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## Principes : COVID-19

Au Canada comme à l'échelle mondiale, l'incidence de la COVID-19 a été énorme. Il s'agit d'une période difficile remplie de circonstances extraordinaires. Il est essentiel que le personnel et les détenus collaborent pour atteindre les meilleurs résultats possibles pour la communauté des services correctionnels dans son ensemble.

Outre les mesures déjà prises, les principes suivants ont été élaborés. Ces principes intègrent les directives de santé publique les plus rigoureuses en vigueur et sont destinés à être mis en œuvre d'une façon qui tient compte des restrictions et des possibilités locales.

### PERSONNEL

1. Les membres du personnel doivent respecter toutes les directives en matière de santé et de sécurité déjà fournies (vérification active, lavage des mains avant d'entrer dans l'unité opérationnelle, éloignement physique, nettoyage des aires communes et de l'équipement, tel que les clés, les menottes et les moniteurs de saturation en oxygène avant et après l'utilisation, etc.); il s'agit d'un principe primordial.
2. Réduire au minimum le risque d'introduction de la COVID-19 dans les lieux de travail du SCC signifie réduire au minimum, dans toute la mesure du possible, les contacts des employés avec des membres de la collectivité. Lorsqu'ils ne travaillent pas, les membres du personnel doivent suivre les recommandations de la Santé publique et rester chez eux. Lorsque cela est possible, des arrangements devraient être faits pour que d'autres personnes habitant avec eux fassent toutes les courses essentielles et nécessaires à l'extérieur de la maison, comme aller à l'épicerie, à la pharmacie et à la station-service faire le plein d'essence. Le covoiturage avec des collègues va à l'encontre de la recommandation de pratiquer l'éloignement social. Pour se rendre au travail et retourner à la maison, les membres du personnel devraient voyager seuls dans leur propre véhicule ou dans le véhicule d'une personne avec qui ils habitent.
3. Au sein de l'établissement, les déplacements du personnel entre les unités résidentielles doivent être limités. L'objectif est de réduire le nombre de personnes qui interagissent physiquement, pour prévenir la propagation de la COVID-19 si une personne est infectée. De plus, advenant qu'une personne soit déclarée positive ou commence à présenter des symptômes, ces restrictions aideront le SCC à accélérer le processus de retraçage. Afin de réduire les déplacements quotidiens du personnel dans tous les secteurs de l'établissement, il pourrait être nécessaire de modifier le tableau de service pour restreindre les postes auxquels un agent est affecté. Les unités opérationnelles doivent s'assurer qu'il n'y a pas de chevauchement de personnel entre les unités, y compris en ce qui a trait à l'allocation des heures supplémentaires. (Un accord de principe a été conclu entre UCCO-SACC-CSN et le SCC pour aider à orienter les discussions régionales / locales, voir l'annexe Lignes directrices provisoires sur le déploiement du personnel).

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4. La direction doit veiller à ce que tout le monde ait accès à du savon et à du désinfectant pour les mains, et ce, en tout temps.

## **DÉTENUS**

5. Les interactions entre les détenus doivent être limitées pour appuyer les mesures recommandées de prévention et de contrôle des infections, comme l'éloignement physique et les pratiques d'hygiène, ainsi que la réduction au minimum de tous les contacts entre personnes.
6. Les déplacements des détenus doivent être limités autant que possible. Lorsqu'ils ont lieu (cour, travail, etc.), la pratique de l'éloignement physique doit être respectée.
7. À moins que toute la population carcérale d'un établissement doive être placée en isolement médical, les détenus doivent pouvoir passer une heure par jour à l'extérieur.
8. Le service et la prise des repas dans une aire commune doivent cesser immédiatement, si possible.
9. Jusqu'au 15 avril, toutes les activités au gymnase et les activités qui requièrent l'utilisation d'équipement partagé cesseront, comme mesure de prévention. Cette décision sera réexaminée dans deux semaines.
10. Les groupes de détenus doivent demeurer les mêmes (c.-à-d., aucun changement dans la façon dont les détenus se rassemblent pour passer du temps ensemble).
11. Les transfèrements non urgents (y compris au sein d'une région) doivent être suspendus, sauf dans des circonstances exceptionnelles qui sont approuvées par le SCAOC.
12. Les détenus doivent être encouragés à laver leurs vêtements régulièrement.
13. Les unités opérationnelles doivent s'assurer que des délinquants sont désignés pour effectuer un nettoyage vigoureux continu de l'unité. Si cette tâche ne peut être exécutée par des détenus, le personnel devra s'en occuper.

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### **Lignes directrices provisoires sur le déploiement du personnel**

Les présentes lignes directrices sur le déploiement du personnel ont pour but d'amorcer, à l'échelle locale, une discussion sur les façons d'atténuer la possible propagation de la COVID-19 par le biais des affectations aux postes. Reconnaissant que la plupart des horaires modifiés ne se prêtent pas à l'utilisation de tableaux de service établis pour chaque équipe, il est possible de minimiser les déplacements au moyen de diverses affectations aux postes, en assurant une certaine continuité des affectations aux postes pour aider à limiter proactivement la propagation de la COVID-19.

Le principal objectif consiste à éliminer ou à réduire considérablement l'exigence pour le personnel de travailler dans différentes unités/à différents postes, tout en reconnaissant qu'il s'agit d'une entreprise unique à chaque établissement.

#### **Principes directeurs**

- Les équipes de gestion locales collaboreront avec les comités locaux chargés de l'établissement des tableaux de service pour examiner et présenter des options afin d'établir un cadre en respectant les horaires existants de façon à minimiser les déplacements entre les postes.
- Les unités opérationnelles locales accompliront ce travail de façon proactive, en fonction des conditions actuelles et des routines de l'unité. D'autres mesures pourraient devoir être prises au fur et à mesure que la situation évolue, y compris le remaniement du personnel. On pourrait devoir réduire au minimum les déplacements et les activités à l'extérieur de l'unité, puisque les services aux détenus commenceront à migrer vers l'unité.
- Les unités opérationnelles continueront à ajuster leurs activités et leurs routines, ainsi que la réaffectation des tâches connexes au personnel. Les routines pourraient varier tout au long de la semaine, selon les ressources humaines disponibles et les besoins.
- Les changements locaux découlant des présentes lignes directrices n'entraîneront aucun préjudice, seront documentés par écrit et seront élaborés et mis en œuvre avec le consentement mutuel de la direction et de l'agent négociateur local.

#### **Horaires de travail**

- Les horaires de travail ne seront pas modifiés. Le personnel continuera de travailler les mêmes quarts de travail (même rotation et même durée), à moins que les employés concernés ne soient d'accord pour que des changements soient apportés. Les heures de début de chaque équipe peuvent être décalées de 15 minutes pour limiter les déplacements et les rassemblements de grands groupes.
- Les échanges de quarts récurrents (p. ex., du quart de nuit au quart de jour) permettent d'assurer un certain niveau de continuité dans une rotation; toutefois, les unités opérationnelles locales devraient analyser l'incidence possible des autres types d'échanges de quarts qui amènent des employés de rotations de quarts opposées dans une autre rotation de quarts. À titre de mesure provisoire, cette dernière forme d'échange de quarts devrait être approuvée dans des circonstances exceptionnelles seulement.

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- Dans la mesure du possible, tous les efforts raisonnables devraient être déployés pour accorder des heures supplémentaires en respectant le principe selon lequel on doit réduire au minimum les déplacements entre les postes, tout en respectant les dispositions de l'entente globale relatives aux offres équitables en fonction des heures. Certaines solutions pourraient inclure de doter des postes statiques en ayant recours aux heures supplémentaires lorsque les contacts avec les autres membres du personnel ou les détenus sont limités.
- La pratique prévoyant des rotations de poste aux quatre heures devrait être suspendue, si possible, en tenant compte des autres mesures visant à assurer la santé et la sécurité. Dans le cas où des motifs justifient qu'un employé soit remplacé à son poste, une attention devrait être accordée à la sélection d'un employé qui occupe un poste semblable et non d'un employé qui est en contact étroit avec un plus grand groupe de détenus (p. ex., la rotation de poste aux quatre heures pour la patrouille mobile peut être assurée par un agent affecté à l'entrée principale plutôt que par un agent affecté à la surveillance des déplacements des détenus ou un agent affecté à un poste à fonctions multiples, qui pourrait être appelé à escorter des détenus dans l'établissement).
- Il faudra tenir compte des membres du personnel nécessitant des mesures d'adaptation au moment de redéfinir les postes et/ou les activités.
- Les ententes de regroupement entre les établissements à sécurité minimale et moyenne devront être suspendues afin de prévenir la propagation possible entre les établissements.
- Tout changement à l'emplacement des postes visant à respecter ces principes doit tenir compte de la nécessité de suivre la formation requise, y compris une formation spécialisée, notamment sur le PPCC ou le détecteur ionique.

#### Intervention lors d'incidents

- Les protocoles désignant les intervenants primaires et secondaires qui sont en vigueur dans les établissements devront être révisés afin d'adopter un protocole d'intervention par équipe, où les interventions entre équipes seront uniquement autorisées lorsqu'un incident est confirmé et que des ressources supplémentaires sont requises.

#### Création d'équipes

En principe, les unités opérationnelles devraient s'efforcer d'adopter, dans la mesure du possible, une approche d'équipe dans les unités résidentielles. Les AC-I et AC-II devraient être regroupés par unité et l'affectation des postes sera gérée de façon à n'autoriser qu'à une équipe particulière d'AC de travailler dans l'unité à laquelle elle est affectée. Des équipes à l'extérieur de l'unité peuvent également être formées.

On peut utiliser deux méthodes principales pour créer des équipes d'unité :

##### Équipe d'unité réduite

- Cette méthode consiste à créer des équipes en déterminant le nombre minimum d'agents devant être affectés à chaque unité par rang et à former des postes à l'extérieur de l'unité pour créer des équipes à l'extérieur de l'unité.

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- D'autres postes à l'extérieur de l'unité peuvent être ajoutés pour permettre davantage de souplesse dans la gestion des opérations, y compris pour les remplacements des titulaires des postes dans l'unité.

#### Équipe d'unité élargie

- Une autre méthode consiste à diviser l'effectif d'agents et à les affecter aux unités, sous réserve de quelques exceptions pour les postes à l'extérieur de l'unité, comme les postes de contrôle sécurisés ou les postes spécialisés. Cette plus grande équipe pourrait suivre et surveiller les détenus lorsqu'ils se déplacent (p. ex., pour les activités de loisir, les services de santé, etc.), afin d'atténuer davantage le risque de propagation.
- L'équipe d'unité élargie peut s'appliquer davantage aux unités à sécurité moyenne où il y a moins de postes de contrôle passif à l'extérieur de l'unité, permettant ainsi de créer de plus grandes équipes d'unité.

#### Équipes pour les unités ne comportant pas de postes

- Dans les établissements comportant des unités où il n'y a pas de postes (c.-à-d. la plupart des unités opérationnelles à sécurité minimale et les unités de logement à sécurité minimale/moyenne dans les établissements pour femmes), il faut également adopter une procédure d'équipe où des groupes d'employés et de détenus seraient formés.
- Les AC/IPL seront affectés à la patrouille des unités et, lorsqu'il y a plusieurs équipes de patrouille pendant un quart, les unités de logement seront divisées entre les équipes de patrouille.

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## **Principles: COVID-19**

The impact of COVID-19 has been immense for Canada and on a global scale. These are challenging times filled with extraordinary circumstances. It is imperative that staff and inmates work together to achieve the best outcomes for the correctional community as a whole.

In addition to the measures already taken, the following principles have been developed. These principles incorporate the best available public health guidance and are meant to be implemented in a way that recognizes local limitations and opportunities.

### **STAFF**

1. Staff must adhere to all health and safety directions already provided (active screening, hand washing before entering the site, physical distancing, cleaning of common areas and equipment such as keys, handcuffs, and oxygen saturation monitors prior to and after using, etc.) is paramount.
2. Minimizing the risk of introducing COVID-19 to CSC's workplaces means minimizing to the greatest extent possible employee's contact with community members. When off duty staff must follow public health guidance and remain at home. Whenever feasible, arrangements should be made to have other household members do any necessary and essential trips outside of the household, such as, grocery shopping, visits to the pharmacy and purchasing fuel. Carpooling with colleagues is not consistent with physical distancing guidance. Staff should travel to and from work in their own vehicle or in vehicles with people from the same household.
3. Within the institution, staff movement between living units needs to be restricted. The goal is to reduce the number of people who will physically interact, to prevent the spread of COVID-19 should someone become infected. In addition, should an individual test positive, or begin to display symptoms, these restrictions will assist CSC to expedite our tracing capacity. To reduce the daily movement of staff throughout all areas of the institution, amendments to the roster to restrict the posts worked by an officer may be required. Sites need to ensure there is no overlap of staff between units, including in the way overtime is allocated. (Agreement in principle has been established between UCCO-SACC- CSN and CSC to help guide the region/local discussions, see annex Interim Staff Deployment Guideline)
4. Management is required to ensure that soap and hand sanitizer are available to everyone at all times

### **INMATES**

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5. Inmate interactions are to be limited to support recommended infection prevention and control precautions, such as physical distancing and hygiene practices. This includes, limiting all person-to-person contacts.
6. Inmate movement needs to be limited to the minimum possible and when it occurs (yard, work, etc.), physical distancing must be respected;
7. Unless the entire inmate population at a site is required to medically isolate, inmates must be provided one hour of fresh air per day.
8. All communal serving and eating should be stopped immediately, where feasible;
9. Until April 15<sup>th</sup>, all gym time and any activities that involve the use of shared equipment will be stopped, as a preventative measure. This decision will be reviewed in two weeks.
10. Inmate groupings need to remain static (i.e. no change in which offenders spend time together);
11. Non-emergency transfers (including within a region) must be discontinued, except for exceptional circumstances that are approved by the ADCCO;
12. Inmates are encouraged to wash their clothing regularly;
13. Sites should ensure that dedicated offenders are assigned to ensure aggressive ongoing cleaning of the institution. If inmate cleaners are not possible, staff will be required to clean.

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## Annex Interim Staff Deployment Guideline

The purpose of this staff deployment guideline is to initiate local conversation around ways to mitigate potential spread of COVID-19 through post assignments. Recognizing that most modified hour schedules do not lend themselves to squad-based rosters, there is a possibility to minimize movement through different post assignments, maintaining some continuity on posts assignments to help mitigate the spread of COVID-19 proactively.

The primary goal is to eliminate or significantly lessen the need for staff to work across different units/posts, while recognizing that the undertaking is unique to each institution.

### Guiding Principles

- Local management will collaborate with local rostering committees to present and explore options to build a framework within existing schedules to minimize movement across posts.
- Local sites will conduct this work proactively, based on the current conditions and routines of the site. Other measures may be required as situations evolve including realignment of staff. There may be a requirement to minimize off-unit movement and activities, as inmate services will begin to migrate to the unit.
- Sites will continue to adjust activities and routines and the corresponding reassignment of duties to staff. Routines may differ throughout the week depending on human resources and needs
- Any local changes resulting from this guide will be without prejudice, documented in writing, developed and implemented by mutual consent of management and local bargaining agent.

### Work Schedules

- Work schedules will not change. Staff will continue to work the same shift rotation and shift length, unless affected staff are in agreement to changes. Start times for squads may be offset by 15 minutes to limit large staff movement or gatherings.
- Re-occurring shift trades (i.e. Nights for Days) lend themselves to a level of continuity within a rotation, however local sites should analyze potential impact of other types of shift trades that bring staff from opposite shift rotations into another shift rotation. As an interim measure, the later form of shift trading should only be approved for exceptional circumstances-
- To the extent possible every reasonable effort should be made to allocate overtime respecting the principle of minimizing movement across posts, while respecting the global agreement around equitable offers based on hours. Some solutions could include filling static posts with overtime where contact with other staff or inmates is limited.
- The practice of four-hour post rotations should be curtailed where possible, taking into account other health and safety measures. Attention should be given if there are reasons for post relief to have the relieving officer relieve from a similar post and not from a post that has close contact with a larger group or inmates (i.e. Four hour post rotation from the

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mobile can be managed by officer in the Principle Entrance, instead of an IMS, or MF officer who may be conducting escort duties with inmates in the institution.).

- Staff requiring accommodations will need to be considered when redefining posts and/or activities.
- Clustering agreements between minimum and medium sites suspended, to prevent potential spread between institutions.
- Any changes to the post locations, to respect these principles must take into consideration the need for required training, including specialized training, like M CCP, ion scanner, etc.

#### Response to Incidents

- Site protocols for primary and secondary responders will need to be reviewed to move to a response protocol per squad, with inter-squad responses only permitted when an incident has been verified and requiring additional resources.

#### Development of Squads

Essentially sites should work toward building to the extent possible a squad-based approach in the living units. The CO-I and CO-II ranks should be grouped by unit and the assignment of posts will be managed to only permit a specific squad of COs to work in their assigned unit. Off-unit squads may also be formed.

There are two primary methods to create unit based squads:

##### Limited Unit Squad -

- This method involves determining the minimum number of officers that need to be assigned to each unit by rank and form the squads in this method, with off-unit posts formed to create off-unit squads.
- Additional off-unit posts may be added to the unit to create additional flexibility in managing operations, including backfilling unit positions.

##### Expanded Unit Squad

- Another method is to divide the complement of officers and assign them to units, with some exceptions for off-unit posts, like secure control posts or specialized posts. This larger squad could follow and supervise inmates to wherever they move, including leisure, health services, etc., to further mitigate risk of potential spread.
- The expanded unit squad may be more applicable at medium security where there are less static control posts off-unit allowing for flexibility to create larger unit squads.

#### Squads for Units Without Posts

- For sites without posts within units (i.e. most minimum-security sites, and minimum/medium housing units at women's sites), there is also a need to develop a squad-type system where staff and inmates' groupings would be developed.
- COs/PWs would be assigned to patrol the units, and where there are multiple patrol teams for any shift, then housing areas to be patrolled would be divided amongst the patrolling teams.

**MEMORANDUM NOTE DE SERVICE**

To / À: Regional Deputy Commissioners / Sous-commissaires régionaux

From / De: Assistant Commissioner / Commissaire adjoint  
 Correctional Operations and Programs / Opérations et programmes correctionnels

Security Classification - Classification de sécurité Unclassified Non classifié	
Our File - Notre référence	
Your File - Votre référence	
Date April 8, 2020	Tel. No. - N° de tél. 613-943-0499

Subject / Objet: **TEMPORARY SUSPENSION OF CORRECTIONAL PROGRAM DELIVERY**

**SUSPENSION TEMPORAIRE DE LA PRESTATION DE PROGRAMMES CORRECTIONNELS**

As you are aware, in response to the COVID-19 containment efforts and corresponding measures, the delivery of correctional programs, in group format, in institutions and in the community has been suspended for a period of time.

Comme vous le savez, dans la foulée des efforts de réduction de la propagation de la COVID-19 et des mesures correspondantes, la prestation de programmes correctionnels en groupe, que ce soit en établissement ou dans la collectivité, a été suspendue jusqu'à nouvel ordre.

I want to thank you for your exceptional work and professionalism during this challenging period. Your prompt responses enabled the implementation of strategies and measures to ensure that critical offender programming needs would continue to be met during this temporary program interruption.

Je tiens à vous remercier pour votre travail exceptionnel et le professionnalisme dont vous avez fait preuve pendant cette période difficile. Vos interventions rapides ont permis, grâce à la mise en œuvre de stratégies et de mesures, de continuer à répondre aux besoins critiques en matière de programmes pendant cette interruption temporaire.

More specifically, the following measures and processes were put in place, to varying degrees and to the extent possible, to mitigate any risk associated with this temporary program interruption:

Plus précisément, les mesures et les processus ci-dessous ont été mis en place, à divers degrés et dans la mesure du possible, pour atténuer les risques associés à l'interruption temporaire des programmes :

- The delivery of sessions to achieve program completion (one-on-one, over the telephone, videoconference when possible);
- Individual follow ups for specific cases;

- prestation de séances en vue d'achever les programmes (individuellement, par téléphone ou par vidéoconférence, dans la mesure du possible);
- suivis individuels, dans certains cas;

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- Pre and post program interviews conducted via telephone, where possible;
  - The blending of sessions, ensuring the offender receives the essentials prior to their parole hearing or release; and
  - Interim program reports for these offenders to provide decision makers with an analysis of progress against program targets as well as recommendations for future programming / risk management strategies.
- entrevues préalables et postérieures aux programmes menées au téléphone, dans la mesure du possible;
  - regroupement de séances, pour s'assurer que les délinquants reçoivent toute l'information essentielle avant leur audience de libération conditionnelle ou leur mise en liberté;
  - rapports provisoires de programme pour les délinquants concernés, afin de fournir aux décideurs une analyse des progrès réalisés par rapport aux objectifs des programmes ainsi que des recommandations concernant les programmes ultérieurs et les stratégies de gestion des risques.

As circumstances unfold, I encourage you to continue exploring additional interim strategies that will enable you to respond to the evolving containment efforts and measures. The strategies you put in place will enable us to continue to fulfill our legal obligations to provide offenders programming to assist in their rehabilitation.

Au fur et à mesure que la situation évolue, je vous encourage à continuer d'envisager l'ajout de stratégies provisoires qui vous permettront de vous adapter aux efforts et aux mesures de réduction de la propagation de la maladie, qui changent constamment. Les stratégies que vous avez mises en place nous permettront de continuer à respecter nos obligations juridiques, qui consistent à offrir des programmes pour faciliter la réadaptation des délinquants.

Strategies could include:

Voici des exemples de stratégies :

- In institutions and the community, continued maintenance of service levels through alternative modes of program delivery (videoconference, telephone conference, etc.) with measures in place should offenders fail to call.
  - The triage of cases to ensure that the highest risk / need cases and those who are being released in the immediate future are prioritized to receive intervention. Prioritization also takes into consideration offenders with hearings in the next three to six months to ensure that they have time to complete their required programming prior to their hearings.
- En établissement et dans la collectivité, maintenir les niveaux de service grâce à d'autres méthodes de prestation de programmes (vidéoconférence, téléconférence, etc.), avec la mise en place de mesures si les délinquants n'appellent pas.
  - Trier les cas pour faire en sorte que les délinquants qui présentent les risques ou les besoins les plus importants et ceux dont la mise en liberté est imminente soient les premiers à recevoir une intervention. Pour établir les priorités, on tient aussi compte des délinquants qui ont des audiences prévues au cours des trois à six prochains mois, car il faut s'assurer qu'ils ont le temps d'achever leur programme prescrit avant leur audience.

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Prioritization decision-making processes should not automatically exclude all offenders that are not coming up for some form of conditional release.

Consideration should also include whether there are other important reasons to continue delivering programming to these offenders.

- Offender transfer to their placement institution prior to the completion of their primer program at intake units. This would require an increase in delivery of primers at some institutions, but would alleviate pressure at intake units.
- In the community, increase availability of community programs to ensure that those offenders released prior to the completion of their main programs will be provided with the required programming in the community to address their risks and needs.
- Finally, as the situation evolves, you are encouraged to continue to regularly assess all cases to ensure that needs, requirements, and/or conditions imposed by PBC for correctional programming remain valid, and thus continue to be met.

Thank you for your dedication as CSC continues to work to maintain public safety and operational readiness while balancing the health and safety of staff, reducing the burden on public health, and ensuring our legal obligations relative to care, custody and supervision of offenders.

Dans les processus de prise de décision concernant l'établissement des priorités, il ne faut pas exclure systématiquement tous les délinquants dont une forme ou une autre de mise en liberté sous condition n'est pas imminente.

Il faut aussi se demander s'il existe d'autres raisons importantes de continuer d'offrir le programme à ces délinquants.

- Transférer les délinquants vers leur établissement de placement avant la fin de leur programme préparatoire dans les unités d'admission. Ce faisant, certains établissements devront offrir un plus grand nombre de programmes préparatoires, mais la pression exercée sur les unités d'admission serait moins grande.
- Dans la collectivité, accroître la disponibilité des programmes communautaires pour s'assurer que les délinquants mis en liberté avant la fin de leurs programmes principaux reçoivent les programmes requis dans la collectivité pour gérer les risques et les besoins particuliers qu'ils présentent.
- Enfin, à mesure que la situation évolue, nous vous encourageons à continuer d'évaluer régulièrement tous les cas pour vous assurer que les besoins, les exigences et/ou les conditions imposées par la CLCC en matière de programmes correctionnels demeurent valides et continuent ainsi d'être respectés.

