Recent Covid-19 admission
CC: Campbell, Natasha; Dumville, Emily; Dunn, Amanda; Stevenson, Wilhelmi...
Attachments: July 20, 2020 - MEMO to all staff.pdf

Hi Folks

See attached memo regarding our recent Covid 19 admission on Friday. He is isolated in the Quad unit by himself. At this point it has been staffed solely by Phil Lanthier and Tevin Winchester. They have also been supervising the yard time on the monitors to limit traffic and exposure to other staff. A big thank you to these two officers for the leadership they have shown by stepping up and taking this role on. It certainly is greatly appreciated. We will be looking at the staffing moving forward as we find out more on how long this individual will be incarcerated. If you have any question please feel free to reach out to the supervisors, Brandi, Emily or I.

Thanks

Scott

Scott McCabe
Operations, Programs and
Security Manager
Provincial Correctional Centre
Justice and Public Safety
Tel: 902 368 5837
Fax: 902 368 5834
Email: samccabe@gov.pe.ca

Government of

*Department of Justice and Public Safety*

Community & Correctional Services
 Provincial Correctional Centre
 508 Sleepy Hollow Road
 Charlottetown, PE

To: All Staff

From: Scott McCabe, OPS Manager, PCC
 Brandi Martin, NP, PCC Nursing Dept.

Date: July 20, 2020**Subject:** COVID positive admit within facility

As many of you perhaps have already heard, we had an admission on [15.(1)] of an offender who was a known COVID positive individual to the Provincial Correctional center. We are told he likely contracted the virus sometime the end of June and he tested positive [15.(1)] and was confirmed to still be positive the afternoon of his admission. However, in the meantime, this individual has tested NEGATIVE as of [15.(1)]

He is in the quad locked in bottom left cell. He is not to be OUT of cell until at least we have further direction from CPHO regarding decreasing precautions. We have hygiene wipes and shampoo caps for him in the meantime and we will be ordering more of these as well. There is a lot of signage posted in the quad regarding proper PPE donning and doffing. We are keeping the number of staff who work in the quad very limited to decrease traffic and possible exposure. Please limit exposure if you don't need to be on the unit.

We are told that the likelihood of transmission at this point to anyone else is quite low – by CPHO. We are using full PPE equipment when dealing with this offender, and it is encouraged to have him wear a mask when in contact with him as well. As per CPHO, 'close contact' for someone with a positive infection consists of face-to-face contact without PPE for at least 5-15 minutes. This is not the case for any of our staff, thankfully. Further questions have been posed to CPHO regarding the decrease of precautions and the timeframe for this, risk for staff, protocol for staff working on that unit etc. We are still waiting to hear back with further direction moving forward.

This individual has been tested again today – and CPHO will give further direction once that result returns.

Many parties outside of PCC management were involved in his admission to ensure safety was always at the forefront; Dr. Greg German, Dr. Heather Morrison, Karen MacDonald, John Diamond, RCMP etc. Please let us know if any questions or concerns in the meantime.

- Scott & Brandi

Government of

**Department of Justice and Public Safety**

Community & Correctional Services
 Provincial Correctional Centre
 508 Sleepy Hollow Road
 Charlottetown, PE

To: All Staff
From: Scott McCabe, OPS Manager, PCC
 Brandi Martin, NP, PCC
Date: July 21, 2020
Subject: COVID Positive admit within facility - UPDATE

As noted in yesterday's memo, we had a positive COVID admission on 15.(1). He has been isolating in his cell without any time outside on the unit, in the quad since that time. We have had 2 staff dedicated to staffing that unit until this time.

Unfortunately, when tested again 15.(1) this offender's swab came back positive as of 0903. This swab was run a second time on a more sensitive machine – and the result came back 'unequivocal' – which CPHO deems as a negative. This would give this offender 2 negative test results since his admission. CPHO was in contact with nursing department at 1045 this morning to update us on the status of the offender and to answer questions we had. Staff working with this offender do not need to isolate or be tested further, and this offender does not require further testing, according to their office. As a facility, further protocols may be put in place to ensure staff and offenders are always kept safe.

As per Dr. Heather Morrison's office this offender is now considered to be 'low risk' and 'no longer infectious'. They did mention he can be taken off precautions as per their laboratory interpretation of his last two swabs. Both Scott and I went around to notify all offenders of the current situation and to answer any questions or concerns at this time; these discussions were well received. Offenders are asking for masks for personal use on the units – it has been the direction from CPHO that offenders do not require masks, and this will be confirmed again today.

If you have any questions or concerns you would like passed along, please let us know as soon as you're able so we can ensure a comprehensive plan is in place.

We appreciate the hard work everyone is doing, and the collaboration between all staff that help keep not only offenders, but staff and their families' safe at this time.

Please reach out if you have further questions or concerns.

-Scott and Brandi

Sharon Inman - Re: Recent Covid-19 admission update

From: Scott A McCabe
To: Martin, Brandi; Oatway, Chris; PCC CO/Sup/Mang Group
Date: 7/22/2020 12:48 PM
Subject: Re: Recent Covid-19 admission update
CC: Campbell, Natasha; Currie, Paul; Dumville, Emily; Dunn, Amanda; McMi...

Hi Folks

15.(1) will remain in the Quad Unit until Friday. He will move to a unit after that. It has been staffed with regular staffing until Friday at 4 pm. He tested negative twice and he is no longer infectious. This has been verified again today by Brandi Martin through CPHO. There is no requirement for staff to isolate. As an added precaution we will continue to have those staff working in the Quad supervise the exercise to reduce traffic. We are now following the same 7 day protocol that is in place for all our new admissions. He will be a very difficult placement and more than likely may have to be housed in the WW in a pod. If you have any questions or concerns please let me know.

Thanks

Scott

Scott McCabe
Operations, Programs and
Security Manager
Provincial Correctional Centre
Justice and Public Safety
Tel: 902 368 5837
Fax: 902 368 5834
Email: samccabe@gov.pe.ca

Sharon Inman - Covid-19 testing update

From: Scott A McCabe
To: PCC CO/Sup/Mang Group
Date: 7/29/2020 2:08 PM
Subject: Covid-19 testing update
CC: Campbell, Natasha; Dunn, Amanda; Jenkins, William; LeClaire, Robert; ...

Good Afternoon,

In conversation with Brandi and Emily we have a couple of changes being implemented by the Chief Public Health Office for our facility. First, effective immediately testing is no longer required for those who travel within the Atlantic bubble. If you are traveling please ensure you are taking all the necessary precautions and following protocols to ensure you reduce your risk of infection and possible transmission . Second, weekly testing is now mandatory for any staff working in another LTC facility(ie: HH, Small Options, Y.C. , etc.) Staff members are required to arrange their own testing either through PCC nursing or the Covid clinic. Testing and assessment clinics are available in Charlottetown and Summerside. They can be accessed through 811 or referred by a health care provider; email: coughandfeverclinic@gov.pe.ca. If you have any questions or concerns please feel free to contact me.

thanks

Scott

Scott McCabe
Operations, Programs and
Security Manager
Provincial Correctional Centre
Justice and Public Safety
Tel: 902 368 5837
Fax: 902 368 5834
Email: samccabe@gov.pe.ca

5. Prisoner releases

Prisoner Releases

March 2020 – August 2020

- Temporary Absences – 53 offenders including Intermittent Sentences
 - 47 Male
 - 6 Female
 - 1 Male Aboriginal

TEMPORARY ABSENCES – MARCH 17, 2020 TO PRESENT

INTERMITTENT SENTENCES (PCC):

	Name	TA Start Date	Time Expiry	Renewals	ES Case	Status
1	15.(1)				Yes	Completed
2				Yes	Completed	
3				Yes	Completed	
4				No	Completed	
5				Yes	Completed	
6				No	Completed	
7				Yes	Completed	
8				No	Completed	
9				No	Completed	
10				1	Yes	Completed
11				1	Yes	Completed
12				2	Yes	Completed
13				2	Yes	Completed
14				2	No	Completed
15				2	Yes	Completed
16				2	No	Completed
17				2	Yes	Completed
18				2	No	Completed
19				2	Yes	Completed
20				2	Yes	Completed
21					Yes	Completed

INTERMITTENT SENTENCES (PRCC):

	Name	TA Start Date	TA End Date	Time Expiry	ES Case	Status
1	15.(1)				No	Completed
2					No	Completed
3					Yes	Completed
4					No	Completed
5					Yes	Completed

TEMPORARY ABSENCES – MARCH 17, 2020 TO PRESENT

SENTENCED OFFENDERS (PCC):

	Name	TA Start Date	TA End Date	Time Expiry	ES Case	Status
1	15.(1)				Yes	Completed
2					Yes	Completed
3					Yes	Completed
4					Yes	Completed
5					Yes	Completed
6					Yes	Completed
7					Yes	Completed
8					Yes	Completed
9					Yes	Completed
10					Yes	Completed
11					Yes	Completed
12					Yes	Completed
13					Yes	Completed
14					Yes	Completed
15					Yes	Completed
16					Yes	Completed
17					Yes	Completed
18					Yes	Completed
19					Yes	Completed
20					Yes	Completed
21					Yes	Revoked
22					Yes	Completed
23					Yes	Completed
24					Yes	Revoked
25					Yes	Completed
26					Yes	Completed
27					Yes	Completed
28					Yes	Completed
29					No	Completed
30					Yes	Completed
31					Yes	Completed
32					Yes	Completed
33					Yes	Completed
34					Yes	Completed
35					Yes	Completed
36					Yes	Completed
37					Yes	Active
38					Yes	Completed
39					Yes	Active
40					Yes	Completed
41					Yes	Active
42					Yes	Active

TEMPORARY ABSENCES – MARCH 17, 2020 TO PRESENT

	Name	TA Start Date	TA End Date	Time Expiry	ES Case	Status
43	15.(1)				Yes	Completed
44					Yes	Completed
45					Yes	Completed
46					Yes	Revoked
47					Yes	Revoked
48					Yes	Active
49					Yes	Completed
50					Yes	Revoked

SENTENCED OFFENDERS (PRCC):

	Name	TA Start Date	Time Expiry	ES Case	Status
1	15.(1)			Yes	Completed
2				Yes	Completed
3				Yes	Completed
4				Yes	Completed
5				Yes	Completed
6				Yes	Completed

6. Health, hygiene, cleaning and distancing

6) Health, Hygiene, Cleaning and Distancing.

- Hired two new cleaners
- High traffic areas are to being disinfected multiple times during the day.
- Visitor Room (Behind Glass for Offenders) are disinfected after each visitor on both sides of the visitor room.
- Hand Sanitizer available for staff, visitors upon entry and facemasks.
- Clean staff kitchen, mop hallways, disinfect rooms after use ex. Court, phone calls)
- Clean lockup cells after use that are being used for quarantine.
- Using Canadian approved cleaning products. (Ex. Email attachment).
- Health services were not affected except Doctor Clinics, as they were not allowed into building.
- Health care staff numbers increased (LPN's-March).
- Brandi Martin- Nurse Practitioner
 - Remains in close contact with CPHO
 - Receives guidelines and distributes them where necessary among management.

Sharon Inman - Re: Fwd: Information for Employees March 19 2020

From: Carolyn S Handregan
To: Abeywardane, Kalana; Acorn, Jeff; Acorn, Vanessa; Arsenault, Andy; A...
Date: 3/20/2020 2:35 PM
Subject: Re: Fwd: Information for Employees March 19 2020
Attachments: Handregan, Carolyn S.vcf

Hi Folks,

We have provided all the units and staff stations with a new cleaner/disinfectant. It's a peroxide based multi surface disinfectant/cleaner. Spray bottles have been placed in every unit and every staff station. The filling station is located in the mop closet of the west wing. It is clearly marked "Ecolab". It is a very simple procedure to fill each spray bottle. Turn the cold water tap on, place the spray bottle under the clear fill tube and press the round blue button to fill the bottle.

NOTE: PLEASE TURN THE WATER TAP OFF WHEN YOU ARE FINISHED!

Please don't hesitate to message me if you have any questions at all.

Thanks
Carolyn

Carolyn Kelly
Correctional Officer Supervisor
Provincial Correctional Centre
phone - (902) 368-5844
email - cshandregan@gov.pe.ca

8. Use of force

Use of Force

March

- Nine Incidents where use of force had to be used (ex. Hands on, Cuffs or Shackles).
 - 1 female.
 - 13 males.

April

- Nine incidents where use of force had to be used (ex. Hands on, Cuffs or Shackles).
 - 2 females.
 - 7 males.

May

- Twelve incidents where use of force had to be used (ex. Hands on, Cuffs or Shackles).
 - 3 females
 - 14 males.

June

- Seven incidents where use of force had to be used (ex. Hands on, Cuffs or Shackles).
 - 2 females.
 - 5 males.

July

- Three incidents where use of force had to be used (ex. Hands on, Cuffs or Shackles).
 - 2 females.
 - 2 males.

August

- Eight incidents where use of force had to be used (ex. Hands on, Cuffs or Shackles).
 - 2 females.
 - 11 males.

*No other use of force methods have been used.

10. Incident reports

Incident Reports

March 2020

- Hoarding medication -14
- Request to leave unit - 6
- Fight/Physical altercations - 5
- Concerning mail - 1
- Disrespectful to staff-6
- Stolen item from another inmate-1
- Verbal arguing-4
- Contraband-6
- Offender ill-1
- Refused direct order by staff-3
- Damage to property-3
- Passing notes-1
- Refusal of medication-1
- Removal of offender from unit to prevent issues-1
- Contacting no contact order-1
- Medical Issues-3
- Panic Attack-1
- Self-harm-1
- Medication error-1
- Methadone refusal-1
- Blood sugar check refusal-1
- Vomit on cell floor-1

April 2020

- Suicidal thoughts-2
- Emotional inmate-staff support required-1
- Check not completed-1
- Self-harm-2
- Request to leave unit-5
- Suicidal level increase-1
- Verbal arguing-4
- Damage to property-1
- Inmate subtle threats (trying to find info on staff personal vehicle and house location) -1
- Contraband-5
- Hoarding medication-3
- Refused direct order by staff-2
- Uncooperative lockup-2
- Window Chip-1
- Breach no-contact order-1
- Info regarding potential drug drop off-1
- Inmate fired from working in kitchen-1
- Paranoid behavior-1
- Refusal to move cells-1
- Deteriorating mental health-1
- Disrespectful to staff-7
- Medication error-1
- Damaged locks-1
- Physically escorted to Admitting-1

May 2020

- Suicidal thoughts-4
- Mental Health Issues (24 hrs. time out)-2
- Contraband-8
- Medication refusal-3
- Verbal Arguing-1
- Unintentional change to routine-1
- Medical issue-4
- Request to leave unit-6
- Disrespectful to staff-6
- Assault (offender by offender)-1
- Request urine sample-1
- Self-harm-1
- Stolen epi-pen- 1
- Allegation of inappropriate conduct-1
- Disturbance/Altercation-2
- Destroying property-1
- Fight-2
- Concerning behavior-1
- Inappropriate gestures-2
- Eye wash station used-1
- Lockup combative-2
- Throwing food/disturbance-1
- Hunger strike-2
- Lockup injuries upon admission-1
- Late bullpen time-1
- Horseplay-1
- Kitchen equipment not working properly-1
- Remarks made about stealing card-1

June 2020

- EMS-1
- Medical issue-5
- Potential shank-4
- Offender issue-1
- Request to leave unit-6
- Refusal to eat/check sugars/take medication-2
- Low Sugar-1
- Suicidal thoughts-2
- Hoarding medication-3
- Security Breach(Inmate got out of cuffs during transport)-1
- Paranoid hallucinations-1
- Suspicious activity-1
- Disrespectful to staff-6
- Pictures of guns/personal health card on unit-1
- Disobey direct order-1
- Causing disturbance-1
- Potential Assault on inmate by others (face markings)-1
- Lockup injuries upon admission-2
- Contrband-4
- Harassing phone calls-1
- Tablet in airing court-1
- Removal of # on phone list-1
- Destroying property-1
- Verbal arguing-2
- Offender ruin offender's clothing-1
- Offender not welcome on unit-1
- Alleged assault-1
- Waste food-1
- Combative female lockup-1
- Trip hazard for staff-1

July 2020

- Offender appearing to be under the influence-1
- Medical emergency-5
- Disturbance-3
- Medication error-2
- Hoarding medication-7
- Contraband-12
- Removal of offender to prevent further issues-1
- Request to leave unit-7
- Suicidal thoughts-3
- High Anxiety/requesting to speak with staff-1
- Lockup injuries upon admission-3
- Outside mail-1
- Tampering with Razor-1
- Tampering with TV wires-1
- Covering cell window-1
- Physical altercation-3
- Trap over cell door-1
- Offender complaints against another offender-1
- Health care services denied (detox and psychiatry)-1
- Non tested offender in hallway-1
- Hunger strike-1
- Possibility of escape attempt-1
- MAR Pharmacy error-1
- Refused unit placement-1
- Seizure of property-1
- Damaged to property-1
- Offender escorted to admitting-1
- Harassing phone call-1
- Self-harm-1
- Received mail from no contact-1
- Piece of door (metal) turned into staff-1
- Frequent observation-1
- Combative Lockup-1
- Mental health-1
- 3 way calling-1

August 2020

- High blood sugar level- lockup-1
- Request to leave unit-8
- Lockup injuries upon admission-1
- Verbal arguing-1
- Hoarding medication-8
- Disrespectful to staff-10
- Physical altercation-5
- Combative with staff-2
- Medical-2
- Observations-2
- Indecent act-1
- Former offender approached staff in public-1
- Damage to property-5
- Missing files-1
- Suicidal thoughts-1
- Self-inflicted injury-1
- Injury-Fell/Hit head-2
- Contraband-4
- Water Shut off in lockup-1
- Flood toilet-2
- Attempting to cause a disturbance/disturbance-2
- Medication error-1
- Disobey direct order-1
- Unusual behavior documented-1
- Received threatening phone call-1
- Going through staff desk-1
- Contraband-4

11. Psychiatric reports

Psychiatric Reports

- No Psych Referrals internally during time frame.
- However, there may have been community referrals completed on offenders for psychiatric.
- Nursing at PCC do paper charting, not included on OMS, there is no way to pull stat numbers.

13. Information distributed to inmates, staff and visitors

Info distributed to prisoners and staff

- Inmates were spoken too by Nursing and OPS on several occasions
- Posters, Booklets were handed out to the units.

Ron Taylor - Info to PCC units

From: Brandi Martin
To: Brooke Mitchell; Ron Taylor; Scott A McCabe
Date: 3/13/2020 6:22 PM
Subject: Info to PCC units
Attachments: COVID front page.docx

Hi all,

I have made up booklets for:

Max (plus each unit) = 4
Med (plus each unit) = 4
Min (plus each unit) = 3
WW (plus each pod) = 7
CO4 office = 1
Nursing dept = 1
Kitchen = 1
Central = 1
Admitting = 1

I will make one on Monday for Admin side (I ran out of duotangs and you are all out this weekend anyway lol)
Let me know if I've missed anyone.

Attached is the list of documents included.

April will hand out to each unit this evening...I'm tired, and going home now.
See you all Monday - have a great weekend.
- B

Brandi S. Martin, NP
MN-NP, RN, BScN, CPMHN(c)
Department of Justice
Community & Correctional Services
508 Sleepy Hollow Road
Milton Station, PEI C1E 0Z3
W: (902) 620-3212
F: (902) 368-4123
E: bsmartin@ihis.org

Coronavirus – Public Health Advice By: Health PEI
(March 2020)

Coronavirus Disease 2019 – Situation Summary By:
CDC (March 12, 2020)

Coronavirus Infection – FAQ By: PEI Government
(March 10, 2020)

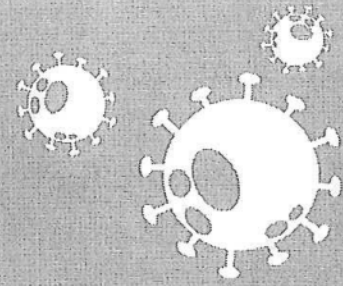
Current Situation – Outbreak update By:
Government of Canada (March 13, 2020)

Advisory – Coronavirus Infection By: Dept. of
Health and Wellness (March 13, 2020)

Coronavirus disease 2019 – Situation Reports By:
World Health Organization (WHO) (March 11,
2020)

Update #8 – Emerging Pathogen By: Dept. of
Health and Wellness (March 9, 2020)

Coronavirus (COVID-19) PUBLIC HEALTH ADVICE



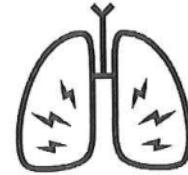
SYMPTOMS INCLUDE:



Fever



Cough



Difficulty
breathing

PROTECT YOURSELF AND OTHERS FROM GETTING SICK:



Wash your
hands often



Elbow cough/
sneeze



Avoid touching
eyes, nose, mouth
with hands



Cough in tissues
and throw away



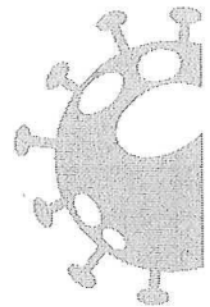
Stay home if
you are sick



Avoid contact
with sick person



Use alcohol-based
hand sanitizer if soap and
water are not available



FEELING SICK OR HAVE CONCERNS?

CALL 811



For the latest information visit: princeedwardisland.ca/coronavirus

Coronavirus Disease 2019

Situation Summary

By: CDC

(March 12, 2020)

Coronavirus Disease 2019 (COVID-19) Situation Summary

This is an emerging, rapidly evolving situation and CDC will provide updated information as it becomes available, in addition to updated guidance.

Updated March 12, 2020

Background

CDC is responding to an outbreak of respiratory disease caused by a novel (new) coronavirus that was first detected in China and which has now been detected in more than 100 locations internationally, including in the United States. The virus has been named "SARS-CoV-2" and the disease it causes has been named "coronavirus disease 2019" (abbreviated "COVID-19").

On January 30, 2020, the International Health Regulations Emergency Committee of the World Health Organization declared the outbreak a "public health emergency of international concern" (PHEIC). On January 31, 2020, Health and Human Services Secretary Alex M. Azar II declared a public health emergency (PHE) for the United States to aid the nation's healthcare community in responding to COVID-19. On March 11, 2020 WHO publicly characterized COVID-19 as a pandemic.

Source and Spread of the Virus

Coronaviruses are a large family of viruses that are common in people and many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people such as with MERS-CoV, SARS-CoV, and now with this new virus (named SARS-CoV-2).

The SARS-CoV-2 virus is a betacoronavirus, like MERS-CoV and SARS-CoV. All three of these viruses have their origins in bats. The sequences from U.S. patients are similar to the one that China initially posted, suggesting a likely single, recent emergence of this virus from an animal reservoir.

Early on, many of the patients at the epicenter of the outbreak in Wuhan, Hubei Province, China had some link to a large seafood and live animal market, suggesting animal-to-person spread. Later, a growing number of patients reportedly did not have exposure to animal markets, indicating person-to-person spread. Person-to-person spread was subsequently reported outside Hubei and in countries outside China, including in the United States. Some international destinations now have apparent community spread with the virus that causes COVID-19, as do some parts of the United States. Community spread means some people have been infected and it is not known how or where they became exposed. Learn what is known about the spread of this newly emerged coronaviruses.

Severity

The complete clinical picture with regard to COVID-19 is not fully known. Reported illnesses have ranged from very mild (including some with no reported symptoms) to severe, including illness resulting in death. While information so far suggests that most COVID-19 illness is mild, a reportexternal icon out of China suggests serious illness occurs in 16% of cases. Older people and people of all ages with severe underlying health conditions — like heart disease, lung disease and diabetes, for example — seem to be at higher risk of developing serious COVID-19 illness.

COVID-19 Now a Pandemic

A pandemic is a global outbreak of disease. Pandemics happen when a new virus emerges to infect people and can spread between people sustainably. Because there is little to no pre-existing immunity against the new virus, it spreads worldwide.

The virus that causes COVID-19 is infecting people and spreading easily from person-to-person. Cases have been detected in most countries worldwide and community spread is being detected in a growing number of countries. On March 11, the COVID-19 outbreak was characterized as a pandemic by the World Health Organization (WHO)external icon.

This is the first pandemic known to be caused by the emergence of a new coronavirus. In the past century, there have been four pandemics caused by the

absence of vaccine or treatment medications, nonpharmaceutical interventions become the most important response strategy. These are community interventions that can reduce the impact of disease.

The risk from COVID-19 to Americans can be broken down into risk of exposure versus risk of serious illness and death.

Risk of exposure:

- The immediate risk of being exposed to this virus is still low for most Americans, but as the outbreak expands, that risk will increase. Cases of COVID-19 and instances of community spread are being reported in a growing number of states.
- People in places where ongoing community spread of the virus that causes COVID-19 has been reported are at elevated risk of exposure, with the level of risk dependent on the location.
- Healthcare workers caring for patients with COVID-19 are at elevated risk of exposure.
- Close contacts of persons with COVID-19 also are at elevated risk of exposure.
- Travelers returning from affected international locations where community spread is occurring also are at elevated risk of exposure, with level of risk dependent on where they traveled.

Risk of Severe Illness:

Early information out of China, where COVID-19 first started, shows that some people are at higher risk of getting very sick from this illness. This includes:

- Older adults, with risk increasing by age.
- People who have serious chronic medical conditions like:
 - Heart disease
 - Diabetes
 - Lung disease

CDC has developed guidance to help in the risk assessment and management of people with potential exposures to COVID-19.

What May Happen

More cases of COVID-19 are likely to be identified in the United States in the coming days, including more instances of community spread. CDC expects that widespread transmission of COVID-19 in the United States will occur. In the coming months, most of the U.S. population will be exposed to this virus.

Widespread transmission of COVID-19 could translate into large numbers of people needing medical care at the same time. Schools, childcare centers, and workplaces, may experience more absenteeism. Mass gatherings may be sparsely attended or postponed. Public health and healthcare systems may become overloaded, with elevated rates of hospitalizations and deaths. Other critical infrastructure, such as law enforcement, emergency medical services, and sectors of the transportation industry may also be affected. Healthcare providers and hospitals may be overwhelmed. At this time, there is no vaccine to protect against COVID-19 and no medications approved to treat it. Nonpharmaceutical interventions will be the most important response strategy to try to delay the spread of the virus and reduce the impact of disease.

CDC Response

Global efforts at this time are focused concurrently on lessening the spread and impact of this virus. The federal government is working closely with state, local, tribal, and territorial partners, as well as public health partners, to respond to this public health threat.

CDC is implementing its pandemic preparedness and response plans, working on multiple fronts, including providing specific guidance on measures to prepare communities to respond to local spread of the virus that causes COVID-19. There is an abundance of pandemic guidance developed in anticipation of an influenza pandemic that is being adapted for a potential COVID-19 pandemic.

Highlights of CDC's Response

- CDC established a COVID-19 Incident Management System on January 7, 2020. On January 21, CDC activated its Emergency Operations Center to better provide ongoing support to the COVID-19 response.

- The U.S. government has taken unprecedented steps with respect to **travel** in response to the growing public health threat posed by this new coronavirus:
 - Foreign nationals who have been in China or Iran within the past 14 days cannot enter the United States.
 - U.S. citizens, residents, and their immediate family members who have been in China or Iran within in the past 14 days can enter the United States, but they are subject to health monitoring and possible quarantine for up to 14 days.
 - On March 11, a similar policy was expanded to include 26 European countries for a period of 30 days.
 - On March 8, CDC recommended that people at higher risk of serious COVID-19 illness avoid cruise travel and non-essential air travel.
 - Additionally, CDC has issued the following additional specific travel guidance related to COVID-19.
- CDC has issued clinical guidance, including:
 - On January 30, CDC published guidance for healthcare professionals on the clinical care of COVID-19 patients.
 - On February 3, CDC posted guidance for assessing the potential risk for various exposures to COVID-19 and managing those people appropriately.
 - On February 27, CDC updated its criteria to guide evaluation of persons under investigation for COVID-19.
 - On March 8, CDC issued a Health Alert Network (HAN).
 - On March 10, CDC issued updated infection control guidance for healthcare settings, including guidance on the use of personal protective equipment (PPE) during a shortage.
- CDC has deployed multidisciplinary teams to support state health departments case identification, contact tracing, clinical management, and public communications.
- CDC has worked with federal partners to support the safe return of Americans overseas who have been affected by COVID-19.

This is a picture of CDC's laboratory test kit for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). CDC tests are provided to U.S. state and local public health laboratories, Department of Defense (DOD) laboratories and select international laboratories.

- An important part of CDC's role during a public health emergency is to develop a test for the pathogen and equip state and local public health labs with testing capacity.
 - CDC developed an rRT-PCR test to diagnose COVID-19.
 - As of the evening of March 10, 79 state and local public health labs in 50 states and the District of Columbia have successfully verified and are currently using CDC COVID-19 diagnostic tests.
 - Combined with other reagents that CDC has procured, there are enough testing kits to test more than 75,000 people.
 - In addition, CDC has two laboratories conducting testing for the virus that causes COVID-19. CDC can test approximately 350 specimens per day.
 - Commercial labs are working to develop their own tests that hopefully will be available soon. This will allow a greater number of tests to happen close to where potential cases are.
- CDC has grown the COVID-19 virus in cell culture, which is necessary for further studies, including for additional genetic characterization. The cell-grown virus was sent to NIH's BEI Resources Repository for use by the broad scientific community.
- CDC also is developing a serology test for COVID-19.

CDC Recommends

- Everyone can do their part to help us respond to this emerging public health threat:
 - Individuals and communities should familiarize themselves with recommendations to protect themselves and their communities from getting and spreading respiratory illnesses like COVID-19.
 - Older people and people with severe chronic conditions should take special precautions because they are at higher risk of developing serious COVID-19 illness.
 - If you are a healthcare provider, use your judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Factors to consider in addition to clinical symptoms may include:
 - Does the patient have recent travel from an affected area?

- Has the patient been in close contact with someone with COVID-19 or with patients with pneumonia of unknown cause?
- Does the patient reside in an area where there has been community spread of COVID-19?
- If you are a healthcare provider or a public health responder caring for a COVID-19 patient, please take care of yourself and follow recommended infection control procedures.
- If you are a close contact of someone with COVID-19 and develop symptoms of COVID-19, call your healthcare provider and tell them about your symptoms and your exposure. They will decide whether you need to be tested, but keep in mind that there is no treatment for COVID-19 and people who are mildly ill are able to isolate at home.
- If you are a resident in a community where there is ongoing spread of COVID-19 and you develop COVID-19 symptoms, call your healthcare provider and tell them about your symptoms. They will decide whether you need to be tested, but keep in mind that there is no treatment for COVID-19 and people who are mildly ill are able to isolate at home.
- For people who are ill with COVID-19, but are not sick enough to be hospitalized, please follow CDC guidance on how to reduce the risk of spreading your illness to others. People who are mildly ill with COVID-19 are able to isolate at home during their illness.
- If you have been in China or another affected area or have been exposed to someone sick with COVID-19 in the last 14 days, you will face some limitations on your movement and activity. Please follow instructions during this time. Your cooperation is integral to the ongoing public health response to try to slow spread of this virus.

Coronavirus Infection

FAQ

By: PEI Government

(March 10, 2020)

Coronavirus (COVID-19) Infection: Frequently Asked Questions

There are no cases of COVID-19 in Prince Edward Island and the overall risk to Islanders and Canadians remains low at this time.

Coronaviruses are a large family of viruses that cause respiratory illnesses. Some coronaviruses can cause no or mild illness, like the common cold, while other coronaviruses can cause severe illness. Some human coronaviruses spread easily between people, while others do not.

Your risk of severe disease may be higher if you have a weakened immune system. This may be the case for:

- older people
- people with chronic disease (for example: diabetes, cancer, heart, renal, or chronic lung disease)

Current situation

On December 31, 2019, a cluster of cases of pneumonia was reported in Wuhan, China, and the cause has been confirmed as coronavirus. This virus is now known as the 2019 Novel Coronavirus or COVID-19. Hubei province in China continues to have the most concentrated number of cases, however, many countries now have cases of COVID-19 and a number have ongoing transmission within communities. The countries with ongoing transmission are considered affected areas.

