

Department of Justice and Public Safety – Adult Corrections Division
Temporary Safe Work Practice



Covid-19 Cleaning Practices for Adult Corrections Staff

Hazards Identified	Covid-19 exposure from contaminated surfaces
PPE Required	As per manufacturer's instructions – see below
Training	None specific to this task
Potentially Exposed Employees	Adult Corrections Staff

Safe Work Practice

Respiratory illnesses like COVID-19 are transmitted through:

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

To help control the spread of Covid-19, all employees have a shared responsibility to help ensure the cleanliness of shared resources.

High touch surfaces

In addition to routine cleaning, surfaces that have frequent contact with hands are recommended be cleaned and disinfected based on potential exposure.

- Management and staff are expected to assess their work area and apply disinfection protocols as required.
- Examples may include telephones, doorknobs, hand rails, elevator buttons, light switches, toilet handles, counters, handcuffs, photo copiers, computer equipment, and other areas/items that are identified as potential sources of contamination.

Shared equipment

Shared items such as computers, laptops, radios, telephones, are recommended to be cleaned by each employee before and after use.

Vehicles

Where possible, open windows during pre-use inspections to assist with natural ventilation of the vehicle cab prior to use.

Vehicle interiors (high touch surfaces that are likely to be contaminated) are recommended to be cleaned by the employee before and after use. At a minimum, be sure to clean the following: door handles, steering wheel, sun visor, gear shift, park brake, screens/buttons, and control pads.

While using an institutional vehicle, practice good hygiene and proper cough and sneeze etiquette - cover your mouth and nose with your arm when coughing and sneezing.

Cleaning Products

A list of disinfectants for use against Covid-19 can be found on the Government of Canada's website - <https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/list.html>

The following disinfectant products are approved for use in an Adult Corrections environment:

- Diversey Inc. VIROX 5:
 - Diluted 1:16
 - 5 minute contact time disinfection
 - [SDS](#)
- Diversey Inc. OXIVIR PLUS DISINFECTANT CLEANER CONCENTRATE:
 - Diluted 1:40
 - 5 minute contact time disinfection
 - [SDS](#)
- ITW Permatex Spray Nine:
 - Ready to use
 - 30 second contact time to kill viruses
 - [SDS](#)
- Unscented household liquid bleach (diluted):
 - 75 ml (5 tablespoons) bleach per 4 Liters of water or
 - 20 ml (4 teaspoons) bleach per 1 liter of water
 - 10 minute contact time disinfection
 - [SDS](#)

Follow manufacturer's instructions for handling & personal protective equipment requirements.

- Consult product packaging and follow all manufacture instructions prior to use.
- Where possible, use pre-mixed solutions. If you mix a product, due so based on manufacturer's instructions.
- Follow manufacturer's instructions for application and proper ventilation.
- Employees must be familiar with first aid precautions for the specific products that they are using.

- Employees must use all necessary PPE, as prescribed by the manufacturer.
- Do not mix chemical cleaners with other cleaners or additives, as it may create toxic gases or chemical reactions.

Diana Hillons

Assistant Superintendent

Date Issued: 2020/03/20

Date Revised: 2020/04/02

Next Review Date: Ongoing as required



LAVO
11900 Boul. Saint-Jean Baptiste
Montréal, QC, H1C 2J3
CANADA
1-800-361-6898

PRODUCT: OLD DUTCH Bleach

CODE: ODF00-0115

SECTION 01: CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME:..... OLD DUTCH Bleach
 PRODUCT CODE(S)..... OD F00-0115
 RECOMMENDED USE:..... Laundry and Household bleach. Domestic use.
 MANUFACTURING NAME AND ADDRESS:..... LAVO
 11900 Boul. Saint-Jean-Baptiste
 Montréal, QC, H1C 2J3
 CANADA
 1-800-361-6898
 24 HOUR EMERGENCY NUMBER:..... CANUTEC 24-Hour Number: 613-996-6666.

SECTION 02: HAZARD IDENTIFICATION



SIGNAL WORD..... WARNING.
 GHS CLASSIFICATION:..... Skin Corrosion/Irritation Category 2. Eye Irritation Category 2. Acute aquatic toxicity Category 2.
 HAZARD STATEMENTS..... H315+H320 Causes skin and eye irritation. H401 Toxic to aquatic life.
 PRECAUTIONARY STATEMENTS..... P501: Dispose of contents/container to an approved waste disposal plant.

SECTION 03: COMPOSITION/INFORMATION ON INGREDIENTS

HAZARDOUS INGREDIENTS	CAS #	WT. %
Sodium Hypochlorite	7681-52-9	1.0-3.0
Sodium Hydroxide	1310-73-2	<0.5

SECTION 04: FIRST AID MEASURES

ROUTES OF EXPOSURE..... Eye, Skin, Ingestion and Inhalation.
 INHALATION..... Remove victim to fresh air. If not breathing give artificial respiration or oxygen by trained personnel. Get immediate medical attention. Call a poison center or physician.
 EYE CONTACT..... Immediately hold eyelids open and flush with water for at least 15 minutes. Check for and remove any contact lenses if easy to do. Consult a physician.
 SKIN CONTACT..... Remove contaminated clothing and wash before reuse. Wash affected area immediately with large amounts of soap and water. Consult a physician.
 INGESTION..... Call IMMEDIATELY a poison centre or a doctor. Do not induce vomiting or give anything by mouth to an unconscious person. Rinse out mouth with water.
 ACUTE SYMPTOMS/EFFECTS
 Eyes:..... May irritate eyes.
 Ingestion:..... May be harmful if swallowed.
 Skin:..... Causes skin burns. Causes skin irritation.
 Inhalation:..... Inhalation of high concentrations of fumes or mists may cause severe irritation and corrosive damage to the nose, throat and upper respiratory tract.
 DELAYED SYMPTOMS/EFFECTS..... Prolonged or repeated contact may cause drying, cracking and de fatting of the skin.
 GENERAL ADVICE:..... Consult a physician. Show this safety data sheet to the doctor.

SECTION 05: FIRE FIGHTING MEASURES

CONDITIONS OF FLAMMABILITY..... Non-flammable substance. Non combustible substance.
 SUITABLE EXTINGUISHING MEDIA..... Use fire-extinguishing media appropriate for surrounding materials. Use Water spray, Alcohol-resistant foam, Dry chemical or Carbon dioxide.
 UNSUITABLE EXTINGUISHING MEDIA... Do not use dry chemical extinguishing agents that contain ammonium compounds.
 SPECIAL PROTECTIVE EQUIPMENT Firefighter should wear proper protective equipment and self contained breathing apparatus with full face piece operated in positive pressure mode. Move containers from fire area if safe to do so. Use water to cool fire exposed containers.
 AND PRECAUTIONS FOR FIREFIGHTERS

PRODUCT: OLD DUTCH Bleach

CODE: ODF00-0115

SECTION 05: FIRE FIGHTING MEASURES

HAZARDOUS COMBUSTION PRODUCTS May include and are not limited to: Chlorine; Hydrogen chloride gas; Oxygen; Sodium dioxides.

EXPLOSION HAZARDS:

Sensitivity to static discharge:..... No information available.
Sensitivity to mechanical impact: No information available.

SECTION 06: ACCIDENTAL RELEASE MEASURES

PERSONNAL PRECAUTIONS:..... Restrict access to area until completion of clean up. Evacuate personnel to safe areas. Ensure clean up is conducted by trained personnel only. Do not touch and walk through spilled material. All persons dealing with clean up should wear the appropriate protective equipment including self contained breathing apparatus. Do not touch damaged containers or spilled material unless wearing appropriate protective clothing. Use personnel protective equipment. Avoid breathing vapours, mist or gas. Ensure adequate ventilation.

ENVIRONMENTAL PRECAUTIONS:..... Ensure spilled product does not enter drains, sewers, waterways, or confined spaces. If necessary, dike well ahead of the spill to prevent runoff into drains, sewers, or any natural waterway or drinking supply. Prevent further leakage or spillage if safe to do.

METHODS AND MATERIALS FOR CONTAINMENT AND CLEANING Contain and absorb spilled liquid with non combustible, inert absorbent material (e.g. sand), then place absorbent material into a container for later disposal. Flush with water. Do not flush into surface water or sanitary sewer system. Contaminated absorbent material may pose the same hazards as the spilled product. Notify the appropriate authorities as required.

SECTION 07: HANDLING AND STORAGE

HANDLING PROCEDURES..... Use good industrial hygiene practices in handling this material. Do not eat, drink or smoke when using this product. Use in well ventilated areas. Do not get in eyes, on skin or on clothing. Avoid inhalation of mists/vapours/fumes. Wash thoroughly after handling. Keep container tightly closed.

STORAGE NEEDS..... Keep out of reach of children. Protect from sunlight. Keep container tightly closed. Store in a cool, dry and well ventilated area.

STORAGE TEMPERATURE..... <30°C.

SECTION 08: EXPOSURE CONTROLS / PERSONAL PROTECTION

INGREDIENTS	TWA	ACGIH TLV STEL	PEL	OSHA PEL STEL	REL	NIOSH
Sodium Hypochlorite	Information not available	Ceiling: 2 mg/m3	2 mg/m3	Information not available	Information not available	Information not available
Sodium Hydroxide	No information available	2 mg/m3	2 mg/m3	No information available	No information available	No information available
ACGIH TLV:.....	American Conference of Governmental Industrial Hygienists - Threshold Limit Value.					
OSHA PEL:.....	Occupational Safety and Health Administration - Permissible Exposure Limits.					
NIOSH IDLH:.....	Immediately Dangerous to Life or Health.					
ENGINEERING CONTROLS:.....	Use under well-ventilated conditions or with respiratory protection.					
GENERAL HYGIENE CONSIDERATIONS:	Avoid breathing vapor or mist. Avoid contact with skin, eyes and clothing. Remove soiled clothing and wash it thoroughly before reuse. Upon completion of work, wash hands before eating, drinking, smoking or use of toilet facilities. Do not eat, drink, smoke or use cosmetics while working with this product.					
PERSONNAL PROTECTION EQUIPMENT:	As required by employer. Complete suit protecting against chemicals. The type of protective equipment must be selected according to the concentration and amount of the dangerous substance at the specific workspace.					
Eye / Face protection:.....	Wear safety glasses with side shields or goggles.					
Hand protection:.....	Wear protective gloves. Gloves must be inspected prior to use.					
Respiratory protection:.....	Use appropriate respiratory protection if there is the potential to exceed the exposure limit(s). Use a full face respirator with multi-purpose combination or Wear self contained breathing apparatus.					

SECTION 09: PHYSICAL AND CHEMICAL PROPERTIES

APPEARANCE..... Clear liquid. Translucent.
COLOUR..... Colourless to light yellow.
ODOUR..... Weak. Chlorine odor.
ODOUR THRESHOLD (ppm)..... No information available.
pH..... 11.5-13.5.
DENSITY..... 1.03-1.06 g/mL.
% SOLID..... 6.0-8.0.

PRODUCT: OLD DUTCH Bleach

CODE: ODF00-0115

SECTION 09: PHYSICAL AND CHEMICAL PROPERTIES

FREEZING POINT (°C)..... No information available.
 BOILING POINT (°C)..... No information available.
 FLASH POINT (°C), Method..... Not applicable. Product does not sustain combustion.
 EVAPORATION RATE..... No information available.
 VAPOUR PRESSURE (mm Hg)..... < 2.3 kPa (17.5 mm Hg @ 20°C).
 VAPOUR DENSITY (AIR=1)..... Heavier than air.
 SOLUBILITY IN WATER (% W/W)..... Soluble in cold water.
 COEFFICIENT OF WATER/OIL No information available.
 DISTRIBUTION

SECTION 10: STABILITY AND REACTIVITY

CHEMICAL STABILITY..... Stable under the recommended storage and handling conditions prescribed.
 REACTIVITY..... React vigorously with acids. Reacts with amines and ammonia to form explosively unstable compounds. May develop chlorine if mixed with acidic solutions. Contact with some reactive metals may produce flammable hydrogen gas. Corrosive to metals.
 HAZARDOUS POLYMERIZATION..... Hazardous polymerization cannot occur.
 CONDITIONS TO AVOID..... Avoid heat and open flame. Exposure to sunlight. Do not mix with other chemicals.
 INCOMPATIBILITY..... Avoid contact with the following materials: Urea, Ammonia, Amides, Amines, Nitrogen containing compounds, Combustible materials, Organic materials, Metals, Reducing materials, Hydrocarbons materials, Alcohols, Ether. Contact with Magnesium, galvanized Zinc, Tin, Chromium, Brass and Bronze generates explosive Hydrogen.
 HAZARDOUS PRODUCTS OF DECOMPOSITION May include and are not limited to: Hydrogen chloride, Chlorine gas, Sodium dioxide.