Nous vous remercions de votre dévouement, tandis que le SCC continue de travailler en vue d'assurer la sécurité publique et de maintenir l'état de préparation opérationnelle tout en assurant la santé et la sécurité du personnel, en réduisant le fardeau sur la santé publique et en respectant ses obligations juridiques liées aux soins, à la garde et à la surveillance des délinquants.

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Should you require additional information please do not hesitate to contact Emmanuel Rutsimbo, Director Reintegration Programs Division by email at [emmanuel.rutsimbo@csc-scc.gc.ca](mailto:emmanuel.rutsimbo@csc-scc.gc.ca) or by phone at 613-992-0810.

Si vous avez besoin d'information supplémentaire, n'hésitez pas à communiquer avec Emmanuel Rutsimbo, directeur, Division des programmes de réinsertion sociale, par courriel, à [emmanuel.rutsimbo@csc-scc.gc.ca](mailto:emmanuel.rutsimbo@csc-scc.gc.ca), ou par téléphone, au 613-992-0810.

Thank you for your collaboration

Merci de votre collaboration.



Kevin Snedden

- c.c. Director General, Offender Programs and Reintegration / Directrice générale, Programmes pour délinquants et réinsertion sociale  
Director, Reintegration Programs Division / Directeur, Division des programmes de réinsertion sociale  
Deputy Commissioner for Women / Sous-commissaire pour les femmes

**MEMORANDUM NOTE DE SERVICE**

To / À  
 ADCCOs  
 ADCISs  
 SCAOCs  
 SCASIs

From / De  
 Nathalie Dufresne-Meek  
 Director General, Security Branch  
 Directrice générale, Direction de la sécurité

Security Classification - Classification de sécurité Unclassified Non classifié	
Our File - Notre référence	
Your File - Votre référence	
Date 2020-03-19	Tel. No. - N° de tél. (613) 992-1048

Subject / Objet **SERIOUS DISCIPLINARY HEARINGS – COVID-19 RESPONSE**

**AUDIENCES DISCIPLINAIRES POUR INFRACTIONS GRAVES – MESURES EN RÉPONSE À LA COVID-19**

As the CSC response to the COVID-19 pandemic continues to evolve, our priority remains the health and safety of staff, offenders, volunteers and the public in all of our operations.

Au fur et à mesure que la réponse du SCC à la pandémie de la COVID-19 continue d'évoluer, notre priorité demeure la santé et la sécurité de notre personnel, des délinquants, des bénévoles et du public dans toutes nos opérations.

In light of recent restrictions placed on visits from the public to CSC facilities, effective immediately, all serious disciplinary hearings will be postponed until further notice in order to minimize risks associated with the virus. Minor hearings may proceed as scheduled pursuant to CD 580 *Discipline of Inmates*.

À la lumière des récentes restrictions mises en place pour les visites de membres du public dans les établissements du SCC, à compter de maintenant, toutes les audiences disciplinaires pour infractions graves seront reportées jusqu'à nouvel ordre afin de minimiser les risques associés au virus. Les audiences pour infractions mineures peuvent se poursuivre comme prévu, conformément à la DC 580 – Mesures disciplinaires prévues à l'endroit des détenus.

In the meantime, all staff are expected to continue to address inappropriate inmate conduct per policy to encourage inmates to conduct themselves in a manner that promotes the good order of the institution.

Entre-temps, on s'attend à ce que tous les membres du personnel continuent de traiter la conduite inappropriée des détenus conformément à la politique afin d'encourager les détenus à se comporter d'une façon qui favorise le bon ordre dans l'établissement.

Should you have further questions related to this matter, please contact Jeff Rix, Security Operations Division at 613-995-7961 or [jeff.rix@csc-scc.gc.ca](mailto:jeff.rix@csc-scc.gc.ca).

Pour toute question à cet égard, veuillez communiquer avec Jeff Rix, Division des opérations de sécurité, au 613-995-7961 ou à [jeff.rix@csc-scc.gc.ca](mailto:jeff.rix@csc-scc.gc.ca).

Thank you for your continued collaboration and understanding.

Merci de votre collaboration continue et de votre compréhension à cet égard.

Thank you.

Merci.



Nathalie Dufresne-Meek

cc. : Kevin Arsenault, Director, Security Operations/ Directeur, sécurité des opérations  
Jeff Rix, Senior Project Officer/ Agent de projet principal



**CORRECTIONAL SERVICE CANADA**

CHANGING LIVES. PROTECTING CANADIANS.

**SERVICE CORRECTIONNEL CANADA**

TRANSFORMONS DES VIES. PROTÉGEONS LES CANADIENS.



## SHAPING THE NEW NORMAL

July 17, 2020

Version 3



Correctional Service  
Canada

Service correctionnel  
Canada

Canada

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## Version Control

### Version 1. Dated 2020-06-23

Initial Integrated Risk Management Framework (IRMF) and Mitigation Strategies

### Version 2. Dated 2020-06-30

Updated IRMF includes:

- Clean up of format issues;
- Clarifications of what is required when the National Risk Management Protocol is met;
- Small meal preparation amendment in low-moderate risk;
- Additions of:
  - CBRFs and section 81 facilities - weekend passes and travel permits;
  - Institutional Employment Program and Vocational Certification;
  - Security Intelligence Officers;
  - Mail
  - Access to institutions by inmate lawyers; Independent Chair Persons, Citizens Advisory Committee members, and staff from other Government Departments.
  - Inmate Personal Visitors.

### Version 3. Dated 2020-07-17

Updated IRMF includes:

- Clean up of format and language consistency issues;
- Format changes to make document accessible;
- Additions of:
  - Community Correctional Programs
  - Mother-Child Program
  - Health Operations
  - Facilities Maintenance
  - Construction Projects
  - Firearms Training
- Addition of Annex A – Definitions
- Addition of Annex B – Construction Project Decision Framework

## SHAPING THE NEW NORMAL

The Correctional Service of Canada (CSC) is committed to protecting the health and safety of staff, inmates, and the public in all of its operations, while maintaining public safety. As parts of Canada begin to ease restrictions, CSC is shaping its new normal.

### PRINCIPLES

To guide the Shaping of the New Normal, in partnership with our labour partners, CSC established the following principles:

1. The **physical and mental health, safety and wellness of** CSC employees, offenders, stakeholders and the public are **paramount**. CSC will continue to make **ethical and evidence-based decisions** regarding **health practices** for staff and offenders, in **adherence with national, provincial and local public health authorities**.
2. Systemic planning and actions to prevent, manage and restore services following any COVID-19 threat will be **dynamic, adaptive, coordinated, collaborative and transparent**. The easing of restrictions and restoration of interventions, programs and services will be **proportionate** and **asymmetrically** implemented across Canada.
3. CSC will adopt a **phased and gradual restoration of interventions, programs and services** approach, ensuring there are appropriate measures in place to limit health and safety risks, while supporting public safety efforts. CSC will adjust restrictions as may be required by public health authorities.
4. Restoration of interventions, programs and services will be **appropriate** to the local level of the pandemic threat and **tailored** to the required response, in line with, national, provincial and territorial public health guidance. In addition, the development of local plans and activities will include **meaningful consultation** with the local Occupational Health and Safety Committee and union executives.

### GOVERNANCE STRUCTURE

A robust governance structure was established to guide CSC on Shaping the New Normal.

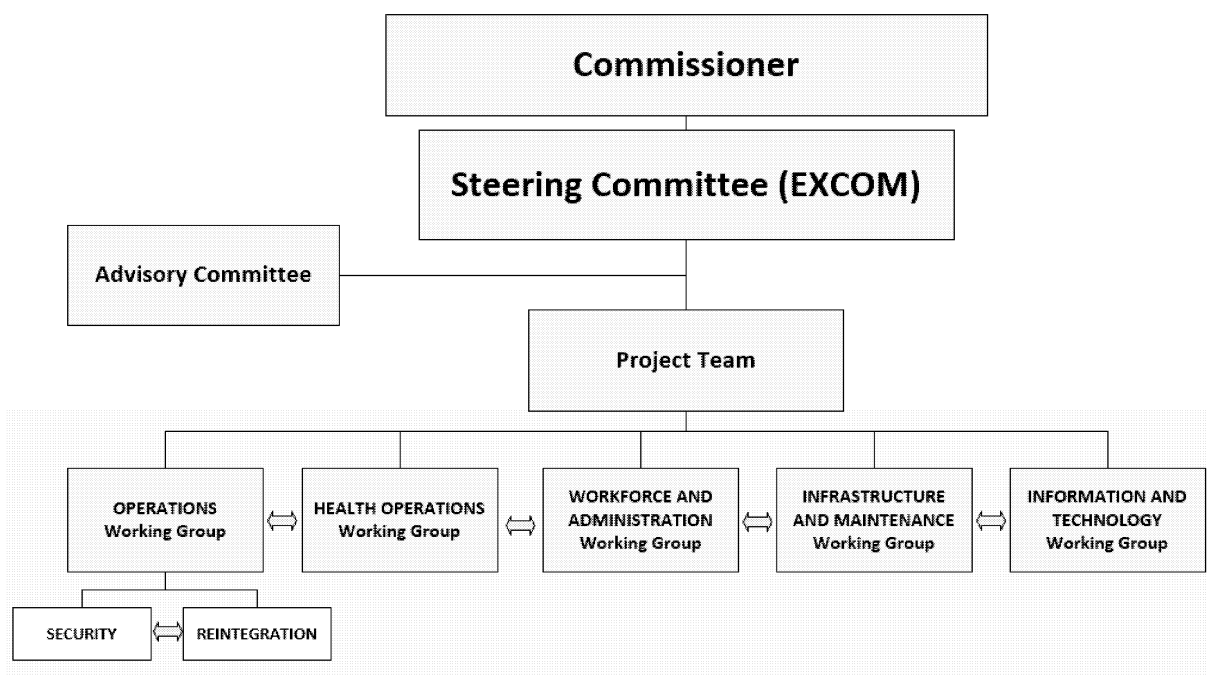
1. The following Working Groups (WGs) have been established to develop proposals for correctional activities that may resume in the new normal as the risk of COVID-19 transmission decreases. The new normal should not be expected to resemble life prior to COVID-19. Each activity proposed will have clearly identified mitigation strategies depending on the risk levels to ensure the health and safety of staff, offenders, and members of the public. WG membership includes CSC labour partners and CSC management. All members of the working group have a voice and are responsible to

contribute to identifying solutions. The working groups, chaired by a member of the Executive Committee, include:

- a. Operations – Security and Reintegration
- b. Health Operations
- c. Workforce and Administration
- d. Infrastructure and Maintenance
- e. Information & Technology

Working Group Chairs present updates and proposals to resume activities to the Advisory Committee.

2. The Project Team, comprised of Director Generals meets weekly to review working group progress and ensure open communication of activities amongst working groups.
3. The Advisory Committee, lead by Senior Deputy Commissioner, provides cross-functional input and non-binding strategic advice to CSC. Membership includes representatives from five of CSC’s unions, Citizen’s Advisory Committee National Executive, National Associations Active in Criminal Justice, National Indigenous Advisory Committee, and includes regional representation.
4. The Executive Committee Steering Committee (EXCOM SC), lead by the Senior Deputy Commissioner, provides strategic direction for shaping the new normal through deliberation and decision-making. The EXCOM SC approves the framework, actions and mitigating strategies to shape the new normal for CSC in response to the COVID-19 Pandemic, for approval by the Commissioner.



## CSC'S NATIONAL COVID-19 RISK MANAGEMENT FRAMEWORK

This framework provides a common language and the parameters within which to respond to the COVID-19 pandemic. The plan will identify correctional activities, risks and mitigation strategies to protect CSC staff and offenders, while respecting the law and delivering on CSC's legislated mandate. The risk management framework allows for different levels of response depending on the assessed level of risk of COVID-19 transmission, based on public health advice.

### PLANNING ASSUMPTIONS

- Federal correctional institutions are considered high risk for transmission given the closed setting.
- All actions taken are to prevent the virus from entering or being transmitted within the site.
- All decisions will be guided by best available public health knowledge, practices, and epidemiological considerations.
- As communities ease restrictions, CSC needs to be mindful of the 14-day incubation period of COVID-19.

<b>CORRECTIONAL SERVICE CANADA NATIONAL COVID-19 RISK MANAGEMENT FRAMEWORK</b>	
<b>LOW RISK (GREEN) – READINESS AND MONITORING – NO SUSTAINED TRANSMISSION IN CANADA OR TRANSMISSION IS LOCALIZED AND CONTAINED. DILIGENT INFECTION PREVENTION &amp; CONTROL MEASURES.</b>	
<b>LOW - MODERATE RISK (GREY) – HEIGHTENED VIGILANT INFECTION PREVENTION – VIRUS TRANSMISSION IN CANADA/PROVINCE AND NOT WITHIN LOCAL GEOGRAPHICAL AREA AS IDENTIFIED BY LOCAL PUBLIC HEALTH AUTHORITY. MAY INCLUDE WELL DEFINED CHAINS OF TRANSMISSION E.G. TRAVEL. LIMITED AND WELL CONTAINED LOCAL COMMUNITY TRANSMISSION. FEW ACTIVE CASES. LOCAL PUBLIC HEALTH AUTHORITIES CONFIDENT IN EFFECTIVE CONTACT TRACING, SUFFICIENT TESTING CAPACITY AND SELF-ISOLATION MEASURES TO CONTAIN COMMUNITY TRANSMISSION.</b>	
<b>MODERATE RISK (YELLOW) - LOCAL COMMUNITY TRANSMISSION OF VIRUS AS IDENTIFIED BY LOCAL PUBLIC HEALTH AUTHORITY. INCREASED ACTIVE CASES, INCREASED LOCAL COMMUNITY TRANSMISSION OF WHICH THE EPIDEMIOLOGY MAY NOT BE FULLY UNDERSTOOD. COMMUNITY CAPACITY TO CONTRACT TRACE, TEST AND ISOLATE MAY BE STRAINED.</b>	
<b>COVID-19 AT THE SITE</b>	<b>MODERATE - HIGH RISK (ORANGE) – COVID -19 TRANSMISSION ON SITE. TRANSMISSION IS CONTAINED IN AN IDENTIFIED ZONE.</b>
	<b>HIGH RISK (RED) – TRANSMISSION ON SITE PENDING INVESTGATION. TRANSMISSION SOURCE UNIDENTIFIED OR OUTBREAK IS SITE WIDE.</b>

**NOTE: AT THE SIGN OF ONE CASE OF TRANSMISSION WITHIN A SITE, THE RESPONSE/ACTION WILL MOVE TO HIGH RISK (RED) IMMEDIATELY UNTIL OUTBREAK IS CONTAINED THROUGH CONTACT TRACING AND TESTING.**

## NATIONAL RISK MANAGEMENT PROTOCOL TO CHANGE COVID-19 TRANSMISSION RISK LEVEL

The below protocol identifies the process through which CSC will change a facility's COVID-19 transmission risk level as per the National Risk Management Framework. Low, Moderate-High and High risk levels are easier to identify.

**Low Risk (green)** – Health Services will advise when there is no sustained transmission in Canada.

**Moderate- High Risk (Orange) & High Risk (Red)** COVID-19 on site.

The below information focuses on how CSC will move from **low-moderate (grey)** and **moderate (yellow)** risk levels and implement appropriate risk mitigation strategies.

### **Background**

- CSC Health Services Sector is monitoring public health data regarding the incidence of COVID-19 for all communities where there is a federal penitentiary or a Community Correctional Centre.
- Every week, Health Services analyzes the public health data and prepares a Community Cases Situation Report. Health Services will share the weekly report with the regions for sharing at regional and local Occupational and Health Safety Committees.
- The difference in incident cases per week per 100,000 population between health regions may suggest that some communities are at increased risk for transmission, posing greater potential for outbreaks in respective CSC Institutions and Community Correctional Centres
- A case of COVID-19 in a community does not equal community transmission. Sometimes local cases of COVID-19 may be related to imported cases (e.g. by travel) or a contained outbreak (e.g. at an industrial plant or facility), or whether they are, in fact, related to community transmission.
- **Community transmission** is when the transmission of COVID-19 is elevated, occurring between community members. Local public health authorities are unable to clearly identify the source of transmission and contain the spread.
- **Community** is defined by the geographical boundaries of the local health authority, and not necessarily the boundaries of the town/city that the site is located in.

- If local public health authority identifies that there is evidence of uncontained elevated community transmission, CSC will consider transitioning to Moderate Risk (Yellow) for CSC facilities in that geographic zone.

### ***Threshold Setting***

- An operational threshold of 10 incidence cases per week per 100,000 people in the local community will be used as the current threshold to trigger closer direct collaboration with local public health authorities.
- It is important to note that this threshold does not indicate that the risk level is elevated; it serves as a signal of increasing risk and a threshold for enhanced vigilance. This threshold will trigger asymptomatic surveillance testing and closer collaboration with local public health authorities to understand the local COVID-19 situation.
- From an operational perspective, this may mean that although sites continue to operate in the low-moderate risk (grey) category, staff should escalate vigilance and preparedness activities to a higher level of attention and alertness to ensure that all required outbreak prevention measures are followed. Local discussions with Occupational Health and Safety Committees will occur.
- Health Services will continue to engage local public health authorities and monitor for trends that indicate an increase of local community cases.

### ***Process***

1. When NHQ, Health Services has identified that the incident threshold has been met (10 cases per 100,000 people) in a local community, the Regional Director (RD) Health Services, or their delegate, will contact the local public health authority to discuss COVID-19 cases and the possibility of community transmission.
2. The RD Health Services, or their delegate, will document the date, time, and name of the local public health contact, as well as any pertinent information shared by local public health about the nature of the cases in the local community.
3. The RD Health Services will share the information with the Director General, Clinical Services and Public Health to **ensure national consistency of responding** to the public health data.

4. The Assistant Commissioner Health Services (ACHS) will notify the Regional Deputy Commissioner (RDC) that close monitoring of community transmission is underway. The RDC will notify the appropriate Institutional Head/District Director to ensure vigilant infection prevention and control measures are being strictly adhered to and enforced.
5. Based on the information provided by local public health authorities and the close monitoring by Health Services, the ACHS will notify the RDC of a required change as per the Risk Management Framework due to the to the COVID-19 transmission risk level. The RDC will inform the site about the change and the need to change mitigation strategies in response to the change in risk.

NOTE: CSC will create a table or dashboard that will be public facing on CSC's website identifying the current risk level as well as what activities will be permitted. This will easily inform inmates' family members and others entry into the site is not permitted.

### CSC'S NATIONAL RISK MANAGEMENT FRAMEWORK BY ACTIVITY

**NOTE:** The below framework will be continually monitored and updated as required. It is an evolving framework that will be amended based on experience, operational realities and the best available public health advice. New activities will be added as they are approved by the Shaping the New Normal Steering Committee.

#### UNIVERSAL INFECTION PREVENTION & CONTROL (IPC) MEASURES

	Low Risk – Green	Low-Moderate Risk - Grey Mitigation Strategies	Moderate Risk - Yellow Mitigation Strategies	Moderate-High Risk - Orange Mitigation Strategies	High Risk - Red Mitigation Strategies
	<b>NO SUSTAINED TRANSMISSION IN CANADA</b>	<b>COVID IN CANADA/PROVINCE NO LOCAL COMMUNITY TRANSMISSION</b>	<b>LOCAL COMMUNITY TRANSMISSION</b>	<b>COVID ON SITE – TRANSMISSION CONTAINED IN AN IDENTIFIED ZONE</b>	<b>COVID ON SITE – TRANSMISSION NOT CONTAINED</b>
<b>General Notes</b>	<input type="checkbox"/> Quality improvement spot checks will be conducted by managers, with immediate addressing of any deficiencies	<p>All measures in LOW RISK category continues, unless otherwise indicated</p> <input type="checkbox"/> When ACHS signals to the RDC that the protocol threshold has been met, the frequency of quality improvement spot checks conducted by managers will increase, with immediate addressing of any deficiencies	<p>All measures in LOW-MODERATE RISK category (including LOW RISK) continue, unless otherwise indicated</p>	<p>All measures in MODERATE RISK category (including LOW &amp; LOW-MODERATE RISK) continue, unless otherwise indicated</p> <p><b>COVID ON SITE:</b> Identified zones containing COVID-19 will operate as HIGH RISK;</p> <p>In non-COVID-19 areas of the sites, a risk assessment will determine if activities in the low-moderate or moderate risk may continue at the site</p>	
<b>Communications</b>		<input type="checkbox"/> Regular communication with staff, offenders and stakeholders, etc. <input type="checkbox"/> Bilingual information materials, including signs and posters, posted throughout the site, informing staff, contractors and offenders about how to protect themselves from a contagion.	<input type="checkbox"/> Regular reminders to staff and offenders about the importance of following IPC measures	<input type="checkbox"/> Increased reminders to staff about importance of following IPC measures.	<input type="checkbox"/> Increased reminders to staff about importance of following IPC measures.