The Chief Public Health Office of Prince Edward Island is working closely with federal, provincial, and territorial counterparts to ensure any cases of novel coronavirus continue to be rapidly identified and managed to protect the health of Islanders.

Public health risk is continually reassessed and updated as new information becomes available.

Call 8-1-1 for instructions if you are experiencing any new symptoms such as fever, cough, or difficulty breathing.

Advice for Islanders

What can I do to avoid contracting COVID-19 ?

Think ahead about the actions you can take that to stay healthy and prevent the spread of any illness, especially respiratory infections. Now and always during cold and flu season, stay home if you are sick. Encourage those you know who are sick to stay home until they no longer have symptoms.

Since respiratory viruses, such as the one that causes COVID-19, are spread through contact, change your regular greeting. Instead of a handshake, a kiss or a hug, a friendly wave or elbow bump is less likely to expose you to respiratory viruses.

Follow these routine prevention measures as well to stay healthy:

- **Wash your hands frequently with soap and water or use alcohol-based hand rub when hands are not visibly soiled.**
- **Cough and sneeze into your elbow or a tissue. If using a tissue, immediately place it in a waste disposal and wash your hands.**
- **If possible, stay home when ill with acute respiratory symptoms; if this is not possible, limit close contact with others.**
- **Limit touching your eyes, nose, and mouth.**
- **Don't share items that may have saliva on them such as drinking glasses and water bottles.**
- **Frequently clean surfaces like taps, doorknobs, and countertops.**

Should I wear a mask?

There is no research to support that the use of masks by individuals, who are well, is effective in preventing the spread of respiratory illnesses such as influenza and novel coronavirus.

Where can I find reliable information?

The Public Health Agency of Canada, along with provincial and territorial public health authorities, is a reliable source of information. If you find that the news media is making you feel anxious, take a break from it.

How PEI is preparing?

Prince Edward Island's health care system is actively monitoring potential cases of novel coronavirus. Planning is underway for the potential increased testing of Islanders returning from out-of-country travel, this includes establishing two locations for COVID-19 swab testing for symptomatic individuals. Other work includes:

- monitoring hospitals for potential cases
- applying effective control measures and, if needed, isolating cases
- communicating directly with community organizations and universities
- sharing accurate, up-to-date information with partners and residents
- working closely with federal, provincial and territorial partners to share information and assess potential health risks

The Province of Prince Edward Island has established a special situation response group, with government representatives from various departments and agencies, to consider and prepare for all impacts related to COVID-19 to the province, including economic.

Advice for travellers

In this section, you will find up-to-date information about global areas affected by COVID-19 and what you should do if you have travelled in these areas.

What should I do if I have plans to travel?

The PEI Chief Public Health Office is advising Islanders travelling outside of Canada to **monitor themselves and their children closely for 14 days after returning home**. Even if you are feeling well, you are advised to take the following **precautions for a two-week period**:

- avoid attending large gatherings
- delay visiting elderly people or anyone with underlying medical conditions
- call 8-1-1 for instructions if experiencing any new symptoms such as fever, cough, or difficulty breathing

All travellers should be aware that there are health risks when you travel. It is important to check your destination(link is external) before you leave to know the risks and to be prepared. To determine travel restrictions and entry and exit requirements for your destination, check with the appropriate foreign diplomatic mission(link is external).

The Public Health Agency of Canada (PHAC) is recommending that Canadians avoid all cruise ship travel due to the ongoing COVID-19 outbreak.

To ensure you are aware of the latest developments on this evolving situation, it is recommended that you:

- monitor the news
- reading all travel advice and advisories(link is external) for your destination

If you are in an affected destination, it is recommended that you:

- follow the instructions of local authorities
- sign up to our Registration of Canadians Abroad(link is external) service to receive important updates

People can contract coronaviruses after coming into contact with an infected person. Current evidence suggests person-to-person spread is efficient when there is close contact. You can reduce your risk by taking precautions (link is external) when travelling to areas where there is risk of coronaviruses. If you have travelled outside Canada, you can reduce the risk of spreading infection by following prevention measures(link is external) when returning to Canada.

What should I do if I have returned from travelling within the last 14 days anywhere out side of Canada (other than Hubei province in China or Iran)?

At this time, all travellers who have returned from travelling outside of Canada (other than Hubei province or Iran) are being asked to **monitor themselves and their children closely for 14 days after returning home**, and to call 811 if they develop any symptoms (fever, cough, or difficulty breathing).

What should I do if I have travelled within the last 14 days from Hubei province in China or Iran?

The provinces and territories are recommending that **arriving travellers who have been in Hubei province (including Wuhan) or Iran voluntarily self-isolate for 14 days after arriving home**. Self-isolation means these travellers should stay at home and not attend school or work. Returning travellers from Hubei are encouraged to call 811 to connect with local Public Health for

further advice and support. Public Health is available to support people who have been travelling to ensure they know the symptoms to monitor themselves.

What should I do if I have not been travelling recently but I am still concerned about COVID-19?

If you have not been travelling recently but are still concerned about coronavirus, please read the following questions carefully:

1. **In the past 14 days, have you been in close contact with a confirmed case of novel coronavirus?**
2. **In the past 14 days, have you been in close contact with a person with fever or acute respiratory illness (new or worsening cough or difficulty breathing) who has been outside of Canada within 14 days prior to becoming ill?**

If the answer is **YES** to either question, stay at home and call 811 for further assessment.

If the answer is **NO** to all questions, no special measures are needed. It is also that time of year when respiratory viruses that cause the common cold or other illness, like the flu, are circulating in our communities. Follow these routine prevention measures to stay healthy:

- Wash your hands frequently with soap and water or use alcohol-based hand rub when hands are not visibly soiled.
- Cough and sneeze into your elbow or a tissue. If using a tissue, immediately place it in a waste disposal and wash your hands.
- If possible, stay home when ill with acute respiratory symptoms; if this is not possible, limit close contact with others.
- Limit touching your eyes, nose, and mouth.
- Don't share items that may have saliva on them such as drinking glasses and water bottles.
- Frequently clean surfaces like taps, doorknobs, and countertops.
- Use of masks by the general public for respiratory illnesses such as influenza and novel coronavirus have not been shown to be effective in preventing virus spread and are not recommended for prevention.

Where can I find out more information?

Public health risk is continually reassessed as new information becomes available.

- Visit the [Public Health Agency of Canada website](#)(link is external) for details of the current situation in Canada and the risk associated with COVID-19 for Canadians
- Email: phac.info.aspc@canada.ca(link sends e-mail)
- Call the **Government of Canada COVID-19 Information Line** at 1-833-784-4397

(NOTE: There have been reports of fraudulent telephone calls to households *from* the above phone number - [Visit Canada.ca to learn more](#)(link is external)).

Published date:
March 10, 2020

**Current Situation
Outbreak update
By: Government of
Canada
(March 13, 2020)**

Current situation

Areas in Canada with cases of COVID-19 as of March 13, 2020, 9:00 am

Province, territory or other	Number of confirmed cases	Number of probable cases
British Columbia	53	0
Alberta	23	0
Saskatchewan	0	1
Manitoba	1	2
Ontario	60	0
Quebec	13	0
New Brunswick	1	0
Repatriated Canadians	1	0
Total cases	152	3

Information on demographics, symptoms and outcomes is available for most cases.

Of these cases:

- the onset of illnesses occurred between January 15 and March 9, 2020
- 53% of cases are female
- 67% of cases are over the age of 40
- 13% of cases have been hospitalized
- 1 person has died of COVID-19
- 80% of cases are travellers and 10% are close contacts of those travellers

Risk to Canadians

At this time, the Public Health Agency of Canada has assessed the public health risk associated with COVID-19 as **low** for the general population in Canada but this could change rapidly. There is an increased risk of more severe outcomes for Canadians:

- aged 65 and over
- with compromised immune systems
- with underlying medical conditions

While a COVID-19 outbreak is not unexpected in Canada, our public health system is prepared to respond. The Public Health Agency of Canada, along with provincial, territorial and community partners, continues to reassess the public health risk, based on the best available evidence as the situation evolves.

The risk to Canadian travellers abroad will vary depending on the destination, as well as the person's age and health status. There are some destinations where the Government of Canada recommends avoiding all travel or all non-essential travel. Check the latest [travel health notices](#) before travelling.

As well, the risk for COVID-19 may be increased for certain settings such as:

- [cruise ships](#)
- heavily affected areas
- international conferences and other large gatherings in enclosed spaces

It is important for all travellers to:

- self-monitor for symptoms of COVID-19 (fever, cough or difficulty breathing) for 14 days after returning to Canada
- avoid places where you cannot easily separate yourself from others if you become ill

If you have even mild symptoms, **stay home** and call the public health authority in the province or territory you are in to inform them. They will provide advice on what you should do.

We will continue to adapt our risk assessment based on the latest data available.

History

On March 11, 2020, the World Health Organization declares the global outbreak of COVID-19 a pandemic.

On March 9, 2020, Canada confirms its first death related to COVID-19.

On February 20, 2020, Canada confirms its first case related to travel outside mainland China.

On February 9, 2020, Canada expands COVID-19 screening requirements for travellers returning from affected areas to 10 airports across 6 provinces.

On January 30, 2020, the World Health Organization declares the outbreak of COVID-19 a public health event of international concern.

On January 25, 2020, Canada confirms its first case of COVID-19 related to travel in Wuhan, China.

On January 22, 2020, Canada implements screening requirements related to COVID-19 for travellers returning from China to major airports in Montréal, Toronto and Vancouver.

On January 15, 2020, the Public Health Agency of Canada activates the Emergency Operation Centre to support Canada's response to COVID-19.

On January 7, 2020, China confirmed COVID-19.

On December 31, 2019, the World Health Organization was alerted to several cases of pneumonia in Wuhan, China. The virus did not match any other known virus.

Advisory
Coronavirus Infection
By: Dept. of Health and
Wellness
(March 13, 2020)

Advisory - Coronavirus Infection

Canada's Chief Public Health Officer is in close contact with PEI's Chief Public Health Office to monitor, rapidly identify and manage any cases of COVID-19 occurring in Canada in order to protect the health of Canadians.

The Public Health Agency of Canada is also working with all provinces and territories, and its international partners, including the World Health Organization, to actively monitor the situation.

Prince Edward Island Risk Level

There are no cases of COVID-19 in Prince Edward Island and the overall risk to Islanders remains low at this time.

For all PEI residents and travellers

Stop all non-essential travel outside of Canada.

Self-isolate for 14 days following all international travel, including the US.

Visit COVID-19 to learn about travel advice, risks and precautions. Public health risk is continually reassessed and updated as new information becomes available.

For all Canadians

Visit the Public Health Agency of Canada website (link is external) for details of the current situation in Canada and the risk associated with COVID-19 for Canadians. Public health risk is continually reassessed as new information becomes available.

Last Updated Date

Friday, March 13, 2020 - 1:08pm

Coronavirus disease 2019

Situation Reports

**By: World Health
Organization (WHO)
(March 11, 2020)**

Coronavirus disease 2019 (COVID-19) Situation Report – 51

Data as reported by national authorities by 10 AM CET 11 March 2020

HIGHLIGHTS

- WHO Director-General in his regular media briefing today stated that WHO has been assessing this outbreak around the clock and we are deeply concerned both by the alarming levels of spread and severity, and by the alarming levels of inaction. WHO therefore have made the assessment that COVID-19 can be characterized as a pandemic. For detailed information, please see [here](#).
- Four new countries/territories/areas (Bolivia [Plurinational State of], Jamaica, Burkina Faso and Democratic Republic of the Congo) have reported cases of COVID-19 in the past 24 hours.
- The COVID-19 virus infects people of all ages. However, evidence to date suggests that two groups of people are at a higher risk of getting severe COVID-19 disease. These are older people; and those with underlying medical conditions. WHO emphasizes that all must protect themselves from COVID-19 in order to protect others. For more information, please see 'subject in focus'.
- On 10 March, the IFRC, UNICEF and WHO issued a new guidance to help protect children and schools from transmission of the COVID-19 virus. The guidance provides critical considerations and practical checklists to keep schools safe. More information can be found [here](#).

SITUATION IN NUMBERS

total and new cases in last 24 hours

Globally

118 326 confirmed (4627 new)
4292 deaths (280 new)

China

80 955 confirmed (31 new)
3162 deaths (22 new)

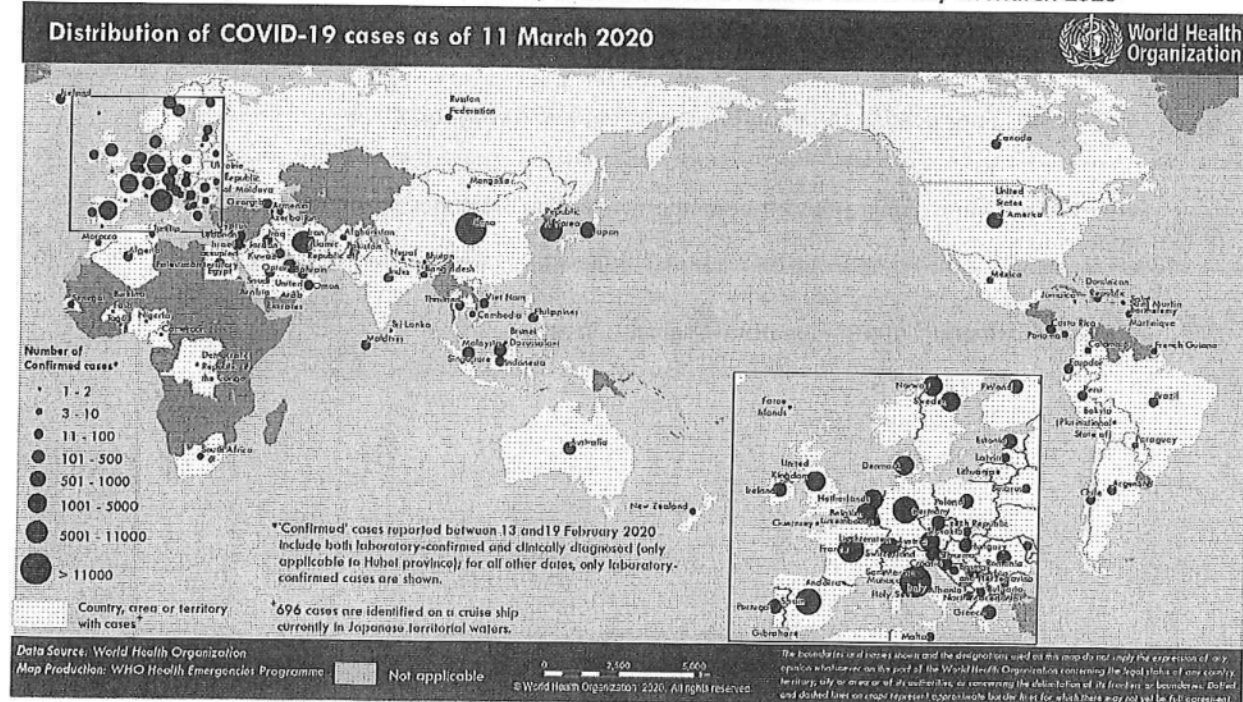
Outside of China

37 371 confirmed (4596 new)
1130 deaths (258 new)
113 countries/territories/
areas (4 new)

WHO RISK ASSESSMENT

China	Very High
Regional Level	Very High
Global Level	Very High

Figure 1. Countries, territories or areas with reported confirmed cases of COVID-19, 11 March 2020



SUBJECT IN FOCUS: Risk Communication guidance - COVID-19, older adults and people with underlying medical conditions

The virus that causes COVID-19 infects people of all ages. However, evidence to date suggests that two groups of people are at a higher risk of getting severe COVID-19 disease. These are older people (that is people over 60 years old); and those with underlying medical conditions (such as cardiovascular disease, diabetes, chronic respiratory disease, and cancer). The risk of severe disease gradually increases with age starting from around 40 years. It's important that adults in this age range protect themselves and in turn protect others that may be more vulnerable.

WHO has issued advice for these two groups and for community support to ensure that they are protected from COVID-19 without being isolated, stigmatized, left in a position of increased vulnerability or unable to access basic provisions and social care. This advice covers the subject of receiving visitors, planning for supplies of medication and food, going out safely in public and staying connected with others through phone calls or other means. It is essential that these groups are supported by their communities during the COVID-19 outbreak. WHO emphasizes that all people must protect themselves from COVID-19, which will also protect other.

Key advice for older adults and people with pre-existing conditions:



When you have visitors to your home, exchange "1 metre greetings", like a wave, nod, or bow.



Ask visitors and those you live with to wash their hands.



Regularly clean and disinfect surfaces in your home, especially areas that people touch a lot.



If someone you live with isn't feeling well (especially with possible COVID-19 symptoms), limit your shared spaces.



If you become ill with symptoms of COVID-19, contact your healthcare provider by telephone before visiting your healthcare facility.



Make a plan in preparation for an outbreak of COVID-19 in your community.



When you go out in public, follow the same preventative guidelines as you would at home.



Stay up to date using information from reliable sources.

SURVEILLANCE

Table 1. Confirmed and suspected cases of COVID-19 acute respiratory disease reported by provinces, regions and cities in China, Data as of 11 March 2020

Province/ Region/ City	Population (10,000s)	In last 24 hours			Cumulative	
		Confirmed cases	Suspected cases	Deaths	Confirmed cases	Deaths
Hubei	5917	13	6	22	67773	3046
Guangdong	11346	0	1	0	1353	8
Henan	9605	0	0	0	1272	22
Zhejiang	5737	0	0	0	1215	1
Hunan	6899	0	0	0	1018	4
Anhui	6324	0	0	0	990	6
Jiangxi	4648	0	0	0	935	1
Shandong	10047	1	0	0	759	6
Jiangsu	8051	0	0	0	631	0
Chongqing	3102	0	0	0	576	6
Sichuan	8341	0	0	0	539	3
Heilongjiang	3773	1	0	0	482	13
Beijing	2154	6	2	0	435	8
Shanghai	2424	2	18	0	344	3
Hebei	7556	0	0	0	318	6
Fujian	3941	0	0	0	296	1
Guangxi	4926	0	0	0	252	2
Shaanxi	3864	0	0	0	245	1
Yunnan	4830	0	1	0	174	2
Hainan	934	0	0	0	168	6
Guizhou	3600	0	0	0	146	2
Tianjin	1560	0	2	0	136	3
Shanxi	3718	0	0	0	133	0
Liaoning	4359	0	1	0	125	1
Gansu	2637	1	0	0	125	2
Hong Kong SAR	745	5	0	0	120	3
Jilin	2704	0	0	0	93	1
Xinjiang	2487	0	0	0	76	3
Ningxia	688	0	0	0	75	0
Inner Mongolia	2534	0	0	0	75	1
Taipei and environs	2359	2	0	0	47	1
Qinghai	603	0	0	0	18	0
Macao SAR	66	0	0	0	10	0
Xizang	344	0	0	0	1	0
Total	142823	31	31	22	80955	3162

Table 2. Countries, territories or areas outside China with reported laboratory-confirmed COVID-19 cases and deaths. Data as of 11 March 2020*

Reporting Country/ Territory/Area [†]	Total confirmed [‡] cases	Total confirmed new cases	Total deaths	Total new deaths	Transmission classification [§]	Days since last reported case
Western Pacific Region						
Republic of Korea	7755	242	60	6	Local transmission	0
Japan	568	54	12	3	Local transmission	0
Singapore	166	6	0	0	Local transmission	0
Malaysia	129	12	0	0	Local transmission	0
Australia	112	20	3	0	Local transmission	0
Philippines	49	16	1	0	Local transmission	0
Viet Nam	35	4	0	0	Local transmission	0
New Zealand	5	0	0	0	Local transmission	4
Cambodia	3	1	0	0	Local transmission	0
Brunei Darussalam	1	0	0	0	Imported cases only	1
Mongolia	1	0	0	0	Imported cases only	1
European Region						
Italy	10149	977	631	168	Local transmission	0
France	1774	372	33	3	Local transmission	0
Spain	1639	615	36	8	Local transmission	0
Germany	1296	157	2	0	Local transmission	0
Switzerland	491	159	3	1	Local transmission	0
Netherlands	382	61	4	1	Local transmission	0
The United Kingdom	373	50	6	3	Local transmission	0
Sweden	326	78	0	0	Local transmission	0
Norway	277	85	0	0	Local transmission	0
Belgium	267	28	0	0	Local transmission	0
Denmark	262	172	0	0	Local transmission	0
Austria	182	51	0	0	Local transmission	0
Greece	89	16	0	0	Local transmission	0
Israel	75	36	0	0	Local transmission	0
San Marino	63	14	2	0	Local transmission	0
Czechia	61	23	0	0	Local transmission	0
Iceland	61	0	0	0	Local transmission	1
Portugal	41	11	0	0	Local transmission	0
Finland	40	0	0	0	Local transmission	1
Ireland	34	10	0	0	Local transmission	0
Slovenia	31	8	0	0	Local transmission	0
Romania	25	10	0	0	Local transmission	0
Georgia	23	8	0	0	Imported cases only	0
Poland	22	6	0	0	Local transmission	0
Croatia	16	4	0	0	Local transmission	0
Estonia	13	3	0	0	Imported cases only	0
Hungary	13	4	0	0	Local transmission	0
Serbia	12	11	0	0	Local transmission	0
Albania	10	8	0	0	Local transmission	0
Bulgaria	10	6	0	0	Local transmission	0
Azerbaijan	9	0	0	0	Imported cases only	4
Belarus	9	3	0	0	Local transmission	0
Latvia	8	2	0	0	Imported cases only	0
North Macedonia	7	0	0	0	Local transmission	1
Russian Federation	7	0	0	0	Imported cases only	4

Slovakia	7	0	0	0	Local transmission	1
Luxembourg	5	0	0	0	Imported cases only	1
Bosnia and Herzegovina	4	2	0	0	Local transmission	0
Malta	4	0	0	0	Imported cases only	1
Republic of Moldova	3	2	0	0	Imported cases only	0
Cyprus	2	0	0	0	Imported cases only	1
Andorra	1	0	0	0	Imported cases only	8
Armenia	1	0	0	0	Imported cases only	9
Holy See	1	0	0	0	Under investigation	5
Liechtenstein	1	0	0	0	Imported cases only	5
Lithuania	1	0	0	0	Imported cases only	12
Monaco	1	0	0	0	Under investigation	10
Ukraine	1	0	0	0	Imported cases only	7
Territories**						
Faroe Islands	2	0	0	0	Imported cases only	2
Gibraltar	1	0	0	0	Under investigation	7
Guernsey	1	0	0	0	Imported cases only	1
South-East Asia Region						
India	60	16	0	0	Local transmission	0
Thailand	59	6	1	0	Local transmission	0
Indonesia	27	8	1	1	Local transmission	0
Maldives	8	4	0	0	Local transmission	0
Bangladesh	3	0	0	0	Local transmission	2
Bhutan	1	0	0	0	Imported cases only	5
Nepal	1	0	0	0	Imported cases only	47
Sri Lanka	1	0	0	0	Imported cases only	44
Eastern Mediterranean Region						
Iran (Islamic Republic of)	8042	881	291	54	Local transmission	0
Bahrain	110	1	0	0	Local transmission	0
United Arab Emirates	74	15	0	0	Local transmission	0
Kuwait	69	4	0	0	Imported cases only	0
Iraq	61	0	6	0	Local transmission	1
Egypt	59	0	1	0	Local transmission	1
Lebanon	41	9	1	1	Local transmission	0
Qatar	24	6	0	0	Imported cases only	0
Saudi Arabia	20	5	0	0	Local transmission	0
Oman	18	0	0	0	Imported cases only	1
Pakistan	16	0	0	0	Local transmission	1
Tunisia	6	4	0	0	Local transmission	0
Afghanistan	4	0	0	0	Imported cases only	3
Morocco	3	1	1	1	Imported cases only	0
Jordan	1	0	0	0	Imported cases only	8
Territories**						
occupied Palestinian territory	30	4	0	0	Local transmission	0
Region of the Americas						
United States of America	696	224	25	6	Local transmission	0
Canada	93	16	1	1	Local transmission	0
Brazil	34	9	0	0	Local transmission	0

Argentina	17	5	1	0	Imported cases only	0
Chile	17	4	0	0	Local transmission	0
Ecuador	15	0	0	0	Local transmission	2
Costa Rica	13	4	0	0	Local transmission	0
Peru	11	2	0	0	Local transmission	0
Panama	8	7	1	1	Imported cases only	0
Paraguay	8	7	0	0	Local transmission	0
Mexico	7	0	0	0	Imported cases only	3
Dominican Republic	5	0	0	0	Imported cases only	1
Colombia	3	0	0	0	Imported cases only	1
Bolivia (Plurinational State of)	2	2	0	0	Imported cases only	0
Jamaica	1	1	0	0	Imported cases only	0
Territories^{††}						
French Guiana	5	0	0	0	Imported cases only	3
Martinique	3	1	0	0	Imported cases only	0
Saint Martin	2	0	0	0	Under investigation	8
Saint Barthelemy	1	0	0	0	Under investigation	8
African Region						
Algeria	20	0	0	0	Local transmission	2
South Africa	7	0	0	0	Imported cases only	1
Senegal	4	0	0	0	Imported cases only	6
Burkina Faso	2	2	0	0	Imported cases only	0
Cameroon	2	0	0	0	Local transmission	4
Nigeria	2	0	0	0	Imported cases only	2
Democratic Republic of the Congo	1	1	0	0	Imported cases only	0
Togo	1	0	0	0	Imported cases only	4
Subtotal for all regions	36675	4596	1123	258		
International conveyance (Diamond Princess)	696	0	7	0	Local transmission	3
Grand total	37371	4596	1130	258		

*Numbers include both domestic and repatriated cases

†The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

‡Case classifications are based on WHO case definitions for COVID-19.

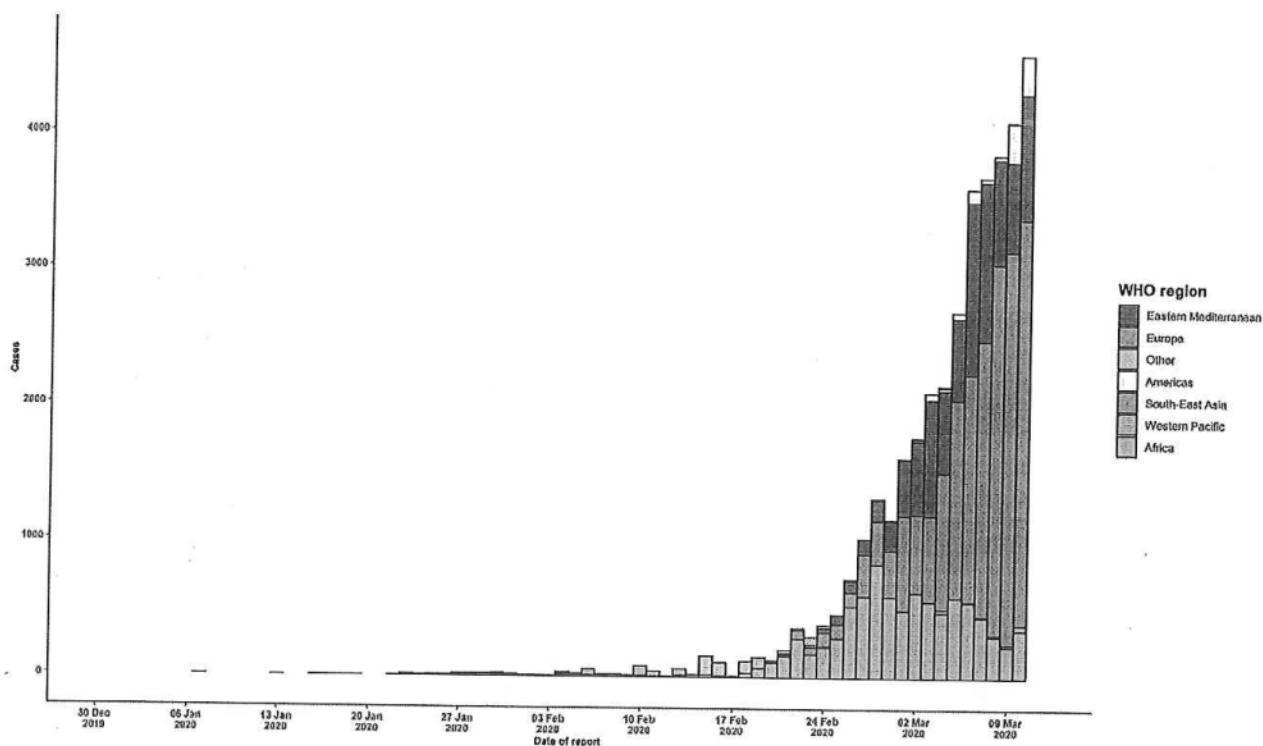
§Transmission classification is based on WHO analysis of available official data and may be subject to reclassification as additional data become available. Countries/territories/areas experiencing multiple types of transmission are classified in the highest category for which there is evidence; they may be removed from a given category if interruption of transmission can be demonstrated. It should be noted that even within categories, different countries/territories/areas may have differing degrees of transmission as indicated by the differing numbers of cases and other factors. Not all locations within a given country/territory/area are equally affected.

Terms:

- **Community transmission** is evidenced by the inability to relate confirmed cases through chains of transmission for a large number of cases, or by increasing positive tests through sentinel samples (routine systematic testing of respiratory samples from established laboratories).
- **Local transmission** indicates locations where the source of infection is within the reporting location.
- **Imported cases only** indicates locations where all cases have been acquired outside the location of reporting.
- **Under investigation** indicates locations where type of transmission has not been determined for any cases.
- **Interrupted transmission** indicates locations where interruption of transmission has been demonstrated (details to be determined)

** "Territories" include territories, areas, overseas dependencies and other jurisdictions of similar status

Figure 2. Epidemic curve of confirmed COVID-19 cases reported outside of China , by date of report and WHO region through 11 March 2020



STRATEGIC OBJECTIVES

WHO's strategic objectives for this response are to:

- Interrupt human-to-human transmission including reducing secondary infections among close contacts and health care workers, preventing transmission amplification events, and preventing further international spread*;
- Identify, isolate and care for patients early, including providing optimized care for infected patients;
- Identify and reduce transmission from the animal source;
- Address crucial unknowns regarding clinical severity, extent of transmission and infection, treatment options, and accelerate the development of diagnostics, therapeutics and vaccines;
- Communicate critical risk and event information to all communities and counter misinformation;
- Minimize social and economic impact through multisectoral partnerships.

*This can be achieved through a combination of public health measures, such as rapid identification, diagnosis and management of the cases, identification and follow up of the contacts, infection prevention and control in health care settings, implementation of health measures for travelers, awareness-raising in the population and risk communication.