SECTION 11: TOXICOLOGICAL INFORMATION

INGREDIENTS	LC50	LD50
Sodium Hypochlorite	Inhalation Rat > 10.5 mg/kg;	Oral Rat: 8200 mg/kg; Oral Mice: 5800 mg/kg; Dermal Rat:>2000 mg/kg; Dermal >10000 mg/kg Rabbit;
Sodium Hydroxide	No information available	Oral Rat 300-500mg/kg;Dermal Rabbit >2000mg/kg
ROUTE OF EXPOSURE.....	Eyes, skin, respiratory system and digestive system.	
POTENTIAL EFFECTS ON HUMANS		
Eye contact.....	Causes severe eye damage.	
Skin contact.....	Causes skin irritation.	
Inhalation.....	Harmful if inhaled. May cause respiratory tract irritation or chemical burns.	
Ingestion.....	Harmful if swallowed. May cause severe irritation and corrosive damage to mouth, throat and stomach.	
CHRONIC EFFECTS ON HUMANS.....	Safe handling of this material on a long term basis should emphasize the prevention of all contact with this material to avoid any effects from repetitive acute exposures.	
SENSITIZATION.....	No information available. May cause an allergic skin reaction (e.g. hives, rash) in some hypersensitive individuals. No information available to indicate product or components may be respiratory sensitizers.	
TARGET ORGANS.....	Contains material which may cause damage to the following organs: upper respiratory tract, skin, eye, lens of cornea and stomach.	
CARCINOGENICITY.....	No evidence of carcinogenic effects.	
Carcinogen classification code		
American Conference of Governmental ... Industrial Hygienists, ACGIH	A4 - Not classifiable as a human carcinogen (Sodium Hypochlorite). No component of this product present at levels greater than or equal to 0.1% is identified as a carcinogen or potential carcinogen by ACGIH.	
International Agency for Research on Cancer, IARC	3 - Group 3: Not classifiable as to its carcinogenicity to humans (Sodium Hypochlorite).	
MUTAGENICITY.....	No information available.	
REPRODUCTIVE EFFECTS.....	No information available.	
TERATOGENICITY.....	No information available.	
SPECIFIC TARGET ORGANS TOXICITY - Single exposure	No information available.	
SPECIFIC TARGET ORGANS TOXICITY - Repeated exposure	No information available.	
ASPIRATION HAZARD.....	No information available.	
SIGNS AND SYMPTOMS OF EXPOSURE	Burning sensation, Cough, Wheezing, Laryngitis, Shortness of breath, Spasm, Inflammation and Edema of the Larynx, Inflammation and Edema of the bronchi and Pneumony edema. Symptoms may include abdominal pain, vomiting, burns, perforations, bleeding and eventually death.	
SYNERGISTIC MATERIALS.....	No information available.	

PRODUCT: OLD DUTCH Bleach

CODE: ODF00-0115

SECTION 12: ECOLOGICAL INFORMATION

ECOTOXICITY DATA, Sodium Hypochlorite: Acute 96Hrs LC50 Rainbow trout: 0.030 - 0.070 mg/L.
 Acute 48Hrs LC50 Daphnia magna: 0.032 - 0.036 mg/L.
 ECOTOXICITY DATA, Sodium Hydroxide: Acute 96Hrs LC50 fish Guppy Poecilia reticulata: 196 mg/L.
 Chronic 96Hrs NOEC fish Guppy Poecilia reticulata: 56 mg/L.
 MOBILITY IN SOIL: No information available.
 BIODEGRADABILITY: No information available.
 BIOACCUMULATION: No information available.
 OTHER ADVERSE EFFECTS: Very toxic to aquatic life with long lasting effects.

SECTION 13: DISPOSAL CONSIDERATIONS

WASTE DISPOSAL: The disposal of the product must be made in an approved sanitary landfill or in a foundry in accordance with state, provincial and/or federal regulations.

SECTION 14: TRANSPORT INFORMATION

Domestic Substances list, DSL: All components of this product are either on the Domestic Substances List, the Non Domestic Substances List or exempt.
 TDG CLASSIFICATION: Not regulated.
 DOT US: Department of Transport US: Not regulated.
 IMDG: International Maritime Dangerous Goods: Not regulated.
 IATA: International Air Transportation Association: Not regulated.

SECTION 15: REGULATORY INFORMATION

WHMIS CLASSIFICATION: This product has been classified in accordance with the hazard criteria of the Controlled Products Regulations and this document contains all the information required by the Controlled Products Regulations. Class E: Corrosive Material. Class D-2B: Toxic material Causing other toxic effects.

SECTION 16: OTHER INFORMATION

BLEACH1: F00-0115/0117/0167/0168/0190/0191/
 DISCLAIMER: The information in the Safety Data Sheet is offered for your consideration and guidance when exposed to this product. Lavo Inc. expressly disclaims all expressed or implied warranties for the accuracy or completeness of the data contained herein and assumes no responsibilities for any involved damages by above data. Product's users have to do their own tests to establish the applicability of the information for a specific use of the product. MSDS data does not apply to use with any other product or in any other process.
 PREPARED BY: Regulatory Affairs
 PREPARATION DATE: AUG 02/2018

MATERIAL SAFETY DATA SHEET



VIROX 5 (CAN) - (1:16 Dilution)

HMIS		NFPA	Personal protective equipment
Health	0	0	None / Aucune / Ninguno
Flammability	0	0	
Physical Hazard / Instability	0	0	

Version Number: 1

Preparation date: 2018-01-03

1. PRODUCT AND COMPANY IDENTIFICATION

Product name:	VIROX 5 (CAN) - (1:16 Dilution)
SDS #:	MS0300104D
Product Code:	2963741, 53801 (1:16 Dil.)
Recommended use:	Disinfectant Cleaner. NOTICE: THIS MSDS APPLIES ONLY TO THE STATED USE DILUTION. FOR HAZARDS OF CONCENTRATE SEE PRIMARY PRODUCT MSDS. This MSDS is based on the hazards of the most concentrated use solution specified on the label. As such, it is representative of the hazards for all other use dilutions specified on the label.
Manufacturer, importer, supplier:	
US Headquarters Diversey, Inc. 8310 16th St. Sturtevant, Wisconsin 53177-1964 Phone: 1-888-352-2249 MSDS Internet Address: www.diversey.com	Canadian Headquarters Diversey, Inc. - Canada 3755 Laird Road Units 8-11 Mississauga, Ontario L5L 0B3 Phone: 1-800-668-7171
Emergency telephone number:	1-800-851-7145; 1-651-917-6133 (Int'l)

2. HAZARDS IDENTIFICATION

EMERGENCY OVERVIEW

The product contains no substances which at their given concentration, are considered to be hazardous to health.

Principal routes of exposure:	Eye contact. Skin contact. Inhalation. Ingestion.
Eye contact:	None known.
Skin contact:	None known.
Inhalation:	None known.
Ingestion:	None known.

3. COMPOSITION/INFORMATION ON INGREDIENTS

Ingredient(s)	CAS #	Weight %	LD50 Oral - Rat (mg/kg)	Acute dermal (mg/kg)	LC50 Inhalation - Rat
Hydrogen peroxide	7722-84-1	0.1 - 1.5 %	1193	2001	=2 g/m ³ (4 h)

4. FIRST AID MEASURES

Eye contact:	Rinse with plenty of water.
Skin contact:	Rinse with plenty of water.
Inhalation:	No specific first aid measures are required.
Ingestion:	No specific first aid measures are required.
Aggravated Medical Conditions:	None known.

5. FIRE-FIGHTING MEASURES

Suitable extinguishing media: The product is not flammable. Extinguish fire using agent suitable for surrounding fire.
Specific hazards: Decomposition releases oxygen, which may intensify fire.
Unusual hazards: None known.

Special protective equipment for firefighters: As in any fire, wear self-contained breathing apparatus pressure-demand, MSHA/NIOSH (approved or equivalent) and full protective gear.

Extinguishing media which must not be used for safety reasons: No information available.

6. ACCIDENTAL RELEASE MEASURES

Personal precautions: Not applicable.
Environmental precautions and clean-up methods: Clean-up methods - large spillage. Use appropriate containment to avoid environmental contamination. Absorb spill with inert material (e.g. dry sand or earth), then place in a chemical waste container. Use a water rinse for final clean-up.

7. HANDLING AND STORAGE

Handling: Handle in accordance with good industrial hygiene and safety practice. FOR COMMERCIAL AND INDUSTRIAL USE ONLY.

Storage: Protect from freezing. Keep tightly closed in a dry, cool and well-ventilated place. KEEP OUT OF REACH OF CHILDREN.

8. EXPOSURE CONTROLS / PERSONAL PROTECTION

Engineering measures to reduce exposure:

No special ventilation requirements.

Personal Protective Equipment

Eye protection: No special requirements under normal use conditions.
Hand protection: No special requirements under normal use conditions
Skin and body protection: No special requirements under normal use conditions.
Respiratory protection: No special requirements under normal use conditions.
Hygiene measures: Handle in accordance with good industrial hygiene and safety practice.

Ingredient(s)	CAS #	ACGIH	OSHA	Mexico
Hydrogen peroxide	7722-84-1	1 ppm (TWA)	1 ppm (TWA) 1.4 mg/m ³ (TWA)	2 ppm (STEL) 3 mg/m ³ (STEL) 1 ppm (TWA) 1.5 mg/m ³ (TWA)

9. PHYSICAL AND CHEMICAL PROPERTIES

Physical State: Liquid
Appearance: Liquid Aqueous solution
Specific gravity: No information available
Vapor density: No information available
Boiling point/range: Not determined
Decomposition temperature: Not determined Not applicable
Solubility: Completely Soluble
Solubility in other solvents: No information available
Partition coefficient (n-octanol/water): No information available
Elemental Phosphorus: 0.11 % by wt.
pH: 1.8
Explosion limits: - upper: Not determined - lower: Not determined

Bulk density: No information available
Evaporation Rate: No information available
Color: Clear, Colorless
Odor: Characteristic
Melting point/range: Not determined
Autoignition temperature: No information available
Density: No information available.
Flash point (°F): > 200 °F > 93.3 °C
Viscosity: No information available
VOC: 0 % *
Dilution pH: No information available.

* - Title 17, California Code of Regulations, Division 3, Chapter 1, Subchapter 8.5, Article 2, Consumer Products, Sections 94508

10. STABILITY AND REACTIVITY

Stability: The product is stable
Polymerization: Hazardous polymerization does not occur.
Hazardous decomposition products: Oxygen.
Materials to avoid: Ammonia. Bases. Reducing agents. Do not mix with chlorinated products (such as bleach).
Conditions to avoid: Do not freeze.

11. TOXICOLOGICAL INFORMATION

Acute toxicity:	Oral LD50 estimated to be greater than 5000 mg/kg. Dermal LD50 estimated to be > 2000 mg/kg.
Component Information:	See Section 3.
Chronic toxicity:	None known
Specific effects	
Carcinogenic effects:	None known
Mutagenic effects:	None known
Reproductive toxicity:	None known
Target organ effects:	None known

12. ECOLOGICAL INFORMATION

Environmental Information: No data available.

13. DISPOSAL CONSIDERATIONS

Waste from residues / unused products (undiluted product):

PESTICIDAL WASTE - Observe all applicable Federal/Provincial/State regulations and Local/Municipal ordinances regarding disposal of pesticide wastes.

14. TRANSPORT INFORMATION

DOT/TDG/IMDG: Not Applicable.

DOT (Ground) Bill of Lading Description: NON REGULATED ITEM

IMDG (Ocean) Bill of Lading Description: NON REGULATED ITEM

15. REGULATORY INFORMATION

International Inventories at CAS# Level

All components of this product are listed on the following inventories: U.S.A. (TSCA), Canada (DSL/NDSL).