	Low Risk – Green	Low-Moderate Risk - Grey Mitigation Strategies	Moderate Risk - Yellow Mitigation Strategies	Moderate-High Risk - Orange Mitigation Strategies	High Risk - Red Mitigation Strategies
		<ul style="list-style-type: none"> <li><input type="checkbox"/> Staff training on Personal Protection Equipment (PPE), including donning and doffing of PPE is provided annually.</li> <li><input type="checkbox"/> Information on IPC requirements provided to contractors and other official visitors entering the site;</li> <li><input type="checkbox"/> Information or videos for visitors on IPC requirements;</li> <li><input type="checkbox"/> Inmate education on infection and prevention (cough/sneezing hygiene; handwashing; physical distancing; cleaning living area).</li> </ul>			
<b>Individual IPC responsibilities</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Stay home when sick;</li> <li><input type="checkbox"/> Hand hygiene – frequent handwashing for at least 20 seconds;</li> <li><input type="checkbox"/> Respiratory etiquette – cough into sleeve or tissue, sneeze into tissue and discard tissue into lined waste receptacle;</li> <li><input type="checkbox"/> Report any travel to area with COVID transmission to manager and consider need for 14 day self-isolation prior to return to work</li> <li><input type="checkbox"/> When off duty or outside of a federal penitentiary reserve, staff/ contractors must follow public health guidance.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Self-monitor for symptoms (fever; any respiratory symptoms (such as cough, shortness of breath, runny nose or sneezing, nasal congestion, hoarse voice, sore throat, or difficulty swallowing); or any unusual symptoms (such as chills, muscle aches, diarrhea, headache, loss of taste or smell);</li> <li><input type="checkbox"/> If at work and staff member / contractor starts to exhibit symptoms, regardless of severity; they will self-isolate and contact manager immediately;</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Minimizing the risk of introducing COVID-19 to CSC’s workplaces means minimizing to the greatest extent possible employee’s contact with community members.</li> <li><input type="checkbox"/> Whenever feasible, arrangements should be made to have other household members do any necessary and essential trips outside of the household, such as, grocery shopping, visits to the pharmacy and purchasing fuel.</li> <li><input type="checkbox"/> Carpooling with colleagues is not consistent with physical</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <a href="#"><u>IPC Measures for Returning Home After a Shift</u></a></li> </ul>	

	Low Risk – Green	Low-Moderate Risk - Grey Mitigation Strategies	Moderate Risk - Yellow Mitigation Strategies	Moderate-High Risk - Orange Mitigation Strategies	High Risk - Red Mitigation Strategies
		<ul style="list-style-type: none"> <li><input type="checkbox"/> Physical distancing of 2 meters; If necessary, markings will be placed on the floor;</li> <li><input type="checkbox"/> Hand hygiene – handwashing for at least 20 seconds upon entering the site;</li> <li><input type="checkbox"/> Everyone will wear a non-medical masks at all times unless alone.</li> <li><input type="checkbox"/> CSC will provide a mask to individuals who arrive without one.</li> <li><input type="checkbox"/> Avoid touching face and/or non-medical masks, perform hand hygiene before and after if repositioning of mask is required;</li> <li><input type="checkbox"/> 14 day self-isolation required if travel to area with known COVID-19 transmission</li> </ul>	<p>distancing guidance. Staff/contractors should travel to and from work in their own vehicle or in vehicles with people from the same household.</p>		
<b>Organizational public health measures - requirements</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> No alcohol based hand sanitizer in inmates’ areas.</li> <li><input type="checkbox"/> Inventory and procurement of personal protective equipment, cleaning supplies, etc. is maintained.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Non-touch temperature readings will be taken for all who enter a CSC operational site. Individuals who register a temperature of 38°C or higher will be required to sit at the entrance for fifteen minutes to allow their temperature to normalize. The Correctional Manager or CCC Manager will be contacted. When fifteen minutes have passed, the</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Managers to regularly review procedures and expectations with employees</li> </ul>		

	Low Risk – Green	Low-Moderate Risk - Grey Mitigation Strategies	Moderate Risk - Yellow Mitigation Strategies	Moderate-High Risk - Orange Mitigation Strategies	High Risk - Red Mitigation Strategies
		<p>individual will take a second temperature reading orally themselves using a disposable thermometer. If the second reading yields a result of 38°C or above, they will not enter the operational site and will return home immediately, contacting local public health authorities to seek testing for COVID-19.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No one other than the Officer or Commissionaire at the front entrance should touch sign in forms or pens.</li> <li><input type="checkbox"/> Formal supervised hand hygiene, using soap and water or at least 60% alcohol-based hand sanitizer (ABHS) at front entrances, pre-entry locations and strategically located through the site, including program spaces, offices, etc., respecting required physical distancing.</li> <li><input type="checkbox"/> ABHS will be controlled and supervised;</li> <li><input type="checkbox"/> Handwashing stations and hand sanitizer available throughout the site, available to both staff and inmates;</li> <li><input type="checkbox"/> Soap supply monitored regularly for each inmate and replenished by CSC as required.</li> </ul>			

	Low Risk – Green	Low-Moderate Risk - Grey Mitigation Strategies	Moderate Risk - Yellow Mitigation Strategies	Moderate-High Risk - Orange Mitigation Strategies	High Risk - Red Mitigation Strategies
		<ul style="list-style-type: none"> <li><input type="checkbox"/> Consequences of offender non-compliance with wearing a mask may include an institutional charge as per section 40 of the <i>Corrections and Conditional Release Act</i> (unless exempted by a health professional).</li> <li><input type="checkbox"/> Cleaning supplies and disinfectant wipes will be provide to staff/ contractors working in shared spaces, such as program rooms, etc.</li> <li><input type="checkbox"/> Increased ongoing monitoring &amp; procurement of personal protective equipment (masks, gowns, gloves, etc.), cleaning &amp; sanitizing supplies.</li> <li><input type="checkbox"/> In all locations, staff/ contractors and offenders will not share bathrooms. If not already in place, separate bathrooms will be identified.</li> </ul>			
<b>Cleaning and Disinfection</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Cleaning and disinfecting of all shared tools and equipment with appropriate disinfectants is mandatory, before and after use;</li> <li><input type="checkbox"/> Throughout the living units, cleaners disinfect on a daily schedule according to training standards with commercially available products (wipes, bleach,</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Cleaning/ disinfecting of all tools and equipment (before and after use) is mandatory;</li> </ul>			<ul style="list-style-type: none"> <li><input type="checkbox"/> Double bag and dispose of all garbage in accordance with municipal guidelines.</li> </ul>

	Low Risk – Green	Low-Moderate Risk - Grey Mitigation Strategies	Moderate Risk - Yellow Mitigation Strategies	Moderate-High Risk - Orange Mitigation Strategies	High Risk - Red Mitigation Strategies
	<p>detergents and soaps, etc.), paying special attention to all high-touch surfaces, which should be cleaned throughout the day.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Refer to COVID-19 cleaning and disinfectant guidance &amp; Institutional Cleaner Guide.</li> <li><input type="checkbox"/> All cleaning is documented.</li> </ul>				
<b>Personal Protection Equipment (PPE)</b>		<p><b>Point of Care Risk Assessment</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> All staff/contractors who are required to be within 2 meters of an offender to provide care/perform other tasks must conduct a point of care assessment to determine, to the best of their ability, if the offender is experiencing COVID-19 symptoms. Non-medically trained staff/ contractors should ask the offender if they are experiencing any of the following:               <ol style="list-style-type: none"> <li>1. Fever;</li> <li>2. Any respiratory symptoms (such as cough, shortness of breath, runny nose or sneezing, nasal congestion, hoarse voice, sore throat, or difficulty swallowing); or</li> <li>3. Any strange symptoms (such as chills, muscle</li> </ol> </li> </ul>		<ul style="list-style-type: none"> <li><input type="checkbox"/> For any sites with an active COVID-19 outbreak, medical/procedural masks and eye protection are to be worn by all staff/contractors for the full duration of their shifts. The use of non-medical masks may only be considered in sites with established distinct contaminated and non-contaminated zones; where the non-contaminated zones may use non-medical masks</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> For any sites with an active COVID-19 outbreak, medical/procedural masks and eye protection are to be worn by all staff/contractors for the full duration of their shifts.</li> </ul>

	Low Risk – Green	Low-Moderate Risk - Grey Mitigation Strategies	Moderate Risk - Yellow Mitigation Strategies	Moderate-High Risk - Orange Mitigation Strategies	High Risk - Red Mitigation Strategies
		<p>aches, diarrhea, headache, loss of taste or smell)</p> <p>If symptoms are present, PPE should be adjusted accordingly prior to initiating any contact and the protocol for suspected COVID-19 should be followed.</p>			
<b>Screening/Monitoring</b>		<input type="checkbox"/> Supervised active screening of everyone at all operational site entrances; <input type="checkbox"/> ACHS is monitoring community cases of COVID-19 across Canada.	<input type="checkbox"/> Personnel who have personal risk factors for severe disease will have risk based discussion with managers regarding the need for self-isolation and impact on their ability to work <input type="checkbox"/> Quickly identifying and isolating symptomatic individuals.		
<b>Movement</b>	<input type="checkbox"/> As per normal routine	<input type="checkbox"/> To support contact tracing and to mitigate transmission among staff/ contractors and offenders in the event of a positive case, staff rosters and inmate movement will be limited to <b>double cohorts*</b> . <input type="checkbox"/> Non-uniformed staff/ contractors who interact with inmates will limit their in person contacts to inmates on their case load <input type="checkbox"/> When ACHS signals to the RDC that the protocol threshold has been met; staff	<input type="checkbox"/> To support contact tracing and to mitigate widespread transmission among staff/ contractors and offenders in the event of a positive case, staff rosters and inmate movement will be <b>single cohort*</b> based. <input type="checkbox"/> Non-uniformed staff/ contractors who interact with inmates will limit their in person contacts to essential interactions only <input type="checkbox"/> No movement of staff/ contractors between security	<input type="checkbox"/> Limited to no movement in the COVID-19 infected area <input type="checkbox"/> All non-critical staff will not be at the institution.	<input type="checkbox"/> Limited to no movement. <input type="checkbox"/> All non-critical staff will not be at the institution.

	Low Risk – Green	Low-Moderate Risk - Grey Mitigation Strategies	Moderate Risk - Yellow Mitigation Strategies	Moderate-High Risk - Orange Mitigation Strategies	High Risk - Red Mitigation Strategies
		rosters and movement may be required to move to a single cohort during this close monitoring phase. In addition, staff/contractor movement between security levels will be limited to emergencies only.	levels at clustered institutions. This includes multilevel institutions where there is a minimum security unit outside the perimeter fence		
<b>Policies</b>	<input type="checkbox"/> All areas of the work site must be decluttered and surfaces as bare as possible to support required cleaning for ongoing infection prevention and control.	<input type="checkbox"/> Employees who are able to may work part of the time at the site and part of the time remotely as determined locally.	<input type="checkbox"/> All employees and contractors who can work remotely, will work remotely; <input type="checkbox"/> Critical employees, who may be required to attend the site, will work remotely as much as reasonably possible.		
<b>Engineering Controls</b>		<input type="checkbox"/> Medical isolation spaces prepared and available <input type="checkbox"/> A designated location(s) for PPE donning and doffing areas, complete with hand sanitizer/hand washing stations, signage (including instructions for step-wise donning and doffing), and non-touch waste and/or laundry receptacles. Ensure donning and doffing stations are separate from one another, to prevent cross-contamination. Higher risk PPE donning and doffing locations (medical staff and/or contracted cleaners) and/or the identification of			

	Low Risk – Green	Low-Moderate Risk - Grey Mitigation Strategies	Moderate Risk - Yellow Mitigation Strategies	Moderate-High Risk - Orange Mitigation Strategies	High Risk - Red Mitigation Strategies
		contaminated versus non-contaminated zones must be identified.			
<b>Testing</b>	<input type="checkbox"/> CSC will test all symptomatic inmates <input type="checkbox"/> Symptomatic staff/contractors will be required to be tested by local public health authorities	<input type="checkbox"/> Test all symptomatic inmates or staff <input type="checkbox"/> Introduce sentinel testing whenever community cases reach the threshold	<input type="checkbox"/> Test all symptomatic inmates or staff <input type="checkbox"/> Asymptomatic surveillance testing of staff	<input type="checkbox"/> Testing of symptomatic inmates and staff (broadly) <input type="checkbox"/> Outbreak testing as per the strategy	<input type="checkbox"/> Testing of symptomatic inmates and staff (broadly) <input type="checkbox"/> Outbreak testing as per the strategy

**\*Cohort - definition**

- A group of staff who are required to work the same unit or series of posts, with the goal to minimize numbers of contacts.
- A group of inmates permitted to associate together and who are treated as a group.
- The size of the cohort is determined at the local level in collaboration with the local Occupational Health and Safety committee, within the parameters of Health Services advice.

## INSTITUTIONAL OPERATIONS

### Admissions and Discharge

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
<b>Activity</b>	<b>NO SUSTAINED TRANSMISSION IN CANADA</b>	<b>COVID IN CANADA/PROVINCE NO LOCAL COMMUNITY TRANSMISSION</b>	<b>LOCAL COMMUNITY TRANSMISSION</b>	<b>COVID ON SITE – TRANSMISSION CONTAINED IN AN IDENTIFIED ZONE</b>	<b>COVID ON SITE – TRANSMISSION NOT CONTAINED</b>
<b>New Admissions (Warrants of Committal)/Revocations</b>		<ul style="list-style-type: none"> <li><input type="checkbox"/> Immediately screening at intake by operations, using the COVID-19 screening form and additional screening by Health Services as part of the intake process.</li> <li><input type="checkbox"/> Medical isolation for 14 days in accordance with health services algorithms for intake and symptomatic inmates.</li> <li><input type="checkbox"/> Inmate education on infection and prevention (cough/sneezing hygiene; handwashing; physical distancing; cleaning living area).</li> <li><input type="checkbox"/> Twice-daily medical isolation wellness assessments for symptomatic offenders and once-daily medical isolation wellness assessments for asymptomatic offenders, documented in the electronic medical record.</li> <li><input type="checkbox"/> Staff/contractors working with asymptomatic offenders that are medically isolating as new admissions to the institution</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Follow all strategies in low-moderate risk</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> If possible, RDC will work with provinces to defer or delay new admissions.</li> <li><input type="checkbox"/> Follow all strategies in low-moderate &amp; moderate risk</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> If possible, RDC will work with provinces to defer or delay new admissions.</li> <li><input type="checkbox"/> Follow all strategies in low-moderate &amp; moderate risk</li> </ul>

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
		require only routine practices and universal masking.			
<b>Finger printing</b>	<input type="checkbox"/> Routine per standing order	<input type="checkbox"/> Conduct a point of care risk assessment. <input type="checkbox"/> Hand hygiene before and after contact. <input type="checkbox"/> Routine per standing order with appropriate IPC measures (staff – eye protection, non-medical mask, gloves). <input type="checkbox"/> Inmate wears a mask.	<input type="checkbox"/> Following 14 days of medical isolation where the inmate remains symptom free, finger printing may be completed. <input type="checkbox"/> Conduct a point of care risk assessment. <input type="checkbox"/> Hand hygiene before and after contact. <input type="checkbox"/> Routine per standing order with appropriate IPC measures (staff – eye protection, non-medical mask, gloves). <input type="checkbox"/> Inmate wears a mask.	<input type="checkbox"/> Fingerprinting is suspended	<input type="checkbox"/> Fingerprinting is suspended
<b>Searching personal effects</b>	<input type="checkbox"/> Regular operations within department.	<input type="checkbox"/> Regular operations following a 72-hour quarantine period, then effects are searched.	<input type="checkbox"/> Regular operations following a 72-hour quarantine period, then effects are searched.	<input type="checkbox"/> Regular operations following a 72-hour quarantine period, then effects are searched.	<input type="checkbox"/> Regular operations following a 72-hour quarantine period, then effects are searched.

**Operations**

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
<b>Security Intelligence Officers</b>	<input type="checkbox"/> Full complement of Security Intelligence Officers (SIO) at operational site	<input type="checkbox"/> Full complement of SIOs at operational site with appropriate IPC measures	<input type="checkbox"/> 50% complement of SIOs at operational site at the same time	<input type="checkbox"/> 50% complement of SIOs at operational site at the same time	<input type="checkbox"/> 50% complement of SIOs at operational site at the same time
<b>Security Intelligence Officer Administrative Assistants</b>	<input type="checkbox"/> Full complement of SIO Administrative Assistants at operational site.	<input type="checkbox"/> SIO Administrative Assistants at operational site 50% of the time with appropriate IPC measures.	<input type="checkbox"/> SIO Administrative Assistants at operational site 30% of the time with appropriate IPC measures.	<input type="checkbox"/> SIO assistants to work away from the operational site unless presence is critical.	<input type="checkbox"/> SIO assistants to work away from the operational site unless presence is critical.

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
<b>Meal service</b>	<input type="checkbox"/> Normal meal routine	<input type="checkbox"/> No large group meal service or eating in cafeteria <input type="checkbox"/> Food pick up at food services line by double cohort. <input type="checkbox"/> Inmates return to unit to eat. <input type="checkbox"/> Inmates under medical isolation will receive meals at cells. <input type="checkbox"/> Small meal preparation – groceries will be picked up by cohort	<input type="checkbox"/> No large group meal service or eating in cafeteria <input type="checkbox"/> Food pick up at food services line by single cohort. <input type="checkbox"/> Inmates return to unit to eat. <input type="checkbox"/> Inmates under medical isolation will receive meals at cells. <input type="checkbox"/> Small meal preparation – groceries will be delivered to the house.	<input type="checkbox"/> Meal service at cell level for medically isolated or quarantined inmates. <input type="checkbox"/> Unit-based meal service for other populations. <input type="checkbox"/> Potentially contaminated areas of the institution will use reusable food trays, must be sealed in plastic immediately after use and transported to a separate cleaning area for disinfecting	<input type="checkbox"/> Meal service at Cell Level <input type="checkbox"/> Food trays restricted to inmate’s cell / disposable food trays and utensils will be used <input type="checkbox"/> Reusable food trays, must be sealed in plastic immediately after use and transported to a separate cleaning area for disinfecting
<b>Inmate Movement</b>	<input type="checkbox"/> Routine per standing order	<input type="checkbox"/> Double cohort	<input type="checkbox"/> Single cohort	<input type="checkbox"/> Unit based	<input type="checkbox"/> Restricted to the Unit
<b>Canteen</b>	<input type="checkbox"/> Inmates can go to canteen to pick up items	<input type="checkbox"/> Inmates can go to canteen to pick up items – by cohort	<input type="checkbox"/> Canteen delivered to unit.	<input type="checkbox"/> Canteen delivered to cell	<input type="checkbox"/> Canteen delivered to cell.
<b>Searching inmates</b>	<input type="checkbox"/> Normal routine per post and standing orders/ institutional search plan	<input type="checkbox"/> Routine searches per post and standing orders/institutional search plan with established IPC measures (staff mask and gloves) <input type="checkbox"/> Inmate will wear mask	<input type="checkbox"/> Routine searches per post and standing orders/ institutional search plan with established IPC measures (staff mask, gloves and eye protection) <input type="checkbox"/> Inmate will wear mask	<input type="checkbox"/> Reasonable grounds searches	<input type="checkbox"/> Reasonable grounds searches
<b>Searching Cells</b>	<input type="checkbox"/> Normal routine per post and standing orders/ institutional search plan	<input type="checkbox"/> Routine searches per post and standing orders/institutional search plan with established IPC measures (staff mask and gloves)	<input type="checkbox"/> Routine searches per post and standing orders/ institutional search plan with established IPC measures (staff mask and gloves)	<input type="checkbox"/> Reasonable grounds or exceptional searches	<input type="checkbox"/> Reasonable grounds or exceptional searches
<b>Control Post Cleaning</b>	<input type="checkbox"/> Control post cleaning by CSC employees or contractors	<input type="checkbox"/> Control post cleaning by CSC employees or contractors	<input type="checkbox"/> Control post cleaning by CSC employees or contractors	<input type="checkbox"/> Control post cleaning by CSC employees or contractors	<input type="checkbox"/> Control post cleaning by CSC employees or contractors

**Inmate Work**

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
<b>Industry</b>	<input type="checkbox"/> Routine per standing order	<input type="checkbox"/> Routine per standing order with appropriate IPC measures	<input type="checkbox"/> Critical industry operations remains open with appropriate IPC measures	<input type="checkbox"/> Critical industry operations remains open with appropriate IPC measures operated by staff. Offender involvement may be added only if offenders are not from within (and have no contact with others from) identified zone and following local site consultation with senior management, local unions and occupational health and safety committee.	<input type="checkbox"/> Critical industry operations remains open with appropriate IPC measures operated by staff only
<b>Range cleaning</b>	<input type="checkbox"/> Routine per standing order	<input type="checkbox"/> Routine per standing order with appropriate IPC measures	<input type="checkbox"/> Inmate cleaners for range and common areas as per national standards	<input type="checkbox"/> In outbreak zone, cleaning completed by CSC employees or contractors <input type="checkbox"/> Inmate cleaners for range and common areas at unit level as per national standards	<input type="checkbox"/> Cleaning completed by CSC employees or contractors
<b>Snow removal/maintenance</b>	<input type="checkbox"/> Routine per standing order	<input type="checkbox"/> Routine per standing order with appropriate IPC measures	<input type="checkbox"/> Snow removal/maintenance by inmates with appropriate IPC measures <input type="checkbox"/> Any equipment, including shovels, tractors, lawn mowers, etc. will be disinfected before and after use and will not be shared	<input type="checkbox"/> In the event of an emergency, local discussions will occur to consider if inmates with appropriate IPC measures may complete snow removal/maintenance. <input type="checkbox"/> Any equipment, including shovels, tractors, lawn mowers, etc. will be disinfected before and after use and will not be shared	<input type="checkbox"/> Snow removal/ maintenance completed by CSC employees or contractors <input type="checkbox"/> In the event of an emergency, local discussions will occur to consider if inmates with appropriate IPC measures may complete snow removal/maintenance. <input type="checkbox"/> Any equipment, including shovels, tractors, lawn mowers, etc. will be disinfected before and after use and will not be shared

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
<b>Perimeter Work Clearance</b>	<input type="checkbox"/> Routine per standing order	<input type="checkbox"/> Routine per standing order with appropriate IPC measures. <input type="checkbox"/> Active screening before leaving and upon return to the institution.	<input type="checkbox"/> Suspended	<input type="checkbox"/> Suspended	<input type="checkbox"/> Suspended

**Recreation**

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
<b>Hobby Craft</b>	<input type="checkbox"/> Regular routine	<input type="checkbox"/> Small group activities allowed <input type="checkbox"/> No sharing of materials <input type="checkbox"/> Limited number of offenders in the hobby rooms at the same time to allow for physical distancing	<input type="checkbox"/> No small group activities allowed <input type="checkbox"/> Limited number of offenders for individual work in the hobby rooms at the same time to allow for physical distancing <input type="checkbox"/> Increased in-cell activities <input type="checkbox"/> Provide materials for in-cell hobby and crafts, as feasible <input type="checkbox"/> Provide materials from the Pro-Social Hobbies Module of the SIU Social Program for in-cell activities	<input type="checkbox"/> Outside of cell activities temporarily on hold <input type="checkbox"/> Provide materials for in-cell hobby and crafts, as feasible <input type="checkbox"/> Provide materials from the Pro-Social Hobbies Module of the SIU Social Program for in-cell activities	
<b>Library</b>	<input type="checkbox"/> Regular routine	<input type="checkbox"/> Maintain strict access protocols to ensure maximum access to learning, legal and leisure opportunities for offenders; <input type="checkbox"/> Chairs to be placed 3 meters apart; <input type="checkbox"/> Number of inmates accessing library is limited to size of space and ability to physically distance;	<input type="checkbox"/> Prioritize access to computers and legal resources for case preparation, as and when needed; <input type="checkbox"/> Book cart could be made available to make reading resources available to offenders, to be distributed by inmate library workers or inmate volunteers;	<input type="checkbox"/> For inmates living in units, outside of the outbreak zone, access to computers and legal resources for case preparation will be considered upon request <input type="checkbox"/> Library services temporarily on hold, some requests for books may be responded to on a case-by-case basis.	<input type="checkbox"/> Library closed until outbreak is contained

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
		<ul style="list-style-type: none"> <li><input type="checkbox"/> All materials are to be disinfected upon return</li> <li><input type="checkbox"/> Explore and/or maintain the option of audiobook downloads</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> If not possible, a rotation schedule will be established for inmate library workers/inmate volunteers/range representatives to return, renew, or take out books for inmates.</li> <li><input type="checkbox"/> Returned materials will be quarantined for 72 hours</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Inmate committees or inmate library workers may provide access to magazines and/or newspapers, if authorized by the institution’s management.</li> <li><input type="checkbox"/> Returned materials will be quarantined for 72 hours.</li> </ul>	
<b>Leisure and social activities, including ethno cultural services</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Regular routine</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Program facilitator activities: combination at institution and remotely, per institutional routine</li> <li><input type="checkbox"/> SPOs will inform offenders of measures prior to any activity.</li> <li><input type="checkbox"/> IPC Measures posters will be posted in hobby/crafts rooms, gym, etc.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Individual in-person activities, as feasible</li> <li><input type="checkbox"/> Increased in-cell social and leisure activities</li> <li><input type="checkbox"/> Staff to work from home unless their presence at the institution is critical.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> No in-person social or leisure activities in contained COVID-19 areas; Increased in-cell social and leisure activities</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> No in-person social or leisure activities</li> </ul>
<b>Gym</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Gymnasium open for scheduled recreation</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Gymnasium open for scheduled recreation – double cohort, ensuring continuation of physical distancing</li> <li><input type="checkbox"/> Gym equipment may be used and will be disinfected before and after each use.</li> <li><input type="checkbox"/> Shared surfaces (e.g. chairs, tables, door handles, etc.) will be cleaned between cohorts. All cleaning will be documented.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Gymnasium open for scheduled recreation time – single cohort, ensuring continuation of physical distancing;</li> <li><input type="checkbox"/> Shared surfaces (e.g. chairs, tables, door handles, etc.) will be cleaned between cohorts</li> <li><input type="checkbox"/> No equipment, including weights, can be used/shared</li> <li><input type="checkbox"/> Increased in-cell activities</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Gymnasium closed</li> <li><input type="checkbox"/> SPOs will provide materials from the Physical Wellness Module of the SIU Social Program for in-cell exercise</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Gymnasium closed</li> <li><input type="checkbox"/> SPOs will provide materials from the Physical Wellness Module of the SIU Social Program for in-cell exercise</li> </ul>

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
		<input type="checkbox"/> SPOs will engage individual and/or small group activities that do not require sharing materials	<input type="checkbox"/> SPOs will provide materials from the Physical Wellness Module of the SIU Social Program for in-cell exercise		
<b>Yard</b>	<input type="checkbox"/> Yard open for scheduled recreation	<input type="checkbox"/> Yard open for scheduled recreation – double cohort	<input type="checkbox"/> Yard open for scheduled recreation – single cohort	<input type="checkbox"/> Yard may be closed for recreation. Movement plan determined locally with the involvement of Health Services and local Public Health Authorities.	<input type="checkbox"/> Yard may be closed for recreation. Movement plan determined locally with the involvement of Health Services and local Public Health Authorities.
<b>Gardens</b>	<input type="checkbox"/> Routine per standing order	<input type="checkbox"/> Inmate access to gardens; <input type="checkbox"/> No more than double cohort <input type="checkbox"/> Physical distancing and masks required	<input type="checkbox"/> Inmate access to gardens; <input type="checkbox"/> No more than single cohort <input type="checkbox"/> Physical distancing and masks required	<input type="checkbox"/> No access	<input type="checkbox"/> No access