PREPAREDNESS AND RESPONSE

- To view all technical guidance documents regarding COVID-19, please go to [this webpage](#).
- WHO has developed interim guidance for laboratory diagnosis, advice on the use of masks during home care and in health care settings in the context of the novel coronavirus (2019-nCoV) outbreak, clinical management, infection prevention and control in health care settings, home care for patients with suspected novel coronavirus, risk communication and community engagement and Global Surveillance for human infection with novel coronavirus (2019-nCoV).
- WHO is working closely with International Air Transport Association (IATA) and have jointly developed a guidance document to provide advice to cabin crew and airport workers, based on country queries. The guidance can be found on the [IATA webpage](#).
- WHO has been in regular and direct contact with Member States where cases have been reported. WHO is also informing other countries about the situation and providing support as requested.
- WHO is working with its networks of researchers and other experts to coordinate global work on surveillance, epidemiology, mathematical modelling, diagnostics and virology, clinical care and treatment, infection prevention and control, and risk communication. WHO has issued interim guidance for countries, which are updated regularly.
- WHO has prepared a [disease commodity package](#) that includes an essential list of biomedical equipment, medicines and supplies necessary to care for patients with 2019-nCoV.
- WHO has provided recommendations to reduce risk of [transmission from animals to humans](#).
- WHO has published an [updated advice for international traffic in relation to the outbreak of the novel coronavirus 2019-nCoV](#).
- WHO has activated the R&D blueprint to accelerate diagnostics, vaccines, and therapeutics.
- OpenWHO is an interactive, web-based, knowledge-transfer platform offering online courses to improve the response to health emergencies. [COVID-19 courses can be found here](#). Specifically, WHO has developed online courses on the following topics: A general introduction to emerging respiratory viruses, including novel coronaviruses (available in Arabic, English, French, Chinese, Spanish, Portuguese, and Russian); Critical Care of Severe Acute Respiratory Infections (available in English and French); Health and safety briefing for respiratory diseases - ePROTECT (available in English, French, and Russian); Infection Prevention and Control for Novel Coronavirus (COVID-19) (available in English and Russian); and COVID-19 Operational Planning Guidelines and COVID-19 Partners Platform to support country preparedness and response.
- WHO is providing guidance on early investigations, which are critical in an outbreak of a new virus. The data collected from the protocols can be used to refine recommendations for surveillance and case definitions, to characterize the key epidemiological transmission features of COVID-19, help understand spread, severity, spectrum of disease, impact on the community and to inform operational models for implementation of countermeasures such as case isolation, contact tracing and isolation. Several protocols are available [here](#). One such protocol is for the investigation of early COVID-19 cases and contacts (the ["First Few X \(FFX\) Cases and contact investigation protocol for 2019-novel coronavirus \(2019-nCoV\) infection"](#)). The protocol is designed to gain an early understanding of the key clinical, epidemiological and virological characteristics of the first cases of COVID-19 infection detected in any individual country, to inform the development and updating of public health guidance to manage cases and reduce the potential spread and impact of infection.

RECOMMENDATIONS AND ADVICE FOR THE PUBLIC

If you are not in an area where COVID-19 is spreading or have not travelled from an area where COVID-19 is spreading or have not been in contact with an infected patient, your risk of infection is low. It is understandable that you may feel anxious about the outbreak. Get the facts from reliable sources to help you accurately determine your risks so that you can take reasonable precautions (see [Frequently Asked Questions](#)). Seek guidance from WHO, your healthcare provider, your national public health authority or your employer for accurate information on COVID-19 and whether COVID-19 is circulating where you live. It is important to be informed of the situation and take appropriate measures to protect yourself and your family (see [Protection measures for everyone](#)).

If you are in an area where there are cases of COVID-19 you need to take the risk of infection seriously. Follow the advice of WHO and guidance issued by national and local health authorities. For most people, COVID-19 infection will cause mild illness however, it can make some people very ill and, in some people, it can be fatal. Older people, and those with pre-existing medical conditions (such as cardiovascular disease, chronic respiratory disease or diabetes) are at risk for severe disease (See [Protection measures for persons who are in or have recently visited \(past 14 days\) areas where COVID-19 is spreading](#)).

CASE DEFINITIONS

WHO periodically updates the [Global Surveillance for human infection with coronavirus disease \(COVID-19\)](#) document which includes case definitions.

For easy reference, case definitions are included below.

Suspect case

- A. A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness of breath), AND with no other etiology that fully explains the clinical presentation AND a history of travel to or residence in a country/area or territory reporting local transmission (See [situation report](#)) of COVID-19 disease during the 14 days prior to symptom onset.

OR

- B. A patient with any acute respiratory illness AND having been in contact with a confirmed or probable COVID-19 case (see definition of contact) in the last 14 days prior to onset of symptoms;

OR

- C. A patient with severe acute respiratory infection (fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness breath) AND requiring hospitalization AND with no other etiology that fully explains the clinical presentation.

Probable case

A suspect case for whom testing for COVID-19 is inconclusive.

- Inconclusive being the result of the test reported by the laboratory

Confirmed case

A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

- Information regarding laboratory guidance can be found [here](#).



Front Door at PCC

16. Communications with community partners

RESPONSE TO MEDIA INQUIRY

May 20, 2020

PEI Adult Custody Facilities

1/ How many inmates were granted temporary absence and released, in March, April and so far in May (separately by month) due to COVID-19 changes.

A total of 53 inmates were released from the Provincial Correctional Centre and Prince Correctional Centre on Temporary Absence during that time period. (27 Sentenced. 26 Intermittent.) The majority were released in March (48) and the remainder in April (5).

2/ How many inmates were at the provincial jail before the releases?

There were a total of 138 Inmates in custody before releases. (96 Sentenced and 32 Remand)

3/ How many offenders had their weekend sentences put on hold in March, April and so far in May (separately by month)

There were 26 Intermittent inmates who received Temporary Absences. All in March 2020. Their sentences were not "put on hold", because sentences continue running while an inmate is on a Temporary Absence.

4/ Why were these inmates approved for release (elderly, health conditions, sentence nearly over, other reason) Please list number by category.

Inmates were released based on security and risk assessments foremost, with preference given to those with existing medical conditions or advancing age which put them most at risk to contracting COVID-19, those with sentences close to completion, and humanitarian/compassionate reasons. It may be noted that based on these risk assessments or security concerns there were a number of inmates with medical conditions, elderly or nearing completion of sentence who were NOT released on Temporary Absence.

5/ How many inmates released were outfitted with electronic ankle bracelets?

There were 43 of 53 inmates outfitted with Electronic monitoring bracelets and placed on "house arrest".

6/ How many inmates who had been released were charged with breaching conditions in March, April and so far in May, and what was the outcome (jailed, or further conditions)

0

7/ How many inmates who had been released were charged with committing a new offence while they were on release/deferred sentence? (by month).

0

Ron Taylor

A/Provincial Manager Custody Programs



Guidelines for Preparing Facilities to Receive Employees

Departments need to adjust their day-to-day practices to prevent the transmission of COVID-19. This document will provide guidance to prepare facilities to receive employees who may be returning to facilities or buildings open to the public.

Additional workplace guidelines and public health measures required to be followed by all businesses can be found in the Renew PEI Together document found at:

<https://www.princeedwardisland.ca/en/topic/renew-peitogether>

Overall guidelines:

- Where possible, employees should continue to work from home.
- Consider different start times to address limited availability of stairs and elevators.
- Consider different start times to address limitations in office space, where physical distancing cannot be observed.
- All staff should practice frequent handwashing, coughing or sneezing into an elbow and avoid touching their face. If gloves are being used by employees, proper handwashing is required before and after use. Do not touch your face with gloves. Ensure hygiene signs are posted in worksites.
- Wearing a non-medical mask (e.g. homemade cloth mask) in the community has not been proven to protect the person wearing it. However, the use of a non-medical mask or facial covering can be an additional measure that employees can take to protect others around them.
- Ensure that staff with cold, influenza or COVID-19 like symptoms; have travelled outside the province in the last 14 days; or are required to isolate for any reason remain at home, or return home immediately, self isolate and call 811 for advice. Please consult the PSC website for more information on the Employee Exclusion policies.
- Recognize that employees may be returning to the workplace with heightened anxiety, and/or under financial pressures and may need extra personal support.
- Encourage employees to access the Employee Assistance Program (EAP). EAP is available to assist and Counsellors can be reached at (902) 368-5738 or toll-free at 1-800-239-3826 or by email at eap@gov.pe.ca.
- If an employee's mental health is impacting a successful return to the workplace, contact your Human Resource Manager to discuss options to support them.

Arrivals and Departure areas:

- Limit employees inside the building to a safe number that supports the size of the facility and accommodates physical distancing of 2 meters or 6 feet.
- Restrict arrival and departure areas to one or two zones/entrances that can be monitored.
- Install signage at a visible location at entrance stating that employees should not enter the building if they are exhibiting symptoms of COVID -19: fever above 38 degrees Celsius, a new cough, or worsening chronic cough sore throat, runny nose, headache, new onset of fatigue, a new onset of muscle pain, diarrhea, loss of sense of taste, loss of sense of smell, in children, purple markings on the fingers and toes, difficulty breathing, pneumonia.
- Install signs inside the worksite notifying staff who feel unwell while at work to inform manager, wash their hands and return home immediately.

Public Access/Visitor Spaces:

- Ensure a space of 2 meters or 6 feet between employees and visitors. If this is not possible, a physical barrier, such as plexiglass is recommended. Departments to work with TIE to coordinate this activity.
- Rearrange client waiting areas to reduce the number of people or have clients wait elsewhere (e.g. their car until called), and remove reading materials and shared pens from the reception space.

Washrooms:

- Install signage:
 - ❖ Limiting # of employees using washrooms at one time. (1-2 depending on size of washroom)
 - ❖ Instruction for proper handwashing near wash basins.
- Reminders of proper physical distancing practices.
- Ensure washrooms are fully stocked at all times with liquid soap (does not have to be antibacterial).

Elevators, Hallways, Walkways, Stairwells, Lunchrooms and Common areas:

- Install signage:
 - ❖ Reminders of proper physical distancing practices.
- Place markers such as tape or cones to provide a visual reference of 2 meters or 6 feet for employees in meeting rooms, waiting rooms, for elevators or in line-ups for equipment such as copiers, etc.
- To minimize congestion in hallways, consider placing directional arrows in corridors where social distancing is not possible.
- Minimize congestion in lunch areas by staggering/rotating staff at lunchtime.

Cleaning and Janitorial:

- Identify high traffic/high touch zones for frequent cleaning (i.e. elevator buttons, doorknobs, handrails, etc.)
- Ensure cleaning schedule is adjusted to increase cleaning frequency as more staff return to buildings/offices.
- Ensure cleaning supplies are available for staff to wipe down surfaces and common areas after use.
- Employees are instructed to clean their worksurfaces, tools of workspaces regularly. Where tools or equipment must be shared, employees have been instructed to disinfect surfaces before and after use. Cleaning products and supplies such as spray disinfectant and paper towel will be provided.
- Ensure cleaning supplies are fully stocked at all times.
- Onsite cleaning services will regularly clean shared surfaces such as counters, doorknobs, and elevator buttons.
- In smaller work sites or in offices with minimal staff present in Phase 1 and 2, staff may be asked to wipe down shared or high-touch surfaces.
- If possible, place alcohol-based hand sanitizer in dispensers near entrance doors, and other high-touch equipment.



COVID-19 Operational Plan Template

This template outlines the general COVID-19 specific policies and procedures that businesses and services must have in place to operate under the updated Public Health Order issued May 1, 2020. Each phase of *Renew PEI Together*, beginning May 1st, includes a further relaxation of restrictions for business allowed to operate, but still includes the same general principles outlined in this template.

Name of Business: Court Services

Civic Address: Summerside Law Courts - 108 Central St., Summerside, PE

Owner/Manager Name: Kerrilee MacConnell, Court Services Manager Signature: _____

Phone: 902-368-6005 Email: kdmacconnell@gov.pe.ca

Date: May 14, 2020

1. Social Distancing

Measures used to maintain social distancing	Steps taken to ensure minimal interaction of people. (2 metres separation)
Between employees	Floor areas are marked to indicate 2 metre separation to provide all staff with a visual of the 2 metre separation between workstations and to ensure social distancing.
Between clients	
	<ul style="list-style-type: none"> - Floor decals are being used in public areas to indicate where to stand to adhere to the 2 metre rule (ticket counter).
	<ul style="list-style-type: none"> - Seating in Courtrooms is being marked by red tape so that staff and judiciary and public can adhere to 2 metre distancing
	<ul style="list-style-type: none"> - During court matters Sheriffs are in court and in waiting areas to ensure social distancing
	<ul style="list-style-type: none"> - Supreme Court #10 ("#10") is smaller and could only be used for smaller matters as in public seating only 3 persons could attend
	<ul style="list-style-type: none"> - #10 could be used to seat up to 10 persons waiting for matters being held in Courtroom #9
	<ul style="list-style-type: none"> - Provincial Court #9 ("#9") is the larger courtroom and can seat up to 12 persons in public seating (this does not include

	<p>judge/clerk/counsel)</p> <ul style="list-style-type: none"> - Court will not be open to public for anyone to attend (due to limited seating). If a support person is required it will be have to be pre-approved by judge. - Court times will be staggered - Attached is a Schedule A which sets out procedures for holding docket days in Summerside Provincial Court as an example of procedures that will be in place. - Each court location will determine maximum number of persons allowed in public areas.
<p>Between employees and clients</p>	<ul style="list-style-type: none"> -There is a plexiglass barrier between employee and clients making payments. -Screener will move from station when someone is paying and/or wear a mask when screening or if at station and someone is paying a fine at counter.

2. Policy for Exclusion of Employees Requiring Self-Isolation

Prior to beginning work each Monday every employee will indicate to their supervisor that they have not been outside of PEI within the last 14 days and do not require to self-isolate.

3. Illness/Exclusion Policy

Management will clearly communicate to all staff the exclusion policy in place for any employee displaying symptoms of COVID-19.

SAMPLE:

- All staff must self-monitor for symptoms and report to their supervisor if they have concerns about possible COVID exposure or possible symptoms.
- Any staff member developing symptoms of COVID-19 at work must immediately perform hand hygiene, report to manager, avoid contact with staff and leave as soon as it is safe to do so. Please call 811 to arrange testing.
- Symptomatic staff will be required to self-isolate until tested for COVID-19 and the results are confirmed.
- If the test results are negative for COVID-19 but the staff member remains ill and/or symptomatic, they should remain on sick leave.

Symptoms of COVID-19 include:

- cough (new or exacerbated chronic)
- headache
- fever/chills
- sore throat
- marked fatigue
- sneezing
- congestion
- body aches
- runny nose

4. Enhanced Cleaning and Disinfection of Shared Areas and Surfaces

Cleaning products will remove visible soil and/or dirt from surfaces. Disinfecting products are used to destroy bacteria and viruses.

Cleaning product	OXIVIR Wipes, BioVectra 70% Ethanol/Water Hand Sanitizer Solution, Saniblend Cleaner/Disinfectant, Oxivir Cleaning Spray
Mixing instructions	Pre-mixed
Disinfecting product	OXIVIR Wipes, BioVectra 70% Ethanol/Water Hand Sanitizer Solution, Saniblend Cleaner/Disinfectant, Oxivir Cleaning Spray
Mixing instructions	Pre-mixed

Cleaning – Location	Frequency	Disinfecting - Location	Frequency
Office areas	Daily by cleaning staff	POS terminal	after each use
Office Areas	Staff cleans shared surfaces multiple times per day, as well	Courtrooms	After each use

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5. Hand Washing /Sanitizer Stations

We all have to do our part to prevent the spread of illness. We know that practicing good hygiene is an essential part of preventing the spread of COVID-19. To protect yourself and others from getting sick, take the following precautions:

- wash your hands often (in addition to routine times such as after using the washroom, before eating, when handling food for the public),
- cough/sneeze into your elbow or tissue and throw away,
- avoid touching your eyes, nose and mouth with your hands,
- use alcohol-based hand sanitizer if soap and water are not readily available.

Hand Washing Stations	Location
Staff	Lunch room, washrooms, individual desks have sanitizer available as some staff deal with documents from the public and/or money. Staff washrooms have sinks. Courtrooms will be supplied with hand sanitizer
Public	Public washrooms have sinks.
Hand Sanitizer Stations	Location
Staff	Lunch room, washrooms, individual desks have sanitizer available as some staff deal with documents from the public and/or money.
Public	At Courthouse entry (with signage) Outside courtroom doors. Anyone entering courtroom will sanitizer prior to (with signage).

Note: This template has been developed as a guide to help businesses develop a COVID-19 specific operational plan as required under the Public Health Order issued on May 1, 2020. It encompasses the criteria that must be part of the required plan. This template may be adopted by many simple businesses, but is not intended to fit all operations. Industries and associations are encouraged and expected to develop plans relevant to their industry. Those may be submitted to envhealth@ihis.org for review. All businesses must maintain a copy of their plan on site for an inspector to review at any time the business is in operation.

PEI Corrections

Going Forward - Opening of PEI Courts

PEI Courts opened on June 1, 2020 with the intent to gradually increase court operations and be restricted to only persons who are necessary to the Court proceedings. Most routine matters will continue to be facilitated by audioconference to reduce the number of persons in court. PROCEDURES

- In order to protect the health and safety of inmates and staff at correctional facilities, all new admissions from court must be isolated for at least seven days. Each individual is tested for COVID-19 on admission to the facility (if had not already tested in past 48 hours); if negative on initial test, tested again at 7 days. If still negative allowed in the general population;
 - Designated isolation units within the correctional facilities;
 - Additional cleaning and precautions(PPE) by staff dealing with individuals in isolation units;
 - Corrections will continue to make use of Temporary Absences and Electronic Supervision Program for appropriate individuals; (based on safety/security, risk, health, offences, sentence, age, etc.)
- (It may be noted that isolation procedures are not new and have been in place for new admissions since March 2020.)

OTHER

- PEI Courts are aware of the limitations of custody facilities to take new admissions and isolate these individuals;
- Corrections officials are involved in weekly teleconferences with court personnel, including Provincial Court Judges, Supreme Court Justices, Crown Attorney, Legal Aid, Court Personnel, Victim Services, and Probation Services;
- Corrections officials are in daily contact with Crown Attorney on capacity in correctional facilities;
- The Courts will to continue to make full use of videoconferencing and audioconferencing for individuals who are in custody, unless attendance is required.
- The Courts have agreed to reduce intermittent sentences for time being given the inability of facilities to adequately accommodate such sentences (isolation of new admissions each weekend).

STATISTICS:

- Since March 17, 2020, we had 53 offenders released from custody at PCC and PRCC on Temporary Absences (26 intermittent and 27 sentenced offenders). All were placed on 'house arrest' and subject to a variety of conditions, including electronic supervision.
- Since March 30, 2020 we have had to quarantine a total of 87 offenders at PCC.
- Since court opened on June 1, 2020 we have had 25 offenders sent to custody by the court.
- We currently have 82 offenders in custody, including 10 who are presently in isolation from the general population.

Appendix ASummerside DocketsProcedures for Screening and seating those attending court

- Court will provide Sheriffs a list of persons who will be attending
- Only those on lists will be permitted to attend – no friends/family will be permitted unless approved by judge upon request by Sheriff.
- Court will be staggered and persons will be advised when to attend. Unrepresented will be dealt with at 9:00, represented at 10:00 and Legal Aid at 10:30
- If multiple persons arrive at same time to courthouse they will line up 6ft apart outside until entry allowed by Sheriff for screening (walkway will be marked)
- Probation and Victim Services will not attend in court, unless judge indicates sufficient seating to do so, but will listen from office #115 on main floor (max 2 people)
- As persons arrive at Court they will be screened (asked travel/covid related questions). If they answer no, they will hand sanitize and be escorted to waiting area.
- Sheriff will confirm address and take phone number and assign a number beside their name.
- They will be heard in order as they arrive with unrepresented first (9:00), then represented (10:00), then Legal Aid matters (10:30)
- Maximum number of persons at one time in court waiting areas is 28 (this does not include judge/staff/counsel/police) set out as follows:
 - o Provincial Court (#9) will be filled with no more than 12 persons in the public seating area (seats to be marked off in red tape)
 - o Once those seats are filled the Supreme Courtroom (#10) will be used to seat no more than 10 persons (seats will be marked with red tape).
 - o Once those seats are filled the two landing areas (2nd floor and 3rd floor) will be filled (no more than 3 in each area – only three seats available).
- Police will sit in Jury box
- Sheriffs will escort persons to a proper seating area based on their arrival and 9:00/10:00/10:30 and will manage the flow from Supreme Court and landing waiting areas
- All persons will hand sanitize prior to entering courtroom (hand sanitizers are located on wall outside door to courtroom)

- When directed to leave the court all persons will be escorted to elevator and sent to lower level exit door to leave or down stairway (6 ft apart) if multiple people leaving at same time
- If person is meeting with Probation then Sheriff will radio to screener who will advise Probation Services they are on the way down to office 115
- If Crown or Defence require to meet they will use the meeting rooms on 3rd floor (suitable for meeting of 2). If a larger meeting room is required they could be escorted with Sheriff to library (meeting of 4) or Courtroom on 3rd floor (larger space for 4-5 persons) ; Sheriff will remain outside door as this is a secured area.
- Probation Services could meet with individual (if required) in office 115 to facilitate signing of documents
- Hand sanitizer will be available in all courtrooms and clerk or sheriff will ensure tables sanitized between 9:00, 10:00 and 10:30 times if counsel changes

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4 (1) (a)

of the Freedom of Information and Protection of Privacy Act

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of the Freedom of Information and Protection of Privacy Act

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4 (1) (a)

of the Freedom of Information and Protection of Privacy Act

- Montague, Charlottetown, Stratford, Cornwall, and Summerside libraries will re-open with limited hours and services. Smaller libraries will re-open with limited hours and curbside service.
- Provincial campgrounds to open June 26th with limitations to respect physical distancing and other safety protocols.
- Provincial museums sites to open with limitations to respect physical distancing and other safety protocols.

Steps / Measures Taken to Protect Staff and General Public

Social Distancing

- Members of the public will be actively screened upon entering worksites.
- Exterior signage and visual aids will clearly indicate public health measures and requirements in place for ensuring the continued health and safety of staff and the public.
- Staff returning to the office will do so on a rotation basis where possible to promote physical distancing.
- Plexiglass barriers have been installed for main reception desks or public interface areas as required.
- Visual aids to mark 6-foot physical distancing requirements will be distributed to worksites.
- Seating will be limited in meeting/waiting rooms to maintain social distancing.
- Elevator usage limited to 1 person per trip. Signage will be posted in all buildings.
- Washroom capacity will be limited to 1-2 people at a time depending on washroom size/layout. Signage will be posted.

Enhanced Cleaning and Disinfecting Measures:

- Enhanced cleaning practices will be instituted including cleaning high touch areas 2x per day. In some instances, it may be the responsibility of the staff where numbers are low.
- Spray disinfectant/paper towel provided in meeting and lunch rooms for staff to disinfect before and after usage.
- Spray disinfectant/paper towel provided for staff to regularly clean their work surfaces/ tools of work.
- POS services will wipe down terminals after each use.

Exclusion of Employees Requiring Self-Isolation Policy

Staff will be made aware of the requirement not to enter the worksite if they have travelled outside PEI within the last 14 days or otherwise required to self-isolate. This will be done through various methods including posting of signage, regular Q&As on the Public Service Commission website, and through regular communication from managers.

Illness/Exclusion Policy

The following policy has been developed for any employee displaying symptoms of COVID-19. Signage will be displayed prominently in work areas and the policy will be communicated to all employees through PSC communiques to staff.

- All staff must self-monitor for symptoms and report to their supervisor if they have concerns about possible COVID exposure or possible symptoms.
- Any staff member developing symptoms of COVID-19 at work must immediately perform hand hygiene, report to manager, avoid contact with staff and leave as soon as it is safe to do so. Please call 811 to arrange testing.
- Symptomatic staff will be required to self-isolate until tested for COVID-19 and the results are confirmed.
- If the test results are negative for COVID-19 but the staff member remains ill and/or symptomatic, they should remain on sick leave.

Symptoms of COVID-19 include:

- ❖ cough (new or exacerbated chronic)
- ❖ headache
- ❖ fever/chills
- ❖ sore throat
- ❖ marked fatigue
- ❖ sneezing
- ❖ congestion
- ❖ body aches
- ❖ runny nose

Hand Washing /Sanitizer Stations

To protect staff and others from getting sick, employees are required to take the following precautions:

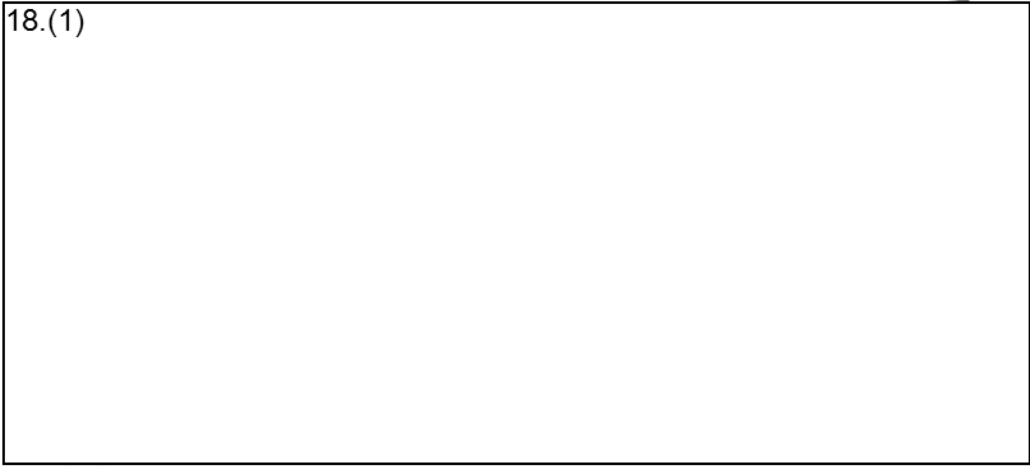
- wash your hands often (in addition to routine times such as after using the washroom, before eating, when handling food for the public),
- cough/sneeze into your elbow or tissue and throw away,
- avoid touching your eyes, nose and mouth with your hands, and
- use alcohol-based hand sanitizer if soap and water are not readily available.

Staff will be reminded of these requirements through signage, PSC Q and As, and regular communication from managers.

Hand sanitizer will be provided at all building/floor entrance points and near shared printers and photocopiers.

Pictures of Summerside Courthouse

18.(1)

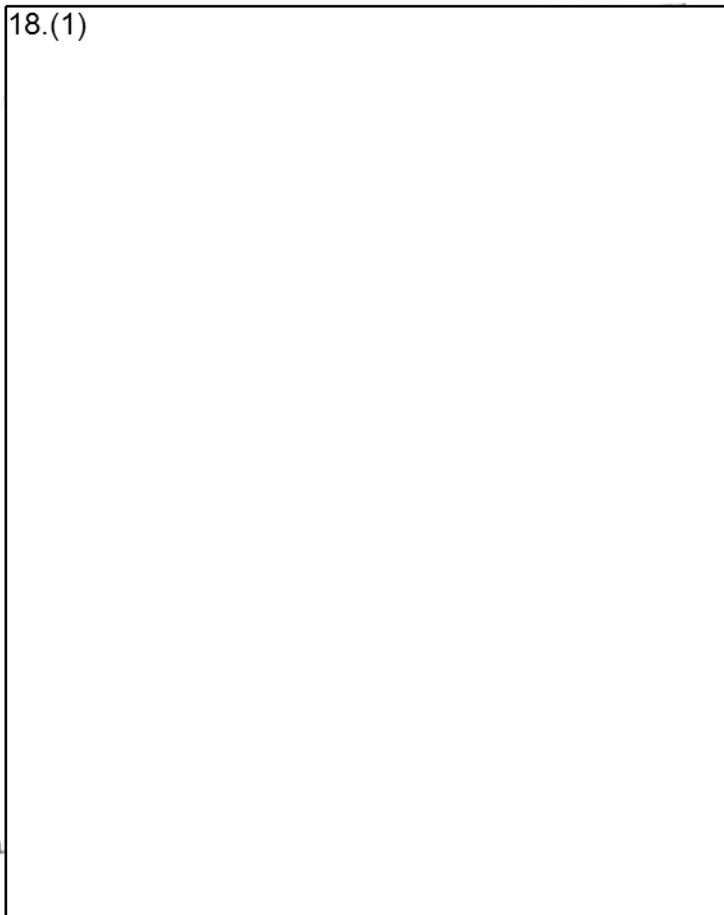


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Figure 3 - Waiting Room outside Summerside Courtrooms - Only room for 3 to be 6ft apart

Figure 4 Summerside Supreme Court #10 - Smaller - 3 potential in seating behind glass.
If holding a docket in Prov. Court #9 could seat 10 people 6 feet apart as additional waiting area

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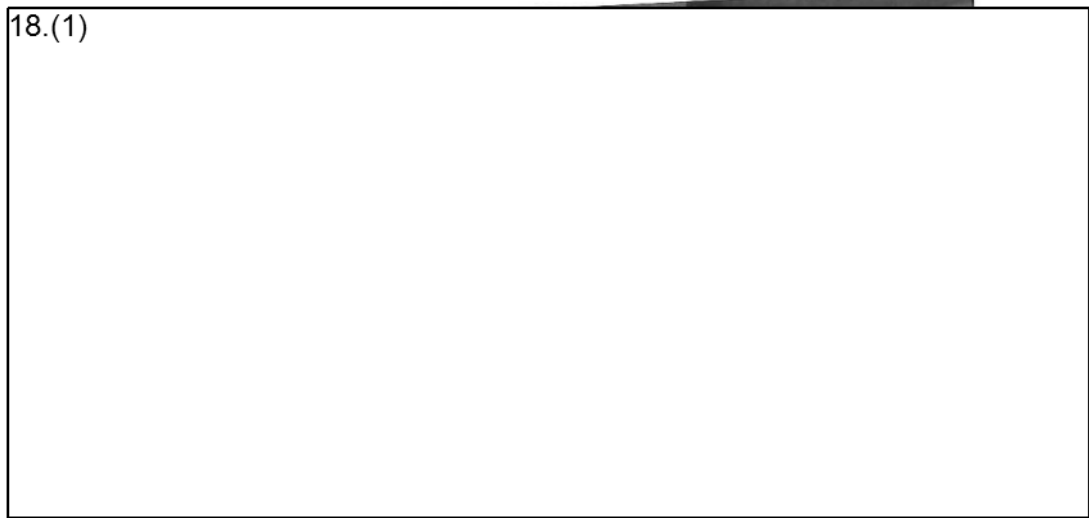


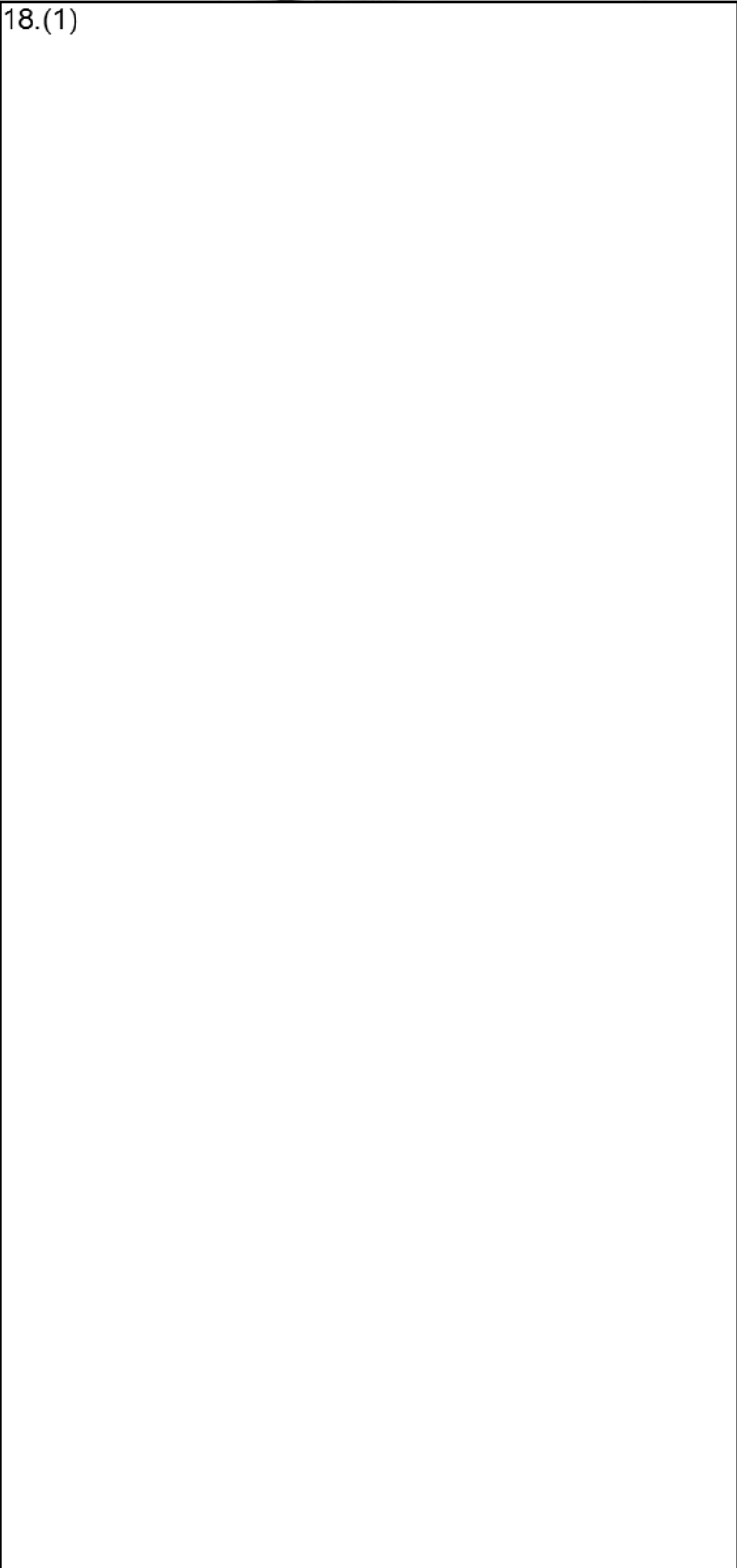
Figure 5 - Summerside Provincial Court #9 - Can seat 12 persons in seating area