Canadian Regulations

WHMIS hazard class: Non-controlled.

16. OTHER INFORMATION

Reason for revision:	Not applicable
Prepared by:	NAPRAC
Additional advice:	<ul style="list-style-type: none"> This product has been classified in accordance with hazard criteria of the Controlled Products Regulations and the MSDS contains all the information required by the Controlled Products Regulations

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MATERIAL SAFETY DATA SHEET



Oxivir Plus Disinfectant Cleaner Concentrate (CAN)

HMIS		NFPA	Personal protective equipment
Health	N/A	3	
Flammability	N/A	0	
Physical Hazard / Instability	N/A	0	

Version Number: 4

Preparation date: 2017-01-06

1. PRODUCT AND COMPANY IDENTIFICATION

Product name: Oxivir Plus Disinfectant Cleaner Concentrate (CAN)

SDS #: MS0301296

Product Code: 5919024, 5919032, 5919041, 5919059, 5919067

Recommended use: Disinfectant Cleaner. This product is intended to be diluted prior to use.

Manufacturer, importer, supplier:

US Headquarters Diversey, Inc. P.O. Box 19747 Charlotte, NC 28219-0747 Phone: 1-888-352-2249 SDS Internet Address: https://sds.sealedair.com	Canadian Headquarters Diversey, Inc. - Canada 3755 Laird Road Mississauga, Ontario L5L 0B3 Phone: 1-800-668-7171
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Emergency telephone number: 1-800-851-7145; 1-651-917-6133 (Int'l)

2. HAZARDS IDENTIFICATION

EMERGENCY OVERVIEW

DANGER. CORROSIVE TO EYES. CAUSES EYE BURNS. MAY BE MILDLY IRRITATING TO SKIN. HARMFUL OR FATAL IF SWALLOWED. USE ONLY IN WELL-VENTILATED AREAS.

Principal routes of exposure: Eye contact. Skin contact. Inhalation.

Eye contact: Corrosive. Causes permanent eye damage, including blindness.

Skin contact: May be mildly irritating to skin.

Inhalation: May cause irritation and corrosive effects to nose, throat and respiratory tract.

Ingestion: Corrosive. Causes burns to mouth, throat and stomach.

3. COMPOSITION/INFORMATION ON INGREDIENTS

Ingredient(s)	CAS #	Weight %	LD50 Oral - Rat (mg/kg)	Acute dermal (mg/kg)	LC50 Inhalation - Rat
Hydrogen peroxide	7722-84-1	5 - 10%	1193	No data available	=2 g/m ³ (4 h)
2-Hydroxybenzoic Acid	69-72-7	1 - 5%	891	No data available	>900 mg/m ³ (1 h)
Sulfuric acid	7664-93-9	0.1 - 1.5 %	2140	No data available	=510 mg/m ³ (2 h)

4. FIRST AID MEASURES

Eye contact: Immediately wash out with water for at least 15 minutes. Get medical attention immediately.

Skin contact: Immediately flush with plenty of water. Wash thoroughly with soap and water after handling. If irritation persists, get medical attention.

Inhalation: If breathing is affected, remove to fresh air. Get medical attention immediately.

Ingestion: If swallowed, rinse mouth. Give a cupful of water or milk. THEN IMMEDIATELY CONTACT A PHYSICIAN OR POISON CENTER. DO NOT induce vomiting unless directed to do so by medical personnel. Never give anything by mouth to an unconscious person.

Notes to physician: Probable mucosal damage may contraindicate the use of gastric lavage. Measures against circulatory shock, respiratory depression and convulsion may be needed.

Aggravated Medical Conditions: Individuals with chronic respiratory disorders such as asthma, chronic bronchitis, emphysema, etc.,

may be more susceptible to irritating effects.

5. FIRE-FIGHTING MEASURES

Suitable extinguishing media: The product is not flammable. Extinguish fire using agent suitable for surrounding fire.
Specific hazards: Decomposition releases oxygen, which may intensify fire.
Unusual hazards: None known.

Special protective equipment for firefighters: As in any fire, wear self-contained breathing apparatus pressure-demand, MSHA/NIOSH (approved or equivalent) and full protective gear.

Extinguishing media which must not be used for safety reasons: No information available.

6. ACCIDENTAL RELEASE MEASURES

Personal precautions: Use personal protective equipment.
Environmental precautions and clean-up methods: Clean-up methods - large spillage. Absorb spill with inert material (e.g. dry sand or earth), then place in a chemical waste container. Use a water rinse for final clean-up.

7. HANDLING AND STORAGE

Handling: Avoid contact with skin, eyes and clothing. Do not taste or swallow. Avoid breathing vapors or mists. Use only with adequate ventilation. Remove and wash contaminated clothing and footwear before re-use. Wash thoroughly after handling. Product residue may remain on/in empty containers. All precautions for handling the product must be used in handling the empty container and residue. Mix only with water. DO NOT MIX WITH AMMONIA, BLEACH, OR OTHER CHLORINATED COMPOUNDS. Can react to release chlorine gas. FOR COMMERCIAL AND INDUSTRIAL USE ONLY.

Storage: Protect from freezing. Keep tightly closed in a dry, cool and well-ventilated place. KEEP OUT OF REACH OF CHILDREN.

8. EXPOSURE CONTROLS / PERSONAL PROTECTION

Engineering measures to reduce exposure:

Good general ventilation should be sufficient to control airborne levels. Respiratory protection is not required if good ventilation is maintained.

Personal Protective Equipment

Eye protection: Chemical-splash goggles.
Hand protection: Chemical-resistant gloves
Skin and body protection: If major exposure is possible, wear suitable protective clothing and footwear.
Respiratory protection: In case of insufficient ventilation wear suitable respiratory equipment. A respiratory protection program that meets OSHA's 29 CFR 1910.134 and ANSI Z88.2 requirements must be followed whenever workplace conditions warrant a respirator's use.
Hygiene measures: Handle in accordance with good industrial hygiene and safety practice.

Ingredient(s)	CAS #	ACGIH	OSHA	Mexico
Hydrogen peroxide	7722-84-1	1 ppm (TWA)	1 ppm (TWA) 1.4 mg/m ³ (TWA)	2 ppm (STEL) 3 mg/m ³ (STEL) 1 ppm (TWA) 1.5 mg/m ³ (TWA)
Sulfuric acid	7664-93-9	0.2 mg/m ³ (TWA)	1 mg/m ³ (TWA)	1 mg/m ³ (TWA)

9. PHYSICAL AND CHEMICAL PROPERTIES

Physical State: Liquid
Appearance: Liquid Aqueous solution
Specific gravity: 1.037
Vapor density: No information available
Boiling point/range: Not determined
Decomposition temperature: Not determined
Solubility: Completely Soluble
Solubility in other solvents: No information available
Partition coefficient (n-octanol/water): No information available
Elemental Phosphorus: 0.09 % by wt.
pH: 0.45
Explosion limits: - upper: Not determined - lower: Not determined

Bulk density: No information available
Evaporation Rate: No information available
Color: Clear Colorless
Odor: Surfactant
Melting point/range: Not determined
Autoignition temperature: No information available
Density: 8.65 lbs/gal 1.037 Kg/L
Flash point (°F): > 200 °F > 93.3 °C
Viscosity: No information available
VOC: Not applicable
Dilution pH: 2.2 @ 1:40

10. STABILITY AND REACTIVITY

Stability:	The product is stable
Polymerization:	Hazardous polymerization does not occur.
Hazardous decomposition products:	Oxygen.
Materials to avoid:	Ammonia. Do not mix with chlorinated products (such as bleach). Bases.
Conditions to avoid:	Keep away from heat.

11. TOXICOLOGICAL INFORMATION

Acute toxicity:	Corrosive to eyes. Oral LD50 estimated to be 3000 - 4000 mg/kg. Dermal LD50 estimated to be > 2000 mg/kg.
Component Information:	See Section 3.
Chronic toxicity:	None known
Specific effects	
Carcinogenic effects:	None known
Mutagenic effects:	None known
Reproductive toxicity:	None known
Target organ effects:	None known

Ingredient(s)	CAS #	NTP	IARC	OSHA
Sulfuric acid	7664-93-9	X	1	

12. ECOLOGICAL INFORMATION

Environmental Information: No data available.

13. DISPOSAL CONSIDERATIONS

Waste from residues / unused products (undiluted product):

This product, as sold, if discarded or disposed, is a hazardous waste according to Federal regulations (40 CFR 261.4 (b)(4)). Dispose in compliance with all Federal, state, provincial, and local laws and regulations.

RCRA Hazard Class (undiluted product): D002 Corrosive Waste

14. TRANSPORT INFORMATION

DOT/TDG/IMDG: Proper shipping descriptions can vary by pack size. Please refer to the Diversey HazMat Library, <http://naextranet.diversey.com/dot/>, for up to date shipping information.

DOT (Ground) Bill of Lading Description: DISINFECTANTS

IMDG (Ocean) Bill of Lading Description: DISINFECTANTS

15. REGULATORY INFORMATION

International Inventories at CAS# Level

All components of this product are listed on the following inventories: U.S.A. (TSCA), Canada (DSL).

Canadian Regulations

WHMIS hazard class: Exempt.

Ingredient(s)	CAS #	NPRI
Sulfuric acid	7664-93-9	X

DIN No. : 02403684

16. OTHER INFORMATION

Reason for revision:	Not applicable
Prepared by:	NAPRAC
Additional advice:	<ul style="list-style-type: none"> • Does not contain an added fragrance • This product has been classified in accordance with hazard criteria of the Controlled Products Regulations and the MSDS contains all the information required by the Controlled Products

Regulations

Notice to Reader: This document has been prepared using data from sources considered technically reliable. It does not constitute a warranty, express or implied, as to the accuracy of the information contained within. Actual conditions of use and handling are beyond seller's control. User is responsible to evaluate all available information when using product for any particular use and to comply with all Federal, State, Provincial and Local laws and regulations.



SAFETY DATA SHEET

Revision Date 04-Sep-2015

Version 3

1. IDENTIFICATION

Product identifier

Product Name Spray Nine® 32 fl.oz

Other means of identification

Product Code 26810

Synonyms None

Recommended use of the chemical and restrictions on use

Recommended Use Cleaner

Uses advised against No information available

Details of the supplier of the safety data sheet

Manufacturer Address

ITW Permatex
6875 Parkland Blvd.
Solon, OH 44139 USA

Distributor

ITW Permatex Canada
35 Brownridge Road, Unit 1
Halton Hills, ON Canada L7G 0C6
Telephone: (800) 924-6994

Company Phone Number

1-87-Permatex
(877) 376-2839

24 Hour Emergency Phone Number

Chem-Tel: 800-255-3924
International Emergency:
00+1+ 813-248-0585
Contract Number: MIS0003453

E-mail address

mail@permatex.com

2. HAZARDS IDENTIFICATION

Classification

OSHA Regulatory Status

This chemical is not considered hazardous by the 2012 OSHA Hazard Communication Standard (29 CFR 1910.1200)

Label elements

Emergency Overview

The product contains no substances which at their given concentration, are considered to be hazardous to health

Appearance Clear

Physical state Liquid

Odor Citrus

Precautionary Statements - Storage

Store in a well-ventilated place. Keep container tightly closed

Precautionary Statements - Disposal

Dispose of contents/container to an approved waste disposal plant

Hazards not otherwise classified (HNOC)

Not applicable

Other Information

- Not applicable

3. COMPOSITION/INFORMATION ON INGREDIENTS**substance(s)**

Chemical Name	CAS No	Weight-%	Trade Secret
WATER	7732-18-5	60 - 100	*
ETHOXYLATED C9-C11 ALCOHOLS	68439-46-3	1 - 5	*
DIPROPYLENE GLYCOL MONOBUTYL ETHER	29911-28-2	1 - 5	*

*The exact percentage (concentration) of composition has been withheld as a trade secret.

4. FIRST AID MEASURES**Description of first aid measures**

General advice	Get medical advice/attention if you feel unwell.
Eye contact	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. If eye irritation persists: Get medical advice/attention.
Skin contact	IF ON SKIN: Wash skin with soap and water. If skin irritation persists, call a physician. Wash contaminated clothing before reuse.
Inhalation	IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing. If symptoms persist, call a physician.
Ingestion	IF SWALLOWED: Do NOT induce vomiting. Never give anything by mouth to an unconscious person. Call a physician.
Self-protection of the first aider	Use personal protective equipment as required.