**Visits and Correspondence**

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
<b>Mail</b>	<input type="checkbox"/> Routine per standing order	<input type="checkbox"/> Mail is placed in quarantine for 72 hours	<input type="checkbox"/> Mail is placed in quarantine for 72 hours	<input type="checkbox"/> Mail is placed in quarantine for 72 hours	<input type="checkbox"/> Mail is placed in quarantine for 72 hours
<b>All visitors</b>	<input type="checkbox"/> Routine per standing order	<input type="checkbox"/> All visitors will be actively screened. <input type="checkbox"/> No one with COVID-19 like symptoms will be permitted entry. <input type="checkbox"/> All visitors will be strongly encouraged to bring their own mask; however, if they arrive without one, CSC will provide them with a mask. Children under the	<input type="checkbox"/> Suspended or virtual	<input type="checkbox"/> Suspended or virtual	<input type="checkbox"/> Suspended or virtual

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
		<p>age of two are not required to wear masks.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Non-touch temperature readings will be taken for all who enter a CSC operational site. See Universal IPC measures for details.</li> <li><input type="checkbox"/> No one other than the Officer or Commissionaire at the front entrance will touch sign in forms or pens.</li> <li><input type="checkbox"/> Hand hygiene – All visitors will wash hands for at least 20 seconds upon entering CSC facility.</li> <li><input type="checkbox"/> No physical contact between visitor(s) and inmate.</li> <li><input type="checkbox"/> Physical distancing of 2 meters must be maintained at all times.</li> <li><input type="checkbox"/> Rooms/locations where visiting will occur will be disinfected before and after each visit, including visitor washrooms, in accordance with national cleaning protocols.</li> </ul>			
<b>Lawyers</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Routine per standing order</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Facsimile (fax)</li> <li><input type="checkbox"/> Regular mail</li> <li><input type="checkbox"/> Telephone</li> <li><input type="checkbox"/> Visits permitted by lawyers from a community* where the local public health authority has identified no</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Closed visits in exceptional circumstances</li> <li><input type="checkbox"/> CSC to add lawyer’s toll free number to inmate’s ITS</li> <li><input type="checkbox"/> CSC to disable three-way call detection for third party</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> No visits</li> <li><input type="checkbox"/> Remainder of mitigation strategies in moderate risk continue</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> No visits</li> <li><input type="checkbox"/> Remainder of mitigation strategies in moderate risk continue</li> </ul>

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
		local community transmission and consistent with interprovincial and intraprovincial travel restrictions	service provider numbers provided by lawyer. <input type="checkbox"/> Phone contact <input type="checkbox"/> Facsimile (fax) <input type="checkbox"/> Regular mail		
<b>Independent Chair Person</b>	<input type="checkbox"/> Routine per standing order	<input type="checkbox"/> As per normal routine with appropriate IPC measures	<input type="checkbox"/> Suspended, virtual or behind barrier	<input type="checkbox"/> Suspended or virtual	<input type="checkbox"/> Suspended or virtual
<b>Staff from other government departments</b>	<input type="checkbox"/> Routine per standing order	<input type="checkbox"/> Entry permitted	<input type="checkbox"/> Essential entry will be considered at the local level as necessary.	<input type="checkbox"/> No entry (with certain exceptions related to outbreak/public health)	<input type="checkbox"/> No entry (with certain exceptions related to outbreak/health)
<b>Citizens Advisory Committee members</b>	<input type="checkbox"/> Routine per standing order	<input type="checkbox"/> Visits permitted by CAC members who are from a community where the local public health authority has identified no local community transmission and consistent with interprovincial and intraprovincial travel restrictions.	<input type="checkbox"/> Suspended or virtual	<input type="checkbox"/> Suspended or virtual	<input type="checkbox"/> Suspended or virtual
<b>Inmate Personal Visitors</b>	<input type="checkbox"/> Routine per standing order	<input type="checkbox"/> Visitor notifies institution a minimum of 48 hours prior to visit. <input type="checkbox"/> To support the health and safety of staff and inmates and to support immediate contact tracing if required, V&C capacity will be limited to no more than 20 people, including inmates (excluding officers). This number will be reduced as required, depending on V&C space, to ensure 2 meter distancing is met.	<input type="checkbox"/> Suspended or virtual	<input type="checkbox"/> Suspended or virtual	<input type="checkbox"/> Suspended or virtual

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
		<ul style="list-style-type: none"> <li><input type="checkbox"/> V&amp;C Officer will actively screen potential visitors at time of booking visit.</li> <li><input type="checkbox"/> Visits permitted by individuals from a community where the local public health authority has identified no local community transmission and consistent with interprovincial and intraprovincial travel restrictions.</li> <li><input type="checkbox"/> Consideration must be given to the reduced capacity for visits when authorizing individual requests. Normally a visitor would not have more than one visit per week.</li> <li><input type="checkbox"/> No more than three visitors, two of which may be children, at one time.</li> <li><input type="checkbox"/> No physical contact between visitor(s) and inmate.</li> <li><input type="checkbox"/> Inmates and visitors will be 2 meters apart or a physical barrier will be placed between visitor and inmate, such as Plexiglas.</li> <li><input type="checkbox"/> Physical distancing of 2 meters must be maintained between visitor groups.</li> <li><input type="checkbox"/> Failure to comply will result in termination of visit and a review of visitor privileges.</li> </ul>			

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
		<ul style="list-style-type: none"> <li><input type="checkbox"/> Visits will be limited to 1.5 hours duration.</li> <li><input type="checkbox"/> As much as possible, doors and windows in V&amp;C to be opened to increase air circulation.</li> <li><input type="checkbox"/> No use of vending machines.</li> <li><input type="checkbox"/> Visitor cannot bring food, beverages, or personal belongings into the institution. Exceptions will be made for accessibility reasons.</li> <li><input type="checkbox"/> All play areas are to be closed and no institutional toys permitted.</li> <li><input type="checkbox"/> No inmate use of washrooms in the visiting area.</li> <li><input type="checkbox"/> Each occupied visitor table will be provided with disinfecting wipes. Visitors are expected to disinfect high touch surfaces in washrooms when required.</li> <li><input type="checkbox"/> Directional signage in V&amp;C areas will regulate traffic flow and inform of physical distancing protocols</li> </ul>			

**\*Note:** Community is defined by the geographical boundaries of the local health authority, and not necessarily the boundaries of the town/city that the site is located in.

**Temporary Absences/Work Releases**

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
<b>Escorted Temporary Absence - Medical</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Routine per standing order</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> When transporting inmate, with COVID-like symptoms:               <ol style="list-style-type: none"> <li>1. inmate will wear medical/procedural mask</li> <li>2. Officer will wear gown, gloves, eye protection and mask</li> <li>3. Vehicle will be disinfected before and after use</li> </ol> </li> <li><input type="checkbox"/> Transporting an inmate without COVID-like symptoms – both staff and inmates to wear non-medical mask</li> <li><input type="checkbox"/> When an inmate returns to an institution from an external health care setting, refer to Patient Journey: COVID-19 Return from Hospitalization algorithm</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> When transporting inmate, with COVID-like symptoms:               <ol style="list-style-type: none"> <li>1. inmate will wear medical/procedural mask</li> <li>2. Officer will wear gown, gloves, eye protection and mask</li> <li>3. Vehicle will be disinfected before and after use</li> </ol> </li> <li><input type="checkbox"/> Transporting an inmate without COVID-like symptoms, when medically necessary, – both staff and inmates to wear non-medical mask, officer to wear eye protection</li> <li><input type="checkbox"/> When an inmate returns to an institution from an external health care setting, refer to <a href="#">Patient Journey: COVID-19 Return from Hospitalization algorithm</a></li> <li><input type="checkbox"/> The receiving hospital may not be able to provide PPE for CSC staff. CSC staff should prepare for this by ensuring they have three sets of PPE ready for the transfer: one set for travelling to the hospital, a new set upon arrival to the hospital, and a final set for returning to the institution.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> When transporting inmate:               <ol style="list-style-type: none"> <li>1. inmate will wear medical/procedural mask</li> <li>2. Officer will wear gown, gloves, eye protection and mask</li> <li>3. Vehicle will be disinfected before and after use</li> </ol> </li> <li><input type="checkbox"/> When an inmate returns to an institution from an external health care setting, refer to Patient Journey: COVID-19 Return from Hospitalization algorithm</li> <li><input type="checkbox"/> The receiving hospital may not be able to provide PPE for CSC staff. CSC staff should prepare for this by ensuring they have three sets of PPE ready for the transfer: one set for travelling to the hospital, a new set upon arrival to the hospital, and a final set for returning to the institution.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> When transporting inmate:               <ol style="list-style-type: none"> <li>1. inmate will wear medical/procedural mask</li> <li>2. Officer will wear gown, gloves, eye protection and mask</li> <li>3. Vehicle will be disinfected after use</li> </ol> </li> <li><input type="checkbox"/> When an inmate returns to an institution from an external health care setting, refer to Patient Journey: COVID-19 Return from Hospitalization algorithm</li> <li><input type="checkbox"/> The receiving hospital may not be able to provide PPE for CSC staff. CSC staff should prepare for this by ensuring they have three sets of PPE ready for the transfer: one set for travelling to the hospital, a new set upon arrival to the hospital, and a final set for returning to the institution.</li> </ul>

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
<b>Escorted Temporary Absence - security escort (excludes medical)</b>	<input type="checkbox"/> Routine per standing order	<input type="checkbox"/> Routine per standing order with appropriate IPC measures <input type="checkbox"/> Active screening before leaving and upon return to the institution.	<input type="checkbox"/> Suspended	<input type="checkbox"/> Suspended	<input type="checkbox"/> Suspended
<b>Non security escort – ETA</b>	<input type="checkbox"/> Routine per standing order	<input type="checkbox"/> Routine per standing order with appropriate IPC measures; <input type="checkbox"/> Active screening before leaving and upon return to the institution.	<input type="checkbox"/> Suspended	<input type="checkbox"/> Suspended	<input type="checkbox"/> Suspended
<b>Unescorted Temporary Absences/Work Releases</b>	<input type="checkbox"/> Routine per standing order	<input type="checkbox"/> Routine per standing order with appropriate IPC measures <input type="checkbox"/> Active screening before leaving and upon return to the institution.	<input type="checkbox"/> Suspended	<input type="checkbox"/> Suspended	<input type="checkbox"/> Suspended

## REINTEGRATION OPERATIONS

### Correctional Programs, Structured Social Programs

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
<b>Program Planning</b>	<input type="checkbox"/> Prioritization of programs (proximity to release or scheduled hearing, Structured Intervention Unit delivery)	<input type="checkbox"/> Same as Low Risk <input type="checkbox"/> Offenders in Structured Intervention Unit could be assigned to participate in a program outside of the unit, per the Threat Risk Assessment (TRA)	<input type="checkbox"/> Same as Low Risk	<input type="checkbox"/> Same as Low Risk	<input type="checkbox"/> Same as Low Risk
<b>Program Delivery</b>		<input type="checkbox"/> At the first group session, when reviewing rules, review necessity to use PPE (including non-medical masks) and consequences of non-compliance. Consequences of non-compliance may include suspension from programs and an institutional charge as per section 40 of the <i>Corrections and Conditional Release Act</i> . <input type="checkbox"/> Group materials printed 3 days in advance before providing to offenders to allow for adequate time to “quarantine” paper <input type="checkbox"/> Group materials provided to offenders (workbook comprised of all handouts and some content);	<input type="checkbox"/> No in person group Programs <input type="checkbox"/> Individual program delivery, in person or using alternate means <input type="checkbox"/> Increased homework exercises to facilitate independent learning, as feasible <input type="checkbox"/> Program delivery using telephone or video - pre and post program session, individual and make up sessions, Motivational Modules sessions, case conferences <input type="checkbox"/> Staff work from home unless critical to be at the institution <input type="checkbox"/> Remote work for program tasks, e.g., session prep, post session work, report writing	<input type="checkbox"/> Following direction of public health authorities, some of the measures in yellow may be undertaken <input type="checkbox"/> Alternative Correctional program delivery could continue if in compliance with direction from local public health	<input type="checkbox"/> No in person programs or individual sessions

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
		<ul style="list-style-type: none"> <li><input type="checkbox"/> Items will be not be passed between participants;</li> <li><input type="checkbox"/> Modifications will be made to program content as required to respect all public health measures</li> <li><input type="checkbox"/> Everyone is required to remain in their seat throughout the program to respect physical distancing, including during role plays</li> <li><input type="checkbox"/> Session length may be limited to between 1 and 2.5 hours</li> <li><input type="checkbox"/> In class offender worksheet completion to be made homework assignment</li> <li><input type="checkbox"/> High intensity groups – delivered by one facilitator with reduced number of participant</li> </ul> <p><b>Note:</b> local discussions will occur between manager and employees who are immunocompromised regarding alternative program delivery as required</p>			
<b>Program Facilitators</b>		<ul style="list-style-type: none"> <li><input type="checkbox"/> Program facilitator activities will include a combination of work performed at the institution and remotely per institutional routine. Remote work for program tasks, e.g., session prep, post session</li> </ul>			

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
		work, report writing, etc. available as an option for employees			
<b>Office Space</b>		<input type="checkbox"/> Only offices that allow for a minimum of 3 meters between desks may be shared <input type="checkbox"/> Office door to be kept open when possible for air circulation <input type="checkbox"/> If different staff are using an office space at different times – the office will be disinfected between uses	<input type="checkbox"/> No sharing of office space		
<b>Program Space</b>		<input type="checkbox"/> Chairs to be placed 3 meters apart <input type="checkbox"/> Visual markings on the floor to ensure physical distancing <input type="checkbox"/> All spaces to be disinfected between program sessions according to national standards <input type="checkbox"/> All cleaning will be documented			
<b>Group Size</b>		<input type="checkbox"/> Limited by size of space – allowing for 3 meters distance between chairs <input type="checkbox"/> Maximum 5 participants			

**Institutional Employment Program and Vocational Certification**

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
<b>Program Planning</b>	<input type="checkbox"/> As per normal routine	<input type="checkbox"/> Prioritization of participation (other correctional plan activities, proximity to release, interest of offender)	<input type="checkbox"/> Same as Low-moderate risk		
<b>Program Delivery</b>		<input type="checkbox"/> Physical distancing of 2 metres at all times required with exception of specific activities identified in advance of any course that involves a practical portion where safety or task does not allow full 2 metre distancing at all times <input type="checkbox"/> For tasks referred to above, these will be clearly outlined with mitigation measure(s) identified and presented for local consultation (union and occupational health and safety representative) and approval as it will be specific to the course and the institution. <input type="checkbox"/> Specific parameters in above tasks include two types: 1. Where the non-medical mask cannot be worn due to individual having to don another type of shield/mask/helmet (i.e. welding, dust mask. In these cases, at minimum, the individual will ensure no	<input type="checkbox"/> No in person group sessions <input type="checkbox"/> Individual session delivery, in person or using alternate means including in cell/on unit self-study <input type="checkbox"/> Increased homework exercises to facilitate independent learning, as feasible <input type="checkbox"/> Session delivery using telephone or video - job search, resume reviews, etc... <input type="checkbox"/> Staff work remotely unless their presence at the institution is critical <input type="checkbox"/> Remote work for tasks, e.g., session prep, post session work, report writing	<input type="checkbox"/> Following direction health services, some of the measures in moderate risk may be undertaken <input type="checkbox"/> Alternative delivery could continue if in compliance with direction from local public health	<input type="checkbox"/> No in person interventions or individual sessions <input type="checkbox"/> No staff at the institution to deliver group employment coordinator or vocational certification sessions. <input type="checkbox"/> Provide materials for in-cell/on unit self-study as feasible

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
		<p>others are within 2-meter distance, wash/sanitize hands, doff the non-medical mask, don the other shield/mask/helmet, etc. and complete activity. Upon completion, inmate will change back to the non-medical mask using doffing/donning procedures</p> <p>2. Where 2 metre distance can not be maintained due to supervision or safety of task completion, individuals will ensure non-medical mask (or other shield/mask/helmet, etc..) is donned (and subsequently exchanged at end of task) with individuals all being 2 meters apart during this procedure. As much distance as possible will be maintained when completing task and only individuals necessary for safety or procedure of task will be within the 2 meter zone.</p> <p><input type="checkbox"/> If individuals will need to touch same points (i.e. ladder), they will use gloves (donned and doffed per national procedure) for the task.</p>			

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
<b>Vocational Certification Program facilitator and Employment Coordinators</b>		<input type="checkbox"/> Vocational facilitator and Employment Coordinator activities will include a combination of work performed at the institution and remotely per institutional routine. <input type="checkbox"/> Remote work for tasks, e.g., session prep, post session work, report writing, etc. available as an option for employees			
<b>Office Space</b>		<input type="checkbox"/> Only offices that allow for a minimum of 3 meters between desks may be shared <input type="checkbox"/> Office door to be kept open when possible for air circulation <input type="checkbox"/> If different staff are using an office space at different times – the office will be disinfected between uses	<input type="checkbox"/> No Sharing of Office space		
<b>Program Space</b>		<input type="checkbox"/> Chairs to be placed 3 meters apart <input type="checkbox"/> Visual markings on the floor to ensure physical distancing and movement flow in space where needed <input type="checkbox"/> All classroom type spaces to be disinfected between sessions according to national standards			

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
		<ul style="list-style-type: none"> <li><input type="checkbox"/> All practical spaces to have tools, equipment and other touch spaces disinfected between sessions according to national standards</li> <li><input type="checkbox"/> All cleaning will be documented</li> <li><input type="checkbox"/> In locations where staff and inmates share bathrooms, this practice will cease. Separate bathrooms will be identified.</li> </ul>			
<b>Group Size</b>		<ul style="list-style-type: none"> <li><input type="checkbox"/> Limited by size of space – allowing for 3 meters distance between chairs or practical practice stations</li> <li><input type="checkbox"/> Maximum five participants for classroom based sessions and maximum eight participants for sessions held in industry type space that is of sufficient size to allow physical distancing requirements identified above.</li> </ul>			

**Spiritual/Cultural Advisors**

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
<p><b>Spiritual/Cultural advisors - Individual &amp; group activities</b></p> <p><b>NOTE: Elder assisted hearings and Cultural Ceremonies will be addressed later</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Group meetings and group services permitted</li> <li><input type="checkbox"/> Longer term - leveraging technology for unique Elder and Chaplaincy services.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Limited number of Elders/Chaplains based on institution specific service delivery plans with modified delivery options.</li> <li><input type="checkbox"/> May resume group meetings, programs and services with physical distancing and masks.</li> <li><input type="checkbox"/> Individual meetings (with physical distancing)</li> <li><input type="checkbox"/> Virtual interventions – phone or videoconference</li> <li><input type="checkbox"/> All common touch surfaces and tables will be disinfected before and after use.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Limit in person access of Elders and Chaplains from entering institutions, except for urgent or critical needs.</li> <li><input type="checkbox"/> Individual in person meetings to provide essential support in some cases following required IPC measures</li> <li><input type="checkbox"/> If required, alternate workspace to be provided to ensure physical distancing (e.g. cultural/spiritual/religious intervention held in cafeteria rather than cultural centre/chapel)</li> <li><input type="checkbox"/> Virtual interventions – phone or videoconference</li> <li><input type="checkbox"/> When available, Lexan barriers may be used</li> </ul> <p><b>Note:</b> Elders, chaplains and other cultural/spiritual advisors who are subject to community public health measures requiring self-isolation should not enter a CSC facility and conduct their work virtually.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Virtual interventions – phone or videoconference</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Virtual interventions – phone or videoconference</li> </ul>

## WOMEN'S INSTITUTIONS

### Mother Child Program

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
Children who participate in the full-time residency component of the Program and are currently living with their mother in the institution	<input type="checkbox"/> Routine per standing order	<input type="checkbox"/> Child may remain with mother as before	<input type="checkbox"/> Child may remain with mother as before	<input type="checkbox"/> Infants and children living full time with their mother may remain, if the possibility to provide a COVID-free environment exists (e.g., mother-child house, PFV, unit/apartment in minimum-security unit) <input type="checkbox"/> Isolation to continue until all cases resolved or contained. <input type="checkbox"/> If applicable, determination of whether approved babysitter can either be safely placed or continue to stay with the mother and child. <input type="checkbox"/> Inmate accommodation takes priority over participation in the Mother-Child Program per CD 768 (paragraph 2 b). <input type="checkbox"/> Each WOI to develop a contingency plan in the event that the mother and child are exposed to the virus and/ or if there is no safe space to isolate the mother and child (e.g., mother-child house, unit/apartment, PFV). The contingency plan must include details regarding isolation options based on	<input type="checkbox"/> Infants and children living full time with their mother may remain, if the possibility to provide a COVID-free environment exists (e.g., mother-child house, PFV, unit/apartment in minimum-security unit). <input type="checkbox"/> Isolation to continue until all cases resolved or contained. <input type="checkbox"/> If applicable, determination of whether approved babysitter can either be safely placed or continue to stay with the mother and child. <input type="checkbox"/> Inmate accommodation takes priority over participation in the Mother-Child Program per CD 768 (paragraph 2 b). <input type="checkbox"/> Each WOI to develop a contingency plan in the event that the mother and child are exposed to the virus and/ or if there is no safe space to isolate the mother and child (e.g., mother-child house, unit/apartment, PFV). The contingency plan must include details regarding isolation options based on available space and resources

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
				available space and resources in the institution, internal and external escort criteria, and placement/ caregiver plans in the community if required. The contingency plan may be implemented following discussions with the mother, local health authorities, community caregiver(s) and/or social services (as appropriate) to determine if and when a transfer to the community is a necessary, safe and viable option.	in the institution, internal and external escort criteria, and placement/ caregiver plans in the community if required. The contingency plan may be implemented following discussions with the mother, local health authorities, community caregiver(s) or/and social services (as appropriate) to determine if and when transfer to the community is a necessary, safe and viable option.
<b>Children who are approved for the full-time residency component of the mother-child program but who are not currently residing with their mother in the institution</b>	<input type="checkbox"/> Routine entry and integration into the institution as per standing order	<input type="checkbox"/> One-time admission can be approved by Institutional Head <input type="checkbox"/> Child must be coming from a community where the local public health authority has identified no local community transmission and be consistent with interprovincial and intraprovincial travel restrictions <input type="checkbox"/> COVID screening questions regarding child completed when admission date finalized and upon entry into the institution <input type="checkbox"/> Mother and child to self-isolate in an area designated by the Institutional Head for	<input type="checkbox"/> One-time admission can be approved by Institutional Head <input type="checkbox"/> Child must be coming from a community where the local public health authority has identified no local community transmission and be consistent with interprovincial and intraprovincial travel restrictions <input type="checkbox"/> COVID screening questions regarding child completed when admission date finalized and upon entry into the institution <input type="checkbox"/> Mother and child to self-isolate in an area designated	<input type="checkbox"/> No new admissions	<input type="checkbox"/> No new admissions