Figure 6 - Summerside Provincial Court #9 - view to judge/clerk/counsel from public seating

(5/20/2020), Ron T

18.(1)



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6ft requirement)

meets 6ft requirement) (There is more another

18.(1)

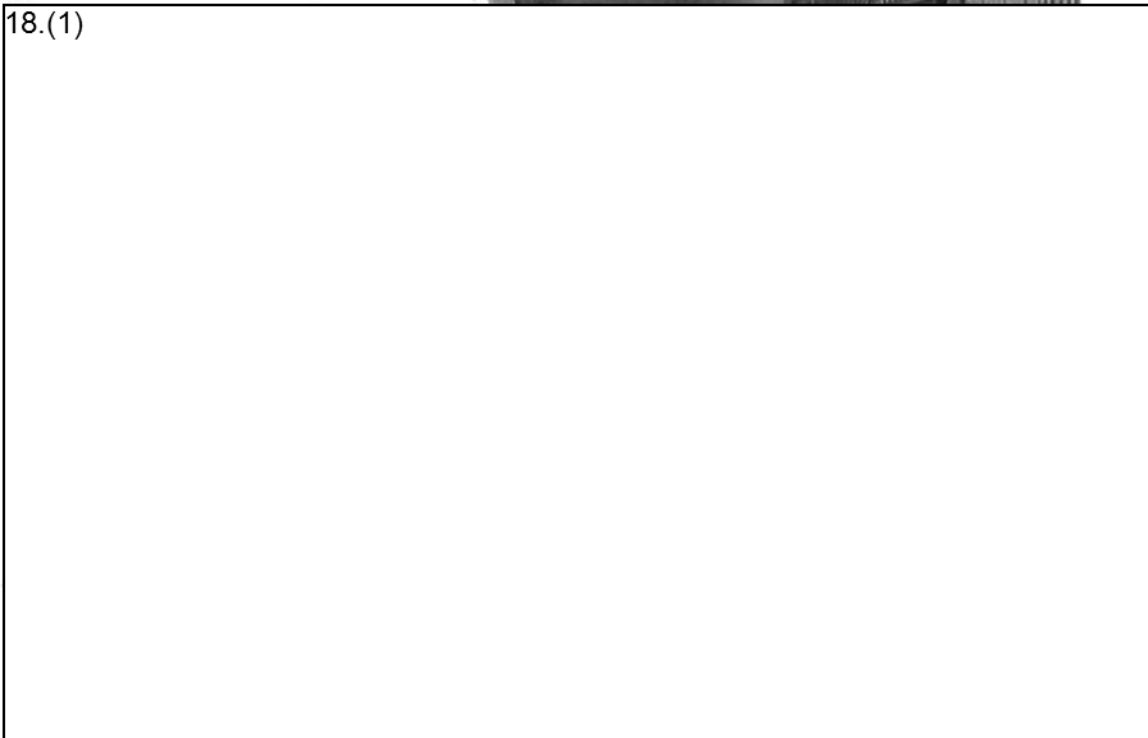


Figure 9 - Summerside 3rd Library - Can be used for large meeting room - 4-5 people (in Secured area so requirment of Sheriff outside door)

Figure 10- Summerside 3rd floor Courtroom/Meeting Room - 4-5 people (in Secured area so requirement of Sheriff outside door)

(7/14/2020) Ron Taylor - Fwd: Operations Update

From: Karen MacDonald
To: Curtis Toombs; Ron Taylor
CC: Shelley Thorne
Date: 7/14/2020 2:55 PM
Subject: Fwd: Operations Update

>>> Karen MacDonald 7/14/2020 2:54 PM >>>
 Good afternoon,

Please see email below from the Operations Committee. A response is required by end of day, Friday, July 17th. Please send responses directly to Jody Jackson and copy to Tanya Rowell, Pam Trainor, Shelley and I.

Thank you, Karen

>>> Pamela Trainor 7/13/2020 1:24 PM >>>
 Good afternoon,

The Operations Committee is very thankful for the work departments and agencies have done over the last few months to realign services to accommodate CPHO recommendations related to COVID-19.

Feedback Requested

At this point, we would like to get a sense of how things are going with your service and whether any adjustments are required or planned. Please provide the following information:

1. Are you currently experiencing challenges in maintaining 6 ft physical distancing at all times in your sites/services that cannot be met by the installation of physical barriers, offering remote services, having staff work remotely where possible or altering staff schedules? If so, please outline those challenges.
2. Are you hearing concerns from staff re: ability to social distance, availability of masks, etc.? Please be specific.
3. Are you receiving any complaints from the public re: line-ups, process changes, etc.? Please be specific.
4. Are you planning any service or other changes in response concerns brought forward by staff or public?
5. Are you planning any service or other changes for the fall/winter related to cooler weather, etc.?

Please respond directly to Jody Jackson, copy to Tanya Rowell and Pam Trainor by the end of the week.

Masks in the Workplace

In response to the recent CPHO direction on the use of masks, PSC is currently developing a mask protocol for the Civil Service. This will be distributed once available.

COVID-19 Recall Notice - BioVectra Hand Sanitizer - Topical Gel

Please note the following recall notice:

A natural health product you have received is being recalled from the Canadian market. Health Canada has classified this as Type II recall due to the potential hazard for skin irritation during use. A Type II

recall is a situation in which the use of, or exposure to, a product may cause temporary adverse health consequences or where the probability of serious adverse health consequences is remote.

TIE has distributed direction to building contacts this morning to stop using this product and to return all product by Friday. Approved hand sanitizer is available for building contacts to pick up starting tomorrow (Tuesday) morning.

Thanks again for the great work you are doing to provide services to Islanders in this challenging time. We hope that you have an opportunity to get a break this summer and enjoy some of this beautiful weather.

Tanya and Pam

Pamela Trainor
Clerk Assistant and Secretary to Cabinet Committee on Policy and Priorities
Executive Council Office
902-368-4302

Various



Health and Wellness

COVID-19 Guidance for Correctional Facilities on PEI

This guidance document is intended to provide information to assist in minimizing the transmission of COVID-19 within PEI Correctional Facilities (Provincial Correctional Center [PCC], Prince Correctional Center [PRCC], and Youth Center [YC]) and to prevent and manage individual cases in correctional facilities.

COVID-19 infected individuals may have little to no symptoms. Symptoms may include one or more of the following:

- cough
- fever
- difficulty breathing
- sore throat
- congestion
- runny nose
- myalgia (muscle aches)
- marked fatigue

How is COVID-19 transmitted?

- COVID-19 is transmitted by large droplets generated by coughing and sneezing from someone who is infected with COVID-19.
- Droplets from an infected symptomatic person can travel up to 6 feet / 2 meters when the infected person coughs or sneezes.
- Transmission can also occur by touching a surface contaminated with the virus and then touching your eyes, nose, and mouth.

How to prevent the transmission of COVID-19

- Proper hand hygiene (Appendix A)
 - Wash hands frequently with soap and water or use an alcohol-based hand rub (ABHR)
- Respiratory etiquette
 - Cover coughs and sneezes; coughing into your sleeve or a tissue followed by hand hygiene
- Avoid touching your face with unwashed hands
- Promote social/physical distancing between staff and offenders (minimum of 2 metres or 6 feet)
- Post signage (Appendix B) throughout the facility reminding staff and offenders about the signs and symptoms of COVID-19 and hand hygiene.
- The facility environment is cleaned using an enhanced cleaning protocol with an emphasis on frequently touched surfaces.
- Limit entry into the facility from outside groups including visitors. Signage will be posted at points of entry.
- Staff involved in the transport of offenders out of province or between facilities, are exempt from the 14 day self-isolation criteria. Staff will be advised to minimize contact with others during the

transport, and are advised (if out of province) not to stop for any other purpose than that of the transport. Transport staff will be advised to monitor for symptoms following out of province work trips. If symptoms develop, they should immediately self-isolate and make arrangements for testing.

Cleaning and Disinfection

- In addition to routine cleaning, surfaces that have frequent contact with hands should be cleaned and disinfected twice per day and when visibly dirty (doorknobs, light switches, toilet handles, handrails, etc).
- Environmental disinfectants should be hospital grade disinfectant, registered in Canada with a Drug Identification Number (DIN) and labelled as effective for both enveloped and non-enveloped viruses are appropriate for COVID-19.
- In the event that commercially prepared hospital disinfectants are not available, the facility may use a diluted bleach solution to disinfect the environment. The minimum concentration of chlorine should be 5000 ppm or 0.5% (equivalent to a 1:9 dilution of 5% concentrated liquid bleach).
- At time of release any items in the offenders living quarters with hard surfaces should be cleaned and disinfected. Any item that cannot be properly cleaned and disinfected should be discarded.

Screening, Testing and Management (Staff and Offenders)

All staff or offenders should be screened daily for the following symptoms;

- Fever (>38.0c), OR
- New or worsening respiratory symptoms (cough, shortness of breath, runny nose or sneezing, nasal congestion, hoarse voice, sore throat or difficulty swallowing), OR
- Any new onset non-respiratory symptoms including chills, muscle aches, diarrhea, malaise, headache, or other unexplained symptoms or change in clinical status.

Staff:

- Staff are to self-monitor for symptoms and report to their supervisor if they have concerns about possible COVID exposure or positive symptoms. At this time, widespread generalized testing of staff is not recommended.
- If a staff member develops symptoms of COVID-19 at work they should immediately perform hand hygiene, put on a mask, inform their supervisor, avoid contact with staff and offenders and leave as soon as it is safe to do so. Please call 1-855-354-4358 to arrange testing or connect with Brandi Martin, NP for further instruction.
- Symptomatic staff will be required to self-isolate until they are tested and the results are confirmed.
 - If the test results are negative for COVID-19 but the staff member remains ill/symptomatic, they should remain on sick leave.
 - If the test results are negative for COVID-19 and the staff member is no longer ill/symptomatic, they may return to work.

- Staff exposed to a confirmed positive COVID-19 individual:
 - Will complete self-isolation for a period of 14 days
 - Monitor for symptoms daily for the 14 days of self-isolation
 - If symptoms develop call 1-855-354-4358 to arrange testing.
- If test results are positive for COVID-19 the employee follows the direction of Public Health and remains self-isolated for 14 days and until 2 negative swabs are reported.

Symptomatic Offender:

Offenders should be placed on Contact/Droplet precautions as indicated in Appendix C (if not already occurring) and be separate from other offenders in the facility.

A symptomatic offender will be tested by the facilities health care provider (Brandi Martin, NP) or through Island EMS upon consultation with Chief Public Health Office, depending on scenario and location.

Weekend/After Hours: Contact Nurse Practitioner (Brandi Martin) from any of the sites (PRCC, YC, or PCC) who will then consult with CPHO for testing direction.

- Symptomatic offenders awaiting results for COVID-19 will continue to be on precautions in a private cell on Contact/Droplet precautions until test results are reported negative.
- Offenders who test positive will be isolated for 14 days and monitored daily. If symptoms worsen and become unmanageable by facility, offender will be transported to hospital due to lack of 24/7 health care coverage.

Exposed Offender:

If an offender was exposed to a confirmed positive COVID-19 individual:

- Offender will be placed on Droplet/Contact precautions for 14 days.
- Monitor for symptoms daily for the 14 days of isolation precautions.
- If symptoms develop arrange testing.

Offender Admission:

All offenders being admitted to the facility:

- Will be screened for symptoms
- Placed on Contact/Droplet Precautions (Appendix C) for 14 days
- Placed separately from the other offenders in the facility

Appendix A: Hand Hygiene

REDUCE THE SPREAD OF COVID-19. WASH YOUR HANDS.



1

Wet hands with warm water



2

Apply soap



3

For at least 20 seconds, make sure to wash:



4

Rinse well



5

Dry hands well with paper towel



6

Turn off tap using paper towel



palm and back of each hand



between fingers



under nails



thumbs

1-833-784-4397

canada.ca/coronavirus



Public Health Agency of Canada

Agence de la santé publique du Canada

Canada

Appendix B COVID-19 Signage

ABOUT CORONAVIRUS DISEASE (COVID-19)

WHAT IT IS

COVID-19 is an illness caused by a coronavirus.

Human coronaviruses are common and are typically associated with mild illnesses, similar to the common cold.

SYMPTOMS

Symptoms may be very mild or more serious. They may take up to 14 days to appear after exposure to the virus.



FEVER



COUGH



DIFFICULTY BREATHING

HOW IT IS SPREAD

Coronaviruses are most commonly SPREAD from an infected person through:

- ▶ respiratory droplets when you cough or sneeze
- ▶ close personal contact, such as touching or shaking hands
- ▶ touching something with the virus on it, then touching your eyes, nose or mouth before washing your hands

These viruses are not known to spread through ventilation systems or through water.

IF YOU HAVE SYMPTOMS

If you have SYMPTOMS of COVID-19 — fever, cough, or difficulty breathing:



- ▶ stay home (**isolate**) to avoid spreading it to others
 - if you live with others, stay in a separate room or keep a 2-metre distance



- ▶ call ahead before you visit a health care professional or call your **local public health authority**
 - tell them your symptoms and follow their instructions



- ▶ if you need immediate medical attention, call 911 and tell them your symptoms

PREVENTION

The best way to prevent the spread of infections is to:



- ▶ practice **physical distancing** at all times



- ▶ stay home if you are sick to avoid spreading illness to others



- ▶ 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



- ▶ when coughing or sneezing:
 - cover your mouth and nose with your arm or tissues to reduce the spread of germs



- immediately dispose of any tissues you have used into the garbage as soon as possible and wash your hands afterwards



- ▶ clean and disinfect frequently touched objects and surfaces, such as toys, electronic devices and doorknobs



- ▶ wear a **non-medical mask or face covering** (i.e. **constructed** to completely cover the nose and mouth without gaping, and secured to the head by ties or ear loops) to protect the people and surfaces around you

FOR MORE INFORMATION ON CORONAVIRUS:

1-833-784-4397

@ canada.ca/coronavirus



Public Health
Agency of Canada

Agence de la santé
publique du Canada

Canada

Appendix C: Droplet Precautions

Contact and Droplet Precautions

Suspected or Confirmed Resident with Respiratory Illness (Influenza-like Illness, Influenza, COVID-19) follow Contact/ Droplet Precautions; which includes the appropriate selection and use all of the following personal protective equipment (PPE).

- Gloves
- Long-sleeved gown
- Facial protection, such as a surgical/procedure mask and eye protection/ face shield, or surgical/procedure mask with visor attachment

All PPE should be removed before leaving the patient's room and discarded into a no-touch receptacle.

Donning PPE Order

1. Perform hand hygiene
2. Don gown
3. Apply mask
4. Apply face shield or goggles
5. Put on gloves

Doffing PPE Order

1. Remove gown and gloves (can be removed together)
2. Perform hand hygiene
3. Remove face shield or goggles (do not touch the front)
4. If appropriate remove mask touching only the strings or ear loops.
5. Perform hand hygiene



Health and Wellness

COVID-19 Guidance for Correctional Facilities on PEI

This guidance document is intended to provide information to assist in minimizing the transmission of COVID-19 within PEI Correctional Facilities (Provincial Correctional Center [PCC], Prince Correctional Center [PRCC], and Youth Center [YC]) and to prevent and manage individual cases in correctional facilities.

COVID-19 infected individuals may have little to no symptoms. Symptoms may include one or more of the following:

- cough
- fever
- difficulty breathing
- sore throat
- congestion
- runny nose
- myalgia (muscle aches)
- marked fatigue

↳ update to reflect full list of symptoms

How is COVID-19 transmitted?

- COVID-19 is transmitted by large droplets generated by coughing and sneezing from someone who is infected with COVID-19.
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- Respiratory etiquette
 - Cover coughs and sneezes; coughing into your sleeve or a tissue followed by hand hygiene
- Avoid touching your face with unwashed hands
- Promote social/physical distancing between staff and offenders (minimum of 2 metres or 6 feet) *
- Post signage (Appendix B) throughout the facility reminding staff and offenders about the signs and symptoms of COVID-19 and hand hygiene.
- The facility environment is cleaned using an enhanced cleaning protocol with an emphasis on frequently touched surfaces.
- Limit entry into the facility from outside groups including visitors. Signage will be posted at points of entry. *As per facility operations capabilities*
- Staff involved in the transport of offenders out of province or between facilities, are exempt from the 14 day self-isolation criteria. Staff will be advised to minimize contact with others during the

Question
How
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April 27, 2020

transport, and are advised (if out of province) not to stop for any other purpose than that of the transport. Transport staff will be advised to monitor for symptoms following out of province work trips. If symptoms develop, they should immediately self-isolate and make arrangements for testing.

Cleaning and Disinfection

- In addition to routine cleaning, surfaces that have frequent contact with hands should be cleaned and disinfected twice per day and when visibly dirty (doorknobs, light switches, toilet handles, handrails, etc).
- Environmental disinfectants should be hospital grade disinfectant, registered in Canada with a Drug Identification Number (DIN) and labelled as effective for both enveloped and non-enveloped viruses are appropriate for COVID-19.
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- At time of release any items in the offenders living quarters with hard surfaces should be cleaned and disinfected. Any item that cannot be properly cleaned and disinfected should be discarded.

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- o Any new onset non-respiratory symptoms including chills, muscle aches, diarrhea, malaise, headache, or other unexplained symptoms or change in clinical status.

Staff:

- Staff are to self-monitor for symptoms and report to their supervisor if they have concerns about possible COVID exposure or positive symptoms. ~~At this time, widespread generalized testing of staff is not recommended.~~ Weekly testing for those in 2 locations.
- If a staff member develops symptoms of COVID-19 at work they should immediately perform hand hygiene, put on a mask, inform their supervisor, avoid contact with staff and offenders and leave as soon as it is safe to do so. Please call 1-855-354-4358 to arrange testing or connect with Brandi Martin, NP for further instruction, or present to drive through clinic *Appendix
- Symptomatic staff will be required to self-isolate until they are tested and the results are confirmed.
 - o If the test results are negative for COVID-19 but the staff member remains ill/symptomatic, they should remain on sick leave.
 - o If the test results are negative for COVID-19 and the staff member is no longer ill/symptomatic, they may return to work.

(Add) • Weekly swabbing of those staff required, does not exempt them from family isolation should they be required to do so

April 27, 2020

- Staff exposed to a confirmed positive COVID-19 individual:
 - Will complete self-isolation for a period of 14 days
 - Monitor for symptoms daily for the 14 days of self-isolation
 - If symptoms develop call 1-855-354-4358 to arrange testing.
- If test results are positive for COVID-19 the employee follows the direction of Public Health and remains self-isolated for 14 days and until 2 negative swabs are reported.

Symptomatic Offender:

Offenders should be placed on Contact/Droplet precautions as indicated in Appendix C (if not already occurring) and be separate from other offenders in the facility.

A symptomatic offender will be tested by the facilities health care provider (Brandi Martin, NP) ~~or through Island EMS upon consultation with Chief Public Health Office~~ *or nursing*, depending on scenario and location.

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- Offenders who test positive will be isolated for 14 days and monitored daily. If symptoms worsen and become unmanageable by facility, offender will be transported to hospital due to lack of 24/7 health care coverage.

Exposed Offender:

If an offender was exposed to a confirmed positive COVID-19 individual:

- Offender will be placed on Droplet/Contact precautions for 14 days.
- Monitor for symptoms daily for the 14 days of isolation precautions.
- If symptoms develop arrange testing.

Offender Admission:

All offenders being admitted to the facility:

- Will be screened for symptoms
- Placed on Contact/Droplet Precautions (Appendix C) for 14 days *7 days*
- Placed separately from the other offenders in the facility *in single cell*

(Add) Masking of Staff:

Staff to wear mask when in close contact with offender or present in their living environment. Offenders are not to wear masks. If left unattended, masks can be maintained with offender, mask not necessary, but still recommended.

April 27, 2020

Appendix A: Hand Hygiene

REDUCE THE SPREAD OF COVID-19. WASH YOUR HANDS.

1
Wet hands with warm water

2
Apply soap

3
For at least 20 seconds, make sure to wash:

- palm and back of each hand
- between fingers
- under nails
- thumbs

4
Rinse well

5
Dry hands well with paper towel

6
Turn off tap using paper towel

1-833-784-4397

canada.ca/coronavirus

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

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Appendix B COVID-19 Signage

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- ▶ touching something with the virus on it, then touching your eyes, nose or mouth before washing your hands

These viruses are not known to spread through ventilation systems or through water.

IF YOU HAVE SYMPTOMS

If you have SYMPTOMS of COVID-19 — fever, cough, or difficulty breathing:

- ▶ stay home (isolate) to avoid spreading it to others
 - if you live with others, stay in a separate room or keep a 2-metre distance
- ▶ call ahead before you visit a health care professional or call your local public health authority
 - tell them your symptoms and follow their instructions
- ▶ if you need immediate medical attention, call 911 and tell them your symptoms

SYMPTOMS

Symptoms may be very mild or more serious. They may take up to 14 days to appear after exposure to the virus.



FEVER



COUGH



DIFFICULTY BREATHING

PREVENTION

The best way to prevent the spread of infections is to:

- ▶ practice physical distancing at all times
- ▶ stay home if you are sick to avoid spreading illness to others
- ▶ 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
- ▶ when coughing or sneezing:
 - cover your mouth and nose with your arm or tissues to reduce the spread of germs
 - immediately dispose of any tissues you have used into the garbage as soon as possible and wash your hands afterwards
- ▶ clean and disinfect frequently touched objects and surfaces, such as toys, electronic devices and doorknobs
- ▶ wear a non-medical mask or face covering (i.e. constructed to completely cover the nose and mouth without gaping, and secured to the head by ties or ear loops) to protect the people and surfaces around you

FOR MORE INFORMATION ON CORONAVIRUS:

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Public Health Agency of Canada

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Canada

Appendix C: Droplet Precautions

Contact and Droplet Precautions

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All PPE should be removed before leaving the patient's room and discarded into a no-touch receptacle.

Donning PPE Order

1. Perform hand hygiene
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3. Apply mask
4. Apply face shield or goggles
5. Put on gloves

Doffing PPE Order

1. Remove gown and gloves (can be removed together)
2. Perform hand hygiene
3. Remove face shield or goggles (do not touch the front)
4. If appropriate remove mask touching only the strings or ear loops.
5. Perform hand hygiene

(Add) Appendix: Weekly Swabs of Staff
Nursing staff encouraged to wear PPE of gloves, mask, goggles/shield. Gown is encouraged but not mandatory.

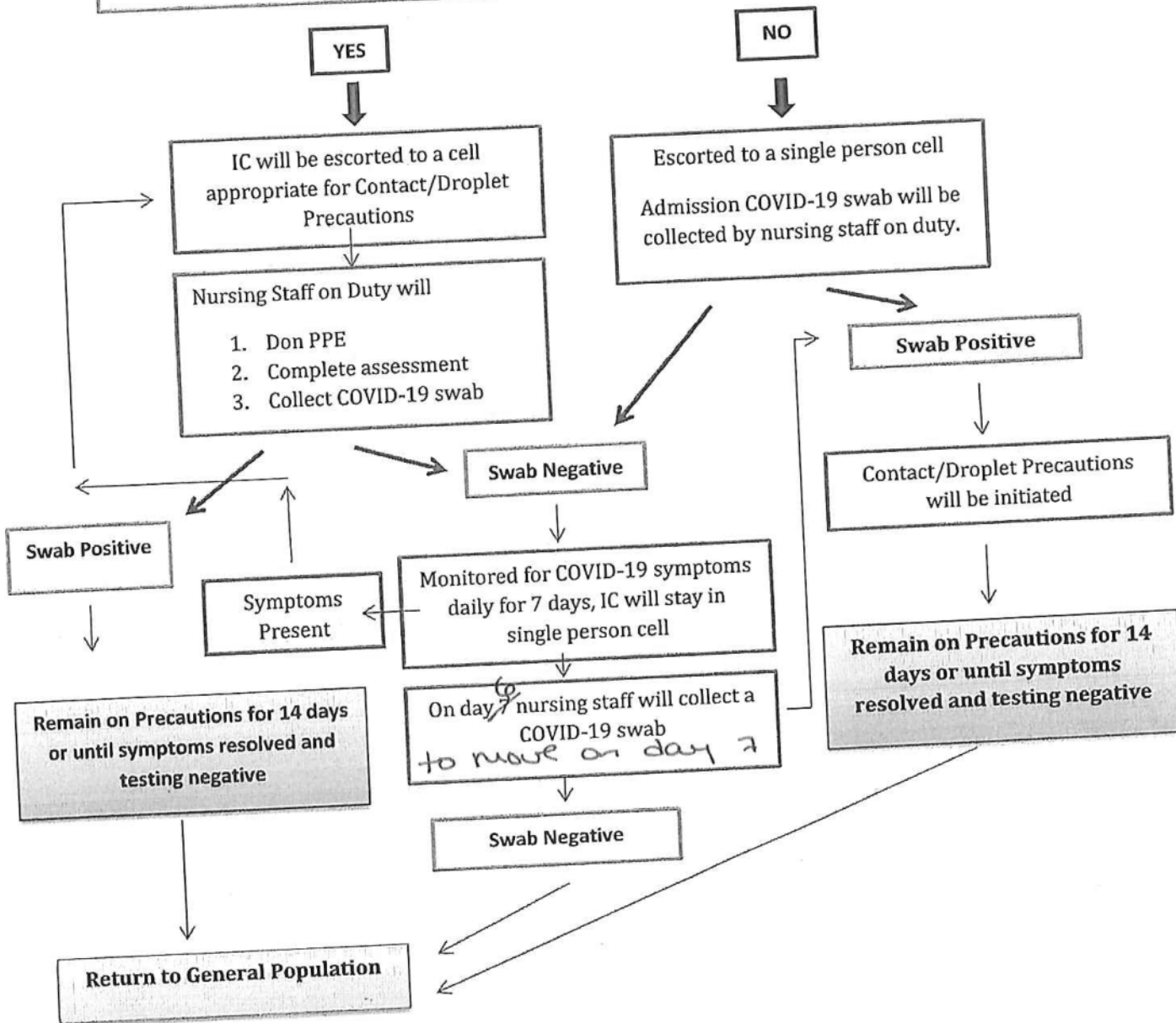


Health and Wellness

Plan for Admission of a New Incarcerated Client to PCC

Incarcerated Client (IC):

1. Screen for Risk Factors
 - Symptoms (new or worsening cough, fever/chills, SOB or difficulty breathing, sore throat, runny nose, sneezing, congestion, headaches, muscle aches, unusual fatigue, acute loss of sense of smell or taste)
 - Travel outside of PEI within 14 days
 - Had close contact with a person who had confirmed or probable COVID-19 within the last 14 days
 - High risk living arrangement (e.g. unstable housing)



Sept 2, 2020 Memo

to working and test again at 7 days. For unscheduled/urgent work, staff can be tested after their work shift and again at 7 days.

- Weekly testing of Microbiology staff at the QEH.

Health Care Workers can be assessed for testing by calling: 1-855-354-4358.

Long-term Care/Community Care/Palliative Care Facilities – Residents

- Test residents of Long-term Care facility 24-48 hours before transfer/admission to the facility, at 3 to 4 days, and at 10 to 12 days.
- Test residents of Community Care or Palliative Care facility 24-48 hours before transfer/admission to the facility; if negative on initial test, test again at 7 days post admission.

Inter-Facility Transfers

- Asymptomatic transfers to other acute care facilities (excluding LTC and CCF) do not require testing at this time, as there is no documented community transmission or reservoir in PEI hospitals.
- Testing can be provided for anyone who requires a test prior to procedure/surgery/ etc. at an out-of-province (OOP) facility.
- Inpatients returning from OOP facilities who were off-Island for ≤ 24 hours require routine testing at 48 hours; test again at 7 days post admission. Testing is not required if patient is no longer an inpatient.
- Inpatients returning from OOP facilities who were off-Island for >24 hours require routine testing on arrival; test again at 7 days post admission. Testing is not required if patient is no longer an inpatient.

Long-term Care Service Providers & Partners in Care

- Weekly testing of service providers (e.g., hairdressers, foot care worker, seamstress, etc.) in Long-term Care facilities.
- Partners in care who work in a LTC facility should be tested weekly.

Correctional Facility Admissions and Staff

- Test (routine testing) on admission to the facility (if had not already tested in past 48 hours); if negative on initial test, test again at 7 days post admission.
- Weekly testing of correctional facility staff who work at more than 1 facility (e.g., corrections and LTC).