Most important symptoms and effects, both acute and delayed

Symptoms See section 2 for more information.

Indication of any immediate medical attention and special treatment needed

Note to physicians Treat symptomatically.

5. FIRE-FIGHTING MEASURES**Suitable extinguishing media**Carbon dioxide (CO₂), Dry chemical, Foam**Unsuitable extinguishing media**

None.

Specific hazards arising from the chemical

None in particular.

Explosion data

Sensitivity to Mechanical Impact None.
Sensitivity to Static Discharge None.

Protective equipment and precautions for firefighters

As in any fire, wear self-contained breathing apparatus pressure-demand, MSHA/NIOSH (approved or equivalent) and full protective gear.

6. ACCIDENTAL RELEASE MEASURES

Personal precautions, protective equipment and emergency procedures

Personal precautions Avoid contact with eyes and skin. Wash thoroughly after handling.

Environmental precautions

Environmental precautions Do not flush into surface water or sanitary sewer system. See Section 12 for additional ecological information.

Methods and material for containment and cleaning up

Methods for containment Prevent further leakage or spillage if safe to do so.

Methods for cleaning up Ensure adequate ventilation. Soak up with inert absorbent material. Sweep up and shovel into suitable containers for disposal.

Prevention of secondary hazards Clean contaminated objects and areas thoroughly observing environmental regulations.

7. HANDLING AND STORAGE

Precautions for safe handling

Advice on safe handling Handle in accordance with good industrial hygiene and safety practice. Avoid contact with skin and eyes.

Conditions for safe storage, including any incompatibilities

Storage Conditions Keep from freezing.

Incompatible materials Strong oxidizing agents

8. EXPOSURE CONTROLS/PERSONAL PROTECTION

Control parameters**Exposure Guidelines**

NIOSH IDLH Immediately Dangerous to Life or Health

Other Information

Vacated limits revoked by the Court of Appeals decision in AFL-CIO v. OSHA, 965 F.2d 962 (11th Cir., 1992).

Appropriate engineering controls

Engineering Controls Eyewash stations

Individual protection measures, such as personal protective equipment

Eye/face protection Tight sealing safety goggles.

Skin and body protection Wear protective natural rubber, nitrile rubber, Neoprene™ or PVC gloves.

Respiratory protection Use NIOSH-approved air-purifying respirator with organic vapor cartridge or canister, as appropriate.

General Hygiene Considerations Handle in accordance with good industrial hygiene and safety practice. Regular cleaning of

equipment, work area and clothing is recommended.

9. PHYSICAL AND CHEMICAL PROPERTIES

Information on basic physical and chemical properties

Physical state	Liquid
Appearance	Clear
Odor	Citrus
Odor threshold	No information available

<u>Property</u>	<u>Values</u>	<u>Remarks • Method</u>
pH	No information available	
Melting point / freezing point	No information available	
Boiling point / boiling range	100 °C / 212 °F	
Flash point	> 93 °C / > 200 °F	Tag Closed Cup
Evaporation rate	< 1	Butyl acetate = 1
Flammability (solid, gas)	No information available	
Flammability Limit in Air		
Upper flammability limit:	No information available	
Lower flammability limit:	No information available	
Vapor pressure	18 mm Hg	
Vapor density	>1	Air = 1
Relative density	1.02 g/ml	
Water solubility	Soluble in water	
Solubility in other solvents	No information available	
Partition coefficient	No information available	
Autoignition temperature	No information available	
Decomposition temperature	No information available	
Kinematic viscosity	No information available	
Dynamic viscosity	No information available	
Explosive properties	No information available	
Oxidizing properties	No information available	

Other Information

Softening point	No information available
Molecular weight	No information available
VOC Content (%)	<0.5%
Density	No information available
Bulk density	No information available

10. STABILITY AND REACTIVITY

Reactivity

No data available

Chemical stability

Stable under recommended storage conditions

Possibility of Hazardous Reactions

None under normal processing.

Conditions to avoid

Keep from freezing.

Incompatible materials

Strong oxidizing agents

Hazardous Decomposition Products

Carbon oxides

11. TOXICOLOGICAL INFORMATION

Information on likely routes of exposure

Inhalation	May cause irritation of respiratory tract.
Eye contact	Contact with eyes may cause irritation. May cause redness and tearing of the eyes.
Skin contact	May cause skin irritation and/or dermatitis.
Ingestion	Ingestion may cause irritation to mucous membranes.

Chemical Name	Oral LD50	Dermal LD50	Inhalation LC50
WATER 7732-18-5	> 90 mL/kg (Rat)	-	-
ETHOXYLATED C9-C11 ALCOHOLS 68439-46-3	= 1378 mg/kg (Rat) = 1400 mg/kg (Rat)	> 2 g/kg (Rabbit)	-
DIPROPYLENE GLYCOL MONONBUTYL ETHER 29911-28-2	= 1620 µL/kg (Rat)	= 5860 µL/kg (Rabbit)	= 42.1 ppm (Rat) 4 h

Information on toxicological effects

Symptoms No information available.

Delayed and immediate effects as well as chronic effects from short and long-term exposure

Sensitization No information available.
Germ cell mutagenicity No information available.
Carcinogenicity This product contains one or more substances which are classified by IARC as carcinogenic to humans (Group I), probably carcinogenic to humans (Group 2A) or possibly carcinogenic to humans (Group 2B).

The following values are calculated based on chapter 3.1 of the GHS document .

ATEmix (oral) 39421 mg/kg
 ATEmix (dermal) 76980 mg/kg

12. ECOLOGICAL INFORMATION

Ecotoxicity

3.17 % of the mixture consists of components(s) of unknown hazards to the aquatic environment

Chemical Name	Algae/aquatic plants	Fish	Crustacea
DIPROPYLENE GLYCOL MONONBUTYL ETHER 29911-28-2	-	841: 96 h Poecilia reticulata mg/L LC50 static	-

Persistence and degradability

No information available.

Bioaccumulation

No information available.

Mobility

No information available.

Other adverse effects

No information available

13. DISPOSAL CONSIDERATIONS

Waste treatment methods

Disposal of wastes	Disposal should be in accordance with applicable regional, national and local laws and regulations.
Contaminated packaging	Do not reuse container.
US EPA Waste Number	Not applicable

14. TRANSPORT INFORMATION

DOT

Proper shipping name: Not regulated

IATA

Proper shipping name: Not regulated

IMDG

Proper shipping name: Not regulated

15. REGULATORY INFORMATION

International Inventories

TSCA	Complies
DSL/NDSL	Complies
EINECS/ELINCS	Not determined
ENCS	Not determined
IECSC	Complies
KECL	Not determined
PICCS	Not determined
AICS	Not determined

Legend:

TSCA - United States Toxic Substances Control Act Section 8(b) Inventory
DSL/NDSL - Canadian Domestic Substances List/Non-Domestic Substances List
EINECS/ELINCS - European Inventory of Existing Chemical Substances/European List of Notified Chemical Substances
ENCS - Japan Existing and New Chemical Substances
IECSC - China Inventory of Existing Chemical Substances
KECL - Korean Existing and Evaluated Chemical Substances
PICCS - Philippines Inventory of Chemicals and Chemical Substances
AICS - Australian Inventory of Chemical Substances

US Federal Regulations**SARA 313**

Section 313 of Title III of the Superfund Amendments and Reauthorization Act of 1986 (SARA). This product does not contain any chemicals which are subject to the reporting requirements of the Act and Title 40 of the Code of Federal Regulations, Part 372

SARA 311/312 Hazard Categories

Acute health hazard	Yes
Chronic Health Hazard	No
Fire hazard	No
Sudden release of pressure hazard	No
Reactive Hazard	No

CWA (Clean Water Act)

This product contains the following substances which are regulated pollutants pursuant to the Clean Water Act (40 CFR 122.21 and 40 CFR 122.42)

CERCLA

This material, as supplied, contains one or more substances regulated as a hazardous substance under the Comprehensive Environmental Response Compensation and Liability Act (CERCLA) (40 CFR 302)

US State Regulations**California Proposition 65**

This product contains the following Proposition 65 chemicals

Chemical Name	California Proposition 65
ETHANOL - 64-17-5	Carcinogen Developmental

U.S. State Right-to-Know Regulations

Chemical Name	New Jersey	Massachusetts	Pennsylvania
SODIUM HYDROXIDE 1310-73-2	X	X	X
ETHANOL 64-17-5	X	X	X

U.S. EPA Label Information

EPA Pesticide Registration Number 6659-3

EPA Statement

This chemical is a pesticide product registered by the Environmental Protection Agency and is subject to certain labeling requirements under federal pesticide law. These requirements differ from the classification criteria and hazard information required for safety data sheets, and for workplace labels of non-pesticide chemicals.

WHMIS Hazard Class

Non-controlled

16. OTHER INFORMATION, INCLUDING DATE OF PREPARATION OF THE LAST REVISION
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<u>NFPA</u>	Health hazards 1	Flammability 1	Instability 0	-
<u>HMIS</u>	Health hazards 1	Flammability 1	Physical hazards 0	Personal protection B

NFPA (National Fire Protection Association)

HMIS (Hazardous Material Information System)

Revision Date 04-Sep-2015

Disclaimer

The information provided in this Safety Data Sheet is correct to the best of our knowledge, information and belief at the date of its publication. The information given is designed only as a guidance for safe handling, use, processing, storage, transportation, disposal and release and is not to be considered a warranty or quality specification. The information relates only to the specific material designated and may not be valid for such material used in combination with any other materials or in any process, unless specified in the text.

End of Safety Data Sheet



Department of Justice and Public Safety – Adult Corrections Division
Temporary Safe Work Practice
St. John’s City Lock-up

Use of SJLU as the primary triage/screening point for Adult Corrections

Hazards Identified	Covid-19 exposure
PPE Required	- As dictated by assessed risk (described and field level) - As per manufacturer’s instructions (Chemical use)
Training	None specific to the task
Potentially Exposed Employees	Adult Corrections Staff

Safe Work Practice

Definitions:

- **Universal precautions:** An approach to infection control where all human bodily fluids are treated as if they are known to be infectious.

Standard Personal Protective Equipment: Gloves.
Additional Personal Protective Equipment: As identified by field level risk assessment.

- **Contact Precautions:** Infection prevention and control measures used in addition to universal precautions, intended to prevent transmission of infectious agents which are spread by direct or indirect contact.

Standard Personal Protective Equipment: Gloves, procedural mask.
Additional Personal Protective Equipment: N95 mask (for aerosol-generating procedures), isolation gown, eye protection.

- **Droplet Precautions:** Infection prevention and control measures used in addition to universal precautions, intended to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions.

Standard Personal Protective Equipment: Gloves, isolation gown, boot covers, procedural mask, eye protection.
Additional Personal Protective Equipment: N95 mask (for aerosol-generating procedures)

Respiratory illnesses like COVID-19 are transmitted through:

- Respiratory droplets generated when you cough or sneeze

- Close, personal contact, such as touching or shaking hands
- Touching something with the virus on it, then touching your mouth, nose or eyes before washing your hands

To help control the spread of Covid-19, all employees have a shared responsibility to help ensure the cleanliness of shared resources.

Carriers of the COVID-19 virus may exhibit two or more of the following symptoms:

- Fever (or signs of a fever, including chills, sweats, muscle aches, lightheadedness);
- Cough;
- Headache;
- Sore throat;
- Painful swallowing;
- Runny nose;
- Diarrhea;
- Loss of sense of smell or taste;
- Unexplained loss of appetite; or
- Small red or purple spots on the hands and/or feet.