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
		<p>the time-period established by local health authorities.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Child can integrate into mother-child house following isolation period barring any health concerns and with any additional infection prevention measures required (if any) as per local health authority</li> </ul>	<p>by the Institutional Head for the time-period established by local health authorities.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Child can integrate into mother-child house following isolation period barring any health concerns and with any additional infection prevention measures required (if any) as per local health authority</li> </ul>		
<b>New mothers with infants (just given birth) and accepted into full-time residential component of the Program</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Routine per standing order</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Baby to integrate into mother-child house or MSU</li> <li><input type="checkbox"/> Infection prevention measures required (if any) upon mother’s return to the institution established per local health authority</li> <li><input type="checkbox"/> Disseminate public health/spread of infection information among the inmate population to mitigate potential spread of virus through children and baby handling by the population</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Baby to integrate into mother-child house or MSU</li> <li><input type="checkbox"/> Infection prevention measures required (if any) upon mother’s return to the institution established per local health authority.</li> <li><input type="checkbox"/> Disseminate public health/spread of infection information among the inmate population to mitigate potential spread of virus through children and baby handling by the population</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Contingency plan regarding safe placement of child in the community developed prior to birth should be implemented.</li> <li><input type="checkbox"/> In exceptional cases, and in accordance with local health authority approval, the mother and baby may be granted permission to return to the institution in self-isolation until the situation is resolved and/or deemed to be safe.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Contingency plan regarding safe placement of child in the community developed prior to birth should be implemented.</li> <li><input type="checkbox"/> In exceptional cases, and in accordance with local health authority approval, the mother and baby may be granted permission to return to the institution in self-isolation until the situation is resolved and/or deemed to be safe.</li> </ul>
<b>Children participating in the part-time component of the Program</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Routine per standing order</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Child must be coming from a community where the local public health authority has identified no local community transmission and be consistent with interprovincial and</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Child must be coming from a community where the local public health authority has identified no local community transmission and be consistent with interprovincial and</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> No part-time mother-child visits</li> <li><input type="checkbox"/> Depending on age of child, offer additional video conferencing and phone calls</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> No part-time mother-child visits</li> <li><input type="checkbox"/> Depending on age of child, offer additional video conferencing and phone calls</li> </ul>

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
		intraprovincial travel restrictions <input type="checkbox"/> COVID screening questions regarding child completed when admission date finalized and upon entry into the institution <input type="checkbox"/> Mother and child to remain separated from offender population in PFV or an area designated by the Institutional Head. If visit is less than the isolation period established by local health authorities the mother must continue to self-isolate for the required period from start date of visit	intraprovincial travel restrictions <input type="checkbox"/> Only part-time visits of sufficient length to permit isolation in accordance with local health authority guidelines will be considered <input type="checkbox"/> COVID screening questions regarding child completed when admission date finalized and upon entry into the institution <input type="checkbox"/> Mother and child to remain separated from offender population in PFV or an area designated by the Institutional Head for the time-period established by local health authorities. <input type="checkbox"/> If visit is longer than this period, the child can integrate into mother-child house following the period of isolation, barring any health concerns		
<b>Extended contact visits to facilitate mother-child bonding</b>	<input type="checkbox"/> Resumption of contact visits	<input type="checkbox"/> To be determined in consultation with local health authorities	<input type="checkbox"/> To be determined in consultation with local health authorities	<input type="checkbox"/> To be considered in exceptional circumstances in consultation with local health authorities	<input type="checkbox"/> To be considered in exceptional circumstances in consultation with local health authorities

## COMMUNITY OPERATIONS

### Community Correctional Programs

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
<b>General</b>		<input type="checkbox"/> Active screening of offenders <input type="checkbox"/> Program spaces to be cleaned according to the <i>Cleaning and Disinfecting during COVID-19 PSPC/CSC General Direction</i> document, and the <i>COVID-19 Tip Sheet: Common Etiquette to Help Keep You Safe</i> document. <input type="checkbox"/> A specific place for offender personal belongings to be identified outside of the program space. <input type="checkbox"/> Commissionaires per existing requirements.			
<b>Program Planning</b>		<input type="checkbox"/> Prioritization of programs (offender who were released without completing main programs should be admitted to community program as per Policy Bulletin.) <input type="checkbox"/> Offenders with release condition of participating in programs (maintenance or community program). <input type="checkbox"/> Higher risk offenders or those for whom risk has increased (risk management).	<input type="checkbox"/> Same as Low-Moderate Risk	<input type="checkbox"/> Same as Low-Moderate Risk	

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
<b>Program Delivery</b>		<ul style="list-style-type: none"> <li><input type="checkbox"/> Program delivery, in person in group, or using alternate means (telephone or video)</li> <li><input type="checkbox"/> Communication with offender regarding alternative delivery (e.g., private space, and other relevant factors).</li> <li><input type="checkbox"/> Increased homework exercises to facilitate independent learning, as feasible</li> <li><input type="checkbox"/> Local arrangements to facilitate the printing of documents and offender workbook material;</li> <li><input type="checkbox"/> Group materials printed 2-3 days in advance before providing to offenders to allow for adequate time to “quarantine” paper (72 hours in advance)</li> <li><input type="checkbox"/> Group materials provided to offenders (workbook comprised of all handouts and some content);</li> <li><input type="checkbox"/> At the first group session, when reviewing rules, review necessity to use PPE and consequences of non-compliance. Consequences of non-compliance may include suspension from programs as per CD 726 Correctional Programs.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> No in person group programs</li> <li><input type="checkbox"/> Individual program delivery, in person or using alternate means.</li> <li><input type="checkbox"/> Program delivery using telephone or video</li> <li><input type="checkbox"/> Increased homework exercises to facilitate independent learning, as feasible.</li> <li><input type="checkbox"/> Reduce the footprint – staff work remotely unless their presence is critical.</li> <li><input type="checkbox"/> Remote work for program tasks, e.g., session prep, post session work, report writing.</li> <li><input type="checkbox"/> Communication with offender regarding alternative delivery (e.g., private space, and other relevant factors).</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Following direction of public health authorities, some of the measures in yellow may be undertaken.</li> <li><input type="checkbox"/> Alternative Correctional program delivery could continue if in compliance with direction from local public health.</li> <li><input type="checkbox"/> Communication with offender regarding alternative delivery (e.g., private space, and other relevant factors).</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> No in person programs or individual sessions</li> </ul>

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
		<ul style="list-style-type: none"> <li><input type="checkbox"/> Items will be not be passed between participants;</li> <li><input type="checkbox"/> Modifications will be made to program content as required to respect all public health measures</li> <li><input type="checkbox"/> Everyone is required to remain in their seat throughout the program to respect physical distancing, including during role-plays.</li> <li><input type="checkbox"/> Session length may be limited to between 1 and 2.5 hours</li> <li><input type="checkbox"/> In class offender worksheet completion to be made homework assignment and discussed next session where feasible.</li> </ul> <p><b>Note:</b> local discussions will occur between manager and employees who are immunocompromised regarding alternative program delivery as required</p>			
<b>Program Facilitators</b>		<ul style="list-style-type: none"> <li><input type="checkbox"/> Program facilitator activities will include a combination of work performed at the office and remotely. Remote work for program tasks, e.g., session prep, post session work, report writing, etc. available as an option for employees.</li> </ul>			

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
<b>Office Space</b>		<input type="checkbox"/> Only offices that allow for a minimum of 3 metres between desks may be shared <input type="checkbox"/> Office door to be kept open when possible for air circulation <input type="checkbox"/> If different staff are using an office space at different times – the office will be cleaned between uses	<input type="checkbox"/> No sharing of offices		
<b>Program Space</b>		<input type="checkbox"/> Chairs to be placed 3 meters apart <input type="checkbox"/> Visual markings could be placed on the floor to ensure physical distancing			
<b>Group Size</b>		<input type="checkbox"/> Limited by size of space – allowing for 3 meters distance between chairs <input type="checkbox"/> Maximum 5 participants			

**Community-based Residential Facilities**

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
<b>Weekend Passes and Travel Permits for Community –based Residential Facilities &amp; Section 81 Facilities</b>  The granting of Travel Permits and/or Weekend Passes is to be limited in line with	<input type="checkbox"/> Return to pre-COVID-19 community access. <input type="checkbox"/> Offenders are allowed to travel.	<input type="checkbox"/> The Area Director / CCC Manager/ Parole Officer Supervisor will grant Travel Permits and/or Weekend Passes and will consider the following: <ul style="list-style-type: none"> <li>• Local / Provincial Public Health guidance</li> <li>• CSC’s identification of the risk level for all areas</li> </ul>	<input type="checkbox"/> The granting of Travel Permits and/or Weekend Passes will be as minimal as possible and must be in line with public health guidance and to support infection prevention and control precautions.	<input type="checkbox"/> No travel permits and weekend passes will be issued	<input type="checkbox"/> No travel permits and weekend passes will be issued

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
public health guidance and to support infection prevention and control precautions		<p>involved in the issuance of the pass</p> <ul style="list-style-type: none"> <li>• The details each offender’s circumstance and request (number of people present, area of residence, type of residence etc.)</li> <li>• Mitigating strategies in place during the travel pass or weekend pass</li> </ul> <p><b>Note:</b> Leaving the local community should be exception based, considering public health guidance and risk assessment.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Active screening questionnaire will be completed by the community contact prior to authorizing leave.</li> <li><input type="checkbox"/> Passes will not be approved if the community support is experiencing COVID-19 like symptoms.</li> <li><input type="checkbox"/> Active screening questionnaire of offender to be completed before leaving and upon returning to the CCC/S.81 Facility.</li> <li><input type="checkbox"/> Offenders will be required to self-monitor for COVID</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Passes may be provided only for essential purposes (e.g., grocery, pharmacy).</li> <li><input type="checkbox"/> All other situations will be dealt with on a case-by-case basis and could be authorized in required circumstances (e.g. employment, fulfilment of legal obligations, intervention activities deemed required), upon approval by District Director or the Area Director.</li> <li><input type="checkbox"/> Active screening questionnaire of offender to be completed before leaving and upon returning to the CCC/S.81 Facility.</li> <li><input type="checkbox"/> Passes will not be approved if the community support is experiencing COVID-19 like symptoms.</li> </ul>		

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
		<p>symptoms for the duration of their permit/pass.</p> <p><input type="checkbox"/> Upon returning to the CCC/S.81 Facility, the offender will:</p> <ul style="list-style-type: none"> <li>• Wash hands immediately upon entering</li> <li>• Change clothing (place in plastic bag until laundry can be done),</li> <li>• Shower</li> <li>• Disinfect items brought into the CCC.</li> </ul> <p><b>NOTE:</b> these same steps could be completed when arriving to the destination after having left the CCC/S.81 Facility, especially if the weekend pass or travel pass involves travel between risk zones.</p>			

## HEALTH SERVICES OPERATIONS

### Foundational Measures

**Note:** Foundational measures are relevant to all health service delivery areas, unless otherwise specified.

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
		<i>All measures in LOW risk (GREEN), in addition to:</i>	<i>All measures in LOW risk (GREEN), in addition to:</i>	<i>All measures in LOW risk (GREEN), in addition to:</i>	
<b>Physical Distancing</b>	<input type="checkbox"/> Staff are encouraged to stay home if sick.	<input type="checkbox"/> Keep individuals in a double <u>cohort</u> . <input type="checkbox"/> Staff should physical distance (maintain a distance of at least 2 meters) from each other and from patients, as much as possible. Patients should also be encouraged to physical distance. <input type="checkbox"/> Regional Pharmacies may resume or continue the practice of one staff roster, the following risk mitigations measures should be in place: <ul style="list-style-type: none"> <li>Pharmacy staff should wear non-medical masks at all times, as per <a href="#">COVID-19 Update: Guidance on the Use of Non-Medical Masks and Personal Protective Equipment</a>.</li> <li>Treat all staff at the pharmacy as in the same cohort. Outside of the cohort, 2 meter distance must be maintained, along with non-medical masking.</li> </ul>	<input type="checkbox"/> Keep individuals in a single <u>cohort</u> . <input type="checkbox"/> Resume or continue the practice of one staff roster for Health Services. However, staff should be prepared for the possibility that they may be asked to transition to a two-team roster approach if conditions change. <input type="checkbox"/> Regional Pharmacies may resume or continue the practice of one staff roster, the following risk mitigations measures should be in place: <ul style="list-style-type: none"> <li>Pharmacy staff should wear non-medical masks at all times, as per <a href="#">COVID-19 Update: Guidance on the Use of Non-Medical Masks and Personal Protective Equipment</a>.                COVID-19 Update: Guidance on the Use of Non-Medical Masks and Personal Protective Equipment.</li> </ul>	<input type="checkbox"/> Keep individuals <u>cohorted</u> to the smallest group possible. <input type="checkbox"/> Implement a two-team roster approach for Health Services and Regional Pharmacies that requires that two staff rosters be established with limited or no overlap between the staff groups, in order to reduce the potential for transmission between groups <ul style="list-style-type: none"> <li>A two-team roster approach is just one example of staff rostering that can mitigate risk of COVID-19 transmission among health staff. Operational sites may wish to consider other rostering approaches, such as zone-based staffing.</li> </ul> <input type="checkbox"/> Staff should physical distance (maintain a distance of at least 2 meters) from each other and from patients, as much as possible. Patients should also be encouraged to physical distance.	

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
		<ul style="list-style-type: none"> <li>Implement engineering controls, such as Plexiglas barriers between staff, where possible</li> </ul>	<ul style="list-style-type: none"> <li>Treat all staff at the pharmacy as in the same cohort. Outside of the cohort, 2-meter distance must be maintained, along with non-medical masking.</li> <li>Implement engineering controls, such as Plexiglas barriers between staff, where possible</li> </ul> <input type="checkbox"/> Staff should physical distance (maintain a distance of at least 2 meters) from each other and from patients, as much as possible. Patients should also be encouraged to physical distance.		
<b>Engineering Controls</b>	<input type="checkbox"/> Routine practices for environmental cleaning (including equipment), as per <a href="#">Infection Prevention and Control Guidelines (2020)</a> , including (but not limited to): <ul style="list-style-type: none"> <li>Regular cleaning and disinfecting high-touch surfaces;</li> <li>Ensuring patient rooms are terminally cleaned following patient discharge;</li> <li>Using approved cleaning and disinfectant products;</li> </ul>	<input type="checkbox"/> Clean and disinfect common spaces or shared objects between cohorts, including chairs, tables, etc. <input type="checkbox"/> Enhanced cleaning practices, with approved products for specifically for COVID-19, as per the <a href="#">COVID-19 cleaning and disinfecting guidance</a> . <input type="checkbox"/> Ensure there is adequate supply of no-touch receptacles for used PPE and waste; and no-touch laundry hampers (lined with plastic liners) for reusable gowns.	<input type="checkbox"/> Consider Plexiglas sneeze guards for point-of-care activities to create a barrier between the patient and the nurse (e.g. on med carts or on wheels for use at point-of-care). <input type="checkbox"/> Clean and disinfect common spaces or shared objects between cohorts, including chairs, tables, etc. <input type="checkbox"/> Enhanced cleaning practices, with approved products for specifically for COVID-19, as per the <a href="#">COVID-19 cleaning and disinfecting guidance</a> . <input type="checkbox"/> Ensure there is adequate supply of no-touch	<input type="checkbox"/> Consider Plexiglas sneeze guards for point-of-care activities to create a barrier between the patient and the nurse (e.g. on med carts or on wheels for use at point-of-care). <input type="checkbox"/> Clean and disinfect common spaces or shared objects between cohorts, including chairs, tables, etc. <input type="checkbox"/> Enhanced cleaning practices, with approved products for specifically for COVID-19, as per the <a href="#">COVID-19 cleaning and disinfecting guidance</a> . <input type="checkbox"/> Ensure there is adequate supply of no-touch receptacles for used PPE and waste; and no-touch laundry hampers (lined with plastic liners) for reusable gowns.	

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
	<ul style="list-style-type: none"> <li>Dedicating non-critical equipment to a single patient, where feasible;</li> <li>Cleaning and disinfecting reusable equipment between patients.</li> </ul> <input type="checkbox"/> Health centre and other care areas decluttered and surfaces as bare as possible to support required cleaning for ongoing infection prevention control.		receptacles for used PPE and waste; and no-touch laundry hampers (lined with plastic liners) for reusable gowns.		
<b>Administrative Controls</b>	<input type="checkbox"/> Routine practices for IPC, as per <a href="#">Infection Prevention and Control Guidelines (2020)</a> , including (but not limited to): <ul style="list-style-type: none"> <li>Frequent hand hygiene with proper technique;</li> <li>Point-of-care risk assessment;</li> <li>Respiratory hygiene.</li> </ul> <input type="checkbox"/> Maintain inventory and procurement of personal protective equipment, testing swabs, etc. <input type="checkbox"/> Ongoing education for staff includes hand hygiene, routine practices and additional precautions, point-of-care risk assessment, and environmental/equipment cleaning and disinfection. <input type="checkbox"/> Ongoing patient education, including hand hygiene, respiratory hygiene, and	<input type="checkbox"/> Medical isolation areas prepared and available, including a separate physical area to medically isolate individuals on intake (new Warrants of Committal and/or returns to federal custody). <input type="checkbox"/> Identify designated areas for PPE donning and doffing stations near medical isolation areas. <input type="checkbox"/> Organize appointments and clinics with adequate spacing between bookings to prevent crowding in health centres. <input type="checkbox"/> Reduce the size of in-person group services delivered (e.g. smaller class sizes with seating spaced 2 meters apart). <input type="checkbox"/> Establish a list of patients who are vulnerable to severe	<input type="checkbox"/> Triage health services, prioritizing: <ul style="list-style-type: none"> <li>Urgent physical and mental health needs;</li> <li>Individuals identified as potentially vulnerable to severe COVID-19 illness, as per the <a href="#">Practice Reminder</a>;</li> <li>Individuals who have unique health care needs, as described within <a href="#">‘Special Populations’</a></li> </ul> <input type="checkbox"/> Medical isolation areas prepared and available, including a separate physical area to medically isolate individuals on intake (new Warrants of Committal and/or returns to federal custody). <input type="checkbox"/> Identify designated areas for PPE donning and doffing	<input type="checkbox"/> Medically isolate cases per policy – separate the following groups in separate physical areas: <ul style="list-style-type: none"> <li>Confirmed COVID-19 positive</li> <li>Symptomatic</li> <li>Close contacts (can stay isolated in their house/on their range)</li> <li>New intakes (new Warrants of Committal and/or returns to federal custody)</li> </ul> <input type="checkbox"/> Establish PPE donning and doffing stations in designated areas near medical isolation areas. Stations should be equipped with: a hand washing station equipped with 60% alcohol-based hand rub and/or soap and water; no-touch receptacles for the disposal of gloves and non-reusable face shields and gowns; and no-touch laundry hampers (lined with plastic liners) for reusable gowns. <input type="checkbox"/> Outreach to living area for health service delivery, as much as possible. <input type="checkbox"/> Triage health services, prioritizing: <ul style="list-style-type: none"> <li>Urgent physical and mental health needs;</li> <li>Individuals identified as potentially vulnerable to severe COVID-19 illness, as per the <a href="#">Practice Reminder</a>;</li> <li>Individuals who have unique health care needs, as described within <a href="#">‘Special Populations’</a></li> </ul>	

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
	<p>cleaning/decluttering environment.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ongoing education for visitors and volunteers on infection control principles, such as hand hygiene, respiratory hygiene, and PPE (if required)</li> <li><input type="checkbox"/> Virtual service delivery and/or telemedicine, including a combined approach with in-person delivery, as appropriate.</li> <li><input type="checkbox"/> For individuals with complex or unique health and wellness needs, integrated care plans are developed and are subject to review and evaluation on an ongoing basis.</li> <li><input type="checkbox"/> If a vaccine for COVID-19 becomes available, organized vaccine campaign/clinics for staff and inmates</li> <li><input type="checkbox"/> Ongoing infection prevention and control evaluation and quality improvement.</li> </ul>	<p>COVID-19 illness, as per the <a href="#">Practice Reminder</a>.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Established documented contact(s) at local public health authority.</li> <li><input type="checkbox"/> Established documented contact(s) at local outside hospital.</li> <li><input type="checkbox"/> For individuals with complex or unique health and wellness needs, integrated care plans are developed and are subject to review and evaluation on an ongoing basis.</li> <li><input type="checkbox"/> Ongoing COVID-19 infection prevention and control evaluation and quality improvement:           <ul style="list-style-type: none"> <li>• Review the <a href="#">COVID-19 IPC Preparedness Guidelines</a> and ensure compliance through regular documented spot-checks and QI to support adherence to and address gaps in IPC practices.</li> </ul> </li> <li><input type="checkbox"/> Develop and implement a communication strategy for each risk level, including memos and communications products for staff/contractors, patients/offenders,</li> </ul>	<p>stations near medical isolation areas.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Organize appointments and clinics with adequate spacing between bookings to prevent crowding in health centres.</li> <li><input type="checkbox"/> Reduce the size of in-person group services delivered (e.g. smaller class sizes with seating spaced 2 meters apart) and deliver by cohort, wherever possible.</li> <li><input type="checkbox"/> Established documented contact(s) at local public health authority.</li> <li><input type="checkbox"/> Established documented contact(s) at local outside hospital.</li> <li><input type="checkbox"/> Integrated care plans for patients with complex or unique (physical and/or mental) health needs are reviewed and adapted to reflect the changing needs of patients, in light of increased restrictions and risks related to COVID-19.</li> <li><input type="checkbox"/> Ongoing COVID-19 infection prevention and control evaluation and quality improvement:           <ul style="list-style-type: none"> <li>• Review the <a href="#">COVID-19 IPC Preparedness Guidelines</a> and ensure compliance through regular</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Established and documented regular communication with local public health authority. Collaborate with local public health authority to establish information or data sharing procedures required for the outbreak response.</li> <li><input type="checkbox"/> Established and documented regular communication with contact at outside hospital. Collaborate with hospital contact to establish any procedures related to transferring CSC patients to outside hospital (e.g. PPE requirements, information sharing)</li> <li><input type="checkbox"/> Integrated care plans for patients with complex or unique (physical and/or mental) health needs are reviewed and adapted to reflect the changing needs of patients, in light of increased restrictions and risks related to COVID-19.</li> <li><input type="checkbox"/> Ongoing COVID-19 infection prevention and control evaluation and quality improvement:           <ul style="list-style-type: none"> <li>• Review the <a href="#">COVID-19 IPC Preparedness Guidelines</a> and ensure compliance through regular documented spot-checks and QI to support adherence to and address gaps in IPC practices.</li> <li>• If the site’s risk level is moving into MODERATE-HIGH (Orange) or HIGH (Red), immediately perform quality improvement spot checks, as per the <a href="#">COVID-19 IPC Preparedness Guidelines</a> to identify areas for improvement. Identify and implement actions to address IPC gaps and implement the controls detailed in this risk framework. Following implementation, perform ongoing spot checks to support adherence and ongoing QI.</li> </ul> </li> <li><input type="checkbox"/> Ensure ongoing communication with staff/contractors, patients/offenders, volunteers, inmate committees, and union partners, as per the communication strategy.           <ul style="list-style-type: none"> <li>• For specific guidance on patient/offender engagement in relation to COVID-19, see CSC’s COVID-19 Offender Engagement Strategy (in development).</li> </ul> </li> </ul>	

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
		<p>volunteers, inmate committees, and union partners, detailing a change in the institution’s risk level and the control measures.</p> <ul style="list-style-type: none"> <li>For specific guidance on patient/offender engagement in relation to COVID-19, see CSC’s COVID-19 Offender Engagement Strategy (in development).</li> </ul>	<p>documented spot-checks and QI to support adherence to and address gaps in IPC practices.</p> <ul style="list-style-type: none"> <li>If the site’s risk level is moving from LOW-MODERATE (Grey) to MODERATE (Yellow), immediately perform quality improvement spot checks, as per the <a href="#">COVID-19 IPC Preparedness Guidelines</a> to identify areas for improvement. Identify and implement actions to address IPC gaps and implement the controls detailed in this risk framework. Following implementation, perform ongoing spot checks to support adherence and ongoing QI.</li> </ul> <p><input type="checkbox"/> Ensure ongoing communication with staff/contractors, patients/offenders, volunteers, inmate committees, and union partners, as per the communication strategy.</p> <ul style="list-style-type: none"> <li>For specific guidance on patient/offender engagement in relation to COVID-19, see CSC’s</li> </ul>		

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
			COVID-19 Offender Engagement Strategy (in development).		
<b>PPE and masking requirements</b>	<input type="checkbox"/> As needed, additional precautions are implemented, as per <a href="#">Infection Prevention and Control Guidelines (2020)</a>	<input type="checkbox"/> PPE and universal masking for staff as per <a href="#">COVID-19 Update: Guidance on the Use of Non-Medical Masks and Personal Protective Equipment.</a>	<input type="checkbox"/> PPE and universal masking for staff as per <a href="#">COVID-19 Update: Guidance on the Use of Non-Medical Masks and Personal Protective Equipment.</a> <input type="checkbox"/> Non-medical masks worn by individuals when out of cell/room.	<input type="checkbox"/> PPE and universal masking for staff as per <a href="#">COVID-19 Update: Guidance on the Use of Non-Medical Masks and Personal Protective Equipment.</a> <input type="checkbox"/> If the individual is housed in a contaminated or potentially contaminated area: Medical mask worn by the individual at all times, but especially when out of cell/room. If there are no clear contaminated and non-contaminated zones established, use medical masks. <input type="checkbox"/> If the individual is housed in a non-contaminated area: Non-medical mask worn by the individual at all times, but especially when out of cell/room.	