Add: Throughout isolation period, offender is to remain in single wet cell before moving to general population

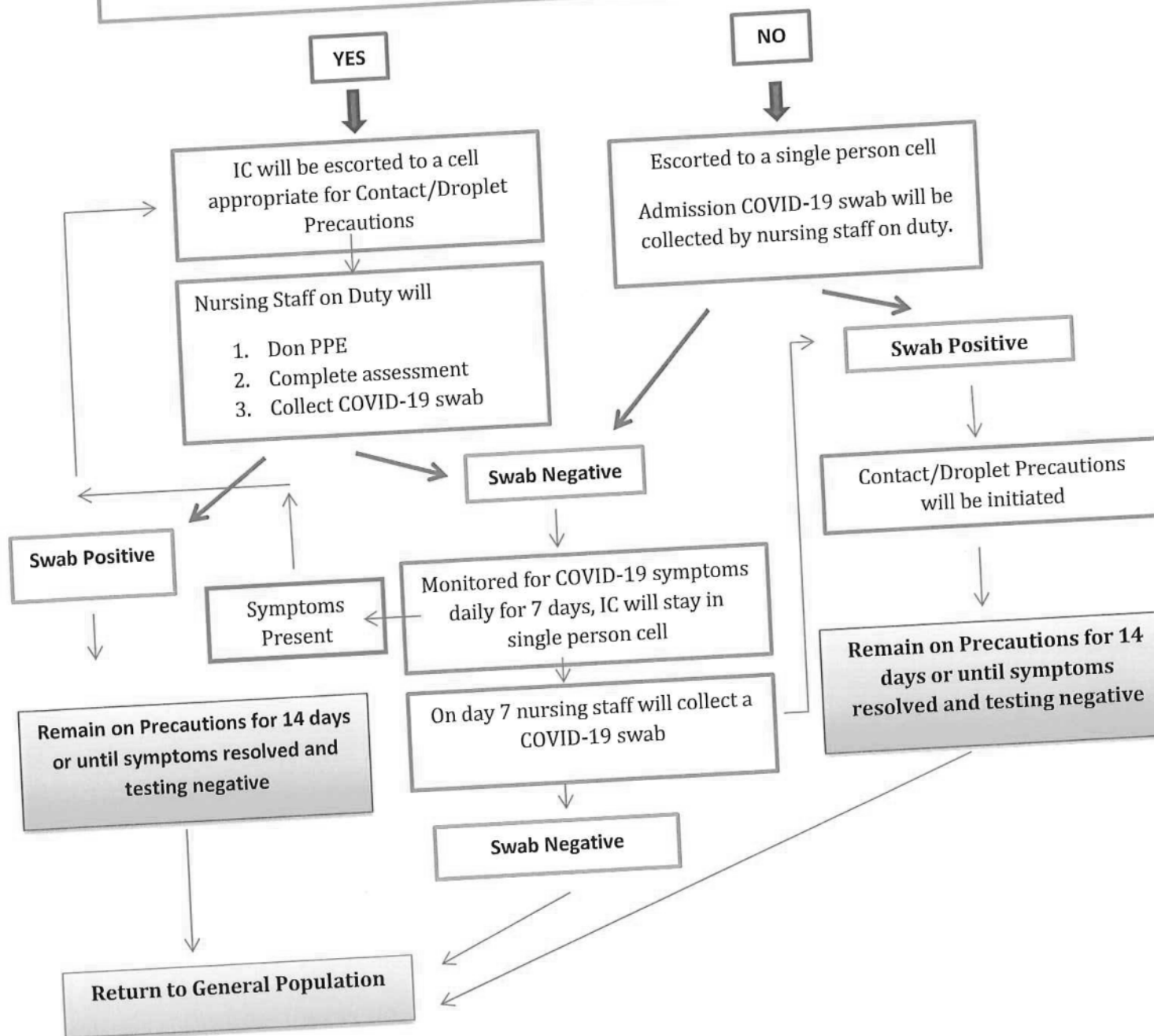
- Staff do not require testing for out of province transfers
- If current offender shows symptoms, they to be tested/isolated until neg. result



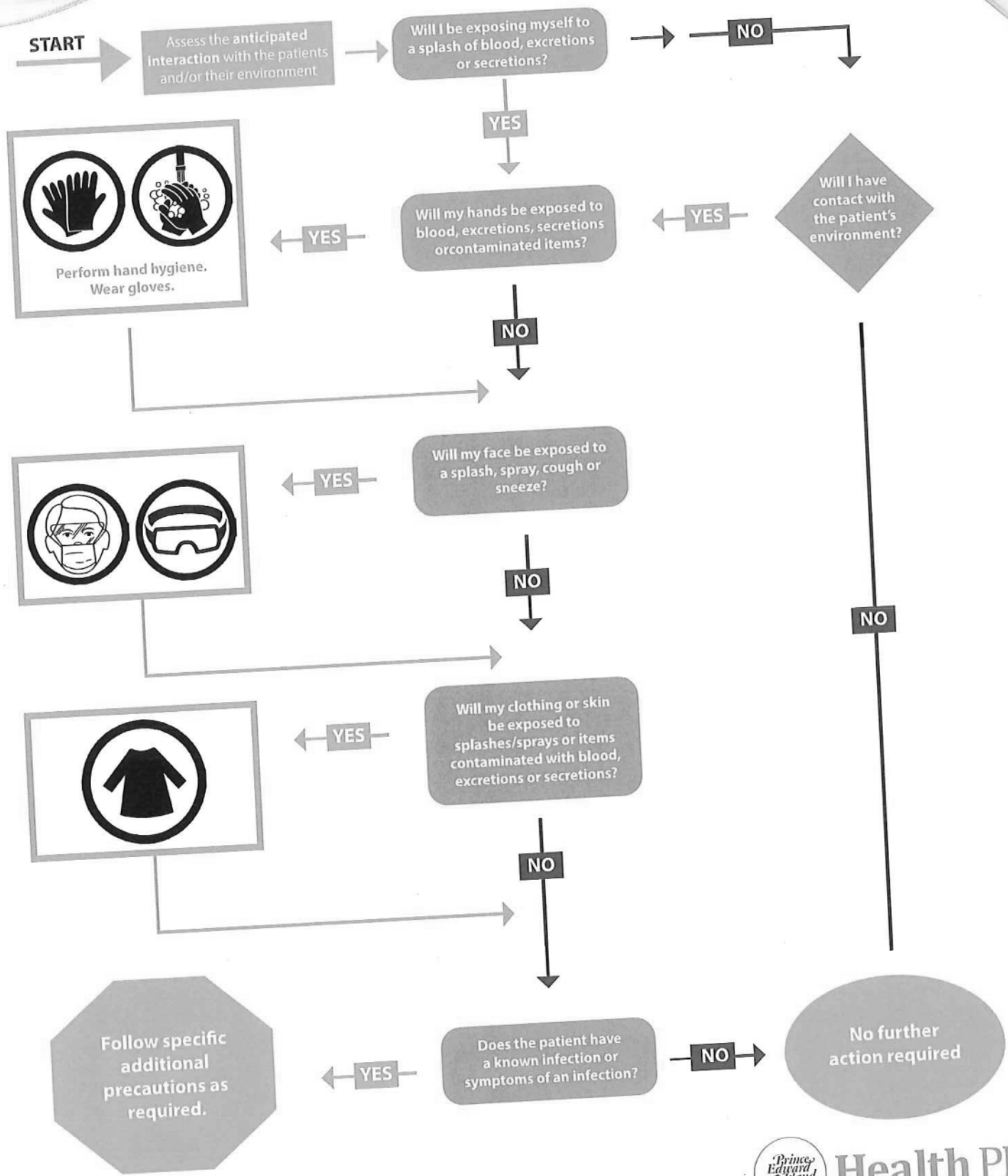
Plan for Admission of a New Incarcerated Client to PCC

Incarcerated Client (IC):

1. Screen for Risk Factors
 - Symptoms (new or worsening cough, fever/chills, SOB or difficulty breathing, sore throat, runny nose, sneezing, congestion, headaches, muscle aches, unusual fatigue, acute loss of sense of smell or taste)
 - Travel outside of PEI within 14 days
 - Had close contact with a person who had confirmed or probable COVID-19 within the last 14 days
 - High risk living arrangement (e.g. unstable housing)



Routine Practices Risk Assessment + Algorithm for all Patient Interactions



Provincial Laboratory Services



src.healthpei.ca/microbiology

Health PEI
One Island Health System

Changes to Testing Technique and Updated Testing Guidance for COVID-19

June 22, 2020

This information applies to: Physicians, Nurse Practitioners, Administrators

The following provides **CURRENT AND NEW CRITERIA (in bold)** for testing for COVID-19 for both routine and stat purposes; **there is also a mid-turbinate collection information provided as an appendix for community use.**

Emergency Department

- Any person presenting with new onset of fever without an alternative explanation or new or worsening cough, sore throat, rhinitis, marked fatigue, shortness of breath, chills, headache, myalgia, or acute loss of sense of smell or taste without an alternative explanation should be tested.
- **Patients on self-isolation and undergoing a surgical procedure requiring or may require general anesthetic.**

Community Clinics

- Any person presenting with new onset of fever without an alternative explanation or new or worsening cough, sore throat, rhinitis, marked fatigue, shortness of breath, chills, headache, myalgia, or acute loss of sense of smell or taste without an alternative explanation should be tested.
- Any person who was in close contact with (1) a symptomatic case starting 48 hours prior to the case developing symptoms or (2) a laboratory confirmed asymptomatic case starting 48 hours prior to the day their positive specimen was collected, should be tested 7 days after their last exposure to the case.

Cough and fever clinics are available to provide assessment, alternative explanation for symptoms and symptom management. All clients of the cough and fever clinic as well as swabbing clinics are being tested.

Testing and assessment clinics are available in Charlottetown and Summerside. These can be accessed through 811 or referred by a health care provider (email: Coughandfeverclinic@gov.pe.ca).

Admitted patients

- Any person hospitalized > 48hrs with influenza-like-illness (ILI; fever without an alternate explanation and new or worsening cough, sore throat, joint pain, muscle aches, fatigue).

- Any person admitted to the ICU with a respiratory symptom (if there is a strong non-viral alternative diagnosis contact the medical microbiologist).
- **Patients that would otherwise be on self-isolation and undergoing a surgical procedure requiring or may require general anesthetic.**
- Inpatients at Hillsborough Hospital, Provincial Addiction Treatment Facility, and Prince County Hospital Inpatient Psychiatry Unit should be tested on admission (routine test unless symptomatic; if symptomatic for COVID-19, Stat test).

Health Care Providers (HCP)

- Any current health care worker with a new cough and/or fever, sore throat, rhinitis, marked fatigue, shortness of breath, chills, headache, myalgia, or acute loss of sense of smell or taste without an alternative explanation should be tested.
- Locums and other HCPs arriving from out of province must be tested prior to working; may qualify for Stat testing (As directed by CPHO).
- Weekly testing of LTC staff (public and private) who work in more than one healthcare site, **regardless of how frequent they work in LTC (e.g., staff member who works in LTC once a month would require testing every 7 days). For staff with very infrequent visits (i.e., less than monthly), an alternate approach is to test between 48 and 96 hours prior to working and test again at 7 days. For unscheduled/urgent work, staff can be tested after their work shift and again at 7 days.**
- Weekly testing of Microbiology staff at the QEH.

Health Care Workers can be assessed for testing by calling: 1-855-354-4358.

Long-term Care/Community Care/Palliative Care Facilities – Residents

- Test residents of Long-term Care facility 24-48 before transfer/admission to the facility; if negative on initial test, test again at 7 days post admission; **test again at day 10 and day 14 post admission.**
- Test residents of Community Care or Palliative Care facility 24-48 before transfer/admission to the facility; if negative on initial test, test again at 7 days post admission.
- Due to an inability to comply with isolation requirements, patients or residents with dementia who are being admitted or readmitted to a LTC facility may be tested an additional time (i.e., on admission, at 3 or 4 days, and at 7, 10, and 14 days).

Inter-Facility Transfers

- Asymptomatic transfers to other acute care facilities (excluding LTC and CCF) do not require testing at this time, as there is no documented community transmission or reservoir in PEI hospitals.
- **Testing can be provided for anyone who requires a test prior to procedure/surgery/ etc. at an out-of-province facility.**
- Inpatients returning from OOP facilities require routine testing on arrival; test again at 7 days post admission.

Long-term Care/Community Care Facilities – Non-Essential Service Providers

- **Weekly testing of non-essential service providers (e.g., hairdressers, foot care worker, seamstress, etc.) in Community Care and Long Term Care facilities.**

Correctional Facility Admissions

- Test (routine testing) on admission to the facility (if had not already tested in past 48 hours); if negative on initial test, test again at 7 days post admission.

Essential Workers with Out-of-Province Travel

- PEI residents who are essential workers and travel out of province frequently (are home less than 14 days between work periods) can be tested upon their arrival in PEI, and 7 days if still on PEI, but no more than weekly unless symptoms occur.
- PEI residents who are essential workers and travel out of province for work but are home more than 14 days between work periods can be tested on arrival and again at 7 days post-arrival (or sooner if symptoms occur).
- Essential workers include, but are not limited to, construction workers, healthcare providers, those employed in the transportation of goods and services, child protection staff, workers in the energy sector, fisheries, agriculture, etc.

Temporary Foreign Workers

- Test temporary foreign workers between Day 10 and 12 of self-isolation.

Summer Residents / Family Support

- Test summer residents arriving from out of province between Day 9 and 12 of self-isolation.
- **Family members arriving from out of province to provide support to PEI residents may be considered for testing on a cases-by-case basis.**

International Travelers

- Test between Day 10 and 12 after arriving in PEI.

Screeners at Points of Entry

- Weekly testing for personnel screening travelers at points of entry (bridge, airport, and ferry terminals).

Postmortem

- Test upon autopsy.

Testing Outside of Guidelines

- Contact the CPHO on call for consideration of testing outside of guidelines for outpatients, including any patients under the care of an ER physician.
- Contact the microbiologist on call for inpatients.

STAT TESTING

Routine testing for COVID-19 is offered multiple times per day with turnaround times between 6 and 24 hours upon receipt to the QEH Laboratory. The request for Stat testing must meet PEI guidance or be directed by the Chief Public Health Office or the Medical Microbiologist.

The following would be considered for Stat (vs routine) testing:

- ER for admitted patients at QEH, PCH, KCMH, Western Hospital that meet routine criteria.
- Patients admitted to the ICU or require critical care in the ED, all Code Blue cases.
- Symptomatic admissions to Labor and Delivery.
- Symptomatic admissions to Hillsborough Hospital, Provincial Addiction Treatment Facility, and Prince County Hospital Inpatient Psychiatry Unit.
- Symptomatic resident of long-term care (LTC).
- Symptomatic pediatric patients admitted to hospital.
- Offenders with symptoms transported by police officers.
- Requests approved by CPHO or the microbiologist on call (see Cases off Guidelines above).

All Stat microbiology requests require a phone call to the receiving laboratory. When ordering the test, information provided on the requisition will assist in clarifying if the test meets guidelines or has been previously approved. Microbiologist on call will review these documents and may contact the ordering provider or service as necessary.

For on Guidelines or CPHO/Microbiologist on call approved Stat testing call:

Time	QEH Microbiology Testing	PCH Main Lab
8 am – 4 pm	894-2312	438-4285
4pm – 11:30	2111 (ask for Microbiology tech)	438-4285
11:30 pm – 8 am	2111 (ask for Hematology tech)	438-4285

The Chief/Deputy Public Health Officers may be reached at 902-629-9624 on-call.

The Medical Microbiologist as noted above may be reached through locating or through 902-894-2515.

Thank you all for your cooperation and dedication to all Islanders in these challenging times.

Please let us know if you have any questions or clarifications.

By: Dr. Heather Morrison, CPHO
 Dr. Greg German, Medical Microbiologist

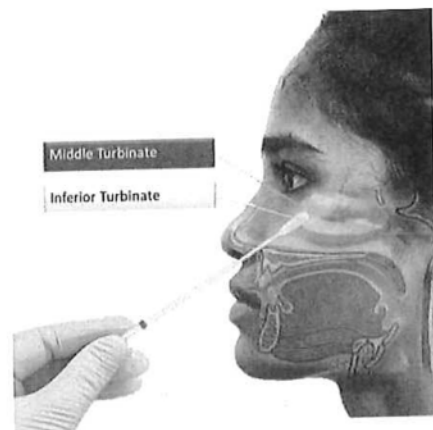
Appendix: CHANGES TO COLLECTION TECHNIQUE IN THE COMMUNITY

Mid-turbinate (+/- throat) collection for:

- Testing in the community for those over age 12.
- Equivalent to NP Collection for COVID-19 virus and less invasive, can use multiple swab types (currently it is the traditional NP swab).

Mid-turbinate swab collection method:

- If the patient has a sore throat, fever, or cough, the same swab will be used on the throat before being applied to both nares (this is done to increase yield).
- After blowing nose, both nares are to be sampled with the same swab.
- Advance 2-3 cm into the mid-turbinate at an angle of approximately 45 degrees until resistance is felt (see picture).
- Spin swab three (3) times in the mid-turbinate space.



Nasopharyngeal (NP) collection for:

- Admitted patients
- Patients presenting to the ER
- Patients ≤ 12 years old
- Those patients/residents unable collect a throat swab when a throat swab is indicated (i.e., patient has a sore throat, fever, or cough)

Nasopharyngeal (NP) swab collection method:

- Insert swab $\frac{1}{2}$ to $\frac{3}{4}$ the length of the angle from nose to earlobe (no more than $\frac{3}{4}$) along the floor of the nasal passage; stop if resistance is felt
- Spin swab three (3) times in posterior pharynx (no need to let swab soak for 5-10 seconds)

Please note: NP and Mid-turbinate swabs are contraindicated if the patient has nasal septum implants or cancer, the alternative collection in the community is throat alone.

For further assistance on swabbing technique(s), please contact the Medical Microbiologist.



Health and
Wellness

Prince Edward Island Guidelines for Infection Prevention and Control of COVID-19 in Community Care Facilities

June 11, 2020

Department of Health and Wellness
Chief Public Health Office

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Executive Summary

This document provides foundational guidance specific to the COVID-19 pandemic in Community Care Facilities (CCF).

Individuals responsible for policy development, implementation and oversight of infection prevention and control measures at specific Community Care Facilities should be familiar with relevant infection prevention and control for routine practices and additional precautions and occupational health and safety legislation. The term "staff" is intended to include anyone working in CCF, including but not limited to health care workers.

Important measures to prevent introduction and spread of COVID-19 in CCF:

- Visitors should be restricted to those deemed essential for the functioning of the facility e.g. food delivery, supplies etc. Visitors may also be permitted for compassionate reasons (e.g. end of life). Visitor restrictions will be reassessed throughout the course of the Pandemic with progressive visitation guidance provided when considered safe and appropriate.
- All staff and residents must be trained on infection control measures such as proper hand hygiene (Appendix A), Contact and Droplet precautions, personal protective equipment (PPE) donning and doffing procedure (Appendix B) and the importance of maintaining a two (2) metre, or six (6) foot spatial distance between residents.
- All staff must work to identify suspect or confirmed cases of COVID-19 as early as possible in staff or residents.
- If there is a COVID-19 case in a facility, staff employed in more than one healthcare facility should not move from a COVID-19 outbreak facility to a non-COVID-19 outbreak site.
- Facility management must identify all staff that work in more than one location (e. g. LTC facilities, community care). Ensure efforts are made to prevent this where possible in order to limit spread between facilities and to inform investigations during an outbreak.
- Dual CC and LTC facilities will refer to the PEI Guidelines for Infection Prevention and Control of COVID-19 in Long Term Care Facilities for guidance and management of COVID-19.

Introduction

Infection prevention and control strategies to prevent or limit transmission of COVID-19 in CCF are similar to those used for the infection prevention and control (IPC) of other acute respiratory infections, including:

- Prompt identification of all persons with signs and symptoms of possible COVID-19.
 - Signs or symptoms may include:
 - Fever, single temp >37.8C
 - Any new or worsening respiratory symptoms (cough and/or shortness of breath, runny nose, sneezing or nasal congestion, hoarse voice, sore throat or difficulty swallowing),
OR
 - Any new onset non-respiratory symptoms including chills, muscle aches, diarrhea, malaise, headache, acute loss of sense of smell or taste or other unexplained symptoms or change in clinical status.

Infection Prevention and Control (IPC)

Hand Hygiene

Hand hygiene (Appendix A) refers to cleaning hands with soap and water or the use of an alcohol-based hand rub (ABHR). Hand hygiene should be performed frequently and at the following times;

Staff:

- On entry to and exit from the CC facility
- Before and after contact with a resident, regardless of whether gloves are worn
- Before putting on and after removing gloves
- Before and after contact with the resident's environment (e.g. medical equipment, bed, table, door handle) regardless of whether gloves are worn
- Any other time hands are considered to be potentially contaminated (e.g. after handling blood, body fluids, bedpans, urinals, or wound dressings)
- Before preparing or administering all medications or food
- After other personal hygiene practices (e.g. blowing nose, using toilet facilities, etc.)

Residents:

- Upon entering or leaving their room
- Prior to: eating, oral care, or handling of oral medications
- After using toileting facilities
- Any other time hands are considered to be potentially soiled

If soap and water are not available, hands can be cleaned with an alcohol-based hand sanitizer (ABHR) that contains at least 60% alcohol, ensuring that all surfaces of the hands are covered (e.g. front and back of hands as well as between fingers) and rubbed together until they feel dry.

Touching one's eyes, nose, and mouth with unwashed hands should be avoided.

Respiratory Etiquette

Respiratory etiquette describes measures intended to reduce transmission of COVID-19 when an ill person is coughing, sneezing and talking.

- Cover coughs and sneezes using a tissue. Dispose of tissues in a lined waste container and perform hand hygiene immediately after a cough or sneeze
- OR**
- Cough/sneeze into the bend of your arm, not your hand.

Environmental Cleaning

Cleaning the co-living setting: Frequently touched areas such as toilets, bedside tables, light switches and door handles should be first cleaned (to physically remove dirt) and disinfected daily with regular household cleaning products or a diluted bleach solution (0.5% sodium hypochlorite). If they can withstand the use of liquids for disinfection, frequently touched electronics such as phones, computers and other devices may be disinfected with 70% alcohol (e.g. alcohol prep wipes).

Cleaning common areas: Cleaning of high traffic public spaces (e.g. common spaces within the home) should follow regular cleaning and disinfecting regimes, both in terms of products used and surfaces targeted. It is recommended that items that cannot be easily cleaned (e.g., newspapers, magazines) be removed from communal living areas. Newspapers and magazines for personal use of a resident is acceptable but should not be shared.

Physical Distancing

Ways to practice physical distancing include:

- Avoid shaking hands
- When having conversations with others, observe a two (2) metre, or six (6) foot distance
- Sit at least two (2) metres apart;
- Wipe down shared surfaces, and practice frequent cleaning;
- Do not share food, plates or cutlery during dining.

Use of Masks

Masks should be used by a symptomatic individual, if available, to provide a physical barrier that may help to prevent the transmission of the virus by blocking the dispersion of large respiratory droplets propelled by coughing, sneezing and talking. A face mask should always be combined with other measures such as respiratory etiquette and hand hygiene. They can be worn by people suspected or confirmed of having COVID-19 when in close contact with other people in the home-setting or if they must leave the home-setting for medical attention.

Given the rapid increase in community spread of COVID-19 within Canada, and possible transmission from those who are pre-symptomatic or asymptomatic, consider universal masking for the duration of

shift for all CCF staff and any essential visitors when 6ft/2M physical distancing cannot be maintained.

Community Care facilities are encouraged to perform an assessment to determine if universal masking is reasonable. This is based on the needs of the resident population within the facility (level of care required, age of residents and prevalence of co-morbidities).

The rationale for universal masking of CCF staff and essential visitors is to reduce the risk of transmitting COVID-19 infection from staff or visitors to vulnerable residents when symptoms of illness may not be recognized.

- When entering the CCF staff will perform hand hygiene and put on a mask
- Staff will wear mask securely over their mouth and nose and adjust the nose piece to fit snugly while mask is worn.
- When the mask becomes wet, damp or soiled (from breathing or external splash), and at the end of shift or upon leaving the facility, it must be discarded in the waste receptacle. If remaining in or returning to the facility, a new mask should be donned.
- At minimum two masks per shift will be required as mask will be removed and discarded for breaks.

Resident and Staff Screening and Management

- Staff screening must include a self-assessment for potential exposures and symptoms of COVID-19. Staff self-assessment should occur twice daily.
- If a staff member develops symptoms of COVID-19 at work they should immediately perform hand hygiene, ensure that they do not remove their mask, inform their supervisor, avoid further resident contact, leave as soon as it is safe to do so and call 1-855-354-4358 to arrange testing
- During this time, the employee should self-isolate and not be at work until test results are confirmed.
 - If the test results are negative for COVID-19 but the employee remains ill/symptomatic, the staff member should stay at home until well.
 - If the test results are negative for COVID-19 and the employee is no longer ill/symptomatic, the employee may return to work.
- If the test results are positive for COVID-19 the employee follows the direction of Public Health and continues to self-isolate for 14 days and 2 negative swabs are reported.
- Residents should be screened for symptoms daily.
- Symptoms in elderly residents may be subtle or atypical, and staff who are screening residents should be sensitive to detection of changes from the resident's baseline physical and cognitive status.
- If a resident develops symptoms, call 811 and testing will be arranged via the Cough/Fever Clinics.
- Droplet Contact Precautions (Appendix B) are initiated immediately for all residents with suspect or confirmed COVID-19.
- Private rooms are preferred. If not available, separation of 2 metres must be maintained

- between the bed space of an ill resident and all roommates with privacy curtains drawn.
- Signage indicating droplet and contact precautions is placed on the outside of resident room with suspected or confirmed COVID-19.
- If the resident was tested due to being symptomatic for COVID 19, test is negative but remains symptomatic, retesting may be done 4 to 7 days after the initial test in consultation with the CPHO.
- Staff should initiate and maintain a line listing of residents (Appendix C) with suspected or confirmed COVID-19.

Visitors

- Visitors should be restricted to those deemed essential for the functioning of the facility e.g. food delivery, supplies etc.
- Visitors may also be permitted for compassionate reasons (e.g. end of life).
- Visitor restrictions will be reassessed throughout the course of the Pandemic with progressive visitation guidance provided when considered safe and appropriate. Visitation restrictions will be relaxed and restricted as necessary.

Resident Activity

Resident Admission

- Test resident and receive result prior to admission to the facility regardless of symptoms and if negative, again at 7 days. Testing at 7 days post admission can be arranged by calling 811 to arrange in house testing.
- All residents should be monitored for symptoms of COVID-19 daily.
- A resident who displays signs or symptoms of COVID-19 should immediately be placed on droplet/contact precautions (Appendix B) and tested.

Outbreak Management

In the context of the COVID-19 pandemic, a single laboratory-confirmed case of COVID-19 in a resident or staff member in a CCF defines an outbreak.

Implementation of Control Measures

Immediately report and discuss the suspected outbreak with the Chief Public Health Officer (CPHO) or designate.

Infection Prevention and Control

During an outbreak all outbreak control measures take priority over routine operations until the outbreak is declared over.

Facility

- Post outbreak notification sign(s) at facility entrance

- Maintain an outbreak line list (Appendix C) of cases in residents and a line list of cases in staff (nursing, food handlers, housekeeping, etc.) and forward to the CPHO daily.
- Close the facility to new admissions, readmissions, or transfers unless medically necessary.

Environmental Cleaning and Disinfection

- Ensure the disinfectant product has a Drug Identification Number (DIN) on its label and that it is effective against enveloped viruses (e.g. influenza)
- In the event that commercially prepared hospital disinfectants are not available, diluted bleach solution may be used to disinfect the environment.
- The minimum concentration of chlorine should be 5000 ppm or 0.5% (equivalent to a 1:9 dilution of 5% concentrated liquid bleach).
- All surfaces, that are considered "**frequently touched**" (e.g. telephone, bedside table, overbed table, chair arms, call bell cords or buttons, door handles, light switches, bedrails, handwashing sink, bathroom, etc) should be cleaned and disinfected at a **minimum of twice daily and when soiled**.
- Resident care equipment (e.g., BP cuffs, electronic thermometers, oximeters, stethoscope) should be cleaned and disinfected after each use and between residents.
- **Room cleaning and disinfection** should be performed at least **once per day on all low touch surfaces** (e.g., shelves, bedside chairs, windowsills, overbed light fixtures, etc.).
- All surfaces or items, **outside of the resident room, that are touched by or in contact with staff** (e.g., computer carts and/or screens, medication carts, charting desks or tables, computer screens, telephones, touch screens, chair arms) should be cleaned and disinfected **at least daily and when soiled**. Staff should ensure that hands are cleaned before touching the above-mentioned equipment.

Linen, Dishes and Cutlery

- No special precautions are recommended; routine practices are used.

Waste Management

- No special precautions are recommended; routine practices are used.

Resident Care Equipment

- All reusable equipment and supplies, electronics, personal belongings, etc., should be dedicated to the use of the resident with suspect or confirmed COVID-19 infection.
- If use for other residents is necessary, the equipment and supplies should be cleaned and disinfected with a hospital disinfectant, ensuring adequate contact time before reuse. Items that cannot be appropriately cleaned and disinfected should be discarded.

Resident Placement/Cohorting

- Choose a room in the residence with a door that can be closed to separate unwell residents who have symptoms or are being tested for COVID-19 from those who are healthy for 14 days.
- If a private room is not possible and will be shared by well and unwell residents, make sure the

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Your 4 Moments for Hand Hygiene



Appendix B: Contact and Droplet Precautions

Contact and Droplet Precautions

Suspected or Confirmed Resident with Respiratory Illness (Influenza-like Illness, Influenza, COVID-19) follow Contact/ Droplet Precautions. This includes the appropriate selection and use of all of the following personal protective equipment (PPE).

- Gloves
- Long-sleeved gown
- Facial protection, such as a surgical/procedure mask and eye protection/ face shield, or surgical/procedure mask with visor attachment

All PPE should be removed before leaving the patient's room and discarded into a no-touch receptacle.

Donning PPE Order

1. Perform hand hygiene
2. Don gown
3. Apply mask
4. Apply face shield or goggles
5. Put on gloves

Doffing PPE Order

1. Remove gown and gloves (can be removed together)
2. Perform hand hygiene
3. Remove face shield or goggles (do not touch the front)
4. If appropriate remove mask touching only the strings or ear loops.
5. Perform hand hygiene

COVID-19 Advice as per CPHO

<https://www.princeedwardisland.ca/en/information/health-and-wellness/covid-19-advice-for-individuals-and-families>

Do not attend mass gatherings

- where a two (2) metre distance is not possible;
- if the elderly or immune-comprised people are present.

Practice good hygiene

To protect yourself and others from getting sick, take the following precautions:

- wash your hands often;
- cough/sneeze into your elbow;
- avoid touching your eyes, nose, and mouth with hands;
- cough in tissues and throw away;
- stay home if you are sick;
- avoid contact with sick people;
- use alcohol-based hand sanitizer if soap and water are not available.

Since respiratory viruses, such as the one that causes COVID-19, are spread through contact, change your regular greeting. Instead of a handshake, a kiss or a hug, a friendly wave or elbow bump is less likely to expose you to respiratory viruses.

Should I wear a mask?

Masks are not recommended for healthy people. If you are sick, wearing a surgical mask may reduce the spread of infection if you need to go out for a medical appointment or some other important reason.

Where can I find reliable information?

The Public Health Agency of Canada, along with provincial and territorial public health authorities, is a reliable source of information. If you find that the news media is making you feel anxious, take a break from it.

If you have general questions about COVID-19, **call the PEI Information Line at 1-800-958-6400**

Government of



Department of Justice and Public Safety

Community & Correctional Services
Provincial Correctional Centre
508 Sleepy Hollow Road
Charlottetown, PE

To: All Staff
From: PCC Management and Nursing Department
Date: July 21, 2020
Subject: Masks for offender use at PCC, PRCC and YC

With ever changing news briefings and procedures in place relating to the worldwide COVID pandemic, CPHO has been very closely involved in all decisions made at all three sites since March 2020 within the department. All protocols put in place have been at the direction and recommendation of CPHO staff as well as facility management.

It has continued to be relayed to all facility site staff, that transmission of COVID to any individuals within custodial facilities remains very low. Even with the recent admission to PCC that was noted in the newspaper, due to proper procedures and isolation, transmission is seen to be almost nil.

CPHO was consulted once again about offenders requiring masks today, July 21. At their direction, masks will not be provided to offenders at this time due to the low risk and the lack of requirement to mask on the units by offenders.

Social distancing is encouraged where possible, but since all offenders on the units have been within the facility for quite some time or had been isolated and tested upon their arrival, they are quite comfortable to pass along this direction for offenders.

Please reach out with further questions or concerns.

~ PCC Management



Prince Edward Island Guidelines for the Management and Control of COVID-19

March 2020

**Department of Health and Wellness
Chief Public Health Office**

Updated: March 11, 2020

COVID-19

March 11, 2020

COVID-19

Exposure Criteria

In the 14 days⁵ before onset of illness, a person who:

- Traveled ^{outside} of Canada OR
- Had close contact⁶ with a confirmed or probable case of COVID-19 within 14 days before their illness onset OR
- Had close contact with a person with acute respiratory illness who has travelled outside of Canada within 14 days prior to their illness onset OR
- Laboratory exposure to biological material (e.g. primary clinical specimens, virus culture isolates) known to contain COVID-19.

Factors that raise the index of suspicion⁷ should also be considered.

⁵ The incubation period of COVID-19 is unknown. SARS-CoV demonstrated a prolonged incubation period (median 4-5 days; range 2-10 days) compared to other human coronavirus infections (average 2 days: typical range 12 hours to 5 days). The incubation period for MERS-CoV is approximately 5 days (range 2-14 days). Allowing for variability and recall error and to establish consistency with the WHO COVID-19 case definition, exposure history based on the prior 14 days is recommended at this time.