Post Contact Information:

The following information should help guide you if, through the course of your duties, you encounter a suspected or confirmed COVID-19 patient:

- You may return home at the end of your shift. Self-isolation is not required unless symptoms are present.
- If at any time you develop symptoms consistent with COVID-19 you should immediately take steps to self-isolate yourself and contact 811 for further advice. Information regarding self-isolation is available by clicking [here](#). You may also complete the online self-assessment tool by visiting the following link: <https://www.811healthline.ca/covid-19-self-assessment/>

Triage and screening

All new admissions to the SJLU will have a screening questionnaire completed by the CO2 on duty. Based on the available information, all newly admitted prisoners will be assigned a color code according to the following criteria:

- **RED (suspected carrier of COVID-19):** Prisoners who are either symptomatic, required to be isolated in accordance with the screening questionnaire, [REDACTED] s.31(1)(a);(l);(n)
- **YELLOW (isolation):** Prisoners who are not symptomatic, have successfully completed the screening questionnaire and are not required to be isolated. All new admissions shall be assigned a **YELLOW** triage code by default, unless they meet the criteria for **RED** status. **YELLOW** status dictates that there are no signs indicating that the prisoner is a carrier of COVID-19, but are still required to be closely monitored for symptoms.
- **GREEN (assess for transfer):** Prisoners who have completed the fourteen (14) day observation period *and* have been assessed by a qualified medical professional.

Color coded stickers indicating the prisoners triage status shall be affixed to the prisoner's admission card and to their printed offender status sheet.

Prisoners may have their triage status changed under the following criteria:

- **RED to YELLOW:** Prisoners who have not passed an initial screening questionnaire but have had a COVID-19 test come back negative and are not symptomatic.
- [REDACTED] s.31(1)(a);(l);(n)
- **YELLOW to GREEN:** Prisoners who have completed the fourteen (14) day observation period *and* have been assessed by a qualified medical professional.
- **YELLOW or GREEN to RED:** Prisoners who have become symptomatic while in custody.

Admission process:

All new admissions to the SJLU will follow the below protocol without exception:

- Lockup staff, and the accompanying/arresting agency member(s) shall adhere to contact precaution P.P.E. requirements for the duration of the admission process. Additional P.P.E. will be utilized as identified by field level risk assessment.
- Prisoners shall be instructed to remain on the bench during the admission process and are not to approach the counter unless required.
- All new admissions must have a screening questionnaire completed.

- Where possible, prisoners shall be provided with a new bar of soap and a clean towel, and placed in a single cell. Prisoners assigned a triage code of **RED** will be placed in cell #1 or #11 whenever possible.

Medical Attention:

- The H.M.P. Medical Unit (or Duty Captain after hours) shall be notified any time a prisoner is assigned a triage code of **RED**.
- Prisoners assigned a triage code of **RED** are to be confined to their cell pending medical assessment. Confined prisoners will not exit their assigned cell unless it is for medical treatment or a court appearance.
- Any prisoner who is symptomatic will be assessed by a qualified medical professional to determine if a COVID-19 test is required.

Prisoner interaction:

- Staff shall adhere to contact precaution P.P.E. standards during **all** prisoner interaction without exception. Additional PPE will be utilized as identified by field level risk assessment.
- Interaction amongst all prisoners shall be kept to a minimum, with no more than one (1) prisoner occupying a common area at a time.
- All prisoners shall be required to wash their hands whenever exiting their assigned cell.
- Prisoners with a **RED** triage status are required to wear a mask and gloves when exiting their assigned cell.

Property Handling:

- Staff shall wear gloves when handling any prisoner property.

Physical Handling:

- During **any** physical handling/use of force situation, staff shall be required to don contact precaution P.P.E. prior to intervening. Additional P.P.E. shall be used as required based on assessed risk.

Civilian and Outside Agency interviews:

- Civilian and outside agency meetings, assessments, and interviews shall be conducted via telephone and video services where available.

- If a civilian or outside agency representative is required to meet with a prisoner face to face, the interviewer shall be required to wear a mask, gloves, and additional P.P.E. as determined by assessed risk.

Shared Resources:

- Any resources, areas, and hard surfaces that are shared amongst prisoners (bench, telephone, shower, etc.) shall be cleaned between uses with an approved disinfectant as outlined in the [COVID-19 Safe Work Practice](#).
- Cleaning products shall be supplied for prisoners to use before and after use of shared resources.

Transfer to H.M. Penitentiary or other Provincial Institution:

- All prisoners shall be assessed by a qualified medical professional (Medical Doctor or Registered Nurse Practitioner) prior to being transported to H.M.P. or to another provincial institution.
- Prisoners with a **YELLOW** triage status may be transferred to H.M.P. or another Provincial institution ahead of the fourteen (14) day isolation period, though they will be required to complete their isolation period in an area designated solely for that purpose.
- Prisoners with a **RED** triage status who test positive for COVID-19 shall be housed in the designated quarantine unit in accordance with the Quarantine Unit Safe Work Practice.
- Only one prisoner shall be housed per vehicle compartment during transfer.
- Any compartment(s) occupied by a prisoner with a **RED** triage status shall be appropriately disinfected after its use.

Enhanced cleaning and disinfection:

- Enhanced cleaning and disinfection shall be completed for any area where a person who has tested positive for COVID-19 is known to have been in the last fourteen (14) days.
- Enhanced cleaning and disinfection shall be completed by an outside contractor as directed by the Department of Transportation and Works.
- Areas that require enhanced cleaning and disinfection shall be closed to all but essential movement.
- To request enhanced cleaning and disinfection services, contact the Captain on Duty.

Personal Protective Equipment:

The following PPE shall be provided for staff use as required:

- Nitrile gloves

- Protective masks (Minimum spec: procedure grade or higher)
- Protective single use gowns
- Protective eyewear.
- Tyvek (or other suitable brand) suits.
- Boot covers.

Reminder: Staff shall practice proper hand hygiene (washing with soap and water, or hand sanitizer when appropriate) before and after use of any PPE.

Additional Resources:

[PPE - Putting it On](#)

[PPE - Taking it Off](#)



Assistant Superintendent

Date Issued: 2020/03/25

Date Revised: 2020/05/15

Next Review Date: Ongoing as required



COVID-19 New Admission Screening Questionnaire

St. John's Lockup

DATE:

NAME OF PRISONER:

DATE OF BIRTH (yyyy/mm/dd):

CONTACT TELEPHONE NUMBER:

ADMITTING OFFICER:

Admitting Officer must read the following statement and questions verbatim:

"Please answer the following questions honestly and to the best of your knowledge. Close contact is defined as any person you were knowingly within six (6) feet or two (2) meters of."

1. In the past fourteen (14) days have you or anyone you have had close contact with been in contact with someone who has COVID-19?
 YES NO DON'T KNOW
2. Have you or anyone you have been in close contact with been advised by a medical professional that you should be self-isolating due to possible exposure to COVID-19?
 YES NO DON'T KNOW
3. In the past fourteen (14) days, have you had a fever, cough, headache, sore throat, painful swallowing, runny nose, diarrhea, loss of sense of smell or taste, loss of appetite, or small red or purple spots on your hands or feet?
 YES NO DON'T KNOW
4. In the past fourteen (14) days, have you been in close contact with anyone who has shown signs of a fever, cough, headache, sore throat, painful swallowing, runny nose, diarrhea, loss of sense of smell or taste, loss of appetite, or small red or purple spots on their hands or feet?
 YES NO DON'T KNOW
5. In the past fourteen (14) days, have you or anyone you have been in close contact with traveled outside of the Atlantic provinces?
 YES NO DON'T KNOW
6. In the past fourteen (14) days, have you or anyone you have been in close contact with attended a gathering of more than one hundred (100) people?
 YES NO DON'T KNOW

s.31(1)(a);(l);(n)

ADMITTING OFFICER SIGNATURE:



Department of Justice and Public Safety – Adult Corrections Division
Temporary Safe Work Practice
H.M. Penitentiary

Mandatory use of Personal Protective Equipment

Hazards Identified	Covid-19 exposure
PPE Required	- Disposable protective mask (procedural grade or higher)
Training	None specific to the task
Potentially Exposed Persons	Adult Corrections Staff, Visitors and Prisoners

Safe Work Practice

Respiratory illnesses like COVID-19 are transmitted through:

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

To help control the spread of Covid-19, all employees have a shared responsibility to help ensure the cleanliness of shared resources.

Carriers of the COVID-19 virus may exhibit two or more of the following symptoms:

- Fever (or signs of a fever, including chills, sweats, muscle aches, lightheadedness);
- Cough;
- Headache;
- Sore throat;
- Painful swallowing;
- Runny nose;
- Diarrhea;

- Loss of sense of smell or taste;
- Unexplained loss of appetite; or
- Small red or purple spots on the hands and/or feet.

Post Contact Information:

The following information should help guide you if, through the course of your duties, you encounter a suspected or confirmed COVID-19 patient:

- You may return home at the end of your shift. Self-isolation is not required unless symptoms are present.
- If at any time you develop symptoms consistent with COVID-19 you should immediately take steps to self-isolate yourself and contact 811 for further advice. Information regarding self-isolation is available by clicking [here](#). You may also complete the online self-assessment tool by visiting the following link: <https://www.811healthline.ca/covid-19-self-assessment/>

Essential Workers and Visitors:

In an effort to reduce the likelihood of the COVID-19 virus being introduced into the institution, H.M. Penitentiary senior management has actioned several protocols to restrict non-essential access. In addition to the daily staffing compliment, some services such as the application of electronic monitoring tools by Probation Officers and repair work by contractors will still require access to the institution. The following protocol has been developed for all persons entering H.M. Penitentiary from the community:

- All persons entering H.M.P. will be provided with a protective mask by the gate Officer.
- Masks are to be worn by all personnel and visitors at all times while on institutional property.
- Persons who decline to wear the provided PPE shall be denied access.
- Used masks shall be disposed of in a designated receptacle in the Gate House upon exit. Masks are not to be disposed of with general garbage.

Additional Resources:

[PPE - Putting it On](#)

[PPE - Taking it Off](#)


Assistant Superintendent

Date Issued: 2020/04/16

Date Revised: 2020/05/15

Next Review Date: Ongoing as required



Department of Justice and Public Safety – Adult Corrections Division

Temporary Safe Work Practice

H.M. Penitentiary

COVID-19 Quarantine Unit at H.M.P.

Hazards Identified	Covid-19 exposure
PPE Required	- Contact and Droplet Precautions - As per manufacturer's instructions (Chemical use)
Training	- Donning/Doffing PPE instructions posted throughout the institution - SWP communication through Intranet & Muster
Potentially Exposed Persons	Adult Corrections Staff

Safe Work Practice

Definitions:

- **Universal precautions:** An approach to infection control where all human bodily fluids are treated as if they are known to be infectious.

Standard Personal Protective Equipment: Gloves.

Additional Personal Protective Equipment: As identified by field level risk assessment.

- **Contact Precautions:** Infection prevention and control measures used in addition to universal precautions, intended to prevent transmission of infectious agents which are spread by direct or indirect contact.

Standard Personal Protective Equipment: Gloves, procedural mask.

Additional Personal Protective Equipment: N95 mask (for aerosol-generating procedures), isolation gown, eye protection.

- **Droplet Precautions:** Infection prevention and control measures used in addition to universal precautions, intended to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions.

Standard Personal Protective Equipment: Gloves, isolation gown, boot covers, procedural mask, eye protection.

Additional Personal Protective Equipment: N95 mask (for aerosol-generating procedures)

Respiratory illnesses like COVID-19 are transmitted through:

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

To help control the spread of Covid-19, all employees have a shared responsibility to help ensure the cleanliness of shared resources.

Carriers of the COVID-19 virus may exhibit two or more of the following symptoms:

- Fever (or signs of a fever, including chills, sweats, muscle aches, lightheadedness);
- Cough;
- Headache;
- Sore throat;
- Painful swallowing;
- Runny nose;
- Diarrhea;
- Loss of sense of smell or taste;
- Unexplained loss of appetite; or
- Small red or purple spots on the hands and/or feet.

Post Contact Information:

The following information should help guide you if, through the course of your duties, you encounter a suspected or confirmed COVID-19 patient:

- You may return home at the end of your shift. Self-isolation is not required unless symptoms are present.
- If at any time you develop symptoms consistent with COVID-19 you should immediately take steps to self-isolate yourself and contact 811 for further advice. Information regarding self-isolation is available by clicking [here](#). You may also complete the online self-assessment tool by visiting the following link: <https://www.811healthline.ca/covid-19-self-assessment/>

Quarantine Unit:

If required, H.M. Penitentiary has designated Living Unit 2A to serve as a quarantine unit for prisoners who test positive for the Novel Coronavirus COVID-19. Due to the highly contagious nature of COVID-19, LU2A access and movement shall be restricted, and strict **Contact and Droplet P.P.E. protocol** is to be followed without exception.