**Primary Care**

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
<b>Physician Clinics</b>	<input type="checkbox"/> Full schedule of physician clinics. <input type="checkbox"/> As appropriate, run clinics using a hybrid approach, combining telemedicine/virtual service delivery and in-person visits.	<input type="checkbox"/> Modified schedule of physician clinics <input type="checkbox"/> Schedule physician clinics by double cohort. <input type="checkbox"/> Cleaning/disinfection required between patients and cohorts (e.g. chairs, equipment). <input type="checkbox"/> Where appropriate, run clinics using a hybrid approach, combining telemedicine/virtual service delivery and in-person visits.	<input type="checkbox"/> Modified schedule of physician clinics <input type="checkbox"/> Triage physician appointments, prioritizing: <ul style="list-style-type: none"> <li>• Urgent health needs;</li> <li>• Individuals identified as potentially vulnerable to severe COVID-19 illness, as per the <a href="#">Practice Reminder</a></li> </ul> <input type="checkbox"/> Schedule physician clinics by cohort. <input type="checkbox"/> Cleaning/disinfection required between patients and cohorts (e.g. chairs, equipment).	<input type="checkbox"/> Modified schedule of physician clinics <input type="checkbox"/> Triage physician appointments, prioritizing: <ul style="list-style-type: none"> <li>• Urgent health needs;</li> <li>• Individuals identified as potentially vulnerable to severe COVID-19 illness, as per the <a href="#">Practice Reminder.</a></li> </ul> <input type="checkbox"/> Where appropriate, run clinics using a hybrid approach, combining telemedicine/virtual service delivery and in-person visits. <input type="checkbox"/> If in-person appointment is necessary, outreach to the	<input type="checkbox"/> Urgent physician appointments only <input type="checkbox"/> Triage physician appointments, prioritizing: <ul style="list-style-type: none"> <li>• Urgent health needs (including mental health);</li> <li>• Individuals identified as potentially vulnerable to severe COVID-19 illness, as per the <a href="#">Practice Reminder.</a></li> </ul> <input type="checkbox"/> Where appropriate, run clinics using a hybrid approach, combining telemedicine/virtual service delivery and in-person visits.

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
			<ul style="list-style-type: none"> <li><input type="checkbox"/> Where appropriate, run clinics using a hybrid approach, combining telemedicine/virtual service delivery and in-person visits.</li> </ul>	<p>cell or range as much as possible.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> If seen in health centre, cleaning/disinfection required between patients.</li> </ul> <p><b>Note:</b> Patient cohorts in zones affected by COVID-19 should be moved as little as possible – outreach to these patients as much as possible</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> If in-person appointment is necessary, outreach to the cell or range.</li> <li><input type="checkbox"/> If seen in health centre, cleaning/disinfection required between patients</li> </ul> <p><b>Note:</b> Patient cohorts in zones affected by COVID-19 should be moved as little as possible – outreach to these patients as much as possible</p>
<p><b>Dental</b></p> <p><b>Note:</b> NHQ-HS will monitor recommendations from dental colleges and public health experts and adjust recommendations as necessary.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Full schedule of dental services.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Modified schedule of dental services</li> <li><input type="checkbox"/> Triage dental services based on the level of urgency, priority of care (as per <a href="#">National Essential Health Services Framework</a>), followed by the waiting list</li> <li><input type="checkbox"/> 2-hour settling time required for aerosol-generating procedures, as per <a href="#">COVID-19: Guidance for Dental Services</a>.                             <ul style="list-style-type: none"> <li>• May be able to reduce 2-hour waiting time to increase patient flow, especially for CSC institutions that are in provinces with no or few COVID-19 cases and no COVID-19 cases in the local community.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Modified dental services by urgency and priority of care</li> <li><input type="checkbox"/> 2-hour settling time required for aerosol-generating procedures, as per <a href="#">COVID-19: Guidance for Dental Services</a>.</li> <li><input type="checkbox"/> Cleaning/disinfection required between patients.</li> <li><input type="checkbox"/> Airborne and Contact Precautions for all procedures – PPE includes N95 mask, gown, eye protection, and gloves.</li> <li><input type="checkbox"/> Close doors to dental suite during aerosol generating procedures (e.g. dental drilling).</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Urgent dental services only</li> <li><input type="checkbox"/> 2-hour settling time required for aerosol-generating procedures, as per <a href="#">COVID-19: Guidance for Dental Services</a>.</li> <li><input type="checkbox"/> Cleaning/disinfection required between patients.</li> <li><input type="checkbox"/> Airborne and Contact Precautions for all procedures – PPE includes N95 mask, gown, eye protection, and gloves.</li> <li><input type="checkbox"/> Close doors to dental suite during aerosol generating procedures (e.g. dental drilling).</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Urgent dental services only</li> <li><input type="checkbox"/> 2-hour settling time required for aerosol-generating procedures, as per <a href="#">COVID-19: Guidance for Dental Services</a>.</li> <li><input type="checkbox"/> Cleaning/disinfection required between patients.</li> <li><input type="checkbox"/> Airborne and Contact Precautions for all procedures – PPE includes N95 mask, gown, eye protection, and gloves.</li> <li><input type="checkbox"/> Close doors to dental suite during aerosol generating procedures (e.g. dental drilling).</li> </ul>

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
		<ul style="list-style-type: none"> <li><input type="checkbox"/> Cleaning/disinfection required between patients.</li> <li><input type="checkbox"/> Airborne and Contact Precautions for all procedures – PPE includes N95 mask, gown, eye protection, and gloves.</li> <li><input type="checkbox"/> Close doors to dental suite during aerosol generating procedures (e.g. dental drilling).</li> </ul>			
<b>Optometry</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Full schedule of optometry services.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Modified schedule of optometry services</li> <li><input type="checkbox"/> Where possible, schedule optometry appointments by double cohort.</li> <li><input type="checkbox"/> Cleaning/disinfection required between patients and cohorts (e.g. chairs, equipment).</li> <li><input type="checkbox"/> See <a href="#">CSC's COVID-19 Interim Modifications to Optometry Services.</a></li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Urgent optometry services only</li> <li><input type="checkbox"/> Where possible, schedule optometry appointments by cohort.</li> <li><input type="checkbox"/> Cleaning/disinfection required between patients and cohorts (e.g. chairs, equipment).</li> <li><input type="checkbox"/> See <a href="#">CSC's COVID-19 Interim Modifications to Optometry Services.</a></li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Temporarily suspend optometry services until outbreak ends, unless urgent need (determined on a case-by-case basis).</li> </ul> <p>Note: NHQ-HS will monitor recommendations from optometry colleges and public health experts and adjust recommendations as necessary.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Temporarily suspend optometry services until outbreak ends, unless urgent need (determined on a case-by-case basis).</li> </ul> <p><b>Note:</b> NHQ-HS will monitor recommendations from optometry colleges and public health experts and adjust recommendations as necessary.</p>
<b>Medication Administration</b>  <b>Note:</b> Pharmacy guidance related to specific measures for COVID-19 are subject to change.	<ul style="list-style-type: none"> <li><input type="checkbox"/> Routine medication administration.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Modified medication administration</li> <li><input type="checkbox"/> Patients can come to health care for medication line, but must move with their double cohort and physically distance as much as possible.</li> <li><input type="checkbox"/> Extend patient supply for self-administration, as per Pharmacy guidance.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Modified medication administration</li> <li><input type="checkbox"/> Medication administration on individual ranges OR where feasible use large space to allow for physical distancing (if this option is available, patients should attend medication line in cohorts)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Modified medication administration</li> <li><input type="checkbox"/> Medication administration on individual ranges OR where feasible use large space to allow for physical distancing (if this option is available, patients should attend medication line in cohorts)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Modified medication administration</li> <li><input type="checkbox"/> Medication administration on individual ranges or at the cell level</li> <li><input type="checkbox"/> Extend patient supply for self-administration, as per Pharmacy guidance.</li> <li><input type="checkbox"/> Extend patient supply for release, as per Pharmacy guidance.</li> </ul>

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
		<ul style="list-style-type: none"> <li><input type="checkbox"/> Extend patient supply for release, as per Pharmacy guidance.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Extend patient supply for self-administration, as per Pharmacy guidance.</li> <li><input type="checkbox"/> Extend patient supply for release, as per Pharmacy guidance.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Extend patient supply for self-administration, as per Pharmacy guidance.</li> <li><input type="checkbox"/> Extend patient supply for release, as per Pharmacy guidance.</li> </ul> <p><b>Note:</b> Patient cohorts and/or zones affected by COVID-19 should not be moved – treat these groups as HIGH risk.</p>	
<b>Oral Anticoagulant Treatment</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Routine Oral Anticoagulant Treatment (OAT) delivery</li> <li><input type="checkbox"/> OAT administration and observation in the area established for OAT delivery.</li> <li><input type="checkbox"/> Larger groups for psychosocial support and SMART programs.</li> <li><input type="checkbox"/> Routine treatment team meetings with the patient.</li> <li><input type="checkbox"/> Routine IPC practices.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> OAT delivery adapted</li> <li><input type="checkbox"/> Patients can come to health care for administration and observation, but must move with their double cohort and physically distance.</li> <li><input type="checkbox"/> Psychosocial support (i.e. formal SMART program) can be done in-person and in groups, with smaller group sizes and physical distancing (e.g. seating spaced 2 meters apart); where possible, only patients from the same double cohort attend group together. May require adjusting the frequency of groups to account for small group sizes.</li> <li><input type="checkbox"/> Cleaning/disinfection required between cohorts (e.g. chairs, tables).</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Adapt OAT delivery</li> <li><input type="checkbox"/> OAT administration and observation on individual ranges; OR where feasible use large space to allow for physical distancing (if this option is available, two separate OAT administration/observation groups [e.g. morning and afternoon] may be needed to account for physical distancing.</li> <li><input type="checkbox"/> Psychosocial support (i.e. formal SMART program) can be done in-person and in groups, with smaller group sizes and physical distancing (e.g. seating spaced 2 meters apart); only patients from the same cohort attend group together – if this is not feasible, psychosocial support</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Adapt OAT delivery</li> <li><input type="checkbox"/> OAT administration and observation on individual ranges; OR where feasible use large space to allow for physical distancing (if this option is available, two separate OAT administration/observation groups [e.g. morning and afternoon] may be needed to account for physical distancing.</li> <li><input type="checkbox"/> SMART group program suspended until outbreak ends.</li> <li><input type="checkbox"/> Psychosocial support delivered one-on-one at the range.</li> <li><input type="checkbox"/> Treatment team meetings conducted only for complex or urgent cases, by telephone or videoconference where possible. Meetings are not required on a regular basis. Instead, there should be adequate and documented consultation with members of the interdisciplinary team to ensure continuity of care and overall intervention assessment/planning for</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Adapt OAT delivery</li> <li><input type="checkbox"/> OAT administration and observation on individual ranges.</li> <li><input type="checkbox"/> SMART group program suspended until outbreak ends.</li> <li><input type="checkbox"/> Psychosocial support delivered one-on-one at the range.</li> <li><input type="checkbox"/> Treatment team meetings conducted only for complex or urgent cases, by telephone or videoconference where possible. Meetings are not required on a regular basis. Instead, there should be adequate and documented consultation with members of the interdisciplinary team to ensure continuity of care and overall intervention assessment/planning for</li> </ul>

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
		<ul style="list-style-type: none"> <li><input type="checkbox"/> Treatment team meetings can be done with the patient, respecting physical distancing (may require some team members to join by teleconference to prevent overcrowding).</li> </ul>	<ul style="list-style-type: none"> <li>should be delivered one-on-one at the range.</li> <li><input type="checkbox"/> Cleaning/disinfection required between cohorts (e.g. chairs, tables).</li> <li><input type="checkbox"/> Treatment team meetings can be done with the patient, respecting physical distancing (may require some team members to join by teleconference to prevent overcrowding).</li> </ul>	<ul style="list-style-type: none"> <li>possible. Meetings are not required on a regular basis. Instead, there should be adequate and documented consultation with members of the interdisciplinary team to ensure continuity of care and overall intervention assessment/planning for individuals with a considerable or higher overall level of mental health need.</li> </ul>	<ul style="list-style-type: none"> <li>individuals with a considerable or higher overall level of mental health need.</li> </ul>
<b>Individual Mental Health Therapy</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Routine individual mental health interventions.</li> <li><input type="checkbox"/> As appropriate, conduct sessions using a hybrid approach, combining telemedicine/virtual service delivery and in-person visits.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Modified individual mental health therapy</li> <li><input type="checkbox"/> Individual sessions can take place in a room or area that allows for physical distancing.</li> <li><input type="checkbox"/> Cleaning/disinfection required between patients (e.g. chairs, tables).</li> <li><input type="checkbox"/> Where appropriate, conduct individual appointments by telemedicine or virtual service delivery (or use a hybrid approach with virtual and in-person visits).</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Modified individual mental health therapy</li> <li><input type="checkbox"/> Individual sessions can take place in a room or area that allows for physical distancing.</li> <li><input type="checkbox"/> Cleaning/disinfection required between patients (e.g. chairs, tables).</li> <li><input type="checkbox"/> Where appropriate, conduct individual appointments by telemedicine or virtual service delivery (or use a hybrid approach with virtual and in-person visits).</li> </ul> <p><b>Note:</b> In cases where a patient is on restricted movement (e.g. clinical seclusion, enhanced observation, medical isolation), patient-specific protocols may need to be develop and vary on a case-by-case basis, depending on the individual’s needs, along with</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Modified individual mental health therapy</li> <li><input type="checkbox"/> Avoid moving patients as much as possible. See patients from outside their room or in a room at the unit/range level or remotely, with safeguards for confidentiality.</li> <li><input type="checkbox"/> Identify patients on the present caseload who are relatively stable that can be seen less frequently than usual if there is insufficient staff resources or other limitations.</li> <li><input type="checkbox"/> Identify and prioritize high risk or vulnerable patients for required assessments.</li> <li><input type="checkbox"/> Identify and prioritize high risk or vulnerable patients for follow up care at the usual or greater frequency.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Modified individual mental health therapy</li> <li><input type="checkbox"/> Avoid moving patients as much as possible. See patients from outside their room or in a room at the unit/range level or remotely, with safeguards for confidentiality.</li> <li><input type="checkbox"/> Identify patients on the present caseload who are relatively stable that can be seen less frequently than usual if there is insufficient staff resources or other limitations.</li> <li><input type="checkbox"/> Identify and prioritize high risk or vulnerable patients for required assessments.</li> <li><input type="checkbox"/> Identify and prioritize high risk or vulnerable patients for follow up care at the usual or greater frequency.</li> </ul>

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
			institutional dynamics, infrastructure, and resources, and should be reviewed and updated on an ongoing basis.	<b>Note:</b> In cases where a patient is on restricted movement (e.g. clinical seclusion, enhanced observation, medical isolation), patient-specific protocols may need to be develop and vary on a case-by-case basis, depending on the individual’s needs, along with institutional dynamics, infrastructure, and resources, and should be reviewed and updated on an ongoing basis.	<b>Note:</b> In cases where a patient is on restricted movement (e.g. clinical seclusion, enhanced observation, medical isolation), patient-specific protocols may need to be develop and vary on a case-by-case basis, depending on the individual’s needs, along with institutional dynamics, infrastructure, and resources, and should be reviewed and updated on an ongoing basis.
<b>Group Mental Health Therapy</b>	<input type="checkbox"/> Routine group mental health therapy, as per the <a href="#">Integrated Mental Health Guidelines (IMHG)</a> .	<input type="checkbox"/> Modified group mental health therapy <input type="checkbox"/> Schedule groups by double cohort. <input type="checkbox"/> Groups can proceed in rooms that allow for 2 meters between all group members and staff (if necessary groups can be smaller and held more frequently). <input type="checkbox"/> Cleaning/disinfection required between cohorts (e.g. chairs, tables).	<input type="checkbox"/> Modified group mental health therapy <input type="checkbox"/> Schedule groups by cohort. <input type="checkbox"/> Groups can proceed in rooms that allow for 2 meters between all group members and staff (if necessary groups can be smaller and held more frequently). <input type="checkbox"/> Cleaning/disinfection required between cohorts (e.g. chairs, tables).	<input type="checkbox"/> Suspend group mental health therapy until the outbreak is over <input type="checkbox"/> Identify any individuals who require supplemental one-on-one follow up in the absence of group mental health therapy. <input type="checkbox"/> Prioritize high risk or vulnerable patients for follow up care at the usual or greater frequency.	<input type="checkbox"/> Suspend group mental health therapy until the outbreak is over <input type="checkbox"/> Identify any individuals who require supplemental one-on-one follow up in the absence of group mental health therapy. <input type="checkbox"/> Prioritize high risk or vulnerable patients for follow up care at the usual or greater frequency.
<b>Infectious Disease Clinics</b>  (E.g. infectious disease clinics for HIV, HCV, etc.)	<input type="checkbox"/> Routine infectious disease clinics. <input type="checkbox"/> As appropriate, run clinics using a hybrid approach, combining telemedicine/virtual service delivery and in-person visits.	<input type="checkbox"/> Modified infectious disease clinics <input type="checkbox"/> Clinic appointments scheduled by double cohort and must physically distance. <input type="checkbox"/> Cleaning/disinfection required between cohorts (e.g. chairs, tables).	<input type="checkbox"/> Infectious disease specialist consultations via telemedicine or virtual means unless medically necessary to see the individual in person.	<input type="checkbox"/> Infectious disease specialist consultations via telemedicine or virtual means unless medically necessary to see the individual in person.	<input type="checkbox"/> Infectious disease specialist consultations via telemedicine or virtual means unless medically necessary to see the individual in person.

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
		<input type="checkbox"/> Where possible, run clinics using a hybrid approach, combining telemedicine/virtual service delivery and in-person visits.			
<b>Nursing Clinics</b>  (e.g. chronic disease – diabetes, pain, hypertension, etc.; mental health)	<input type="checkbox"/> Full schedule of nursing clinics. <input type="checkbox"/> As appropriate (such as for Mental Health clinics), run clinics using a hybrid approach, combining telemedicine/virtual service delivery and in-person visits.	<input type="checkbox"/> Modified schedule of nursing clinics <input type="checkbox"/> Schedule nursing clinics by double cohort, wherever possible. <input type="checkbox"/> Cleaning/disinfection required between patients and cohorts (e.g. chairs, equipment). <input type="checkbox"/> As appropriate (such as for Mental Health clinics), run clinics using a hybrid-model, combining telemedicine/virtual service delivery and in-person visits.	<input type="checkbox"/> Modified nursing clinics <input type="checkbox"/> Triage nursing appointments, prioritizing: <ul style="list-style-type: none"> <li>• Urgent health needs;</li> <li>• Individuals identified as potentially vulnerable to severe COVID-19 illness, as per the <a href="#">Practice Reminder</a>.</li> </ul> <input type="checkbox"/> Schedule nursing clinics by cohort. <input type="checkbox"/> Cleaning/disinfection required between patients and cohorts (e.g. chairs, equipment). <input type="checkbox"/> As appropriate (such as for Mental Health clinics), run clinics using a hybrid-model, combining telemedicine/virtual service delivery and in-person visits.	<input type="checkbox"/> Nursing care is managed at the individual level <input type="checkbox"/> Triage nursing appointments, prioritizing: <ul style="list-style-type: none"> <li>• Urgent health needs;</li> <li>• Individuals identified as potentially vulnerable to severe COVID-19 illness, as per the <a href="#">Practice Reminder</a>.</li> </ul> <input type="checkbox"/> As appropriate (such as for Mental Health clinics), conduct nursing appointments by telemedicine or virtual service delivery (or use a hybrid approach with virtual and in-person visits). <input type="checkbox"/> If in-person appointment is necessary, outreach to the cell or range.	<input type="checkbox"/> Nursing care is managed at the individual level <input type="checkbox"/> Triage nursing appointments, prioritizing: <ul style="list-style-type: none"> <li>• Urgent health needs;</li> <li>• Individuals identified as potentially vulnerable to severe COVID-19 illness, as per the <a href="#">Practice Reminder</a>.</li> </ul> <input type="checkbox"/> As appropriate (such as for Mental Health clinics), conduct nursing appointments by telemedicine or virtual service delivery. <input type="checkbox"/> If in-person appointment is necessary, outreach to the cell or range.
<b>Psychiatric Clinics</b>	<input type="checkbox"/> Routine psychiatric clinics. <input type="checkbox"/> As appropriate, run clinics using a hybrid approach, combining telemedicine/virtual service delivery and in-person visits.	<input type="checkbox"/> Modified psychiatric clinics, <input type="checkbox"/> Clinic appointments scheduled by double cohort and must physically distance. <input type="checkbox"/> Cleaning/disinfection required between cohorts (e.g. chairs, tables). <input type="checkbox"/> As appropriate, run clinics using a hybrid approach,	<input type="checkbox"/> Psychiatry consultations via telemedicine or virtual means, unless necessary to see the individual in person, prioritizing urgent requests.	<input type="checkbox"/> Psychiatry consultations via telemedicine or virtual means, unless necessary to see the individual in person, prioritizing urgent requests.	<input type="checkbox"/> Psychiatry consultations via telemedicine or virtual means, unless necessary to see the individual in person.

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
		combining telemedicine/virtual service delivery and in-person visits.			
<b>On-Site Pharmacy Activities</b>	<input type="checkbox"/> Routine pharmacy activities. <input type="checkbox"/> As appropriate, run clinics using a hybrid approach, combining telemedicine/virtual service delivery and in-person visits.	<input type="checkbox"/> Modified on-site pharmacy activities <input type="checkbox"/> Where possible, see patients at the unit. <input type="checkbox"/> Practice physical distancing. <input type="checkbox"/> Cleaning/disinfection required between patients/cohorts (e.g. chairs, tables). <input type="checkbox"/> As appropriate, run clinics using a hybrid approach, combining telemedicine/virtual service delivery and in-person visits.	<input type="checkbox"/> Pharmacy consultations or rounds via telemedicine or virtual means, unless necessary to see the individual in person, prioritizing urgent requests.	<input type="checkbox"/> Pharmacy consultations or rounds via telemedicine or virtual means, unless necessary to see the individual in person, prioritizing urgent requests.	<input type="checkbox"/> Pharmacy consultations or rounds via telemedicine or virtual means, unless necessary to see the individual in person, prioritizing urgent requests.
<b>Physiotherapy</b>	<input type="checkbox"/> Full schedule of physiotherapy services.	<input type="checkbox"/> Modified schedule of physiotherapy services, with the following considerations: <input type="checkbox"/> Where possible, schedule physiotherapy appointments by double cohort. <input type="checkbox"/> Cleaning/disinfection required between patients and cohorts (e.g. chairs, equipment). <input type="checkbox"/> See CSC's <a href="#">COVID-19 Interim Modifications to Physiotherapy Services</a> .	<input type="checkbox"/> Modified physiotherapy services only, with the following considerations: <input type="checkbox"/> Prioritize individuals with urgent or high physiotherapy needs. <input type="checkbox"/> Where possible, schedule physiotherapy appointments by cohort or do outreach to the cell/range. <input type="checkbox"/> Cleaning/disinfection required between patients and cohorts (e.g. chairs, equipment). <input type="checkbox"/> See CSC's <a href="#">COVID-19 Interim Modifications to Physiotherapy Services</a> .	<input type="checkbox"/> Temporarily suspend physiotherapy services until outbreak ends, unless urgent need (determined on a case-by-case basis) <input type="checkbox"/> NHQ-HS will monitor recommendations from physiotherapy colleges and public health experts and adjust recommendations as necessary.	<input type="checkbox"/> Temporarily suspend physiotherapy services until outbreak ends, unless urgent need (determined on a case-by-case basis) <input type="checkbox"/> NHQ-HS will monitor recommendations from physiotherapy colleges and public health experts and adjust recommendations as necessary.