⁶ Close contact is defined as a person who provided care for the patient, including health care workers, family members or other caregivers, or who had other similar close physical contact or who lived with or otherwise had close prolonged contact with a probable or confirmed case while the case was ill.

⁷ Other exposure scenarios not specifically mentioned here may arise and may be considered at jurisdictional discretion (e.g. history of being a patient in the same ward or facility during a nosocomial outbreak of COVID-19).

COVID-19

Control (Appendix B)

Person Under Investigation (PUI)

A person under investigation is defined as a person with a fever or acute respiratory illness, or pneumonia, who meets the exposure criteria and for whom a laboratory test for COVID-19 has been or is expected to be requested.

Management of a Case/PUI

- Follow up is only done if the case/contact meets the case definition and is being investigated.
- Contact tracing and counselling are to be completed⁸ for all reported cases. See Management of Contacts for criteria.
- Droplet/contact precautions are to be put in place until the test is confirmed and/or the case is no longer symptomatic.
- The case will remain in isolation at home until the lab results are reported or until they are no longer symptomatic.
- Any aerosol-generating medical procedures should be avoided in the home environment.
- Complete the Interim National COVID-19 Case Report Form (Appendix C).

Treatment of a Case

There is no specific treatment for disease caused by a COVID-19. However, many of the symptoms can be treated and therefore treatment is based on the individual's clinical condition.

Management of Contacts

A close contact is defined as;

- Those who provided care for the case, including healthcare workers, family members or other caregivers, or who had other similar close physical contact without consistent and appropriate use of personal protective equipment, OR
- those who lived with or otherwise had close prolonged contact (within 2 metres) with a probable or confirmed case while the case was ill, OR
- those who have had direct contact with infectious body fluids of a probable or confirmed case (e.g., was coughed or sneezed on) while not wearing recommended personal protective equipment.

Those who are identified as a contact of a probable case will be instructed to self-isolate and monitored for 14 days or until laboratory tests have been reported negative.

Those who are identified as a contact of a confirmed case will be instructed to self-isolate and be monitored for 14 days (Appendix D).

⁸ To be completed by Public Health Nursing.
March 11, 2020

COVID-19

Self-Isolating in the Home Setting

The case or person under investigation (PUI) should isolate themselves in the home setting until advised by the Chief Public Health Office (CPHO) that isolation can be discontinued. Staying at home means:

- Not going out unless directed to do so (i.e. to seek medical care)
- Not going to school, work, or other public areas
- Not using public transportation (e.g. buses, taxis, etc).

Preventative Measures

- Public education and communication about COVID-19.
- All travellers who have returned from outside of Canada (other than Iran and Hubei province, China) are being asked to monitor themselves and their children closely for 14 days after returning home, and to call 811 if they develop any symptoms (fever, cough, or difficulty breathing).
- All travellers who have been in or travelled through Iran and Hubei province, China (including Wuhan) are asked to;
 - Call 811 to connect with local Public Health for further advice and support.
 - Self-isolate⁹ for 14 days (Appendix D).

Infection Prevention and Control in the Community

Follow these routine prevention measures to stay healthy:

- Wash your hands frequently with soap and water or use alcohol-based hand rub when hands are not visibly soiled.
- Cough and sneeze into your elbow or a tissue. If using a tissue, immediately place it in a waste disposal and wash your hands.
- If possible, stay home when ill with acute respiratory symptoms; if this is not possible, limit close contact with others.
- Limit touching your eyes, nose, and mouth.
- Don't share items that may have saliva on them such as drinking glasses and water bottles.
- Frequently clean surfaces like taps, doorknobs, and countertops.
- Use of masks by the general public for respiratory illnesses such as influenza and novel coronavirus have not been shown to be effective in preventing virus spread and are not recommended for prevention.

⁹ Self-isolation is defined as staying at home and not attending school or work and limiting face to face contact with others.

COVID-19

Infection Prevention and Control in the Healthcare Facility

In the absence of effective drugs or vaccines, infection prevention and control (IPC) strategies to prevent or limit transmission of COVID-19 in healthcare facilities include:

- prompt identification
- appropriate risk assessment
- management and placement of probable and confirmed cases
- investigation and follow up of close contacts

Early Recognition and Source Control

To facilitate early recognition and source control:

- triage for identification and appropriate placement (source control) of patients
- masks, tissues and alcohol-based hand rubs (ABHR) should be available at entrances
- signage should be posted to instruct symptomatic patients to alert healthcare workers, thus prompting completion of a patient screening questionnaire

IF a person presents with symptoms of influenza-like illness:

- **and** within 14 days before the onset of illness, has travelled to an area where the virus is known to be circulating
- **and/or** been in close contact with a probable or confirmed case of COVID-19 **or** someone who has travelled outside of Canada

THEN the following actions should be taken:

1. Place the patient in a designated separate waiting area or space.
2. Encourage the patient with signs and symptoms of an acute respiratory infection to perform respiratory hygiene/cough etiquette, and provide tissues, ABHR and a waste receptacle.
3. Limit visitors to only those who are essential.
4. Do **not** cohort with other patients (unless necessary, in which case cohort only with patients confirmed to have COVID-19 infection).

Application of Routine Practices and Additional Precautions

The application of routine practices and additional precautions (RPAP) is based on a point-of-care risk assessment (PCRA). Health care workers (HCWs) should use a risk assessment approach **before** and **during** each patient interaction to evaluate the likelihood of exposure.

In addition to the consistent application of routine practices, follow contact and droplet precautions. This includes the appropriate selection and use of **all** the following personal protective equipment (PPE):

- gloves
- a long-sleeved gown
- facial protection, such as surgical/procedural mask and eye protection, face shield, or surgical/procedural mask with visor attachment

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- an N95 respirator (plus eye protection) should be used when performing aerosol-generating medical procedures¹⁰ (AGMPs) on a person under investigation (PUI) for COVID-19 infection.
- Hand hygiene should be performed whenever indicated, paying particular attention to during and after removal of PPE, and after leaving the patient care environment.

Infection Prevention and Control Guidelines

Infection Prevention and Control for Novel Coronavirus (COVID-19): Interim Guidance for Acute Healthcare Settings

Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings

Interim guidance: Public health management of cases and contacts associated with novel coronavirus disease 2019 (COVID-19)

Public Health Guidance for Schools (K-12) and Childcare Programs (COVID-19)

Community-based measures to mitigate the spread of coronavirus disease (COVID-19) in Canada

Risk-informed decision making for mass gatherings during COVID-19 global outbreak

¹⁰Aerosol-generating medical procedures (AGMPs) are medical procedures that can generate aerosols as a result of artificial manipulation of a person's airway. AGMPs should only be performed on patients with signs and symptoms and exposure criteria consistent with COVID-19 if medically necessary.

Aerosol-generating medical procedure includes: intubation, manual ventilation, open endotracheal suctioning, cardiopulmonary resuscitation, sputum induction, nebulization, surgery, non-invasive positive pressure ventilation (CPAP, BiPAP) and autopsy.

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4. **World Health Organization.** Coronavirus [Online] World health Organization, January 2020. [Cited: February 5, 2020.] <https://www.who.int/health-topics/coronavirus>

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Appendix A: Novel Coronavirus (COVID-19) Testing

All testing for Novel coronavirus requires CPHO input (902-629-9624) before starting/ordering testing AND requires the Medical Microbiologist or the covering Pathologist on-call to contact the Microbiology technologist on call.

Test	Container	Comments
1. Influenza A/B, RSV	Same NP swab for both tests (#1 and #2)	Nasopharyngeal swab is not an AGMP ¹¹
2. Novel Coronavirus PCR ¹²		Provide travel history ¹³
3. Mycoplasma IgM	Red-top tube	
4. Legionella urine antigen test	Urine sample	
5. Novel Coronavirus PCR	Throat swab	New #2 viral collection kit Provide travel history

¹¹ Aerosol-generating medical procedure includes: intubation, manual ventilation, open endotracheal suctioning, cardiopulmonary resuscitation, sputum induction, nebulization, surgery, non-invasive positive pressure ventilation (CPAP, BiPAP) and autopsy.

¹² Depending on the preliminary results and level of clinical and epidemiological concern the specimens for Novel Coronavirus will be sent to the National Microbiology laboratory within 24 hours or otherwise they will be saved for future consideration.

¹³ Include comments regarding travel history such as: "SARI- travel to X or other factors" or "Not-SARI travel to X or other factors".

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Appendix B- Public Health Follow-up

	Time Frame	Recommended Follow-up
<p>Public Health management for close contacts of cases including those who;</p> <ul style="list-style-type: none"> • Provided care for a case i.e. Healthcare workers, family members, or others who had close physical contact without consistent and appropriate use of PPE, OR • Lived with or otherwise had close prolonged contact (within 2 meters) with a probable or confirmed case while the case was ill, OR • Had direct contact with infectious body fluids of a probable or confirmed case while not wearing recommended PPE. 	<p>14 days from the last unprotected contact of a case</p>	<p>Public Health Nursing will actively monitor for symptoms with daily contact for 14 days. Individuals being monitored are asked to:</p> <ul style="list-style-type: none"> • <u>Self-isolate</u> at home for 14 days (based on risk assessment. Consider excluding from high-risk settings (hospital, schools, crowded public spaces. • Follow good respiratory and hand hygiene practices • Self-monitor for symptoms (fever, cough, shortness of breath) • Record temperature daily and avoid the use of fever-reducing medications as much as possible. <p>If symptoms develop within the 14 day monitoring period (now considered a "person under investigation" (PU)) <u>isolate within the home as quickly as possible and call 811 for further direction which will include where to go for care</u></p>

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	Time Frame	Recommended Follow-up
Public Health measures for incoming travelers from Iran or Hubei province, China	14 days following departure from Iran or Hubei province, China	<p><u>Responsibility of CPHO</u></p> <ul style="list-style-type: none"> Obtain information on traveler arriving from Iran or Hubei province, China Refer client to local PHN office
		<p><u>Responsibility of PHN</u></p> <ul style="list-style-type: none"> Contact client daily; assess and record on Symptom Diary (Appendix D) for each of the individuals in the household. Provide education regarding symptoms of COVID-19 (fever >38.0°C, cough or shortness of breath) Provide information on 811 if client becomes symptomatic Review <u>isolation procedure</u> Provide support to client and/or family
		<p><u>Responsibility of Traveller</u></p> <ul style="list-style-type: none"> <u>Self-isolate</u> and connect immediately upon arrival in PEI with 811. Follow good respiratory and hand hygiene practices Self-monitor for appearance of symptoms (fever, cough or shortness of breath) Take and record temperature daily and avoid the use of fever-reducing medications as much as possible. <p>If symptoms develop within the 14 day monitoring period call 811 for further direction which will include where to go for care.</p>

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	Time Frame	Recommended Follow-up
<p>Public Health measures for incoming travelers from outside of Canada</p>	<p>Applicable 14 days following departure from countries outside of Canada</p>	<p><u>Responsibility of Traveller</u></p> <ul style="list-style-type: none"> • Self-monitor for signs and symptoms (fever >38.0°C, cough or shortness of breath) for 14 days • Self-isolation is not required • No active monitoring by CPHO/PHN. <p>If symptoms develop within 14 days of departure from an affected area, the client is to <u>self-isolate</u> as quickly as possible and call 811</p>

- **Patients and residents with dementia who are being admitted or readmitted to a LTC facility may be tested an additional time (i.e., on admission, at 3 or 4 days, and at 7 days).**

Inter-Facility Transfers

- Asymptomatic transfers to other facilities (excluding LTC and CCF, e.g. QEH to KCMH) do not require testing at this time, as there is no documented community transmission or reservoir in PEI hospitals.
- In consultation with OOP facilities transfers to New Brunswick or Nova Scotia do not require COVID testing.
- Inpatients returning from OOP facilities (with the exception of New Brunswick) require routine testing on arrival; if negative on initial test, test again at 7 days.

Correctional Facility Admissions

- **Test (routine testing) on admission to the facility (if had not already tested in past 48 hours); if negative on initial test, test again at 7 days.**

Temporary Foreign Workers

- Test temporary foreign workers between Day 10 and 12 of self-isolation.

Essential Workers with Out-of-Province Travel

In addition to health care providers (listed above), essential workers with frequent travel (less than 14 days at home at a time) outside of PEI (e.g., long-haul truckers, construction workers) can be tested upon their arrival in PEI, but no more than weekly unless symptoms occur. Essential workers who traveled only to New Brunswick do not require testing.

International Travelers

- Test between Day 10 and 12 after arriving in PEI.

Screeners at Points of Entry

- Weekly testing for personnel screening travelers at points of entry (bridge, airport, and ferry terminals).

Testing Outside of Guidelines

- Contact the CPHO on call for consideration of testing outside of guidelines for outpatients, including any patients under the care of an ER physician.

- Contact the microbiologist on call for inpatients.

STAT TESTING

Routine testing for COVID-19 is offered multiple times per day with turnaround times between **6 and 24** hours upon receipt to the QEH Laboratory. In addition, another transport has been added between PCH and QEH on a weekday basis. Routine testing is meeting or exceeding provincial standards yet, there is decreased capacity for Stat testing and therefore should be utilized in appropriate situations. The request for Stat testing must meet PEI guidance or be directed by the Chief Public Health Office or the Medical Microbiologist.

The following would be considered for Stat (vs routine) testing:

- ER for admitted patients **at QEH, PCH, KCMH, Western Hospital** that meet routine criteria.
- Patients admitted to the ICU or require ICU care.
- Symptomatic admissions to Labor and Delivery
- Symptomatic resident of long-term care (LTC)
- **Symptomatic pediatric patients admitted to hospital**
- Offenders with symptoms transported by police officers
- Requests approved by CPHO or the microbiologist on call (see Cases off Guidelines above)

All Stat microbiology requests require a phone call to the receiving laboratory. When ordering the test, information provided on the requisition will assist in clarifying if the test meets guidelines or has been previously approved. Microbiologist on call will review these documents and may contact the ordering provider or service as necessary.

For on Guidelines or CPHO/Microbiologist on call approved Stat testing call:

Time	QEH Microbiology Testing	PCH Main Lab
8 am – 4 pm	894-2312	438-4285
4pm – 11:30	2111 (ask for Microbiology tech)	438-4285
11:30 pm – 8 am	2111 (ask for Hematology tech)	438-4285

The Chief/Deputy Public Health Officers may be reached at 902-629-9624 on-call.

The Medical Microbiologist as noted above may be reached through locating or through 902-894-2515.

Thank you all for your cooperation and dedication to all Islanders in these challenging times. Please let us know if you have any questions or clarifications.

Inter-Facility Transfers

- Asymptomatic transfers to other facilities (excluding LTC and CCF, e.g. QEH to KCMH) do not require testing at this time, as there is no documented community transmission or reservoir in PEI hospitals.
- In consultation with OOP facilities transfers to New Brunswick or Nova Scotia *do not* require COVID testing.
- **Inpatients returning from OOP facilities (with the exception of New Brunswick) require routine testing on arrival; if negative on initial test, test again at 7 days.**

Temporary Foreign Workers

- Test temporary foreign workers between Day 10 and 12 of self-isolation.

Essential Workers with Out-of-Province Travel

In addition to health care providers (listed above), essential workers with frequent travel outside of PEI (e.g., long-haul truckers, construction workers) can be tested upon their arrival in PEI, but no more than weekly unless symptoms occur. Essential workers who traveled only to New Brunswick do not require testing.

International Travelers

- Test between Day 10 and 12 after arriving in PEI.

Screeners at Points of Entry

- Weekly testing for personnel screening travelers at points of entry (bridge, airport, and ferry terminals).

Testing Outside of Guidelines

- Contact the CPHO on call for consideration of testing outside of guidelines for outpatients, including any patients under the care of an ER physician.
- Contact the microbiologist on call for inpatients.

STAT TESTING

Routine testing for COVID-19 is offered multiple times per day with turnaround times between **6 and 24** hours upon receipt to the QEH Laboratory. In addition, another transport has been added between PCH and QEH on a weekday basis. Routine testing is meeting or exceeding provincial standards yet, there is decreased capacity for Stat testing and therefore should be utilized in appropriate situations. The request for Stat testing must meet PEI guidance or be directed by the Chief Public Health Office or the Medical Microbiologist.

The following would be considered for Stat (vs routine) testing:

- ER for admitted patients at PCH, KCMH, Western Hospital that meet routine criteria (due to no COVID unit availability at these facilities at this time).
- Patients admitted to the ICU or require ICU care.
- Symptomatic admissions to Labor and Delivery
- Symptomatic resident of long-term care (LTC)
- Offenders with symptoms transported by police officers
- Requests approved by CPHO or the microbiologist on call (see Cases off Guidelines above)

All Stat microbiology requests require a phone call to the receiving laboratory. When ordering the test, information provided on the requisition will assist in clarifying if the test meets guidelines or has been previously approved. Microbiologist on call will review these documents and may contact the ordering provider or service as necessary.

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Thank you all for your cooperation and dedication to all Islanders in these challenging times. Please let us know if you have any questions or clarifications.

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4 NOVEL CORONAVIRUS (2019-nCoV) CASE REPORT FORM						
CLINICAL COURSE and OUTCOMES (complete if applicable)						
Clinical Course	Yes	No	Unknown	Admission/Start Date	Discharge/End Date	
Hospitalization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Intensive Care Unit (ICU)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Isolation (e.g. negative pressure)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Mechanical ventilation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Current Disposition: <input type="radio"/> Recovered <input type="radio"/> Stable <input type="radio"/> Deteriorating <input type="radio"/> Deceased If deceased: Death attributed/linked to respiratory illness? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown Cause of death (as listed on death certificate): _____ Date of Death: (mm/dd/yyyy) _____						
EXPOSURES (add additional details in the comments section as necessary)						
In the 14 days prior to symptom onset, did the case travel outside of their province/territory of residence or outside of Canada? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused to Answer <input type="radio"/> Unknown If yes, specify the following (submit additional information on a separate page if required):						
#	From (country/city)	To (country/city)	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Hotel/Residence	Flight/Carrier Details (carrier name, flight #, seat #)
1						
2						
3						
4						
Was the case in close contact* with a symptomatic confirmed or probable case in the 14 days prior to symptom onset? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		If Yes, specify Case ID(s): Date of last contact (mm/dd/yyyy):		If yes, specify contact setting: <input type="radio"/> Healthcare setting <input type="radio"/> Family Setting <input type="radio"/> Work place <input type="radio"/> Unknown <input type="radio"/> Other, specify:		
Was the case in close contact* with a person with fever and/or cough who has been to an affected area** in the 14 days prior to their illness onset? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		Date of last contact (mm/dd/yyyy):		If yes, specify contact setting: <input type="radio"/> Healthcare setting <input type="radio"/> Family Setting <input type="radio"/> Work place <input type="radio"/> Unknown <input type="radio"/> Other, specify:		

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5 | NOVEL CORONAVIRUS (2019-nCoV) CASE REPORT FORM

<p>In the 14 days prior to symptom onset, did the case have contact with live animals (not considered household pets) or animal products in any of the affected areas**?</p> <p><i>This includes direct contact with animals, or contact with their feces or urine, soiled bedding/litter, or contact with other animal products (e.g. organs, exotic meats)</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p> <p>If yes, specify what animals or animal products that you had contact with:</p>	<p>If yes, where:</p> <p><input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> During travel <input type="radio"/> Live animal market</p> <p>Specify City:</p>
<p>In the 14 days prior to symptom onset, did the case visit any health care facility?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p>	

* close contact is defined as a person who provided care for the patient, including healthcare workers, family members or other caregivers, or who had other similar close physical contact OR who lived with or otherwise had close prolonged contact with a probable or confirmed case while the case was ill.

** Affected areas are subject to change; refer to the [national 2019-nCoV surveillance case definition](#) for the most up-to-date information.

LABORATORY INFORMATION (*microbiology / virology / serology*) (complete if applicable)

Lab ID	Specimen		Test Method	Test Result (positive, negative, inconclusive, pending)	Test Date (mm/dd/yyyy)
	Collection Date (mm/dd/yyyy)	Type & Source			

Results of National Microbiology Laboratory confirmatory testing:
 Not submitted Positive Negative Inconclusive Pending

Date of NML confirmation: _____ (mm/dd/yyyy)

ADDITIONAL DETAILS/COMMENTS (*add as necessary*)

TO BE COMPLETED BY: *The Public Health Agency of Canada*

Date Received:

(mm/dd/yyyy)

PHAC Case ID:

If applicable, national outbreak ID:

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Appendix D: Symptom Diary for Self-Isolation

Name:								
MRN:								
Start Date of Isolation:								
Day	Symptoms							Have you had contact with anyone outside of isolation?
	No Symptoms	Temperature C ^o /F ^o	Sore Throat	Cough	Runny Nose	Shortness of Breath	Other Symptoms	
0	<input type="checkbox"/> None		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
1	<input type="checkbox"/> None		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
2	<input type="checkbox"/> None		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
3	<input type="checkbox"/> None		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
4	<input type="checkbox"/> None		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
5	<input type="checkbox"/> None		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
6	<input type="checkbox"/> None		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
7	<input type="checkbox"/> None		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
8	<input type="checkbox"/> None		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
9	<input type="checkbox"/> None		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
10	<input type="checkbox"/> None		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
11	<input type="checkbox"/> None		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
12	<input type="checkbox"/> None		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
13	<input type="checkbox"/> None		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
14	<input type="checkbox"/> None		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
...								

March 11, 2020

Government of

Department of Health & Wellness



PO Box 2000
Charlottetown
Prince Edward Island
C1A 7N8

Telephone: (902) 368-4996
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Internet: <http://www.gov.pe.ca>

To: Physicians, Nurse Practitioners, Administrators

From: Dr. Heather Morrison, CPHO
Dr. Greg German, Medical Microbiologist

Date: July 16, 2020

Subject: Updated Testing Guidance for COVID-19

The following provides CURRENT AND **NEW CRITERIA (in bold)** for testing for COVID-19 for both routine and stat purposes. Please continue to refer to the June 22, 2020 memo for an appendix on mid-turbinate swab collection as the preferred method of testing outside of acute care.

Emergency Department

- Any person presenting with new onset of fever without an alternative explanation or new or worsening cough, sore throat, rhinitis, marked fatigue, shortness of breath, chills, headache, myalgia, or acute loss of sense of smell or taste without an alternative explanation should be tested.
- Patients on self-isolation and undergoing a surgical procedure requiring or may require general anesthetic.

Community Clinics

- Any person presenting with new onset of fever without an alternative explanation or new or worsening cough, sore throat, rhinitis, marked fatigue, shortness of breath, chills, headache, myalgia, or acute loss of sense of smell or taste without an alternative explanation should be tested.
- Any person who was in close contact with (1) a symptomatic case starting 48 hours prior to the case developing symptoms or (2) a laboratory confirmed asymptomatic case starting 48 hours prior to the day their positive specimen was collected, should be tested 7 days after their last exposure to the case.

Cough and fever clinics are available to provide assessment, alternative explanation for symptoms and symptom management. All clients of the cough and fever clinic as well as swabbing clinics are being tested.

Testing and assessment clinics are available in Charlottetown and Summerside. These can be accessed through 811 or referred by a health care provider (email:Coughandfeverclinic@gov.pe.ca).

Admitted patients

- Any person hospitalized > 48hrs with influenza-like-illness (ILI; fever without an alternate explanation and new or worsening cough, sore throat, joint pain, muscle aches, fatigue).
- Any person admitted to the ICU with a respiratory symptom (if there is a strong non-viral alternative diagnosis contact the medical microbiologist).
- Patients that would otherwise be on self-isolation and undergoing a surgical procedure requiring or may require general anesthetic.
- Inpatients at Hillsborough Hospital, Provincial Addiction Treatment Facility, and Prince County Hospital Inpatient Psychiatry Unit should be tested on admission (routine test unless symptomatic; if symptomatic for COVID-19, Stat test).

Health Care Providers (HCP)

- Any current health care worker with a new cough and/or fever, sore throat, rhinitis, marked fatigue, shortness of breath, chills, headache, myalgia, or acute loss of sense of smell or taste without an alternative explanation should be tested.
- Health care providers including: locum physicians, new physicians, medical residents, nurses, NPs, and medical students on clinical rotations, who work at a healthcare site within Atlantic Canada should be tested on return to PEI (prior to returning to work at a healthcare site) e.g works at QEII/IWK and QEH/PCH; may qualify for Stat testing (as directed by CPHO).
- **Health care providers who arrive from outside of Atlantic Canada should be tested prior to work at a PEI healthcare site and again at day 3 and day 7; may qualify for Stat testing (as directed by CPHO).**
- Long-term care staff who travel for personal reasons within Atlantic Canada should be tested on return to PEI and at 7 days. If travel is a day trip, wait 48 hrs before the first test. (Note: LTC staff who travel outside the Atlantic bubble must self-isolate for 14 days on return to PEI)
- Weekly testing of LTC staff (public and private) who work in more than one healthcare site, regardless of how frequent they work in LTC (e.g., staff member who works in LTC

once a month would require testing every 7 days). For staff with very infrequent visits (i.e., less than monthly), an alternate approach is to test between 48 and 96 hours prior to working and test again at 7 days. For unscheduled/urgent work, staff can be tested after their work shift and again at 7 days.

- Weekly testing of Microbiology staff at the QEH.

Health Care Workers can be assessed for testing by calling: 1-855-354-4358.

Long-term Care/Community Care/Palliative Care Facilities – Residents

- Test residents of Long-term Care facility 24-48 before transfer/admission to the facility; if negative on initial test, test again at 7 days post admission; test again at day 10 and day 14 post admission.
- Test residents of Community Care or Palliative Care facility 24-48 before transfer/admission to the facility; if negative on initial test, test again at 7 days post admission.
- Due to an inability to comply with isolation requirements, patients or residents with dementia who are being admitted or readmitted to a LTC facility may be tested an additional time (i.e., on admission, at 3 or 4 days, and at 7, 10, and 14 days). Additional testing applies to *all* LTC residents with dementia, not just those living in a dedicated dementia household.

Inter-Facility Transfers

- Asymptomatic transfers to other acute care facilities (excluding LTC and CCF) do not require testing at this time, as there is no documented community transmission or reservoir in PEI hospitals.
- Testing can be provided for anyone who requires a test prior to procedure/surgery/ etc. at an out-of-province (OOP) facility.
- Inpatients returning from OOP facilities who were off-Island for ≤24 hours require routine testing at 48 hours; test again at 7 days post admission.
- Inpatients returning from OOP facilities who were off-Island for >24 hours require routine testing on arrival; test again at 7 days post admission.

Long-term Care/Community Care Facilities – Non-Essential Service Providers

- Weekly testing of non-essential service providers (e.g., hairdressers, foot care worker, seamstress, etc.) in Community Care and Long-term Care facilities.

Correctional Facility Admissions

- Test (routine testing) on admission to the facility (if had not already tested in past 48 hours); if negative on initial test, test again at 7 days post admission.

Essential Workers with Travel Outside of Atlantic Canada

- PEI residents who are essential workers and travel **outside of Atlantic Canada** frequently (are home less than 14 days between work periods) can be tested upon their arrival in PEI, and 7 days if still on PEI, but no more than weekly unless symptoms occur.
- PEI residents who are essential workers and travel **outside of Atlantic Canada** for work but are home more than 14 days between work periods can be tested on arrival and again at 7 days post-arrival (or sooner if symptoms occur).
- Essential workers include, but are not limited to, construction workers, healthcare providers, those employed in the transportation of goods and services, child protection staff, workers in the energy sector, fisheries, agriculture, etc.

Temporary Foreign Workers

- Test temporary foreign workers between Day 10 and 12 of self-isolation.

Summer Residents / Family Support

- Test summer residents arriving from **outside of Atlantic Canada** between Day 10 and 12 of self-isolation.
- Family members arriving from **outside of Atlantic Canada** to provide support to PEI residents may be considered for testing on a cases-by-case basis.

International Travelers

- Test between Day 10 and 12 after arriving in PEI.

Screeners at Points of Entry

- Weekly testing for personnel screening travelers at points of entry (bridge, airport, and ferry terminals).

Postmortem

- Test upon autopsy

Testing Outside of Guidelines

- Contact the CPHO on call for consideration of testing outside of guidelines for outpatients, including any patients under the care of an ER physician.
- Contact the microbiologist on call for inpatients.

STAT TESTING

Routine testing for COVID-19 is offered multiple times per day with turnaround times between 6 and 24 hours upon receipt to the QEH Laboratory. The request for Stat testing must meet PEI guidance or be directed by the Chief Public Health Office or the Medical Microbiologist.

The following would be considered for Stat (vs routine) testing:

- ER for admitted patients at QEH, PCH, KCMH, Western Hospital that meet routine criteria.
- Patients admitted to the ICU or require critical care in the ED, all Code Blue cases.
- Symptomatic admissions to Labor and Delivery
- Symptomatic admissions to Hillsborough Hospital, Provincial Addiction Treatment Facility, and Prince County Hospital Inpatient Psychiatry Unit
- Symptomatic resident of long-term care (LTC)
- Symptomatic pediatric patients admitted to hospital
- Offenders with symptoms transported by police officers
- Requests approved by CPHO or the microbiologist on call (see Cases off Guidelines above)

All Stat microbiology requests require a phone call to the receiving laboratory. When ordering the test, information provided on the requisition will assist in clarifying if the test meets guidelines or has been previously approved. Microbiologist on call will review these documents and may contact the ordering provider or service as necessary.

For on Guidelines or CPHO/Microbiologist on call approved Stat testing call:

Time	QEH Microbiology Testing	PCH Main Lab
8 am – 4 pm	894-2312	438-4285
4pm – 11:30	2111 (ask for Microbiology tech)	438-4285
11:30 pm – 8 am	2111 (ask for Hematology tech)	438-4285

The Chief/Deputy Public Health Officers may be reached at 902-629-9624 on-call.

The Medical Microbiologist as noted above may be reached through locating or through 902-894-2515.

Thank you all for your cooperation and dedication to all Islanders in these challenging times.

Please let us know if you have any questions or clarifications.

Government of

*Department of Justice and Public Safety*

Community & Correctional Services
 Provincial Correctional Centre
 508 Sleepy Hollow Road
 Charlottetown, PE

To: All Staff**From:** Scott McCabe, OPS Manager, PCC
Brandi Martin, NP, PCC Nursing Dept.**Date:** July 20, 2020**Subject:** COVID positive admit within facility

As many of you perhaps have already heard, we had an admission on Friday July 17 of an offender who was a known COVID positive individual to the Provincial Correctional center. We are told he likely contracted the virus sometime the end of June and he tested positive July 3 – and was confirmed to still be positive the afternoon of his admission. However, in the meantime, this individual has tested NEGATIVE as of Saturday July 18.

He is in the quad locked in bottom left cell. He is not to be OUT of cell until at least we have further direction from CPHO regarding decreasing precautions. We have hygiene wipes and shampoo caps for him in the meantime and we will be ordering more of these as well. There is a lot of signage posted in the quad regarding proper PPE donning and doffing. We are keeping the number of staff who work in the quad very limited to decrease traffic and possible exposure. Please limit exposure if you don't need to be on the unit.

We are told that the likelihood of transmission at this point to anyone else is quite low – by CPHO. We are using full PPE equipment when dealing with this offender, and it is encouraged to have him wear a mask when in contact with him as well. As per CPHO, 'close contact' for someone with a positive infection consists of face-to-face contact without PPE for at least 5-15 minutes. This is not the case for any of our staff, thankfully. Further questions have been posed to CPHO regarding the decrease of precautions and the timeframe for this, risk for staff, protocol for staff working on that unit etc. We are still waiting to hear back with further direction moving forward.

This individual has been tested again today – and CPHO will give further direction once that result returns.

Many parties outside of PCC management were involved in his admission to ensure safety was always at the forefront; Dr. Greg German, Dr. Heather Morrison, Karen MacDonald, John Diamond, RCMP etc. Please let us know if any questions or concerns in the meantime.