Due to the potential for rapid deterioration of infected prisoners, any notable deterioration in a prisoner's condition shall be reported to the Medical Unit **immediately** (or Duty Captain after hours).

Eligibility for admission:

If a prisoner on isolation becomes symptomatic, staff are to follow the COVID-19 Testing safe work practice. If a COVID-19 test comes back positive, that individual shall immediately be moved to the quarantine unit.

Admission process:

- Prisoners already in custody at H.M.P:
 - Escorting Officers shall don all P.P.E. in accordance with contact and droplet precautions.
 - The prisoner shall be provided a bag for their personal property. Personal property remaining in the cell is considered forfeited, and will be placed in a red biohazard bag to be disposed of.
 - The prisoner's assigned cell shall be locked and access shall be restricted until enhanced cleaning and disinfection is performed by an outside contractor.
 - All institutional bedding and clothing shall be placed in a red biohazard bag and sent to laundry to be washed separately and placed back into general stock.
 - The prisoner shall be escorted to LU2A and assigned a single cell. Prisoners are required to wear a mask and gloves for the duration of the transfer.
 - On arrival to their assigned cell, the prisoner shall be given a new issue of institutional clothing and bedding, as well as a clean towel and new bar of soap.
- Prisoners arriving from another institution or outside agency:
 - Escorting Officers shall don all P.P.E. in accordance with contact and droplet precautions.
 - Prisoners who are confirmed carriers of the COVID-19 virus shall be transported individually, and the transport compartment will be cleaned using an approved disinfectant prior to its next use.
 - Prisoners are required to wear a mask and gloves for the duration of the transfer.

- The prisoner shall be admitted directly to LU2A via the fire door. The prisoner is not to be walked through the prison.
- On arrival to the unit, the prisoner shall be assigned a single cell, and given a new issue of institutional clothing and bedding, as well as a clean towel and new bar of soap.
- The admission process shall be completed via telephone after the prisoner's arrival on the quarantine unit.

Prisoner rights and privileges:

- **General movement:** Prisoners housed on the quarantine unit shall not leave the unit, unless it is for transport to a community hospital. Prisoners who leave the quarantine unit shall be required to wear a mask and gloves for the duration of their time off the unit.
- **Recreation:** The quarantine unit shall follow the same schedule as all other units. If required due to incompatibility or other concerns, a rotating recreation schedule will be developed by the Unit Manager. Prisoners on a rotating recreation shall receive no less than two (2) hours of on-unit recreation daily. Prisoners housed on a quarantine unit will not receive off-unit recreation.
- **Shared resources:** Prisoners shall have full access to all unit resources such as kitchen, shower, television and telephone. Cleaning products shall be supplied for prisoners to use before and after use of shared resources.
- **Canteen:** Prisoners housed on the quarantine unit will have full access to canteen services according to the regular schedule. Orders shall be verified by the storeroom manager, and prisoners will not sign their canteen receipt. Canteen orders shall be delivered to LU2 staff, who will distribute it to the prisoners.
- **Meals:** All meals shall be delivered to the quarantine unit on individually wrapped disposable plates. Meals shall be left in the unit lobby for LU2 staff, who will distribute them to the unit. No items being sent to the quarantine unit are to be returned to the kitchen.
- **The control room wicket shall remain locked at all times.** Prisoners shall be instructed to wait until the next scheduled count/visual to retrieve required items or make inquiries. In the event of an emergency, prisoners may communicate with staff through the wicket without it being opened.
- **A telephone will be placed inside the unit for prisoners completing special telephone calls (lawyers, classification, counselling, etc.).** An on/off switch will be located in the control room, and the telephone is to remain off unless it is being used for an approved purpose. Prisoners housed on a quarantine unit must use the range phone PIN system for general calls.

Medical services:

- **The Medical Unit shall assess each COVID-19 positive prisoner on a case-by-case basis for severity of illness/symptoms.** Based on the assessment, medical unit personnel shall advise H.M.P. management on best practices for treatment/monitoring.

- Quarantined prisoners shall have vital signs assessed by medical unit staff at a minimum of twice daily.
- An ambulance is to be called for any prisoner experiencing severe medical distress. Ambulance Dispatch staff are to be notified that the prisoner is a carrier of the COVID-19 virus.
- Medication (including Methadone & Suboxone): Escorting Officer(s) shall not enter the quarantine unit. The Nurse dispensing medication shall don the appropriate PPE and will enter the quarantine unit with the Officer posted to that unit. Prisoners shall be called separately to approach the Nurse, who will provide a disposable cup, which the prisoner must fill with water from the kitchen sink. The prisoner will then be given his medication, which he will be required to take in front of the Nurse. Once that prisoner has departed, the next prisoner may be called. Prisoners may elect to use a clear water bottle containing only water in lieu of a disposable cup.

Hospital Admissions:

- A prisoner required to be transported to a local hospital for treatment must exit the unit through the fire exit door, and will not be permitted to walk through the prison.

Escorts:

- Any Officer escorting a prisoner off of the quarantine unit shall be required to wear full P.P.E. for contact and droplet precautions.
- Quarantined prisoners shall not be transported in a vehicle with prisoners who are not COVID-19 positive.

Discipline:

- Quarantined prisoners serving a disciplinary disposition that includes time in Segregation shall serve their disposition on the quarantine unit.
- Quarantined prisoners shall not be transferred to Living Unit 1 unless absolutely necessary (Ex.: out of control violence or self-injurious behavior). If a quarantined prisoner is transferred to LU1, quarantine protocol as outlined in this document shall be extended to LU1.

Laundry:

- Laundry services will be provided once per week as determined by the laundry room Officer.
- Prisoners will place their laundry bag inside of a clear plastic trash bag, which will then be placed in a provided covered bin.
- Quarantine unit laundry will be collected, washed, dried, and returned by the laundry room Officer. Prisoner laundry workers are not to handle quarantine unit laundry.
- The laundry Officer shall don all appropriate P.P.E. when handling quarantine unit laundry.

- The laundry bin is to be taken out through the fire exit door and transported outside of the building to the laundry room.
- Quarantine unit laundry shall be washed in hot water, and dried separately from the rest of the prison population.
- Clear bags holding dirty laundry shall be placed in another garbage bag, which will be immediately removed and disposed of.
- The transport bin is to be appropriately disinfected after it is emptied.

Garbage:

- Garbage bags are to be tied off and placed in a provided covered bin.
- Garbage will be removed from the quarantine unit twice daily (0800hrs and 1630hrs).
- Quarantine unit garbage will be collected and disposed of by a General Duties Officer. Prisoner garbage workers are not to handle quarantine unit garbage.
- The assigned Officer shall don all appropriate P.P.E. when handling quarantine unit garbage.
- The covered garbage bin is to be taken out through the fire exit door and transported outside of the building for disposal.
- Once emptied, the covered garbage bin is to be returned to the quarantine unit via the fire exit door.

Return to General Population:

- Prisoners may only return to general population from a quarantine unit with approval of a qualified medical professional.
- Upon transfer from a quarantine unit, the prisoner shall be provided a change of institutional clothing from the clothes room. Prior to leaving the unit they are to place their existing clothing and bedding in a red biohazard bag to be sent to laundry. After arrival to their new unit, the prisoner shall be provided new clothing and bedding.

Personal Protective Equipment:

- Any staff member entering a quarantined unit for any reason (including emergency response) shall don P.P.E. appropriate for contact and droplet precautions.
- Upon exiting the quarantine unit, staff shall remove all P.P.E. and place it in the provided hands free bin located in the LU2 lobby **before** re-entering the control room or moving to another area.

[PPE – Putting It On](#)
[PPE – Taking It Off](#)

Reminder: Staff shall practice proper hand hygiene (washing with soap and water, or hand sanitizer when appropriate) before and after use of any P.P.E.


Assistant Superintendent

Date Issued: 2020/04/16
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Next Review Date: Ongoing as required



Department of Justice and Public Safety – Adult Corrections Division
 Temporary Safe Work Practice
 COVID-19 Testing

Criteria and protocol for testing of Prisoners

Hazards Identified	Covid-19 exposure
PPE Required	- Contact and droplet precautions
Training	None specific to the task
Potentially Exposed Persons	Adult Corrections Staff and Prisoners

Safe Work Practice

Definitions:

- **Universal precautions:** An approach to infection control where all human bodily fluids are treated as if they are known to be infectious.

Standard Personal Protective Equipment: Gloves.

Additional Personal Protective Equipment: As identified by field level risk assessment.

- **Contact Precautions:** Infection prevention and control measures used in addition to universal precautions, intended to prevent transmission of infectious agents which are spread by direct or indirect contact.

Standard Personal Protective Equipment: Gloves, procedural mask.

Additional Personal Protective Equipment: N95 mask (for aerosol-generating procedures), isolation gown, eye protection.

- **Droplet Precautions:** Infection prevention and control measures used in addition to universal precautions, intended to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions.

Standard Personal Protective Equipment: Gloves, isolation gown, boot covers, procedural mask, eye protection.

Additional Personal Protective Equipment: N95 mask (for aerosol-generating procedures)

Respiratory illnesses like COVID-19 are transmitted through:

- Respiratory droplets generated when you cough or sneeze
- Close, personal contact, such as touching or shaking hands

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

To help control the spread of Covid-19, all employees have a shared responsibility to help ensure the cleanliness of shared resources.

Carriers of the COVID-19 virus may exhibit one or more of the following symptoms:

- Difficulty Breathing
- New or worsening cough
- Fever
- Excessive/unusual tiredness
- Excessive/unusual aches and pains
- Nasal congestion/runny nose
- Sore throat
- Diarrhea

Post Contact Information:

The following information should help guide you if, through the course of your duties, you encounter a suspected or confirmed COVID-19 patient:

- You may return home at the end of your shift. Self-isolation is not required unless symptoms are present.
- If at any time you develop symptoms consistent with COVID-19 you should immediately take steps to self-isolate yourself and contact 811 for further advice. Information regarding self-isolation is available by clicking [here](#). You may also complete the online self-assessment tool by visiting the following link: <https://www.811healthline.ca/covid-19-self-assessment/>

Personal Protective Equipment:

The following PPE shall be provided for staff use as required:

- Nitrile gloves
- Protective masks (Minimum spec: procedure grade or higher)
- Protective single use gowns

- Protective eyewear.
- Tyvek (or other suitable brand) disposable coveralls.
- Boot covers.

Reminder: Staff shall practice proper hand hygiene (washing with soap and water, or hand sanitizer when appropriate) before and after use of any PPE.

Additional Resources:

PPE - Putting it On

PPE - Taking it Off

Eligibility for COVID-19 Testing:

Should a staff member observe or otherwise be notified of a prisoner showing any of the above symptoms, the following process is to be strictly adhered to:

- The staff member is to notify the Duty Lieutenant **immediately**, who shall contact 811 and Antionette Cabot via email, antionette.cabot@lghealth.ca, to make arrangements for the prisoner to be assessed by a qualified medical professional at the first available opportunity.
- The prisoner is to be issued a protective mask and gloves and instructed to proceed directly to their cell. The prisoner will be confined to their cell and shall be informed that they are required to wear the mask and gloves any time they exit their assigned cell. If the prisoner is double bunked the other prisoner will be relocated to another cell.
- Staff shall don P.P.E in accordance with contact and droplet precautions, and the prisoner is to be confined to their cell pending the results of a COVID-19 test.
- If the test comes back negative, that prisoner is to remain confined to their cell until they are confirmed by Medical staff as no longer being symptomatic.
- If the test comes back positive, that individual shall immediately be moved to Segregation in accordance with the Quarantine Unit Safe Work Practice. The unit where the positive test result originated shall have further assessment and contact tracing conducted by Medical staff.

Prisoner interaction:

- Staff shall don P.P.E. in accordance with contact and droplet precautions during interaction with a symptomatic prisoner without exception. Additional PPE will be utilized as identified by field level risk assessment.
- Prisoners awaiting test results shall be required to wash their hands whenever exiting their assigned cell.