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
<p><b>External medical appointments – Medical Escorts</b></p> <p>(Such as visits to the cancer clinic, pain clinic, imaging department, etc. and visits for elective surgery or ambulatory procedures.)</p> <p><b>Note:</b> Early in the COVID-19 pandemic in Canada, many communities suspended elective and/or ambulatory procedures. As such, the availability of external clinics and elective/ambulatory procedures for our patients will be influenced by restrictions in the local community.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Routine management and coordination of external medical appointments.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Modified procedures for external medical appointments</li> <li><input type="checkbox"/> Continue routine external medical appointments unless there are restrictions in the local community.</li> <li><input type="checkbox"/> If there is a need to reschedule appointments, because of previous restrictions, triage by most urgent first, followed by wait list.</li> <li><input type="checkbox"/> Where possible and appropriate, harness telemedicine or virtual service delivery.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Modified procedures for external medical appointments</li> <li><input type="checkbox"/> Continue routine external medical appointments unless there are restrictions in the local community.</li> <li><input type="checkbox"/> If there is a need to reschedule appointments, because of previous restrictions, triage by most urgent first, followed by wait list.</li> <li><input type="checkbox"/> Where possible and appropriate, harness telemedicine or virtual service delivery.</li> <li><input type="checkbox"/> Consider the outbreak status of the receiving hospital to assess risk and adjust PPE accordingly, as per <a href="#">COVID-19 Update: Guidance on the Use of Non-Medical Masks and Personal Protective Equipment.</a></li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Urgent appointments only</li> <li><input type="checkbox"/> Where possible and appropriate, harness telemedicine or virtual service delivery.</li> <li><input type="checkbox"/> If the clinic or consultant is not taking urgent appointments, the patient may need to be sent to the Emergency department. If possible, contact the consultant to determine how to best manage the urgent case.</li> <li><input type="checkbox"/> Consider the outbreak status of the receiving hospital to assess risk and adjust PPE accordingly, as per <a href="#">COVID-19 Update: Guidance on the Use of Non-Medical Masks and Personal Protective Equipment.</a></li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Urgent appointments only</li> <li><input type="checkbox"/> Where possible and appropriate, harness capacity or virtual service delivery.</li> <li><input type="checkbox"/> If the clinic or consultant is not taking urgent appointments, the patient may need to be sent to the Emergency department. If possible, contact the consultant to determine how to best manage the urgent case.</li> <li><input type="checkbox"/> Consider the outbreak status of the receiving hospital to assess risk and adjust PPE accordingly, as per <a href="#">COVID-19 Update: Guidance on the Use of Non-Medical Masks and Personal Protective Equipment.</a></li> </ul>
<p><b>Palliative and End-of-Life</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Telemedicine consult with palliative care specialist.</li> <li><input type="checkbox"/> In person family visits.</li> <li><input type="checkbox"/> Instruct visitors on routine infection prevention and control practices, including hand hygiene.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Telemedicine consult with palliative care specialist.</li> <li><input type="checkbox"/> In person family visits.</li> <li><input type="checkbox"/> Visitors are screened for COVID-19 symptoms and exposures.</li> <li><input type="checkbox"/> Instruct visitors on routine infection prevention and control practices, including</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Telemedicine consult with palliative care specialist.</li> <li><input type="checkbox"/> In person family visits.</li> <li><input type="checkbox"/> Visitors are screened for COVID-19 symptoms and exposures.</li> <li><input type="checkbox"/> Instruct visitors on routine infection prevention and control practices, including</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Telemedicine consult with palliative care specialist.</li> <li><input type="checkbox"/> Family visits by combination of video and in person.</li> <li><input type="checkbox"/> Visitors are screened for COVID-19 symptoms and exposures.</li> <li><input type="checkbox"/> Instruct visitors on hand hygiene and PPE</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Telemedicine consult with palliative care specialist.</li> <li><input type="checkbox"/> Family visits by combination of video and in person.</li> <li><input type="checkbox"/> Visitors are screened for COVID-19 symptoms and exposures.</li> <li><input type="checkbox"/> Instruct visitors on hand hygiene and PPE</li> </ul>

Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
	hand hygiene and best practices for putting on, wearing, and taking off non-medical masks.	hand hygiene and best practices for putting on, wearing, and taking off non-medical masks.	requirements. Assist them with donning PPE before they enter the room and assist them with doffing PPE when they leave the room, ensuring they are supported to use proper technique to mitigate contaminating themselves or the environment.	requirements. Assist them with donning PPE before they enter the room and assist them with doffing PPE when they leave the room, ensuring they are supported to use proper technique to mitigate contaminating themselves or the environment.

**Secondary Care**

Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
<p><b>Intermediate mental health care – Individual treatment</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Routine individual mental health interventions.</li> <li><input type="checkbox"/> As appropriate, conduct sessions using a hybrid approach, combining telemedicine/virtual service delivery and in-person visits.</li> <li><input type="checkbox"/> Routine admission and discharge procedures should be maintained.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Modified individual mental health therapy</li> <li><input type="checkbox"/> Individual sessions can take place in a room or area that allows for physical distancing.</li> <li><input type="checkbox"/> Cleaning/disinfection required between patients (e.g. chairs, tables).</li> <li><input type="checkbox"/> As appropriate, conduct sessions using a hybrid approach, combining telemedicine/virtual service delivery and in-person visits.</li> <li><input type="checkbox"/> Routine admission and discharge procedures should be maintained.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Modified individual mental health therapy</li> <li><input type="checkbox"/> Individual sessions can take place in a room or area that allows for physical distancing.</li> <li><input type="checkbox"/> Cleaning/disinfection required between patients (e.g. chairs, tables).</li> <li><input type="checkbox"/> As appropriate, conduct sessions using a hybrid approach, combining telemedicine/virtual service delivery and in-person visits.</li> <li><input type="checkbox"/> Routine admission and discharge procedures should be maintained, but patient COVID-19 symptoms prior to transfer/admission. If patient is symptomatic, place the</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Modified individual mental health therapy</li> <li><input type="checkbox"/> Avoid moving patients as much as possible. See patients from outside their room or in a room at the unit/range level or remotely, with safeguards for confidentiality.</li> <li><input type="checkbox"/> Patients should not be transferred from one unit to another unless there is an emergency or an urgent psychiatric or medical reason to do so.</li> <li><input type="checkbox"/> Routine admission and discharge procedures should be maintained, but admissions should only proceed on an urgent clinically necessary basis (e.g. an individual at high</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Modified individual mental health therapy.</li> <li><input type="checkbox"/> Avoid moving patients as much as possible. See patients from outside their room or in a room at the unit/range level or remotely, with safeguards for confidentiality.</li> <li><input type="checkbox"/> Patients should not be transferred from one unit to another unless there is an emergency or an urgent psychiatric or medical reason to do so.</li> <li><input type="checkbox"/> Routine admission and discharge procedures should be maintained, but admissions should only proceed on an urgent clinically necessary basis (e.g. an individual at high</li> </ul>

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
<p><b>Intermediate mental health care – Group treatment</b></p>	<p><input type="checkbox"/> Routine group mental health therapy.</p>	<p><input type="checkbox"/> Modified group mental health therapy, with the following considerations:  <input type="checkbox"/> Schedule groups by double cohort.</p>	<p>transfer/admission on hold until the patient has been medically cleared of COVID-19. If they must be admitted, they must be kept in appropriate medical isolation until medically cleared.</p> <p><b>Note:</b> In cases where a patient is on restricted movement (e.g. clinical seclusion, enhanced observation, medical isolation), patient-specific protocols may need to be developed and vary on a case-by-case basis, depending on the individual’s needs, along with institutional dynamics, infrastructure, and resources, and should be reviewed and updated on an ongoing basis.</p>	<p>risk to himself and/or others, serious physical or mental deterioration)</p> <p><input type="checkbox"/> If able, continue to provide intermediate mental health services on an ambulatory basis at the parent institution.</p> <p><input type="checkbox"/> Where possible, COVID-19 patients or those suspected of COVID-19 should not be admitted until they have been medically cleared of COVID-19, and if they must be admitted, they must be kept in appropriate medical isolation until medically cleared.</p> <p><b>Note:</b> In cases where a patient is on restricted movement (e.g. clinical seclusion, enhanced observation, medical isolation), patient-specific protocols may need to be developed and vary on a case-by-case basis, depending on the individual’s needs, along with institutional dynamics, infrastructure, and resources, and should be reviewed and updated on an ongoing basis.</p> <p><input type="checkbox"/> Suspend group mental health therapy until the outbreak is over, with the following considerations:  <input type="checkbox"/> Identify any individuals who require supplemental one-on-</p>	<p>risk to himself and/or others, serious physical or mental deterioration).</p> <p><input type="checkbox"/> If able, continue to provide intermediate mental health services on an ambulatory basis at the parent site.</p> <p><input type="checkbox"/> Where possible, COVID-19 patients or those suspected of COVID-19 should not be admitted until they have been medically cleared of COVID-19, and if they must be admitted, they must be kept in appropriate medical isolation until medically cleared.</p> <p><b>Note:</b> In cases where a patient is on restricted movement (e.g. clinical seclusion, enhanced observation, medical isolation), patient-specific protocols may need to be developed and vary on a case-by-case basis, depending on the individual’s needs, along with institutional dynamics, infrastructure, and resources, and should be reviewed and updated on an ongoing basis.</p> <p><input type="checkbox"/> Suspend group mental health therapy until the outbreak is over, with the following considerations:  <input type="checkbox"/> Identify any individuals who require supplemental one-on-</p>

Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
	<p><input type="checkbox"/> Groups can proceed in rooms that allow for 2 meters between all group members and staff (if necessary groups can be smaller and held more frequently).</p> <p><input type="checkbox"/> Cleaning/disinfection required between cohorts (e.g. chairs, tables).</p>	<p><input type="checkbox"/> Groups can proceed in rooms that allow for 2 meters between all group members and staff (if necessary groups can be smaller and held more frequently).</p> <p><input type="checkbox"/> Cleaning/disinfection required between cohorts (e.g. chairs, tables).</p>	<p>one follow up in the absence of group mental health therapy.</p> <p><input type="checkbox"/> Prioritize high risk or vulnerable patients for follow up care at the usual or greater frequency.</p>	<p>one follow up in the absence of group mental health therapy.</p> <p><input type="checkbox"/> Prioritize high risk or vulnerable patients for follow up care at the usual or greater frequency.</p>

**Tertiary Care**

Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
<p><input type="checkbox"/> Routine Regional Treatment Centre (RTC) service delivery.</p> <p><input type="checkbox"/> Routine admission and discharge procedures should be maintained.</p>	<p><input type="checkbox"/> Modified RTC service delivery</p> <p><input type="checkbox"/> Routine admission and discharge procedures should be maintained.</p> <p><input type="checkbox"/> For individual therapy:</p> <ul style="list-style-type: none"> <li>Individual sessions can take place in a room or area that allows for physical distancing.</li> <li>Cleaning/disinfection required between patients (e.g. chairs, tables).</li> <li>As appropriate, conduct sessions using a hybrid approach, combining telemedicine/virtual service delivery and in-person visits.</li> </ul> <p><input type="checkbox"/> For group therapy:</p> <ul style="list-style-type: none"> <li>Schedule groups by double cohort.</li> </ul>	<p><input type="checkbox"/> Modified RTC service delivery</p> <p><input type="checkbox"/> Routine admission and discharge procedures should be maintained.</p> <p><input type="checkbox"/> Where possible, COVID-19 patients or those suspected of COVID-19 should not be admitted until they have been medically cleared of COVID-19, and if they must be admitted, they must be kept in appropriate medical isolation until medically cleared.</p> <p><input type="checkbox"/> For individual therapy:</p> <ul style="list-style-type: none"> <li>Individual sessions can take place in a room or area that allows for physical distancing.</li> </ul>	<p>Modified RTC service delivery</p> <p>Patients should not be transferred from one unit to another unless there is an emergency or an urgent psychiatric or medical reason to do so.</p> <p>Routine admission and discharge procedures should be maintained, but admissions should only proceed on an urgent clinically necessary basis (e.g. an individual at high risk to himself and/or others, serious physical or mental deterioration).</p> <p>Where possible, COVID-19 patients or those suspected of COVID-19 should not be admitted until they have been medically cleared of COVID-19,</p>	<p>Modified RTC service delivery</p> <p>Patients should not be transferred from one unit to another unless there is an emergency or an urgent psychiatric or medical reason to do so.</p> <p>Routine admission and discharge procedures should be maintained, but admissions should only proceed on an urgent clinically necessary basis (e.g. an individual at high risk to himself and/or others, serious physical or mental deterioration).</p> <p>Where possible, COVID-19 patients or those suspected of COVID-19 should not be admitted until they have been medically cleared of COVID-19,</p>

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
	<ul style="list-style-type: none"> <li>Groups can proceed in rooms that allow for 2 metres between all group members and staff (if necessary groups can be smaller and held more frequently).</li> <li>Cleaning/disinfection required between cohorts (e.g. chairs, tables).</li> </ul>	<ul style="list-style-type: none"> <li>Cleaning/disinfection required between patients (e.g. chairs, tables).</li> <li>As appropriate, conduct sessions using a hybrid approach, combining telemedicine/virtual service delivery and in-person visits.</li> </ul> <p>For group therapy:</p> <ul style="list-style-type: none"> <li>Schedule groups by cohort.</li> <li>Groups can proceed in rooms that allow for 2 metres between all group members and staff (if necessary groups can be smaller and held more frequently).</li> <li>Cleaning/disinfection required between cohorts (e.g. chairs, tables).</li> </ul>	<ul style="list-style-type: none"> <li>been medically cleared of COVID-19, and if they must be admitted, they must be kept in appropriate medical isolation until medically cleared.</li> <li>For individual therapy:                             <ul style="list-style-type: none"> <li>Avoid moving patients as much as possible. See patients from outside their room or in a room at the unit/range level or remotely, with safeguards for confidentiality.</li> </ul> </li> <li>For group therapy:                             <ul style="list-style-type: none"> <li>Suspend group mental health therapy until the outbreak is over</li> <li>Identify any individuals who require supplemental one-on-one follow up in the absence of group mental health therapy.</li> <li>Prioritize high risk or vulnerable patients for follow up care at the usual or greater frequency.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>For group therapy:                             <ul style="list-style-type: none"> <li>Suspend group mental health therapy until the outbreak is over</li> <li>Identify any individuals who require supplemental one-on-one follow up in the absence of group mental health therapy.</li> <li>Prioritize high risk or vulnerable patients for follow up care at the usual or greater frequency.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>For group therapy:                             <ul style="list-style-type: none"> <li>Suspend group mental health therapy until the outbreak is over</li> <li>Identify any individuals who require supplemental one-on-one follow up in the absence of group mental health therapy.</li> <li>Prioritize high risk or vulnerable patients for follow up care at the usual or greater frequency.</li> </ul> </li> </ul>
<b>Regional Hospitals</b>	<ul style="list-style-type: none"> <li>Routine health service delivery at regional hospitals.</li> </ul>	<ul style="list-style-type: none"> <li>Routine health service delivery at regional hospitals, in addition to the following considerations:                             <ul style="list-style-type: none"> <li>Establish a plan with institutions in the region regarding the transfer of patients with moderate</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Routine health service delivery at regional hospitals, in addition to the following considerations:                             <ul style="list-style-type: none"> <li>Implement the established plan and triage considerations regarding the transfer of patients</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Routine health service delivery at regional hospitals, in addition to the following considerations:                             <ul style="list-style-type: none"> <li>Implement the established plan and triage considerations regarding the transfer of patients with moderate COVID-19 illness,</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Routine health service delivery at regional hospitals, in addition to the following considerations:                             <ul style="list-style-type: none"> <li>Implement the established plan and triage considerations regarding the transfer of patients with moderate COVID-19 illness,</li> </ul> </li> </ul>

Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
	<p>COVID-19 illness, requiring increased monitoring and support (e.g. oxygen therapy, IV fluids, etc.).</p> <ul style="list-style-type: none"> <li>Establish the role of the regional hospitals for patients returning from outside hospitalization following a COVID-19 admission and develop a plan.</li> <li>Plans should include considerations for triaging patients for admission to the regional hospital (and transferring patients to outside hospital, as clinically appropriate), recognizing the regional hospital's limited capacity should an increased need develop in response to COVID-19.</li> </ul>	<p>COVID-19 illness, requiring increased monitoring and support (e.g. oxygen therapy, IV fluids, etc.).</p> <ul style="list-style-type: none"> <li>Establish the role of the regional hospitals for patients returning from outside hospitalization following a COVID-19 admission and develop a plan.</li> <li>Plans should include considerations for triaging patients for admission to the regional hospital (and transferring patients to outside hospital, as clinically appropriate), recognizing the regional hospital's limited capacity should an increased need develop in response to COVID-19.</li> </ul>	<p>with moderate COVID-19 illness, requiring increased monitoring and support (e.g. oxygen therapy, IV fluids, etc.).</p> <ul style="list-style-type: none"> <li>Implement the established plan regarding the return of patients to CSC from outside hospitalization following a COVID-19 admission.</li> </ul>	<p>requiring increased monitoring and support (e.g. oxygen therapy, IV fluids, etc.).</p> <ul style="list-style-type: none"> <li>Implement the established plan regarding the return of patients to CSC from outside hospitalization following a COVID-19 admission.</li> </ul>

**Community Health Services**

Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
<p>Individual Mental Health Treatment</p> <p><input type="checkbox"/> Routine individual mental health therapy.</p>	<p><input type="checkbox"/> Modified individual mental health therapy</p> <p><input type="checkbox"/> Follow measures outlined in the direction provided to community corrections when meeting in-person with offenders to maintain</p>	<p><input type="checkbox"/> Modified individual mental health therapy</p> <p><input type="checkbox"/> Follow measures outlined in the direction provided to community corrections when meeting in-person with offenders to maintain</p>	<p><input type="checkbox"/> Modified individual mental health therapy</p> <p><input type="checkbox"/> Triage services based on mental health needs and maintain the following services as able, using</p>	<p><input type="checkbox"/> Modified individual mental health therapy</p> <p><input type="checkbox"/> Triage services based on mental health needs and maintain the following services as able, using teleservices as appropriate and available:</p>

Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
	<p>physical distancing (2 meters) and use active screening health questions.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Follow measures for the use of vehicles, as per parole office/community corrections.</li> <li><input type="checkbox"/> Complete day-to-day tasks via telework, as appropriate and respecting privacy of health information.</li> <li><input type="checkbox"/> Continue to consult and collaborate with health services staff, case management and community service providers, as required.</li> <li><input type="checkbox"/> As appropriate and required, clients are encouraged to access provincial/territorial community health services for additional support, in cases of emergency and afterhours.</li> </ul>	<p>physical distancing (2 meters) and use active screening health questions.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Suspend in-home visits.</li> <li><input type="checkbox"/> Follow measures for the use of vehicles, as per parole office/community corrections.</li> <li><input type="checkbox"/> Complete day-to-day tasks via telework, as appropriate and respecting privacy of health information.</li> <li><input type="checkbox"/> Continue to consult and collaborate with health services staff, case management and community service providers, as required.</li> <li><input type="checkbox"/> As appropriate and required, clients are encouraged to access provincial/territorial community health services for additional support, in cases of emergency and afterhours.</li> </ul>	<p>teleservices as appropriate and available:</p> <ul style="list-style-type: none"> <li>• Triage new referrals</li> <li>• Review caseloads to prioritize service delivery based on offender need and available resources, with an effort to provide response to high priority mental health needs;</li> <li>• Respond to offenders at risk for suicide and/or self injury according to relevant professional standards;</li> <li>• Provide services to offenders with PBC conditions to prevent breaches in conditions and those with higher risk of reoffending; and</li> <li>• Continue assessing specific circumstances on a case-by-case basis, including by telephone if possible</li> </ul> <p><input type="checkbox"/> Follow measures outlined in the direction provided to community corrections when meeting in-person with offenders to maintain physical distancing (2 meters) and use active screening health questions.</p> <p><input type="checkbox"/> Suspend in-home visits.</p> <p><input type="checkbox"/> Follow measures for the use of vehicles, as per parole office/community corrections.</p>	<ul style="list-style-type: none"> <li>• Triage new referrals</li> <li>• Review caseloads to prioritize service delivery based on offender need and available resources, with an effort to provide services in response to high priority mental health needs;</li> <li>• Respond to offenders at risk for suicide and/or self injury according to relevant professional standards;</li> <li>• Provide services to offenders with PBC conditions to prevent breaches in conditions and those with higher risk of reoffending; and</li> <li>• Continue assessing specific circumstances on a case-by-case basis, including by telephone if possible</li> </ul> <p><input type="checkbox"/> Follow measures outlined in the direction provided to community corrections when meeting in-person with offenders to maintain physical distancing (2 meters) and use active screening health questions.</p> <p><input type="checkbox"/> Suspend in-home visits.</p> <p><input type="checkbox"/> Follow measures for the use of vehicles, as per parole office/community corrections.</p>

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
				<ul style="list-style-type: none"> <li><input type="checkbox"/> Suspend in-home visits.</li> <li><input type="checkbox"/> Follow measures for the use of vehicles, as per parole office/community corrections.</li> <li><input type="checkbox"/> Complete day-to-day tasks via telework, as appropriate and respecting privacy of health information.</li> <li><input type="checkbox"/> Continue to consult and collaborate with health services staff, case management and community service providers, as required. As appropriate and required, clients are encouraged to access provincial/territorial community health services for additional support, in cases of emergency and afterhours</li> <li><input type="checkbox"/> As appropriate and required, clients are encouraged to access provincial/territorial community health services for additional support, in cases of emergency and afterhours</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete day-to-day tasks via telework, as appropriate and respecting privacy of health information.</li> <li><input type="checkbox"/> Continue to consult and collaborate with health services staff, case management and community service providers, as required. As appropriate and required, clients are encouraged to access provincial/territorial community health services for additional support, in cases of emergency and afterhours</li> <li><input type="checkbox"/> As appropriate and required, clients are encouraged to access provincial/territorial community health services for additional support, in cases of emergency and afterhours.</li> </ul>
<b>Group Mental Health Treatment</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Routine group mental health therapy.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Modified group mental health therapy</li> <li><input type="checkbox"/> Follow measures outlined in the direction provided to community corrections when</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Suspend group mental health therapy</li> <li><input type="checkbox"/> Identify any individuals who require supplemental one-on-one follow up in the absence</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Suspend group mental health therapy until the outbreak is over</li> <li><input type="checkbox"/> Identify any individuals who require supplemental one-on-</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Suspend group mental health therapy until the outbreak is over</li> <li><input type="checkbox"/> Identify any individuals who require supplemental one-on-</li> </ul>

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
		<p>meeting in-person with offenders to maintain physical distancing (2 meters) and use active screening health questions.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> As appropriate and required, clients are encouraged to access provincial/territorial community health services for additional support, in cases of emergency and afterhours.</li> </ul>	<p>of group mental health therapy.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Prioritize high risk or vulnerable patients for follow up care at the usual or greater frequency.</li> <li><input type="checkbox"/> As appropriate and required, clients are encouraged to access provincial/territorial community health services for additional support, in cases of emergency and afterhours.</li> </ul>	<p>one follow up in the absence of group mental health therapy.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Prioritize high risk or vulnerable patients for follow up care at the usual or greater frequency.</li> <li><input type="checkbox"/> As appropriate and required, clients are encouraged to access provincial/territorial community health services for additional support, in cases of emergency and afterhours.</li> </ul>	<p>one follow up in the absence of group mental health therapy.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Prioritize high risk or vulnerable patients for follow up care at the usual or greater frequency.</li> <li><input type="checkbox"/> As appropriate and required, clients are encouraged to access provincial/territorial community health services for additional support, in cases of emergency and afterhours.</li> </ul>