- Scott & Brandi

Health PEI

One Island Health System
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Charlottetown, PE
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Memorandum / Note de service

To / Destinataire : All Health PEI health care workers	From / Expéditeur : Denise Lewis Fleming, CEO
Date : March 31, 2020	Tel / Tél : 902-368-5787
Subject / Objet : Access to COVID-19 testing for Health Care Workers	Email / Courriel : dfleming@ihis.org

Maintaining your health and wellbeing is important for you and your family as well as for the ongoing health of Islanders.

Should you as a current health care worker develop any symptoms of COVID-19, such as a new cough and/or fever, sore throat, rhinitis (nasal discharge) or marked fatigue without an alternative explanation, please call **1-855-354-4358** to be screened and booked for an appointment to be tested, if needed.

When you call for an appointment, please be prepared to provide:

- *Full name*
- *Date of birth*
- *Personal health card number (PHN or MRN)*
- *Phone number, and if you can receive a text or a phone call at that number*
- *Where you work (name of the program or service and location)*
- *Employee number (exception for physicians who may not have a number)*
- *The symptoms you are experiencing and when they started*
- *If you travelled, the date of your return to Prince Edward Island*

Thank-you for everything you are doing for the health of Islanders during the COVID-19 pandemic.

PEI is following the PHAC (Public Health Agency of Canada) national guidance regarding screening, identification, infection control, testing and follow-up.



Prince Edward Island Guidelines for Infection Prevention and Control of COVID-19 in Long Term Care Facilities

June 11, 2020

Department of Health and Wellness
Chief Public Health Office

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Executive Summary

This document provides foundational guidance specific to the COVID-19 pandemic in long term care facilities (LTCFs).

Individuals responsible for policy development, implementation and oversight of infection prevention and control measures at specific LTCFs should be familiar with relevant infection prevention and control (IPC) background documents on routine practices and additional precautions and occupational health and safety legislation. The term “staff” is intended to include anyone working in LTC having interactions with residents, including but not limited to health care workers.

Important measures to prevent introduction and spread of COVID-19 in LTC:

- All staff must be trained on other infection control measures such as proper hand hygiene (**Appendix A**) and the importance of maintaining a 2 metre spatial distance between residents.
- All staff must work to identify suspect or confirmed cases of COVID-19 as early as possible in staff or residents.
- All staff will use droplet and contact precautions, in addition to routine practices, for all care of residents with suspected or confirmed COVID-19.
- Facility management must identify all staff who work in more than one location (e. g. other LTC facilities, acute care and/or community care) and ensure efforts are made to prevent this *where possible*, to limit spread between facilities and to inform investigations during an outbreak. If this is not possible:
 - Staff working in LTC and at least one other health care site (acute care, LTC, community care, homecare, addictions, etc) will be tested weekly for COVID-19.
- All LTC staff returning from out of province travel will be required to self-isolate for 14 days.
- Visitors should be restricted to those deemed essential for the functioning of the facility e.g. food delivery, supplies etc. Visitors may also be admitted for compassionate reasons (e.g. end of life). Visitor restrictions will be reassessed throughout the course of the Pandemic and adjusted according to the epidemiology of COVID 19 in the community.

Background

In December 2019, a cluster of cases of pneumonia of unknown origin was reported from Wuhan, Hubei Province in China. On January 10, 2020, a novel coronavirus, that causes a disease now referred to as COVID-19 was identified as the cause of this cluster of pneumonia cases. A global pandemic was declared on March 11, 2020.

COVID-19 is a virus belonging to the family of Coronaviruses. Illness can be mild like the common cold but can also be more severe including pneumonia and death. Current evidence indicates that our long term care population is at increased risk due to advanced age, chronic health conditions and the ease of transmission among the institution's environment.

Long term care facility residents are vulnerable to infection with COVID-19 due to behavioral factors, shared spaces, and transit to other healthcare facilities. Older adults and those with pre-existing medical conditions are also at risk for more severe disease and have higher mortality when infected with COVID-19.

Introduction

Infection prevention and control (IPC) strategies to prevent or limit transmission of COVID-19 in LTC are similar to those used for the IPC of other acute respiratory infections, including:

- Prompt identification and isolation of all persons with signs and symptoms of possible COVID-19.
- Signs or symptoms may include:
 - Fever¹ Single temp >37.8°C
 - Any new or worsening respiratory symptoms (cough, shortness of breath, runny nose or sneezing, nasal congestion, hoarse voice, sore throat or difficulty swallowing), OR
 - Any new onset non-respiratory symptoms including chills, muscle aches, diarrhea, malaise, headache, sudden loss of taste or smell or other unexplained symptoms or change in clinical status.

Infection Prevention and Control (IPC) Measures

In order to prevent disease spread in LTC facilities, staff must receive ongoing training, testing and monitoring of compliance with routine practices, including hand hygiene, and implementation of additional precautions, including droplet and contact precautions. Policies and procedures must be in place to prevent the introduction and control the spread of COVID-19.

Routine Practices

Routine practices apply **to all staff, residents and visitors, at all times, in all LTC facilities** and include but are not limited to:

- Conducting a point of care risk assessment (PCRA)
- Hand hygiene
- Appropriate use of PPE
- Adhering to respiratory hygiene (i.e., covering a cough with a tissue or coughing into elbow followed by performing hand hygiene)

¹ Difficulties in measuring temperature may result in low temperature readings in some cases in which fever is actually present.

Point-of-Care Risk Assessment (PCRA)

Prior to any resident interaction, all staff should assess the infectious risks posed to themselves, other staff, other residents and visitors during a care situation or procedure.

- The PCRA (**Appendix C**) helps staff to select the appropriate actions and/or PPE to minimize risk of exposure to known and unknown infections.
- Performing a PCRA helps to avoid misuse of PPE.

Hand Hygiene

Staff is required to perform hand hygiene (Appendix A):

- On entry to and exit from the LTC facility
- Before and after contact with a resident, regardless of whether gloves are worn
- After removing gloves
- Before and after contact with the resident's environment (e.g. medical equipment, bed, table, door handle) regardless of whether gloves are worn
- Any other time hands are considered to be potentially contaminated (e.g. after handling blood, body fluids, bedpans, urinals, or wound dressings)
- Before preparing or administering all medications or food
- Before performing aseptic procedures
- Before putting on PPE and during removal of PPE according to facility procedure for putting on or removing PPE
- After other personal hygiene practices (e.g. blowing nose, using toilet facilities, etc.)

Residents should perform hand hygiene:

- Upon entering or leaving their room
- Prior to eating, oral care, or handling of oral medications
- After using toileting facilities
- Any other time hands are considered to be potentially contaminated (e.g. after handling blood, body fluids, bedpans, urinals, or wound dressings)

Hands may be cleaned using ABHR containing 60-90% alcohol, or soap and water. Washing with soap and water is preferable for use immediately after using toilet facilities, if hands are visibly soiled or when caring for a resident with diarrhea.

Masking

Given the rapid increase in community spread of COVID-19 within Canada, and possible transmission from those who are pre-symptomatic or asymptomatic, universal masking for the full shift or visits for all LTC staff and visitors is required.

The rationale for universal masking of LTC staff and visitors is to reduce the risk of transmitting COVID-19 infection from staff or visitors to residents when symptoms of illness may not be recognized.

- Staff will perform hand hygiene before they put on a mask when they enter LTC facility.
- Staff will wear mask securely over their mouth and nose and adjust the nose piece to fit snugly while mask is worn.
- Do not touch your face or mask once your mask is securely in place.
- When the mask becomes wet, damp or soiled (from breathing or external splash), and at the end of shift or upon leaving the facility, it must be discarded in the waste receptacle. If remaining in or returning to the facility, a new mask should be donned. At least two masks per shift will be required as the mask will be removed and discarded for breaks.

Droplet Contact Precautions

- Droplet and contact precautions must be implemented for all residents presenting with signs or symptoms of COVID-19. Donning and Doffing of PPE is described in **Appendix D**.
- Gloves, long-sleeved cuffed gown (covering front of body from neck to mid-thigh), mask (which will already be worn due to universal masking) and face or eye protection should be worn upon entering the resident's room or when within 2 metres of the resident on droplet and contact precautions.
 - Examples of face or eye protection include full face shield, mask with attached face shield, non-vented safety glasses or goggles (regular eyeglasses are not sufficient).
- The area where PPE is donned should be separated as much as possible from the area where it is removed and discarded.
- Hand hygiene should occur according to facility procedure for putting on or removing PPE.

IPC Preparedness for COVID-19

LTC Operators must ensure:

- Generate a list of staff that work at more than one health care facility and ensure that staff are tested weekly.
- Aerosol-generating medical procedures (AGMPs)² are only performed if deemed medically necessary.
 - If AGMPs are performed,
 - There is appropriate training and N95 respirator fit-testing/fit checking (**Appendix B**) for all staff who may be required to participate in or who may be exposed to these procedures
 - The fewest staff necessary to perform the procedure are present
 - These procedures are performed in a single room with the door closed
- Advance directives for all residents are reviewed.

² Aerosol-generating medical procedure includes: cardio-pulmonary resuscitation, sputum induction, nebulization, non-invasive positive pressure ventilation (CPAP, BiPAP), or open suctioning.

- Visitor restriction is in place in accordance with current guidance and a plan to facilitate visitation safely is developed.
- Appropriate number and placement of alcohol-based hand rub (ABHR) dispensers to allow easy access throughout the facility and at point of care.
- Environmental cleaning and disinfection practices are monitored for compliance.
- Physical distancing measures are utilized for all residents (e.g., use of single rooms when available, maintaining 2 metres spatial separation between residents in hallways, all recreation activities, dining and in any other communal areas).
- Droplet Contact Precautions are initiated immediately for all residents with suspect or confirmed COVID-19.
- Private rooms are preferred, but if not available, separation of 2 metres must be maintained between the bed space of an ill resident and all roommates with privacy curtains drawn. Signage indicating droplet and contact precautions is placed on the outside of the resident room with suspected or confirmed COVID-19.
- Develop strategies to manage a high volume of residents with COVID-19 (e.g. cohorting staff to work only with suspect or confirmed COVID-19 residents, potential need for cohorting of residents with confirmed COVID-19).
- Provide staff with a self-monitoring process
 - LTC operators should work with Chief Public Health office to manage exposed staff.
- Waste and soiled linen are managed and/or adequately cleaned and disinfected according to LTC policies and procedures.
- The care environment is cleaned using an enhanced cleaning protocol with an emphasis on frequently touched surfaces.

LTC Staff must ensure:

- If returning from out of province travel will self-isolate for 14 days.
- Staff working in LTC and at least one other health care site (acute care, LTC, community care, homecare, addictions, etc) will be tested weekly for COVID-19. Testing can be done at the LTC facility or through the health care worker line 1-855-354-4358 for screening at a clinic in Charlottetown or Summerside. Facilities are responsible for ensuring staff are tested.
- Adherence to LTC IPC policies and procedures and public health guidance.
 - Temperature is taken at the beginning of each shift and self-monitoring for symptoms is done twice daily and immediately report any new symptoms to the LTC facility and arrange for testing. If symptoms occur at work immediately perform hand hygiene, **do not** remove mask, inform the supervisor, avoid further resident contact, leave as soon as it is safe to do so and call 1-855-354-4358 to arrange testing.
- If staff have a potential exposure to a case of COVID-19 they must report to LTC management to determine whether work restrictions are necessary.

- Staff are knowledgeable about:
 - Routine practices to be followed for all resident interactions, e.g. hand hygiene, point of care risk assessment.
 - How to conduct a point-of-care risk assessment (**Appendix C**) prior to interactions to determine what IPC measures are needed to protect residents and themselves from infection.
 - Procedure to safely don and doff PPE. (**Appendix D**)
 - Who to test if residents become symptomatic or if requested by local public health authorities or the LTC facility.

Screening

Access to the LTC facility should be minimized and carefully monitored.

- Visitor restrictions will be reassessed throughout the course of the pandemic and adjusted according to the epidemiology of COVID 19 in the community.
- Essential services visitors to the facility should be those who are necessary to maintain functioning of the facility e.g. food delivery, supplies, funeral director etc.
- Family visitors may be admitted for compassionate reasons (e.g. end of life).
- Anyone entering the facility should be screened COVID-19 symptoms prior to entering, and must not enter if displaying symptoms.
- All staff and visitors are required to put on a mask at entry to the LTC facility and perform hand hygiene to reduce the risk of transmitting COVID-19 infection from staff or visitors to residents, which may occur even when symptoms of illness are not recognized.
- Physical distancing of 6ft/2 meters should be maintained between visitors and residents.
- If the visitor is unable to adhere to appropriate precautions, the visitor will be excluded from visiting.
- Food and essential items should be delivered through a single access point. Every effort should be made to avoid unnecessary entry into LTCFs, and if entry is required, delivery personnel should be screened as per other visitors.
- Masks, tissues, ABHR and a no-touch waste receptacle are available for staff, residents, and visitors' use at the screening point at each entrance.

Resident and Staff Screening and Management

LTC facilities must ensure that there are processes in place to conduct active screening of staff and residents for signs and symptoms of COVID-19.

Staff

- Staff screening must include a self-assessment for exposures and symptoms of COVID-19. Staff self-assessment should occur twice daily. Temperature should be checked at the beginning of each shift.

- Staff should be restricted in work assignments to specific units wherever feasible, to limit the spread within facilities.
- All staff working in more than one health care facility should be tested for COVID-19 weekly.
- If a staff member develops symptoms of COVID-19 at work they should immediately perform hand hygiene, ensure that they do not remove their mask, inform their supervisor, avoid further resident contact, leave as soon as it is safe to do so and call 1-855-354-4358 to arrange testing.
- Symptomatic staff will be required to self-isolate until they are tested and the results are confirmed.
 - If the test results are negative for COVID-19 but the employee remains ill/symptomatic, they should not return to work until well.
 - If the test results are negative for COVID-19 and the employee is no longer ill/symptomatic, the employee returns to work.
- If the test results are positive for COVID-19 the employee follows the direction of Public Health and remains self-isolated until 2 negative swabs are reported.

Residents

- Test residents
 - Prior to admission to the facility (within 48 hours) regardless of symptoms.
 - If the first result is negative, test again at 7 days after admission to the facility.
 - Droplet/contact precautions can be removed once the day 7 test results are known to be negative.
 - Testing should then be done again at day 10 and 14.
- Resident screening must include a minimum of twice daily assessment for signs and symptoms of COVID-19. Symptoms in elderly residents may be subtle or atypical, and staff who are screening residents should be sensitive to detection of changes from resident baseline physical and cognitive status.
- A resident who displays signs or symptoms of COVID-19 should immediately be placed on droplet/contact precautions and tested.
- If the resident was tested due to being symptomatic for COVID 19 and remains symptomatic after an initial negative result, retesting may be done 4 to 7 days after the initial test in consultation with the CPHO. The resident will remain on precautions as appropriate until no longer symptomatic.
- Staff should initiate and maintain a line listing of residents (**Appendix E**) with suspected or confirmed COVID-19.

Outbreak Management

In the context of the COVID-19 pandemic, a single laboratory-confirmed case of COVID-19 in a resident or staff member in a LTC defines an outbreak.

Outbreak Protocol for COVID-19 Long Term Care

Every precaution should be taken to prevent the introduction of illness into LTC facilities.

Two main priorities will determine the size and duration of the outbreak, early detection (testing) and implementation of control measures.

Testing Guidelines

Testing for COVID-19 during an outbreak should be conducted for the following people:

- **Symptomatic** and **asymptomatic** residents with close contact to the affected resident or HCW (e.g. residents on the affected unit).
- **Symptomatic** and **asymptomatic** staff in close contact with a positive case in the 48 hours prior to symptom onset (e.g. staff on the affected unit).
- One compatible symptom of COVID-19 in residents and health care providers should lead to testing.
- Once an outbreak is established, any residents with symptoms should be managed as suspect cases.
- With guidance from the Chief Public Health Office, staff who are self-isolating due to being a contact of a case and are asymptomatic may return to work in some cases due to staff shortages during an outbreak.

Aerosol-generating medical procedures (AGMPs)³

An AGMP is any procedure conducted on a resident that can induce production of aerosols of various sizes, including droplet nuclei.

Consider discontinuing CPAP/BiPAP during an outbreak in consultation with the physician/NP.

AGMPs on a resident suspected or confirmed to have COVID-19 should be avoided if possible and only be performed if:

- The AGMP is medically necessary and performed by the most experienced person
- The minimum number of persons required to safely perform the procedure are present
- All persons in the room are wearing a fit-tested and fit-checked (**Appendix B**), N95 respirator, gloves, gown and face or eye protection
- The door of the room is closed

³ Aerosol-generating medical procedure includes: cardio-pulmonary resuscitation, sputum induction, nebulization, non-invasive positive pressure ventilation (CPAP, BiPAP), or open suctioning.

Specimen Collection

Nasopharyngeal (NP) or nasal and throat swabs should be collected by qualified staff who are knowledgeable about proper collection methods.

- During sample collection, staff should be limited to those necessary for resident care during the procedures.
- All staff in the room during collection should wear PPE in accordance with droplet and contact precautions.
- Staff performing NP or nose and throat swabs should stand to the side of the resident during sample collection and not directly in front.

Handling Lab Specimens

All specimens collected for laboratory investigations should be regarded as potentially infectious, and placed in biohazard bags. Handle as per Routine Practices.

Implementation of Control Measures

Immediately report and discuss the suspected outbreak with the Chief Public Health Officer (CPHO) or designate

During an Outbreak all outbreak control measures take priority over routine operations until the outbreak is declared over.

Infection Prevention and Control

Facility

- Post outbreak notification sign(s) at facility entrance and/or floor/unit/household advising about the outbreak.
- Maintain an outbreak line list (**Appendix E**) of cases in residents and a line list of cases in staff (nursing, food handlers, housekeeping, etc.) and forward to the CPHO daily.
- Close the affected floor/unit/household or facility to new admissions, readmissions, or transfers unless medically necessary.

Environmental Cleaning and Disinfection

- Environmental disinfectants should be classed as a hospital grade disinfectant
- In the event that commercially-prepared hospital disinfectants are not available, diluted bleach solution may be used to disinfect the environment.
 - The minimum concentration of chlorine should be 5000 ppm or 0.5% (equivalent to a 1:9 dilution of 5% concentrated liquid bleach).
- All surfaces, that are considered "**frequently touched**" (e.g. telephone, bedside table, overbed table, chair arms, call bell cords or buttons, door handles, light switches, bedrails, handwashing sink, bathroom, dining tables, etc.) should be cleaned and disinfected at a **minimum of twice daily and when soiled**.

- Resident care equipment (e.g., BP cuffs, electronic thermometers, oximeters, stethoscope) should be cleaned and disinfected after each use and between residents.
- **Room cleaning and disinfection** should be performed at least **once per day on all low touch surfaces** (e.g., shelves, bedside chairs, windowsills, overbed light fixtures, etc.).
- All surfaces or items, **outside of the resident room, that are touched by or in contact with staff** (e.g., computer carts and/or screens, medication carts, charting desks or tables, computer screens, telephones, touch screens, chair arms) should be cleaned and disinfected **at least daily and when soiled**. Staff should ensure that hands are cleaned before touching shared equipment.

Resident Care Equipment

- All reusable equipment and supplies, electronics, personal belongings, etc., should be dedicated to the use of the resident with suspect or confirmed COVID-19 infection. If use with other residents is necessary, the equipment and supplies should be cleaned and disinfected with a hospital disinfectant, ensuring adequate contact time before reuse. Items that cannot be appropriately cleaned and disinfected should be discarded.

Linen, Dishes and Cutlery

- No special precautions are recommended; routine practices are used.

Waste Management

- No special precautions are recommended; routine practices are used.

Resident transfers

- **Once an outbreak has been declared, transfer within and between facilities should be avoided unless medically indicated.**
- If an admission or transfer is deemed medically necessary, discuss with Infection Prevention and Control (IPC) or the CPHO for guidance.
- Notify the receiving hospital or clinic to ensure that care can be provided safely.
- Residents should be provided with clean attire, be accompanied by staff, wear a mask, be instructed to perform hand hygiene (with assistance as necessary), and avoid touching surfaces or items outside of the room.
- Wheelchairs or transport stretchers should be cleaned and disinfected prior to exiting the resident's room.
- Droplet and contact precautions should be maintained by staff during resident transport, and the need for droplet and contact precautions should be communicated to the transferring service and receiving unit ahead of transfer.
- If a resident is transferred to an acute care facility for treatment of COVID-19 or its complications, they may return to the outbreak facility when they are medically stable.
- Residents transferred to an acute care facility who do not have COVID-19 should not be re-admitted back to a COVID affected part of the facility.

- Notify any facility that you transferred a resident to within the past 14 days, that your facility has a COVID-19 outbreak.

Staff allocation

- **Staff should be dedicated to working in one LTC facility.**
- Cohort staff when possible e.g. staff working with symptomatic residents should avoid working with residents who are well.
- If dedicated staff for ill residents is not available, staff should first work with the well residents, then move on to care for ill residents. Movement between floors and units should be avoided where possible.
- Staff working in a facility experiencing an outbreak may only work in facilities or units that have COVID infected residents/patients.
- Staff who have recovered from COVID-19 may work and should be prioritized to work in facilities experiencing an outbreak or COVID 19 units.

Declaring the Outbreak Over

The outbreak may be considered over when **no new cases in residents or staff are identified for at least 28 days in consultation with the CPHO.**

Control measures will be continued until the outbreak is declared over.

Discontinuing Additional Precautions

The duration and discontinuation of contact and droplet precautions for an individual resident or unit/household on outbreak should be determined on a case-by-case basis, in consultation with CPHO and infection prevention and control experts (if available). Negative testing may be required and will be determined on a case by case basis.

Handling of Deceased Bodies

Routine practices should be used when handling deceased bodies or preparing bodies for autopsy or transfer to mortuary services.

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Appendix A - Hand Hygiene

REDUCE THE SPREAD OF COVID-19. WASH YOUR HANDS.



1

Wet hands with warm water



2

Apply soap



3

For at least 20 seconds, make sure to wash:



4

Rinse well



5

Dry hands well with paper towel



6

Turn off tap using paper towel



palm and back of each hand



between fingers



under nails



thumbs

1-833-784-4397

canada.ca/coronavirus



Public Health
Agency of Canada

Agence de la santé
publique du Canada

Canada

Your 4 Moments for Hand Hygiene



Appendix B - How to Fit-Check a N95 Mask

Fit checking involves a quick check - each time the mask is put on - to ensure that the respirator is properly applied, that a good seal is achieved over the bridge of the nose and mouth and there are no gaps between the respirator and face. Fit checking is the appropriate minimum standard at the point of use for healthcare workers using N95 respirators.

No clinical activity should be undertaken until a satisfactory fit has been achieved.

Instructions to fit check a N95 mask;

1. Place the respirator on your face.
2. Place the headband or ties over your head and at the base of your neck.
3. Compress the respirator to ensure a seal across your face, cheeks and the bridge of your nose.
4. Check the positive pressure seal of the respirator by gently exhaling. If air escapes, the respirator needs to be adjusted.
5. Check the negative pressure seal of the respirator by gently inhaling. If the respirator is not drawn in towards your face, or air leaks around the face seal, readjust the respirator and repeat process, or check for defects in the respirator.

Appendix C - Point of Care Risk Assessment Tool for COVID-19

Prior to any patient interaction, all health care workers (HCWs) have a responsibility to always assess the infectious risk posed to themselves and to other patients, visitors, and HCWs. This risk assessment is based on professional judgement about the clinical situation and up-to-date information on how the specific healthcare organization has designed and implemented engineering and administrative controls, along with the availability and use of Personal Protective Equipment (PPE).

Point of Care Risk Assessment (PCRA) is an activity performed by the HCW before every patient interaction, to:

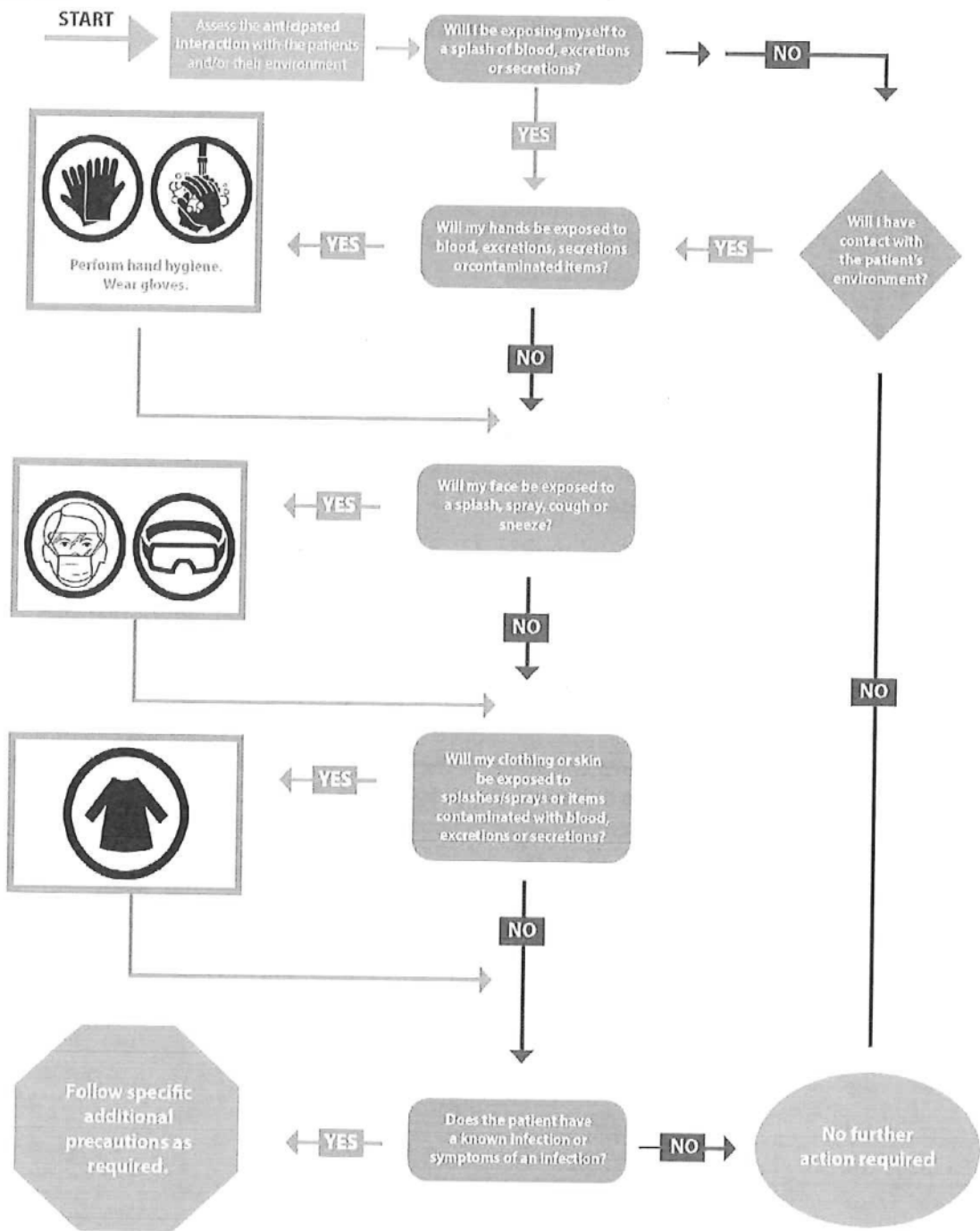
1. Evaluate the likelihood of exposure to COVID-19,
 - a. from a **specific interaction** (e.g., performing/ assisting with clinical procedures/ interaction), non-clinical interaction (i.e., admitting, teaching patient/ family), transporting patients, direct face-to-face interaction with patients, etc.)
 - b. with a **specific patient** (e.g., residents not capable of self-care/ hand hygiene, have poor-compliance with respiratory hygiene, copious respiratory secretions, frequent cough/ sneeze, early stage of illness, etc.)
 - c. **specific environment** (e.g., single rooms, shared rooms/ washrooms, hallway, assessment areas, emergency departments, public areas, therapeutic departments, diagnostic imaging departments, housekeeping, etc.)

AND

2. Choose the appropriate actions/ PPE needed to minimize the risk of patient, HCW/other staff, visitor, contractor, etc. exposure to COVID-19

PCRA is not a new concept, but one that is already performed regularly by professional HCWs many times a day for their safety and the safety of patients and others in the healthcare environment. For example, when a HCW evaluates a patient and situation to determine the possibility of blood or body fluid exposure or chooses appropriate PPE to care for a patient with an infectious disease, these actions are both activities of a PCRA.

Routine Practices Risk Assessment + Algorithm for all Patient Interactions



Appendix D - Donning and Doffing PPE

Contact and Droplet Precautions

Suspected or Confirmed Resident with Respiratory Illness (Influenza-like Illness, Influenza, COVID-19) follow Contact/ Droplet Precautions. This includes the appropriate selection and use all of the following personal protective equipment (PPE).

- Gloves
- Long-sleeved gown
- Facial protection, such as a surgical/procedure mask and eye protection/ face shield, or surgical/procedure mask with visor attachment

All PPE should be removed before leaving the patient's room and discarded into a no-touch receptacle.

Donning PPE Order

1. Perform hand hygiene
2. Don gown
3. Apply mask
4. Apply face shield or goggles
5. Put on gloves

Doffing PPE Order

1. Remove gown and gloves (can be removed together)
2. Perform hand hygiene
3. Remove face shield or goggles (do not touch the front)
4. If appropriate remove mask touching only the strings or ear loops.
5. Perform hand hygiene

Appendix E - Line List Information on Residents and Staff with Symptoms of COVID-19

Facility _____ Date _____

RESIDENTS: Total Number of Residents: _____		Number of Residents ill: _____						
Name	Onset Date	Unit	Symptoms			MRN	Swabbed If Yes, Date	Comments
			Fever ⁴	Muscle/body aches	Headache			
							Y or N	
							Y or N	
							Y or N	
							Y or N	
STAFF: Total Number of Staff: _____								
RESIDENTS: Total Number of Residents: _____		Number of Residents ill: _____						
Name	Onset Date	Last Date of Work	Symptoms ⁴			MRN	Swabbed If Yes, Date	Comments
			Fever ⁴	Muscle/body aches	Headache			
							Y or N	
							Y or N	
							Y or N	

⁴ Fever Single temp >37.8°C

⁵ Any new or worsening respiratory symptoms (cough, shortness of breath, runny nose or sneezing, nasal congestion, hoarse voice, sore throat or difficulty swallowing), OR Any new onset non-respiratory symptoms including chills, muscle aches, diarrhea, malaise, headache, sudden loss of taste or smell or other unexplained symptoms or change in clinical status.

														Date		Y or N			
										Sudden onset cough		Sore Throat		Other					
Fever		Muscle/body aches		Headache															

MEMORANDUM

TO: All Physicians, Nurse Practitioners, Health PEI Executive Leadership and Leadership Forum
FROM: Dr. Heather Morrison, Chief Public Health Officer
Marion Dowling, Executive Director and Chief Nursing Officer
DATE: March 23, 2020
SUBJECT: PPE guidance for Novel Coronavirus (COVID-19)

Over the last several weeks, our understanding of COVID-19 has rapidly expanded. The primary routes of transmission for the COVID-19 virus are by respiratory droplets and/or contact with contaminated surfaces.

We strongly support the infection prevention and control (IPC) guidance that has been developed by the Public Health Agency of Canada (PHAC) National Advisory Committee on Infection Prevention and Control. This approach recommends the use of **routine and droplet precautions** and is aligned with the guidance provided by the World Health Organization (WHO) and has been endorsed by Canada's Federal, Provincial and Territorial Special Advisory Committee (SAC) on COVID-19. The use of N95 respirators is **not** required unless aerosol-generating medical procedures¹ are performed. In these settings, **airborne precautions** should be implemented, including but not limited to the use of N95 respirators. The routine use of N95 respirators in settings where it is not necessary will lead to supply shortages of N95.