- Prisoners awaiting test results shall be required to wear their provided mask and gloves whenever exiting their assigned cell.
- Prisoners awaiting test results are to remain confined to cell, unless for medical treatment or recreation. They will be entitled to 2 hours recreation on their unit daily which would include a shower, using of the television, using the unit phone and cleaning their cell. When this occurs all other inmates on the range shall be confined to their cells. The unit must be disinfected prior to the others inmates being released from their cells.

Property Handling:

- Staff shall wear gloves when handling any prisoner property.

Physical Handling:

- During **any** physical handling/use of force situation, staff shall be required to wear P.P.E. in accordance with contact and droplet precautions. Additional PPE shall be used as required based on assessed risk.

Shared Resources:

- Any resources, areas, and hard surfaces that are shared amongst prisoners (bench, telephone, shower, etc.) shall be cleaned between uses with an approved disinfectant as outlined in the COVID-19 Safe Work Practice.
- Cleaning products shall be supplied for prisoners to use before and after use of shared resources.

J. Hickman

Assistant Superintendent

Date Issued: 2020/04/18

Date Revised:

Next Review Date: Ongoing as required



Department of Justice and Public Safety – Adult Corrections Division
Temporary Safe Work Practice
Labrador Correctional Centre

COVID-19 Quarantine Unit at L.C.C.	
Hazards Identified	Covid-19 exposure
PPE Required	<ul style="list-style-type: none"> - Contact and Droplet Precautions - As per manufacturer's instructions (Chemical use)
Training	<ul style="list-style-type: none"> - Donning/Doffing PPE instructions posted throughout the institution - SWP communication through Intranet & Muster
Potentially Exposed Persons	Adult Corrections Staff
Safe Work Practice	
Definitions:	
<ul style="list-style-type: none"> • Universal precautions: An approach to infection control where all human bodily fluids are treated as if they are known to be infectious. Standard Personal Protective Equipment: Gloves. Additional Personal Protective Equipment: As identified by field level risk assessment. • Contact Precautions: Infection prevention and control measures used in addition to universal precautions, intended to prevent transmission of infectious agents which are spread by direct or indirect contact. Standard Personal Protective Equipment: Gloves, procedural mask. Additional Personal Protective Equipment: N95 mask (for aerosol-generating procedures), isolation gown, eye protection. • Droplet Precautions: Infection prevention and control measures used in addition to universal precautions, intended to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions. Standard Personal Protective Equipment: Gloves, isolation gown, boot covers, procedural mask, eye protection. Additional Personal Protective Equipment: N95 mask (for aerosol-generating procedures) 	

Respiratory illnesses like COVID-19 are transmitted through:

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

To help control the spread of Covid-19, all employees have a shared responsibility to help ensure the cleanliness of shared resources.

Carriers of the COVID-19 virus may exhibit one or more of the following symptoms:

- Difficulty Breathing
- New or worsening cough
- Fever
- Excessive/unusual tiredness
- Excessive/unusual aches and pains
- Nasal congestion/runny nose
- Sore throat
- Diarrhea

Post Contact Information:

The following information should help guide you if, through the course of your duties, you encounter a suspected or confirmed COVID-19 patient:

- You may return home at the end of your shift. Self-isolation is not required unless symptoms are present.
- If at any time you develop symptoms consistent with COVID-19 you should immediately take steps to self-isolate yourself and contact 811 for further advice. Information regarding self-isolation is available by clicking [here](#). You may also complete the online self-assessment tool by visiting the following link: <https://www.811healthline.ca/covid-19-self-assessment/>

Quarantine Unit:

If required, L.C.C. has designated Segregation to serve as a Quarantine Unit for prisoners who test positive for the Novel Coronavirus COVID-19. Due to the highly contagious nature of COVID-19,

Segregation access and movement shall be restricted, and strict **Contact and Droplet P.P.E. protocol** is to be followed without exception.

Due to the potential for rapid deterioration of infected prisoners, any notable deterioration in a prisoner's condition shall be reported to the Duty Lieutenant **immediately**.

Eligibility for admission:

If a prisoner becomes symptomatic, staff are to follow the COVID-19 Testing safe work practice. If a COVID-19 test comes back positive, that individual shall immediately be moved to the quarantine unit.

Admission process:

- Prisoners already in custody at L.C.C:
 - Escorting Officers shall don all P.P.E. in accordance with contact and droplet precautions.
 - The prisoner shall be provided a bag for their personal property. Personal property remaining in the cell is considered forfeited, and will be placed in a biohazard bag to be disposed of.
 - The prisoner's assigned cell shall be locked and access shall be restricted until enhanced cleaning and disinfection is performed.
 - All institutional bedding and clothing shall be placed in a biohazard bag and sent to laundry to be washed separately and placed back into general stock.
 - The prisoner shall be escorted to Segregation. Prisoners are required to wear a mask and gloves for the duration of the transfer.
 - On arrival to their assigned cell, the prisoner shall be given a new issue of institutional clothing and bedding, as well as a clean towel and new bar of soap.
- Prisoners arriving from another institution or outside agency:
 - Escorting Officers shall don all P.P.E. in accordance with contact and droplet precautions.
 - Prisoners who are confirmed carriers of the COVID-19 virus shall be transported individually, and the vehicle will be cleaned using an approved disinfectant prior to its next use.
 - Prisoners are required to wear a mask and gloves for the duration of the transfer up to and including the admission process.
 - The prisoner shall enter L.C.C and go directly to admitting room. Once the admission process is complete, the prisoner will be required to wear a mask and gloves as they are transported to Segregation.

- On arrival to Segregation, the prisoner shall be assigned a cell, and given a new issue of institutional clothing and bedding, as well as a clean towel and new bar of soap.

Prisoner rights and privileges:

- General movement: Prisoners housed on the quarantine unit (Segregation) shall not leave unless it is for transport to the hospital. Prisoners who leave the quarantine unit shall be required to wear a mask and gloves for the duration of their time off the unit.
- Recreation: Quarantined prisoners shall receive no less than two (2) hours of recreation daily on Unit 1. Prisoners located on Unit 1 will be confined to their cells during this time. Prior to any prisoners being let out of their cells Unit 1 will be cleaned. Prisoners who are quarantined will not receive off-unit recreation.
- Shared resources: Prisoners shall have full access to all unit resources such as shower, television and telephone. Cleaning products shall be supplied for prisoners to use before and after use of shared resources.
- Meals: All meals shall be delivered to the quarantine unit on individually wrapped disposable plates. Meals shall be delivered to the Segregation common area for segregation staff, who will distribute them to the prisoner. No items being sent to the quarantine unit are to be returned to the kitchen.

Medical services:

- Medical staff shall assess each COVID-19 positive prisoner on a case-by-case basis for severity of illness/symptoms. Based on the assessment, medical personnel shall advise L.C.C. management on best practices for treatment/monitoring.
- Quarantined prisoners shall have vital signs assessed by medical staff at a minimum of twice daily.
- An ambulance is to be called for any prisoner experiencing severe medical distress. Ambulance Dispatch staff are to be notified that the prisoner is a carrier of the COVID-19 virus.
- Medication: Segregation staff shall don the appropriate PPE when dispensing medication to a prisoner under quarantine.

Hospital Admissions:

- A prisoner required to be transported to the hospital for treatment must exit the unit through the fire exit door, and will not be permitted to walk through the prison.

Escorts:

- Any Officer escorting a prisoner off of the quarantine unit shall be required to wear full P.P.E. for contact and droplet precautions.

- Quarantined prisoners shall not be transported in a vehicle with prisoners who are not COVID-19 positive.

Discipline:

- Quarantined prisoners serving a disciplinary disposition shall serve their disposition in the quarantine unit.

Laundry:

- Laundry services will be provided twice per week as determined by the Duty Lieutenant.
- Prisoners laundry will be placed inside of a clear plastic trash bag, which will then be placed in a provided covered bin. Staff shall don P.P.E. while transferring quarantine unit laundry to the laundry room and back to the quarantine unit once completed.
- Inmate laundry workers shall don P.P.E. when handling quarantine unit laundry at all times which would include collecting, washing, drying, and returning to correctional staff.
- Quarantine unit laundry shall be washed in hot water, and dried separately from the rest of the prison population.
- Clear bags holding dirty laundry shall be placed in another garbage bag, which will be immediately removed and disposed of.
- The transport bin is to be appropriately disinfected after it is emptied.

Garbage:

- Garbage bags are to be tied off and placed in a provided covered bin.
- Garbage will be removed from the quarantine unit twice daily (0800hrs and 1630hrs).
- Quarantine unit garbage will be collected and disposed of by a General Worker.
- The assigned Officer shall don all appropriate P.P.E. when handling quarantine unit garbage.
- The covered garbage bin is to be taken out through the fire exit door and transported outside of the building for disposal.
- Once emptied, the covered garbage bin is to be returned to the quarantine unit via the fire exit door.

Return to General Population:

- Prisoners may only return to general population from a quarantine unit with approval of a qualified medical professional.

- Upon transfer from a quarantine unit, the prisoner shall be provided a change of institutional clothing from the clothes room. Prior to leaving the unit they are to place their existing clothing and bedding in a biohazard bag to be sent to laundry. After arrival to their new unit, the prisoner shall be provided new clothing and bedding.

Personal Protective Equipment:

- Any staff member entering a quarantined unit for any reason (including emergency response) shall don P.P.E. appropriate for contact and droplet precautions.
- Upon exiting the quarantine unit, staff shall remove all P.P.E. and place it in the provided hands free bin located in the Segregation common area **before** re-entering the control room or moving to another area.

PPE – Putting It On

PPE – Taking It Off

Reminder: Staff shall practice proper hand hygiene (washing with soap and water, or hand sanitizer when appropriate) before and after use of any P.P.E.

J. Hickman

Assistant Superintendent

Date Issued: 2020/04/18

Date Revised:

Next Review Date: Ongoing as required



Department of Justice and Public Safety – Adult Corrections Division

Temporary Safe Work Practice

Labrador Correctional Centre

Mandatory use of Personal Protective Equipment

Hazards Identified	Covid-19 exposure
PPE Required	- Disposable protective mask (procedural grade or higher)
Training	None specific to the task
Potentially Exposed Persons	Adult Corrections Staff, Visitors and Prisoners

Safe Work Practice

Respiratory illnesses like COVID-19 are transmitted through:

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

To help control the spread of Covid-19, all employees have a shared responsibility to help ensure the cleanliness of shared resources.

Carriers of the COVID-19 virus may exhibit one or more of the following symptoms:

- Difficulty Breathing
- New or worsening cough
- Fever
- Excessive/unusual tiredness
- Excessive/unusual aches and pains
- Nasal congestion/runny nose
- Sore throat

- Diarrhea

Post Contact Information:

The following information should help guide you if, through the course of your duties, you encounter a suspected or confirmed COVID-19 patient:

- You may return home at the end of your shift. Self-isolation is not required unless symptoms are present.
- If at any time you develop symptoms consistent with COVID-19 you should immediately take steps to self-isolate yourself and contact 811 for further advice. Information regarding self-isolation is available by clicking [here](#).

Essential Workers and Visitors:

In an effort to reduce the likelihood of the COVID-19 virus being introduced into the institution, L.C.C management has actioned several protocols to restrict non-essential access. In addition to the daily staffing compliment, some services such as the application of electronic monitoring tools by Probation Officers and repair work by contractors will still require access to the institution. The following protocol has been developed for all persons entering H.M. Penitentiary from the community:

- All persons entering L.C.C. will be provided with a protective mask by the gate Officer. Outside personnel will have to pass a questionnaire prior to entry.
- Masks are to be worn by all personnel and visitors at all times while passing through or occupying a space that is frequented by inmates on institutional property. This would include the Supervised Area, Living Units, CRS Hallway, Front Lobby, Main Kitchen, WSS Hallway, Shops, Admitting Room, Laundry Room, Control Room while serving inmates through the hatch. This would also include escorting inmates anywhere inside the building and escorts in the institutional vehicle.
- Persons who decline to wear the provided PPE shall be denied access.
- Used masks shall be disposed of in a designated receptacle in the Front Lobby Porch upon exit. Masks are not to be disposed of with general garbage.