**Assessments**

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
<b>Intake - New Warrants of Committal or Returns to Federal Custody</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Routine intake procedures.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Modified intake procedures</li> <li><input type="checkbox"/> Patients are pre-screened for COVID-19 in provincial jail.</li> <li><input type="checkbox"/> Patients are screened by Operations and by Health (using COVID-19 Screening Form for use by Healthcare, which includes temperature screening) at reception centre or intake unit.</li> <li><input type="checkbox"/> Patients are placed in medical isolation for 14 days. Daily medical isolation wellness assessments are completed by a healthcare professional and documented in the EMR.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Modified intake procedures</li> <li><input type="checkbox"/> Patients are pre-screened for COVID-19 in provincial jail.</li> <li><input type="checkbox"/> Patients are screened by Operations and by Health (using COVID-19 Screening Form for use by Healthcare, which includes temperature screening) at reception centre or intake unit.</li> <li><input type="checkbox"/> Patients are placed in medical isolation for 14 days. Daily medical isolation wellness assessments are completed by a healthcare professional and documented in the EMR.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Modified intake procedures</li> <li><input type="checkbox"/> Patients are pre-screened for COVID-19 in provincial jail.</li> <li><input type="checkbox"/> Patients are screened by Operations and by Health (using COVID-19 Screening Form for use by Healthcare, which includes temperature screening) at reception centre or intake unit.</li> <li><input type="checkbox"/> Patients are placed in medical isolation for 14 days. Daily medical isolation wellness assessments are completed by a healthcare professional and documented in the EMR.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Modified intake procedures</li> <li><input type="checkbox"/> Patients are pre-screened for COVID-19 in provincial jail.</li> <li><input type="checkbox"/> Patients are screened by Operations and by Health (using COVID-19 Screening Form for use by Healthcare, which includes temperature screening) at reception centre or intake unit.</li> <li><input type="checkbox"/> Patients are placed in medical isolation for 14 days. Daily medical isolation wellness assessments are completed by a healthcare professional and documented in the EMR.</li> </ul>

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
		<ul style="list-style-type: none"> <li><input type="checkbox"/> Patients are offered a tested for COVID-19 at Day 10-12 of their medical isolation, as per the COVID-19 Testing Strategy. Results should be received before transferring the patient to their parent institution.</li> <li><input type="checkbox"/> Intake assessments, including 1244, should be completed within 24 hours, as per routine procedures. CoMHIS testing and Mental Health Assessments should be completed as per routine procedures.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Patients are offered a test for COVID-19 at Day 10-12 of their medical isolation, as per the COVID-19 Testing Strategy. Results should be received before transferring the patient to their parent institution.</li> <li><input type="checkbox"/> Intake assessments, including 1244, should be completed within 24 hours, as per routine procedures. CoMHIS testing can be delayed if necessary. If testing was not completed, documentation of reasons should be placed in the EMR. Mental Health Assessments should be completed as per routine procedures, prioritizing patients by clinical need as needed.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Patients are offered a test for COVID-19 at Day 10-12 of their medical isolation, as per the COVID-19 Testing Strategy. Results should be received before transferring the patient to their parent institution. NOTE: Avoid transfers to and from outbreak institutions.</li> <li><input type="checkbox"/> Intake assessments, including 1244 should be completed within 24 hours, as per routine procedures.</li> <li><input type="checkbox"/> CoMHIS testing can be delayed if necessary. If testing was not completed, documentation of reasons should be placed in the EMR.</li> <li><input type="checkbox"/> The comprehensive Mental Health Assessment done at intake may be delayed if necessary, but should be prioritized by urgency or clinical need. Rationale for the delay should be documented in the EMR.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Patients are offered a test for COVID-19 at Day 10-12 of their medical isolation, as per the COVID-19 Testing Strategy. Results should be received before transferring the patient to their parent institution. NOTE: Avoid transfers to and from outbreak institutions.</li> <li><input type="checkbox"/> Intake assessments, including 1244, should be completed within 24 hours, as per routine procedures.</li> <li><input type="checkbox"/> CoMHIS testing can be delayed if necessary. If testing was not completed, documentation of reasons should be placed in the EMR.</li> <li><input type="checkbox"/> The comprehensive Mental Health Assessment done at intake may be delayed if necessary, but should be prioritized by urgency or clinical need. Rationale for the delay should be documented in the EMR.</li> </ul>
<b>Medical Isolation Wellness Assessments</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Discontinue Medical Isolation Wellness Assessments (MIWAs).</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Implement MIWAs for any patients on medical isolation</li> <li><input type="checkbox"/> MIWAs occur at the following frequency (at minimum), for the full duration of medical isolation:</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Implement MIWAs for any patients on medical isolation, with the following considerations:</li> <li><input type="checkbox"/> MIWAs occur at the following frequency (at minimum), for</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Implement MIWAs for any patients on medical isolation, with the following considerations:</li> <li><input type="checkbox"/> MIWAs occur at the following frequency (at minimum), for</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Implement MIWAs for any patients on medical isolation, with the following considerations:</li> <li><input type="checkbox"/> MIWAs occur at the following frequency (at minimum), for</li> </ul>

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
		<ul style="list-style-type: none"> <li>• Symptomatic and COVID-19 confirmed patients: Twice per day</li> <li>• Asymptomatic close contacts and new intakes: Once per day</li> </ul> <input type="checkbox"/> Completed by a healthcare professional and documented in the EMR.	the full duration of medical isolation: <ul style="list-style-type: none"> <li>• Symptomatic and COVID-19 confirmed patients: Twice per day</li> <li>• Asymptomatic close contacts and new intakes: Once per day</li> </ul> <input type="checkbox"/> Completed by a healthcare professional and documented in the EMR.	the full duration of medical isolation: <ul style="list-style-type: none"> <li>• Symptomatic and COVID-19 confirmed patients: Twice per day</li> <li>• Asymptomatic close contacts and new intakes: Once per day</li> </ul> <input type="checkbox"/> Completed by a healthcare professional and documented in the EMR.	the full duration of medical isolation: <ul style="list-style-type: none"> <li>• Symptomatic and COVID-19 confirmed patients: Twice per day</li> <li>• Asymptomatic close contacts and new intakes: Once per day</li> </ul> <input type="checkbox"/> Completed by a healthcare professional and documented in the EMR.
<b>Wellness Assessment for Patients at High-Risk for Severe COVID-19 Illness</b>	<input type="checkbox"/> Discontinue wellness assessments for patients at high-risk of severe COVID-19 illness.	<input type="checkbox"/> Discontinue wellness assessments for patients at high-risk of severe COVID-19 illness. <input type="checkbox"/> Institutional health services are expected to maintain and continually update a list of high-risk patients, in preparation for the introduction of COVID-19 into the local community or institution.	<input type="checkbox"/> Implement wellness assessments for patients at high-risk of severe COVID-19 illness <input type="checkbox"/> Assessments should take place, at minimum, three times per week. <input type="checkbox"/> Completed by a healthcare professional and documented in the EMR.	<input type="checkbox"/> Implement wellness assessments for patients at high-risk of severe COVID-19 illness <input type="checkbox"/> Assessments should take place, at minimum, three times per week. <input type="checkbox"/> Completed by a healthcare professional and documented in the EMR.	<input type="checkbox"/> Implement wellness assessments for patients at high-risk of severe COVID-19 illness <input type="checkbox"/> Assessments should take place, at minimum, three times per week. <input type="checkbox"/> Completed by a healthcare professional and documented in the EMR.
<b>SIU Assessments</b>	<input type="checkbox"/> SIU assessments as per routine procedures.	<input type="checkbox"/> SIU assessments as per routine procedures. <input type="checkbox"/> To facilitate physical distancing when performing the assessment, the clinician should request that the patient stand 2 meters from the door.	<input type="checkbox"/> SIU assessments as per routine procedures. <input type="checkbox"/> To facilitate physical distancing when performing the assessment, the clinician should request that the patient stand 2 meters from the door.	<input type="checkbox"/> Modified SIU assessments <input type="checkbox"/> As much as possible, maintain SIU assessments as per routine procedures. <input type="checkbox"/> If unable to maintain regular assessment schedule due to operational limitations, prioritize SIU assessments as follows:	<input type="checkbox"/> Modified SIU assessments <input type="checkbox"/> As much as possible, maintain SIU assessments as per routine procedures. <input type="checkbox"/> If unable to maintain regular assessment schedule due to operational limitations, prioritize SIU assessments as follows:

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
				<ul style="list-style-type: none"> <li>• Complete the 24 hour assessment and continue daily assessments</li> <li>• Delay the SIU 14-day assessment if necessary; however, the daily assessment is an opportunity to monitor the patient and if the any mental health deterioration is detected, completed the SIU 14-day assessment immediately.</li> <li>• Delay the SIU 28-day assessment if necessary, but ensure the assessment is completed at some point during the admission.</li> <li>• Document the rationale for any delays in the EMR.</li> </ul> <input type="checkbox"/> To facilitate physical distancing when performing the assessment, the clinician should request that the patient stand 2 meters from the door.	<ul style="list-style-type: none"> <li>• Complete the 24 hour assessment and continue daily assessments</li> <li>• Delay the SIU 14-day assessment if necessary; however, the daily assessment is an opportunity to monitor the patient and if the any mental health deterioration is detected, completed the SIU 14-day assessment immediately.</li> <li>• Delay the SIU 28-day assessment if necessary, but ensure the assessment is completed at some point during the admission.</li> <li>• Document the rationale for any delays in the EMR.</li> </ul> <input type="checkbox"/> To facilitate physical distancing when performing the assessment, the clinician should request that the patient stand 2 meters from the door.
<b>Self-Injury and Suicide Risk Assessments</b>	<input type="checkbox"/> Routine self-injury and suicide risk assessments.	<input type="checkbox"/> Routine self-injury and suicide risk assessments, taking into account the risk mitigation and control measures detailed above, under <u>Foundational Measures</u>	<input type="checkbox"/> Routine self-injury and suicide risk assessments, taking into account the risk mitigation and control measures detailed above, under <u>Foundational Measures</u>	<input type="checkbox"/> Routine self-injury and suicide risk assessments, taking into account the risk mitigation and control measures detailed above, under <u>Foundational Measures</u>	<input type="checkbox"/> Routine self-injury and suicide risk assessments, taking into account the risk mitigation and control measures detailed above, under <u>Foundational Measures</u>
<b>Other mental health assessments</b>	<input type="checkbox"/> Routine mental health assessments.	<input type="checkbox"/> Routine mental health assessments	<input type="checkbox"/> Delay mental health assessment if needed	<input type="checkbox"/> Delay mental health assessment if needed	<input type="checkbox"/> Delay mental health assessment if needed

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
(e.g. intellectual disability, ADHD, comprehensive/differential diagnosis assessment)		<input type="checkbox"/> Individual sessions can take place in a room or area that allows for physical distancing. <input type="checkbox"/> Cleaning/disinfection required between patients (e.g. chairs, tables). <input type="checkbox"/> As appropriate, conduct sessions by telemedicine or virtual service delivery (or use a hybrid approach with virtual and in-person visits).	<input type="checkbox"/> Prioritize assessments based on urgency and patient need. <input type="checkbox"/> Document the rationale for any delays in the EMR. <input type="checkbox"/> Individual sessions can take place in a room or area that allows for physical distancing. <input type="checkbox"/> Cleaning/disinfection required between patients (e.g. chairs, tables). <input type="checkbox"/> As appropriate, conduct sessions by telemedicine or virtual service delivery (or use a hybrid approach with virtual and in-person visits).	<input type="checkbox"/> Prioritize assessments based on urgency and patient need. <input type="checkbox"/> Document the rationale for any delays in the EMR. <input type="checkbox"/> Avoid moving patients as much as possible. See patients from outside their room or in a room at the unit/range level or remotely, with safeguards for confidentiality.	<input type="checkbox"/> Prioritize assessments based on urgency and patient need. <input type="checkbox"/> Document the rationale for any delays in the EMR. <input type="checkbox"/> Avoid moving patients as much as possible. See patients from outside their room or in a room at the unit/range level or remotely, with safeguards for confidentiality.
<b>Discharge / Release</b>	<input type="checkbox"/> Routine discharge/release procedures. <input type="checkbox"/> Secure outpatient follow-up and medication supply, as necessary	<input type="checkbox"/> Routine discharge/release procedures <input type="checkbox"/> Follow measures as outlined in the document <a href="#">Discharge planning for COVID-19: Health services practice reminder</a> <input type="checkbox"/> Offer voluntary COVID-19 testing to all patients prior to release. <input type="checkbox"/> Secure outpatient follow-up, as necessary <input type="checkbox"/> Ensure access to medication supply, as necessary <ul style="list-style-type: none"> <li>NHQ-Pharmacy recommends that prescriptions be provided on release, with the duration of the</li> </ul>	<input type="checkbox"/> Routine discharge/release procedures <input type="checkbox"/> Follow measures as outlined in the document <a href="#">Discharge planning for COVID-19: Health services practice reminder</a> <input type="checkbox"/> Offer voluntary COVID-19 testing to all patients prior to release. <input type="checkbox"/> Secure outpatient follow-up, as necessary <input type="checkbox"/> Ensure access to medication supply, as necessary <ul style="list-style-type: none"> <li>NHQ-Pharmacy recommends that prescriptions be provided on release, with the duration of the</li> </ul>	<input type="checkbox"/> Routine discharge/release procedures <input type="checkbox"/> Follow measures as outlined in the document <a href="#">Discharge planning for COVID-19: Health services practice reminder</a> <input type="checkbox"/> Offer voluntary COVID-19 testing to all patients prior to release. <input type="checkbox"/> Secure outpatient follow-up, as necessary <input type="checkbox"/> Ensure access to medication supply, as necessary <ul style="list-style-type: none"> <li>NHQ-Pharmacy recommends that prescriptions be provided on release, with the duration of the</li> </ul>	<input type="checkbox"/> Routine discharge/release procedures <input type="checkbox"/> Follow measures as outlined in the document <a href="#">Discharge planning for COVID-19: Health services practice reminder</a> <input type="checkbox"/> Offer voluntary COVID-19 testing to all patients prior to release. <input type="checkbox"/> Secure outpatient follow-up, as necessary <input type="checkbox"/> Ensure access to medication supply, as necessary <ul style="list-style-type: none"> <li>NHQ-Pharmacy recommends that prescriptions be provided on release, with the duration of the prescription (e.g. 3-6 months) to be at discretion of physician or</li> </ul>

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
		prescription (e.g. 3-6 months) to be at discretion of physician or nurse practitioner, taking into consideration the current situation regarding challenges in accessing the healthcare system in the community.	prescription (e.g. 3-6 months) to be at discretion of physician or nurse practitioner, taking into consideration the current situation regarding challenges in accessing the healthcare system in the community.	prescription (e.g. 3-6 months) to be at discretion of physician or nurse practitioner, taking into consideration the current situation regarding challenges in accessing the healthcare system in the community.	nurse practitioner, taking into consideration the current situation regarding challenges in accessing the healthcare system in the community.

**Risk Assessments**

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
<b>Psychological Risk Assessments</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Routine procedures for psychological risk assessments.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Modified procedures for psychiatric risk assessments</li> <li><input type="checkbox"/> In-person assessments can take place in a room or area that allows for physical distancing.</li> <li><input type="checkbox"/> Cleaning/disinfection required between patients (e.g. chairs, tables).</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Modified procedures for psychological risk assessments</li> <li><input type="checkbox"/> In-person assessments can take place in a room or area that allows for physical distancing.</li> <li><input type="checkbox"/> Cleaning/disinfection required between patients (e.g. chairs, tables).</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Modified procedures for psychological risk assessments</li> <li><input type="checkbox"/> Avoid moving patients as much as possible. See patients in a room at the unit/range level or remotely, with safeguards for confidentiality.</li> <li><input type="checkbox"/> In-person assessments can take place in a room or area that allows for physical distancing.</li> <li><input type="checkbox"/> Cleaning/disinfection required between patients (e.g. chairs, tables).</li> <li><input type="checkbox"/> Using clinical judgement, psychologists may use videoconference or teleconference technology to conduct assessments, as per <a href="#">Psychological Risk Assessments and COVID-19 Social Distancing Measures</a>, recognizing that there are limitations to virtual assessments.</li> <li><input type="checkbox"/> Considerations for virtual service delivery include the nature of the individual patient’s case and circumstances, access to and infrastructure for virtual</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Modified procedures for psychological risk assessments</li> <li><input type="checkbox"/> Avoid moving patients as much as possible. See patients in a room at the unit/range level or remotely, with safeguards for confidentiality.</li> <li><input type="checkbox"/> In-person assessments can take place in a room or area that allows for physical distancing.</li> <li><input type="checkbox"/> Cleaning/disinfection required between patients (e.g. chairs, tables).</li> <li><input type="checkbox"/> Using clinical judgement, psychologists may use videoconference or teleconference technology to conduct assessments, as per <a href="#">Psychological Risk Assessments and COVID-19 Social Distancing Measures</a>, recognizing that there are limitations to virtual assessments.</li> <li><input type="checkbox"/> Considerations for virtual service delivery include the nature of the individual patient’s case and circumstances, access to and infrastructure for virtual technology at the operational site, the risk of COVID-19 transmission (e.g. is the patient symptomatic), and the current</li> </ul>

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
				technology at the operational site, the risk of COVID-19 transmission (e.g. is the patient symptomatic), and the current level of restrictions in the local community.	level of restrictions in the local community.
<b>Psychiatric Risk Assessment</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Routine procedures for psychiatric risk assessments.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Modified procedures for psychiatric risk assessments, with the following considerations:               <ul style="list-style-type: none"> <li><input type="checkbox"/> In-person assessments can take place in a room or area that allows for physical distancing.</li> <li><input type="checkbox"/> Cleaning/disinfection required between patients (e.g. chairs, tables).</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Modified procedures for psychiatric risk assessments, with the following considerations:               <ul style="list-style-type: none"> <li><input type="checkbox"/> In-person assessments can take place in a room or area that allows for physical distancing.</li> <li><input type="checkbox"/> Cleaning/disinfection required between patients (e.g. chairs, tables).</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Modified procedures for psychiatric risk assessments, with the following considerations:               <ul style="list-style-type: none"> <li><input type="checkbox"/> Avoid moving patients as much as possible. See patients in a room at the unit/range level or remotely, with safeguards for confidentiality.</li> <li><input type="checkbox"/> In-person assessments can take place in a room or area that allows for physical distancing.</li> <li><input type="checkbox"/> Cleaning/disinfection required between patients (e.g. chairs, tables).</li> <li><input type="checkbox"/> Using clinical judgement, psychiatrists may use videoconference or teleconference technology to conduct assessments, as per <a href="#">Psychological Risk Assessments and COVID-19 Social Distancing Measures</a>, recognizing that there are limitations to virtual assessments.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Modified procedures for psychiatric risk assessments, with the following considerations:               <ul style="list-style-type: none"> <li><input type="checkbox"/> Avoid moving patients as much as possible. See patients in a room at the unit/range level or remotely, with safeguards for confidentiality.</li> <li><input type="checkbox"/> In-person assessments can take place in a room or area that allows for physical distancing.</li> <li><input type="checkbox"/> Cleaning/disinfection required between patients (e.g. chairs, tables).</li> <li><input type="checkbox"/> Using clinical judgement, psychiatrists may use videoconference or teleconference technology to conduct assessments, as per <a href="#">Psychological Risk Assessments and COVID-19 Social Distancing Measures</a>, recognizing that there are limitations to virtual assessments.</li> <li><input type="checkbox"/> Considerations for virtual service delivery include, the</li> </ul> </li> </ul>

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
				<input type="checkbox"/> Considerations for virtual service delivery include, the nature of the individual patient’s case and circumstances, access to and infrastructure for virtual technology at the operational site, the risk of COVID-19 transmission (e.g. is the patient symptomatic), and the current level of restrictions in the local community.	nature of the individual patient’s case and circumstances, access to and infrastructure for virtual technology at the operational site, the risk of COVID-19 transmission (e.g. is the patient symptomatic), and the current level of restrictions in the local community.

## INFRASTRUCTURE AND MAINTENANCE

### Facilities and Maintenance

This framework is for:

- Maintenance activities carried out by CSC staff; Public Services and Procurement Canada and contractors; CORCAN construction services, offenders and contractors;
- IM/IT maintenance activities using CSC staff, Shared Services Canada and contractors; and
- Electronic Security System maintenance using contractors.

**NOTE:** Essential maintenance is defined as maintenance tasks, mandated preventative maintenance and inspections that are critical to the well-being, health, safety and security of staff and offenders.

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
<b>Maintenance</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Routine procedures for facilities maintenance.</li> <li><input type="checkbox"/> Contractors/ staff to comply with standing orders.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Inmates may work with facilities maintenance staff, when required, provided they follow all IPC measures.</li> <li><input type="checkbox"/> Vehicles, equipment, and tools are assigned to a single individual, or, to the minimum number of staff needed for safe use.</li> <li><input type="checkbox"/> Organize maintenance tasks with adequate spacing between each task to maintain appropriate physical distancing.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Where possible, implement a two-team roster for maintenance staff. Two rosters with limited or no overlap between the staff groups, to reduce the transmission risk between groups. Where trades staff numbers are limited, this may not be possible and they may be required to work at more than one operational site.</li> <li><input type="checkbox"/> Supervisors are to closely track facilities maintenance staff who work at multiple operational sites to isolate them from others as much as possible.</li> <li><input type="checkbox"/> Contractors are permitted to perform only emergency/essential maintenance.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Where possible, implement a two-team roster approach, where possible.</li> <li><input type="checkbox"/> Staff working in the infected area, should only work in the infected area.</li> <li><input type="checkbox"/> Contractors are permitted to perform only emergency/essential maintenance.</li> <li><input type="checkbox"/> In the event of an emergency, local discussions will occur to consider if inmates may complete snow removal/maintenance.</li> <li><input type="checkbox"/> All items to be repaired or maintained that are accessible to staff or inmates, (i.e. sink, toilet, lighting, etc.) must be cleaned/disinfected prior to maintenance/repairs are undertaken.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Only essential facilities maintenance will be performed.</li> <li><input type="checkbox"/> Limited facilities maintenance staff at institution, emergency calls only.</li> <li><input type="checkbox"/> Staff who have worked in the outbreak institution will only be permitted to work at a different work institution following a 14-day waiting period or after negative test result.</li> <li><input type="checkbox"/> In the event of an emergency, local discussions will occur to consider if inmates may complete snow removal/maintenance.</li> </ul>

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
			<input type="checkbox"/> Local contractors may perform maintenance tasks where there is no close contact with inmates and limited contact with staff.	<input type="checkbox"/> Vehicles and equipment to be cleaned before and after use. <input type="checkbox"/> Where possible, institutional staff and offenders are to vacate work area during maintenance activities, unless impossible for operational reasons (e.g. controls posts, etc.)	

**Construction**

This framework is for:

- Construction projects using Public Services and Procurement Canada and contractors; CORCAN construction services, offenders and contractors;
- IM/IT projects using Shared Services Canada and contractors; and
- Electronic Security System projects using contractors.

**NOTE:** Essential construction project is defined as construction activities that are critical to the well-being, health, safety and security of staff and offenders.

	Low Risk – Green	Low-Moderate Risk Mitigation Strategies - Grey	Moderate Risk Mitigation Strategies - Yellow	Moderate-High Risk Mitigation Strategies –Orange	High Risk Mitigation Strategies – Red
<b>Construction – new projects decision framework</b>	<input type="checkbox"/> New projects initiated or continuation of projects determined in accordance with the approved decision framework (Annex B)	<input type="checkbox"/> New projects initiated or continuation of projects determined in accordance with the approved decision framework (Annex B)	<input type="checkbox"/> New projects initiated or continuation of projects determined in accordance with the approved decision framework (Annex B)	<input type="checkbox"/> New projects initiated or continuation of projects in non-COVID zones determined in accordance with the approved decision framework (Annex B)	<input type="checkbox"/> No projects started at a site where there is an outbreak.
<b>Construction projects</b> <b>Note:</b> Major construction projects are required to follow all applicable measures from the <a href="#">Canadian Construction</a>	<input type="checkbox"/> Routine procedures for construction projects. <input type="checkbox"/> Contractors/ staff to comply with standing orders.	<input type="checkbox"/> Vehicles, equipment, and tools are assigned to a single individual, or, to the minimum number of staff needed for safe use.	<input type="checkbox"/> Ongoing projects may continue if contractors have limited to no close contact with inmates and staff. <input type="checkbox"/> If there is any contact, Public Health will be	<input type="checkbox"/> All ongoing construction projects to be suspended for a minimum of 5 days to assess situation. <input type="checkbox"/> An assessment will occur to determine if projects may	<input type="checkbox"/> All construction projects to suspend activities for a minimum of 14 days.