PPE is one of the last – not the first – lines of defence against hazards that cannot otherwise be eliminated or controlled. The key to exposure control in healthcare facilities is to have a multi-faceted plan that limits the spread of the virus and limits the number of workers who could be exposed to the virus. Measures such as these are critical to reducing the likelihood of exposure of healthcare workers to the virus:

1. Early recognition of patients with respiratory illness.
2. Physical barriers in areas where initial assessment occurs.
3. Rapidly isolating anyone suspected of having COVID-19 and having patients wear a surgical mask and performing hand hygiene.
4. Appropriate wearing or fitting and correct donning and doffing of PPE.

¹ **Aerosol-generating medical procedure (AGMP) includes: intubation, manual ventilation, open endotracheal suctioning, cardiopulmonary resuscitation, sputum induction, nebulization, surgery, non-invasive positive pressure ventilation (CPAP, BiPAP) and autopsy.**

A nasopharyngeal swab or a throat swab are not considered aerosol-generating procedures.

Your safety is as important as the safety of your patients. Following the IPC guidance produced by PHAC will allow PEI's health system to protect the health of PEI and our healthcare workers, as well as assure that Canada has an adequate supply of critical PPE when we need it most.

We would like to acknowledge the hard work and dedication our front line workers are performing during this pandemic. Your knowledge and skills are key to protecting yourself, your patients, and the healthcare system.

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Public Health Agency of Canada (PHAC) National Advisory Committee on Infection Prevention and Control Guidance



Resuming Non Essential Services in Community Care and Private Long Term Care Facilities Guidance

Health and Wellness

Due to COVID-19 threat, Community Care and Long Term Care facilities on PEI were asked to mitigate the risk of illness in their residents and to prevent outbreaks among residents and staff through enhanced measures. Enhanced measures included visitor restrictions, discontinuing non-essential services (hair dressing) and monitoring residents and staff daily for symptoms.

Progressive lifting of public health measures has been gradual and constantly evaluated based on the latest public health information from PEI's Chief Public Health Office. If concerns are identified, progress may be slowed, halted or even reversed to continue to protect the health and safety of Islanders.

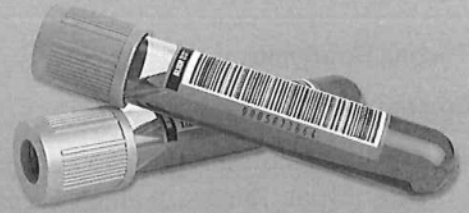
Based on our current knowledge and epidemiology, consideration has been made to reduce restrictions on non-essential services entering Community Care and Long Term Care facilities.

Non Essential Services Guidance:

- Service providers will be required to answer questions related to current health and travel history. A written log will be managed by the care home.
- Service provider will agree to only provide services to one care home.
- Services will be provided via a pre made appointment.
- Physical distancing must be maintained between residents.
- Service provider and resident will be free of illness.
- Service provider will review hand hygiene guidance and practice hand hygiene appropriately (eg. before and after each resident and if hands are soiled)
- Service provider will wear a medical mask for duration of time spent in care facility.
- Enhanced cleaning of space between resident encounters
- Items will not be shared between residents. Shared items must be properly cleaned and disinfected after each use.
- All service providers who provide services to **LTC** facilities will be tested weekly for COVID-19.

Non Essential services example: Hair Dressing

Provincial Laboratory Services



src.healthpei.ca/microbiology

Health PEI
One Island Health System

Testing Guidance for COVID-19: Asymptomatic Testing & New Return to Work Criteria for Health Care Workers

July 27, 2020 (Replaces July 16, 2020)

This information applies to: Physicians, Nurse Practitioners, Administrators

Our knowledge about testing has expanded significantly since the first case of COVID-19 was diagnosed six months ago in Canada. Testing continues to be an important part of our screening and prevention strategy; however, testing of asymptomatic people has certain limitations. We would like to provide an update on asymptomatic testing as well as to provide **CURRENT AND NEW CRITERIA (in bold)** for testing for COVID-19 for both routine and stat purposes.

Cautions on asymptomatic testing

PEI's COVID-19 testing approach is based on local epidemiology and is aligned with Canadian testing guidance. Evidence suggests that symptomatic cases of COVID-19 are causing the majority of transmission. The primary goal is to test symptomatic people and the asymptomatic close contacts of the positive cases to prevent further transmission. Asymptomatic and pre-symptomatic transmission of COVID-19 can occur; however, more evidence is needed to determine the impact that this type of transmission has on the level of disease spread.

Both symptomatic and asymptomatic testing can result in false negatives. A person who tests negative may test positive if re-sampled at a later date during the incubation period. Asymptomatic testing outside of established guidelines or groups can lead to misinterpretation and a false sense of security.

PEI tests asymptomatic individuals who may be: 1) at greater risk of spreading COVID-19 to critical infrastructures, 2) less likely to indicate they have mild symptoms, and/or 3) more likely to have been exposed to cases due to their day-to-day activities or travel.

To date, all of PEI's COVID-19 cases have been linked to international and/or domestic travel. To address the ongoing risk of importation of COVID-19 into our province, PEI has implemented a strategic testing approach for both international and domestic travelers. In the event that unlinked cases are detected in PEI (i.e., community transmission), asymptomatic testing will be expanded within the local population.

Testing Guidelines

Emergency Department

- Any person presenting with new onset of fever without an alternative explanation or new or worsening cough, sore throat, rhinitis, marked fatigue, shortness of breath, chills, headache, myalgia, or acute loss of sense of smell or taste without an alternative explanation should be tested.
- Patients on self-isolation and undergoing a surgical procedure requiring or may require general anesthetic.

Community Clinics

- Any person presenting with new onset of fever without an alternative explanation or new or worsening cough, sore throat, rhinitis, marked fatigue, shortness of breath, chills, headache, myalgia, or acute loss of sense of smell or taste without an alternative explanation should be tested.
- Any person who was in close contact with (1) a symptomatic case starting 48 hours prior to the case developing symptoms or (2) a laboratory confirmed asymptomatic case starting 48 hours prior to the day their positive specimen was collected, should be tested 7 days after their last exposure to the case.

Cough and fever clinics are available to provide assessment, alternative explanation for symptoms and symptom management. All clients of the cough and fever clinic as well as swabbing clinics are being tested.

Testing and assessment clinics are available in Charlottetown and Summerside. These can be accessed through 811 or referred by a health care provider; email: Coughandfeverclinic@gov.pe.ca.

Admitted patients

- Any person hospitalized > 48hrs with influenza-like-illness (ILI; fever without an alternate explanation and new or worsening cough, sore throat, joint pain, muscle aches, fatigue).
- Any person admitted to the ICU with a respiratory symptom (if there is a strong non-viral alternative diagnosis contact the medical microbiologist).
- Patients that would otherwise be on self-isolation and undergoing a surgical procedure requiring or may require general anesthetic.
- Inpatients at Hillsborough Hospital, Provincial Addiction Treatment Facility, and Prince County Hospital Inpatient Psychiatry Unit should be tested on admission (routine test unless symptomatic; if symptomatic for COVID-19, Stat test).

Health Care Providers (HCP)

- Any current health care worker with a new cough and/or fever, sore throat, rhinitis, marked fatigue, shortness of breath, chills, headache, myalgia, or acute loss of sense of smell or taste without an alternative explanation should be tested.
- Health care providers including: locum physicians, new physicians, medical residents, nurses, NPs, and medical students on clinical rotations, who work at a healthcare site within Atlantic Canada should be tested on return to PEI (prior to returning to work at a healthcare site); e.g., works at QEII/IWK and QEH/PCH; may qualify for Stat testing (as directed by CPHO).
- Health care providers who arrive from outside of Atlantic Canada should be tested prior to work at a PEI healthcare site and again at day 3 and day 7; may qualify for Stat testing (as directed by CPHO).
- Long-term care staff who travel for personal reasons within Atlantic Canada should be tested on return to PEI and at 7 days. If travel is a day trip, wait 48 hours before the first test. (Note: LTC staff who travel outside the Atlantic bubble must self-isolate for 14 days on return to PEI)

- Weekly testing of LTC staff (public and private) who work in more than one healthcare site, regardless of how frequent they work in LTC (e.g., staff member who works in LTC once a month would require testing every 7 days). For staff with very infrequent visits (i.e., less than monthly), an alternate approach is to test between 48 and 96 hours prior to working and test again at 7 days. For unscheduled/urgent work, staff can be tested after their work shift and again at 7 days.
- Weekly testing of Microbiology staff at the QEH.

Health Care Workers can be assessed for testing by calling: 1-855-354-4358.

Long-term Care/Community Care/Palliative Care Facilities – Residents

- Test residents of Long-term Care facility 24-48 hours before transfer/admission to the facility; if negative on initial test, test again at 7 days post admission; test again at day 10 and day 14 post admission.
- Test residents of Community Care or Palliative Care facility 24-48 hours before transfer/admission to the facility; if negative on initial test, test again at 7 days post admission.
- Due to an inability to comply with isolation requirements, patients or residents with dementia who are being admitted or readmitted to a LTC facility may be tested an additional time (i.e., on admission, at 3 or 4 days, and at 7, 10, and 14 days). Additional testing applies to *all* LTC residents with dementia, not just those living in a dedicated dementia household.

Inter-Facility Transfers

- Asymptomatic transfers to other acute care facilities (excluding LTC and CCF) do not require testing at this time, as there is no documented community transmission or reservoir in PEI hospitals.
- Testing can be provided for anyone who requires a test prior to procedure/surgery/ etc. at an out-of-province (OOP) facility.
- Inpatients returning from OOP facilities who were off-Island for ≤24 hours require routine testing at 48 hours; test again at 7 days post admission.
- Inpatients returning from OOP facilities who were off-Island for >24 hours require routine testing on arrival; test again at 7 days post admission.

Long-term Care/Community Care Facilities – Non-Essential Service Providers

- Weekly testing of non-essential service providers (e.g., hairdressers, foot care worker, seamstress, etc.) in Community Care and Long-term Care facilities.

Correctional Facility Admissions and Staff

- Test (routine testing) on admission to the facility (if had not already tested in past 48 hours); if negative on initial test, test again at 7 days post admission.
- **Weekly testing of correctional facility staff who work at more than 1 facility (e.g., corrections and LTC)**

Essential Workers with Travel Outside of Atlantic Canada

- PEI residents who are essential workers and travel **outside of Atlantic Canada** frequently (are home less than 14 days between work periods) can be tested upon their arrival in PEI, and 7 days if still on PEI, but no more than weekly unless symptoms occur.
- PEI residents who are essential workers and travel **outside of Atlantic Canada** for work but are home more than 14 days between work periods can be tested on arrival and again at 7 days post-arrival (or sooner if symptoms occur).

- Essential workers include, but are not limited to, construction workers, health care providers, those employed in the transportation of goods and services, child protection staff, workers in the energy sector, fisheries, agriculture, etc.

Temporary Foreign Workers

- Test temporary foreign workers between day 10 and 12 of self-isolation.

Summer Residents / Family Support

- Test summer residents arriving from **outside of Atlantic Canada** between day 10 and 12 of self-isolation.
- Family members arriving from **outside of Atlantic Canada** to provide support to PEI residents may be considered for testing on a case-by-case basis.

International Travelers

- Test between day 10 and 12 after arriving in PEI.

Screeners at Points of Entry

- Weekly testing for personnel screening travelers at points of entry (bridge, airport, and ferry terminals).

Postmortem

- Test upon autopsy

Testing Outside of Guidelines

- Contact the CPHO on call for consideration of testing outside of guidelines for outpatients, including any patients under the care of an ER physician.
- Contact the microbiologist on call for inpatients.

STAT TESTING

Routine testing for COVID-19 is offered multiple times per day with turnaround times between **6 and 24** hours upon receipt to the QEH Laboratory. The request for Stat testing must meet PEI guidance or be directed by the Chief Public Health Office or the Medical Microbiologist.

The following would be considered for Stat (vs routine) testing:

- ER for admitted patients at QEH, PCH, KCMH, Western Hospital that meet routine criteria.
- Patients admitted to the ICU or require critical care in the ED, all Code Blue cases.
- Symptomatic admissions to Labor and Delivery
- Symptomatic admissions to Hillsborough Hospital, Provincial Addiction Treatment Facility, and Prince County Hospital Inpatient Psychiatry Unit
- Symptomatic resident of long-term care (LTC)
- Symptomatic pediatric patients admitted to hospital
- Offenders with symptoms transported by police officers
- Requests approved by CPHO or the microbiologist on call (see Cases off Guidelines above)

All Stat microbiology requests require a phone call to the receiving laboratory. When ordering the test, information provided on the requisition will assist in clarifying if the test meets guidelines or has been previously approved. Microbiologist on call will review these documents and may contact the ordering provider or service as necessary.

Stat tests are provided at QEH microbiology in dedicated windows 8 AM, 10 AM, noon, 2 PM, 4 PM, 6 PM, 8 PM, 10 PM, as well as overnight by Hematology at 1 AM, 3 AM, and 5 AM. If there are times that testing needs to be completed even faster, i.e., "Critical", then page the microbiologist on call directly. If overnight (after 11:30 PM), then contact Hematology technologist first to see if they can accommodate. The PCH testing process remains the same.

Return to Work Criteria for Health Care Workers with Confirmed COVID-19

Health care workers who tested positive for COVID-19, who were not hospitalized (i.e., only had mild to moderate illness) and who are not immunocompromised, may return to work 14 days after the date of the positive test and > 24 hours since resolution of symptoms other than a residual cough.

Health care workers who tested positive for COVID-19, who were hospitalized (i.e., had severe to critical illness) or who are immunocompromised, may return to work 20 days after the date of the positive test and > 24 hours since resolution of symptoms other than a residual cough.

As per recent CDC and other provincial guidance, testing prior to return to work at a facility may no longer be required, but may be provided/indicated on a case-by-case basis.

For on Guidelines or CPHO/Microbiologist on call approved Stat testing call:

Time	QEH Microbiology Testing	PCH Main Lab
8 am – 4 pm	894-2312	438-4285
4pm – 11:30	2111 (ask for Microbiology tech)	438-4285
11:30 pm – 8 am	2111 (ask for Hematology tech)	438-4285

The Chief/Deputy Public Health Officers may be reached through locating at QEH or CPHO 902-368-4996 or CPHO nurse on-call 1-902-213-5824.

The Medical Microbiologist may be reached through locating or through 902-894-2515.

Thank you all for your cooperation and dedication to all Islanders in these challenging times.

Please let us know if you have any questions or clarifications.

By: Dr. Heather Morrison, CPHO
Dr. Greg German, Medical Microbiologist

Government of

Department of Justice and Public Safety

Community & Correctional Services
 Provincial Correctional Centre
 508 Sleepy Hollow Road
 Charlottetown, PE

To: All Staff
From: PCC Management and Nursing Department
Date: July 29, 2020
Subject: Updated Swabbing protocol for Corrections

We continue to see multiple changes with protocols and guidelines as we work our way through the COVID pandemic. On the island, we have seen numerous changes surrounding testing protocols and have been able to keep up with standards as per CPHO.

The attached memo is the full version of CPHO's most recent direction on swabbing for islanders, as of July 28, 2020.

The changes that will directly affect those working in corrections are as follows:

- 1) Staff are no longer required to be swabbed after traveling within the Atlantic Provinces. Other LTC facilities will continue, but corrections have been exempt from this directive.
- 2) Staff who work at more than one LTC site (ie. If you work at PCC, PRCC, YC, and Hammill House etc), you are required to be swabbed weekly. It is the responsibility of the staff member to ensure swabbing is up to date, not the employer. Swabbing is available through the essential services line (COVID clinic) and appointments can be set up: 1-855-354-4358 or coughandfeverclinic@gov.pe.ca. Be sure to advise the staff you speak with that you are an essential worker, that is working in more than one LTC site and you have been identified as someone requiring weekly swabbing. You can also connect with any of the nursing staff at one of the sites that *you presently work at* to have swabbing completed there.

If you have any further questions or concerns, please reach out to your supervisor or the Nursing Department.

~ PCC Management and Nursing



Health and Wellness

COVID-19 Guidance for Correctional Facilities on PEI

This guidance document is intended to provide information to assist in minimizing the transmission of COVID-19 within PEI Correctional Facilities (Provincial Correctional Center [PCC], Prince Correctional Center [PRCC], and Youth Center [YC]) and to prevent and manage individual cases in correctional facilities.

COVID-19 infected individuals may have little to no symptoms. Symptoms may include one or more of the following:

- cough
- fever
- difficulty breathing
- sore throat
- congestion
- runny nose
- myalgia (muscle aches)
- marked fatigue

How is COVID-19 transmitted?

- COVID-19 is transmitted by large droplets generated by coughing and sneezing from someone who is infected with COVID-19.
- Droplets from an infected symptomatic person can travel up to 6 feet / 2 meters when the infected person coughs or sneezes.
- Transmission can also occur by touching a surface contaminated with the virus and then touching your eyes, nose, and mouth.

How to prevent the transmission of COVID-19

- Proper hand hygiene (Appendix A)
 - Wash hands frequently with soap and water or use an alcohol-based hand rub (ABHR)
- Respiratory etiquette
 - Cover coughs and sneezes; coughing into your sleeve or a tissue followed by hand hygiene
- Avoid touching your face with unwashed hands
- Promote social/physical distancing between staff and offenders (minimum of 2 metres or 6 feet)
- Post signage (Appendix B) throughout the facility reminding staff and offenders about the signs and symptoms of COVID-19 and hand hygiene.
- The facility environment is cleaned using an enhanced cleaning protocol with an emphasis on frequently touched surfaces.
- Limit entry into the facility from outside groups including visitors. Signage will be posted at points of entry.
- Staff involved in the transport of offenders out of province or between facilities, are exempt from the 14 day self-isolation criteria. Staff will be advised to minimize contact with others during the

transport, and are advised (if out of province) not to stop for any other purpose than that of the transport. Transport staff will be advised to monitor for symptoms following out of province work trips. If symptoms develop, they should immediately self-isolate and make arrangements for testing.

Cleaning and Disinfection

- In addition to routine cleaning, surfaces that have frequent contact with hands should be cleaned and disinfected twice per day and when visibly dirty (doorknobs, light switches, toilet handles, handrails, etc).
- Environmental disinfectants should be hospital grade disinfectant, registered in Canada with a Drug Identification Number (DIN) and labelled as effective for both enveloped and non-enveloped viruses are appropriate for COVID-19.
- In the event that commercially prepared hospital disinfectants are not available, the facility may use a diluted bleach solution to disinfect the environment. The minimum concentration of chlorine should be 5000 ppm or 0.5% (equivalent to a 1:9 dilution of 5% concentrated liquid bleach).
- At time of release any items in the offenders living quarters with hard surfaces should be cleaned and disinfected. Any item that cannot be properly cleaned and disinfected should be discarded.

Screening, Testing and Management (Staff and Offenders)

All staff or offenders should be screened daily for the following symptoms;

- Fever (>38.0c), OR
- New or worsening respiratory symptoms (cough, shortness of breath, runny nose or sneezing, nasal congestion, hoarse voice, sore throat or difficulty swallowing), OR
- Any new onset non-respiratory symptoms including chills, muscle aches, diarrhea, malaise, headache, or other unexplained symptoms or change in clinical status.

Staff:

- Staff are to self-monitor for symptoms and report to their supervisor if they have concerns about possible COVID exposure or positive symptoms. At this time, widespread generalized testing of staff is not recommended.
- If a staff member develops symptoms of COVID-19 at work they should immediately perform hand hygiene, put on a mask, inform their supervisor, avoid contact with staff and offenders and leave as soon as it is safe to do so. Please call 1-855-354-4358 to arrange testing or connect with Brandi Martin, NP for further instruction.
- Symptomatic staff will be required to self-isolate until they are tested and the results are confirmed.
 - If the test results are negative for COVID-19 but the staff member remains ill/symptomatic, they should remain on sick leave.
 - If the test results are negative for COVID-19 and the staff member is no longer ill/symptomatic, they may return to work.

- Staff exposed to a confirmed positive COVID-19 individual:
 - Will complete self-isolation for a period of 14 days
 - Monitor for symptoms daily for the 14 days of self-isolation
 - If symptoms develop call 1-855-354-4358 to arrange testing.
- If test results are positive for COVID-19 the employee follows the direction of Public Health and remains self-isolated for 14 days and until 2 negative swabs are reported.

Symptomatic Offender:

Offenders should be placed on Contact/Droplet precautions as indicated in Appendix C (if not already occurring) and be separate from other offenders in the facility.

A symptomatic offender will be tested by the facilities health care provider (Brandi Martin, NP) or through Island EMS upon consultation with Chief Public Health Office, depending on scenario and location.

Weekend/After Hours: Contact Nurse Practitioner (Brandi Martin) from any of the sites (PRCC, YC, or PCC) who will then consult with CPHO for testing direction.

- Symptomatic offenders awaiting results for COVID-19 will continue to be on precautions in a private cell on Contact/Droplet precautions until test results are reported negative.
- Offenders who test positive will be isolated for 14 days and monitored daily. If symptoms worsen and become unmanageable by facility, offender will be transported to hospital due to lack of 24/7 health care coverage.

Exposed Offender:

If an offender was exposed to a confirmed positive COVID-19 individual:

- Offender will be placed on Droplet/Contact precautions for 14 days.
- Monitor for symptoms daily for the 14 days of isolation precautions.
- If symptoms develop arrange testing.

Offender Admission:

All offenders being admitted to the facility:

- Will be screened for symptoms
- Placed on Contact/Droplet Precautions (Appendix C) for 14 days
- Placed separately from the other offenders in the facility

Appendix A: Hand Hygiene

**REDUCE THE SPREAD OF COVID-19.
WASH YOUR HANDS.**

1
Wet hands with warm water

2
Apply soap

3
For at least 20 seconds, make sure to wash:

- palm and back of each hand
- between fingers
- under nails
- thumbs

4
Rinse well

5
Dry hands well with paper towel

6
Turn off tap using paper towel

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Appendix B COVID-19 Signage

ABOUT CORONAVIRUS DISEASE (COVID-19)

WHAT IT IS

COVID-19 is an illness caused by a coronavirus.

Human coronaviruses are common and are typically associated with mild illnesses, similar to the common cold

HOW IT IS SPREAD

Coronaviruses are most commonly **SPREAD** from an infected person through:

- ▶ respiratory droplets when you cough or sneeze
- ▶ close personal contact, such as touching or shaking hands
- ▶ touching something with the virus on it, then touching your eyes, nose or mouth before washing your hands

These viruses are not known to spread through ventilation systems or through water.

IF YOU HAVE SYMPTOMS

If you have **SYMPTOMS** of COVID-19 — fever, cough, or difficulty breathing:

- ▶ stay home (**isolate**) to avoid spreading it to others
 - if you live with others, stay in a separate room or keep a 2-metre distance
- ▶ call ahead before you visit a health care professional or call your **local public health authority**
 - tell them your symptoms and follow their instructions
- ▶ if you need immediate medical attention, call 911 and tell them your symptoms

SYMPTOMS

Symptoms may be very mild or more serious. They may take up to 14 days to appear after exposure to the virus.



FEVER



COUGH



DIFFICULTY BREATHING

PREVENTION

The best way to prevent the spread of infections is to:

- ▶ practice **physical distancing** at all times
- ▶ stay home if you are sick to avoid spreading illness to others
- ▶ 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
- ▶ when coughing or sneezing:
 - cover your mouth and nose with your arm or tissues to reduce the spread of germs
 - immediately dispose of any tissues you have used into the garbage as soon as possible and wash your hands afterwards
- ▶ clean and disinfect frequently touched objects and surfaces, such as toys, electronic devices and doorknobs
- ▶ wear a **non-medical mask or face covering** (i.e. **constructed** to completely cover the nose and mouth without gaping, and secured to the head by ties or ear loops) to protect the people and surfaces around you

FOR MORE INFORMATION ON CORONAVIRUS:

1-833-784-4397

@canada.ca/coronavirus



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Appendix C: Droplet Precautions

Contact and Droplet Precautions

Suspected or Confirmed Resident with Respiratory Illness (Influenza-like Illness, Influenza, COVID-19) follow Contact/ Droplet Precautions; which includes the appropriate selection and use all of the following personal protective equipment (PPE).

- Gloves
- Long-sleeved gown
- Facial protection, such as a surgical/procedure mask and eye protection/ face shield, or surgical/procedure mask with visor attachment

All PPE should be removed before leaving the patient's room and discarded into a no-touch receptacle.

Donning PPE Order

1. Perform hand hygiene
2. Don gown
3. Apply mask
4. Apply face shield or goggles
5. Put on gloves

Doffing PPE Order

1. Remove gown and gloves (can be removed together)
2. Perform hand hygiene
3. Remove face shield or goggles (do not touch the front)
4. If appropriate remove mask touching only the strings or ear loops.
5. Perform hand hygiene

Cloth Masks

Cloth masks are not recommended for use on patients or staff within health care facilities. For information on use in the community, please refer people to [Using Non-medical masks in the community.](#)

Donated Personal Protective Equipment

If a facility is accepting donated personal protective equipment, the facility is responsible for ensuring it meets Health Canada and Occupational Health and Safety Standards prior to use. Donations can also be accepted following the process outlined at [Request for Supplies to help fight COVID-19](#) .

Extended use of Masks for Health Care Providers during the COVID-19 Pandemic

Extended use refers to the practice of wearing the same mask or N95 mask for repeated encounters with several patients, without removing them between encounters. Extended use may be implemented when caring for multiple patients with the same suspected/confirmed respiratory pathogen and patients are in the same clinical area (i.e. unit, clinics, etc.).

Masks, including N95 masks, may be worn for extended periods of time as long as the mask:

- has not been worn during an aerosol generating medical procedure (AGMP)
- has not reached end of use by being wet or damaged
- is not difficult to breathe through

A disposable face mask may be worn for hours as long as it is not wet or distorted and not touched while delivering patient care.

During patient care, take care to NOT TOUCH your masks or facial/eye protection. This includes not drinking or eating while wearing a mask.

Re-use of Masks for Health Care Providers during the COVID-19 Pandemic

Re-use of masks should be the last step of conservation measures, as it poses a risk of contamination to the health care worker if diligent handling of the mask is not followed. Re-use of masks refers to the practice of using one mask throughout the day, by carefully removing it, storing it in a clean and safe area and then carefully putting the same mask back on throughout the day.

If facilities deem they need to re-use procedure/surgical masks, then the following process should be followed:

A plastic storage container (labelled with the health care worker's name) should be used as it will help to ensure that the mask retains its shape. This container must be cleaned each time it is used.

Doffing (removing) the mask:

- 1) Perform hand hygiene
- 2) Clean the area and storage container where your mask will be stored. Let the storage container dry while ensuring adequate contact time for the cleaner/disinfectant
- 3) Remove the mask by handling only the elastic ear loops
- 4) Store the mask face-side (inside) of the mask up
- 5) Cover the storage container with the appropriate cover
- 6) Perform hand hygiene

Donning (putting on) the mask again:

- 1) Perform hand hygiene
- 2) Handling only the elastic ear loops, place the mask on your face
- 3) If you need to secure the mask, perform hand hygiene, don gloves and then only touch the mask adjust it on your face. Once secured, doff gloves and perform hand hygiene.
- 4) Clean the storage container and area with an approved cleaner/disinfectant
- 5) Perform hand hygiene

Masks may be re-used until the end of the shift or until the mask is wet, soiled or contaminated.

Cleaning and Disinfection Instructions for Face/Eye Protection

Full Face Shields or Goggles – To be worn when clinically indicated (Droplet or Airborne Isolation Precautions) and in addition to the clinically indicated mask. Face shields and goggles are NOT to be shared among staff.

Disposable Face shields can be worn for a single shift as long as the following occurs:

- the face shield is labelled prior to being used with the health care provider's name; and
- they are disinfected after use and prior to being placed in a proper storage container (ie labelled paper bag).
- they are disposed of at end of the shift

Reusable face shields or goggles may be worn for more than one shift as long as the following occurs:

- the goggles are labelled with the health care provider's name;
- they are disinfected after use and prior to being placed in a proper storage container (ie labelled paper bag); and
- they are kept in a secured area to prevent contamination while the health care provider is not working.

Face shield and goggles cleaning/disinfecting process:

- Complete hand hygiene
- Don clean gloves
- If the equipment is soiled, clean with soap and water prior to disinfection
- Disinfect all of the equipment (interior and exterior excluding the foam and elastics) with Oxivir (or substitute)
- Ensure adequate contact time for the cleaner/disinfectant
- Equipment may be rinsed with tap water if the visibility is compromised by the cleaner/disinfectant
- Once equipment is dry, place directly in labelled storage container
- Remove gloves
- Complete hand hygiene
- Take storage container to identified storage area

Government of

Department of Health & Wellness



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To: Physicians, Nurse Practitioners, Administrators

From: Dr. Heather Morrison, CPHO
Dr. Greg German, Medical Microbiologist

Date: May 19, 2020

Subject: Updated Testing & Stat Testing Guidance for COVID-19

As this pandemic evolves, testing remains an important part of our response and ability to quickly identify, isolate and implement contact tracing for COVID-19. This memo **updates the criteria for testing**. The testing criteria, approach and our capacity will continue to be re-evaluated and updated regularly.

The following provides CURRENT AND **NEW CRITERIA (in bold)** for testing for COVID-19:

Emergency Department

- Any person presenting with new onset of fever without an alternative explanation or new or worsening cough, sore throat, rhinitis, marked fatigue, **shortness of breath, chills, headache, myalgia, or acute loss of sense of smell or taste** without an alternative explanation should be tested.

Community Clinics

- Any person presenting with new onset of fever without an alternative explanation or new or worsening cough, sore throat, rhinitis, marked fatigue, **shortness of breath, chills, headache, myalgia, or acute loss of sense of smell or taste** without an alternative explanation should be tested.
- Any person who was in close contact with (1) a symptomatic case starting 48 hours prior to the case developing symptoms or (2) a laboratory confirmed asymptomatic case starting 48 hours prior to the day their positive specimen was collected, should be tested 7 days after their last exposure to the case.

Cough and fever clinics are available to provide assessment, alternative explanation for symptoms and symptom management. All clients of the cough and fever clinic as well as swabbing clinics are being tested.

Testing and assessment clinics are available in Charlottetown and Summerside. These can be accessed through 811 or referred by a health care provider (email: Coughandfeverclinic@gov.pe.ca).

Admitted patients

- Any person hospitalized > 48hrs with influenza-like-illness (ILI; fever without an alternate explanation and new or worsening cough, sore throat, joint pain, muscle aches, fatigue)
- Any person admitted to the ICU with a respiratory symptom (if there is a strong non-viral alternative diagnosis contact the medical microbiologist).
- Inpatients at Hillsborough Hospital, Provincial Addiction Treatment Facility, and Prince County Hospital Inpatient Psychiatry Unit should be tested on admission (routine test).

Health Care Providers (HCP)

- Any current health care worker with a **new cough and/or fever, sore throat, rhinitis, marked fatigue, shortness of breath, chills, headache, myalgia, or acute loss of sense of smell or taste without an alternative explanation should be tested.**
- Locums and other HCPs arriving from out of province must be tested prior to working; may qualify for Stat testing (As directed by CPHO)
- Weekly testing of LTC staff (public and private) who work in more than one healthcare site
- Weekly testing of Microbiology staff at the QEH

Health Care Providers or their family members should have routine testing (not Stat) unless they were associated with a known positive case.

Health Care Workers can be assessed for testing by calling: 1-855-354-4358.

Long-term Care/Community Care/Palliative Care Facilities – Residents

- Test residents of LTC, CCF or **palliative care facility** on admission to the facility (if had not already tested in past 48 hours); if negative on initial test, test again at 7 days.
- In province transfers: test residents of LTC, CCF or **palliative care facility** 24-48 before transfer/admission to the LTC or CCF facility; if negative on first test, repeat testing at the LTC or CCF in 7 days from the initial test.