J. Hickman

Assistant Superintendent

Date Issued: 2020/04/18

Date Revised:

Next Review Date: Ongoing as required



COVID-19 New Admission Screening Questionnaire

Labrador Correctional Centre

DATE:

NAME OF PRISONER:

DATE OF BIRTH (yyyy/mm/dd):

CONTACT TELEPHONE NUMBER:

ADMITTING OFFICER:

Admitting Officer must read the following statement and questions verbatim:

"Please answer the following questions honestly and to the best of your knowledge. Close contact is defined as any person you were knowingly within six (6) feet or two (2) meters of."

1. In the past fourteen (14) days have you or anyone you have had close contact with been in contact with someone who has COVID-19?
YES NO DON'T KNOW
2. Have you or anyone you have been in close contact with been advised by a medical professional that you should be self-isolating due to possible exposure to COVID-19?
YES NO DON'T KNOW
3. In the past fourteen (14) days, have you had a fever, cough, headache, sore throat, painful swallowing, runny nose, diarrhea, loss of sense of smell or taste, loss of appetite, or small red or purple spots on your hands or feet?
YES NO DON'T KNOW
4. In the past fourteen (14) days, have you been in close contact with anyone who has shown signs of a fever, cough, headache, sore throat, painful swallowing, runny nose, diarrhea, loss of sense of smell or taste, loss of appetite, or small red or purple spots on their hands or feet?
YES NO DON'T KNOW
5. In the past fourteen (14) days, have you or anyone you have been in close contact with traveled outside of the Atlantic provinces?
YES NO DON'T KNOW
6. In the past fourteen (14) days, have you or anyone you have been in close contact with attended a gathering of more than one hundred (100) people?
YES NO DON'T KNOW

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Department of Justice and Public Safety – Adult Corrections Division

Temporary Safe Work Practice

H.M. Penitentiary

Hospital Escorts and Admissions During the COVID-19 Pandemic.

Hazards Identified	Covid-19 exposure
PPE Required	- Mask and Gloves Mandatory - Contact and/or Droplet Precautions - As directed by Hospital Personnel
Training	- Donning/Doffing PPE instructions posted throughout the institution - SWP communication through Intranet & Muster
Potentially Exposed Persons	Adult Corrections Staff

Safe Work Practice

Definitions:

- **Universal precautions:** An approach to infection control where all human bodily fluids are treated as if they are known to be infectious.

Standard Personal Protective Equipment: Gloves.

Additional Personal Protective Equipment: As identified by field level risk assessment.

- **Contact Precautions:** Infection prevention and control measures used in addition to universal precautions, intended to prevent transmission of infectious agents which are spread by direct or indirect contact.

Standard Personal Protective Equipment: Gloves, procedural mask.

Additional Personal Protective Equipment: N95 mask (for aerosol-generating procedures), isolation gown, eye protection.

- **Droplet Precautions:** Infection prevention and control measures used in addition to universal precautions, intended to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions.

Standard Personal Protective Equipment: Gloves, isolation gown, boot covers, procedural mask, eye protection.

Additional Personal Protective Equipment: N95 mask (for aerosol-generating procedures)

Respiratory illnesses like COVID-19 are transmitted through:

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

To help control the spread of Covid-19, all employees have a shared responsibility to help ensure the cleanliness of shared resources.

Carriers of the COVID-19 virus may exhibit two or more of the following symptoms:

- Fever (or signs of a fever, including chills, sweats, muscle aches, lightheadedness);
- Cough;
- Headache;
- Sore throat;
- Painful swallowing;
- Runny nose;
- Diarrhea;
- Loss of sense of smell or taste;
- Unexplained loss of appetite; or
- Small red or purple spots on the hands and/or feet.

Post Contact Information:

The following information should help guide you if, through the course of your duties, you encounter a suspected or confirmed COVID-19 patient:

- You may return home at the end of your shift. Self-isolation is not required unless symptoms are present.
- If at any time you develop symptoms consistent with COVID-19 you should immediately take steps to self-isolate yourself and contact 811 for further advice. Information regarding self-isolation is available by clicking [here](#). You may also complete the online self-assessment tool by visiting the following link: <https://www.811healthline.ca/covid-19-self-assessment/>

General Consideration:

- Protective masks are to be worn at all times while on duty. Please see the [Mandatory PPE Safe Work Practice](#) for more information.
- Where possible, call ahead to the healthcare facility and notify them of the escort.
- Officers should coordinate with on-site Security staff upon arrival.
- In an emergency, Officers may retrieve and don a P.P.E. kit from the Captain's Office prior to departure, as opposed to having P.P.E. provided by Hospital staff upon arrival.
- Both the prisoner and escorting Officers are expected to perform frequent hand hygiene, including but not limited to:
 - Prior to leaving the institution
 - Upon arrival to the destination
 - Prior to leaving the destination
 - Upon arrival at the institution

Hospital Escorts:

Staff conducting a hospital escort shall adhere to the protocols outlined in [Operational Controls: Section 4.00: Escort Procedures](#), with the following additional COVID-19 protocols:

- Prior to departure, the prisoner will be provided a mask which must be worn for the duration of the escort, unless the wearing of a mask would adversely affect the prisoner's health (i.e. vomiting, excessive bleeding of the head/face, respiratory distress, choking, etc.).
- The escorting staff will proceed to the designated entrance as dictated by hospital personnel and submit to hospital screening protocol prior to entry.
- The prisoner and escorting Officers will be required to comply with any hand hygiene and P.P.E. directives issued by hospital personnel.

For escorts to the Waterford Hospital, Officers shall contact security upon arrival for escort to their designated area.

Hospital Admissions:

Staff supervising a prisoner admitted to hospital shall adhere to the protocols outlined in [Operational Controls: Section 9.00: Hospital Admissions](#), with the following additional COVID-19 protocols:

- Officers entering a hospital to relieve a post shall comply with that hospitals screening protocols prior to entry. Officers are expected to arrive in a sufficient time to account for any delay this screening process may cause.
- Based on clinical need and assessed risk, hospital personnel will advise Officers P.P.E. and proximity requirements. Officers are expected to comply fully with the direction of hospital personnel on these matters.
- Officers who are unsure how to appropriately don and doff P.P.E. are to consult Hospital personnel for assistance.
- In order to reduce potential spread of infection, Officers posted in a hospital shall rotate once per shift at six (6) hour intervals.

For admissions to the Waterford Hospital, the Duty Captain shall advise Officers on appropriate supervision proximity (i.e. outside of a locked room, etc.). Decisions on supervision requirements will be made by the Assistant Superintendent in consultation with Department of Health officials.

COVID-19 Positive and Suspected Positive:

- The Duty Captain or designate shall notify medical personnel (E.M.S., E.R. Triage, etc.) if a prisoner requiring care is suspected or confirmed positive for COVID-19.
- Prisoners who are suspected or confirmed to have the COVID-19 virus shall be escorted to and supervised in hospital in accordance with the [Quarantine Unit Safe Work Practice](#).

COVID-19 Exposure:

Any Officer who becomes exposed to COVID-19 in a hospital setting (**without proper P.P.E.**) is to immediately inform the Duty Captain.

Personal Protective Equipment:

[PPE – Putting It On](#)

[PPE – Taking It Off](#)

Reminder: Staff shall practice proper hand hygiene (washing with soap and water, or hand sanitizer when appropriate) before and after use of any P.P.E.



Assistant Superintendent

Date Issued: 2020/04/29

Date Revised: 2020/05/15

Next Review Date: Ongoing as required



Department of Justice and Public Safety – Adult Corrections Division
 Temporary Safe Work Practice
 Labrador Correctional Centre

Hospital Escorts and Admissions During the COVID-19 Pandemic.	
Hazards Identified	Covid-19 exposure
PPE Required	<ul style="list-style-type: none"> - Mask and Gloves Mandatory - Contact and/or Droplet Precautions - As directed by Hospital Personnel
Training	<ul style="list-style-type: none"> - Donning/Doffing PPE instructions posted throughout the institution - SWP communication through Intranet & Muster
Potentially Exposed Persons	Adult Corrections Staff
Safe Work Practice	
Definitions:	
<ul style="list-style-type: none"> • Universal precautions: An approach to infection control where all human bodily fluids are treated as if they are known to be infectious. Standard Personal Protective Equipment: Gloves. Additional Personal Protective Equipment: As identified by field level risk assessment. • Contact Precautions: Infection prevention and control measures used in addition to universal precautions, intended to prevent transmission of infectious agents which are spread by direct or indirect contact. Standard Personal Protective Equipment: Gloves, procedural mask. Additional Personal Protective Equipment: N95 mask (for aerosol-generating procedures), isolation gown, eye protection. • Droplet Precautions: Infection prevention and control measures used in addition to universal precautions, intended to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions. Standard Personal Protective Equipment: Gloves, isolation gown, boot covers, procedural mask, eye protection. Additional Personal Protective Equipment: N95 mask (for aerosol-generating procedures) 	

Respiratory illnesses like COVID-19 are transmitted through:

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

To help control the spread of Covid-19, all employees have a shared responsibility to help ensure the cleanliness of shared resources.

Carriers of the COVID-19 virus may exhibit one or more of the following symptoms:

- Difficulty Breathing
- New or worsening cough
- Fever
- Excessive/unusual tiredness
- Excessive/unusual aches and pains
- Nasal congestion/runny nose
- Sore throat
- Diarrhea

Post Contact Information:

The following information should help guide you if, through the course of your duties, you encounter a suspected or confirmed COVID-19 patient:

- You may return home at the end of your shift. Self-isolation is not required unless symptoms are present.
- If at any time you develop symptoms consistent with COVID-19 you should immediately take steps to self-isolate yourself and contact 811 for further advice. Information regarding self-isolation is available by clicking [here](#). You may also complete the online self-assessment tool by visiting the following link: <https://www.811healthline.ca/covid-19-self-assessment/>

General Consideration:

- Protective masks are to be worn at all times while on duty. Please see the Mandatory PPE Safe Work Practice for more information.
- Where possible, call ahead to the healthcare facility and notify them of the escort.
- Officers should coordinate with on-site Security staff upon arrival.
- In an emergency, Officers may retrieve and don a P.P.E. kit from the Lieutenant's Office prior to departure, as opposed to having P.P.E. provided by Hospital staff upon arrival.
- Both the prisoner and escorting Officers are expected to perform frequent hand hygiene, including but not limited to:
 - Prior to leaving the institution
 - Upon arrival to the destination
 - Prior to leaving the destination
 - Upon arrival at the institution

Hospital Escorts:

Staff conducting a hospital escort shall adhere to the protocols outlined in Operational Controls: Section 4.00: Escort Procedures, with the following additional COVID-19 protocols:

- Prior to departure, the prisoner will be provided a mask which must be worn for the duration of the escort, unless the wearing of a mask would adversely affect the prisoner's health (i.e. vomiting, excessive bleeding of the head/face, respiratory distress, choking, etc.).
- The escorting staff will proceed to the designated entrance as dictated by hospital personnel and submit to hospital screening protocol prior to entry.
- The prisoner and escorting Officers will be required to comply with any hand hygiene and P.P.E. directives issued by hospital personnel.

Hospital Admissions:

Staff supervising a prisoner admitted to hospital shall adhere to the protocols outlined in Operational Controls: Section 9.00: Hospital Admissions, with the following additional COVID-19 protocols:

- Officers entering a hospital to relieve a post shall comply with that hospitals screening protocols prior to entry. Officers are expected to arrive in a sufficient time to account for any delay this screening process may cause.
- Based on clinical need and assessed risk, hospital personnel will advise Officers P.P.E. and proximity requirements. Officers are expected to comply fully with the direction of hospital personnel on these matters.

- Officers who are unsure how to appropriately don and doff P.P.E. are to consult Hospital personnel for assistance.

COVID-19 Positive and Suspected Positive:

- The Duty Lieutenant or designate shall notify medical personnel (E.M.S., E.R. Triage, etc.) if a prisoner requiring care is suspected or confirmed positive for COVID-19.
- Prisoners who are suspected or confirmed to have the COVID-19 virus shall be escorted to and supervised in hospital in accordance with the Quarantine Unit Safe Work Practice.

COVID-19 Exposure:

Any Officer who becomes exposed to COVID-19 in a hospital setting (**without proper P.P.E.**) is to immediately inform the Duty Lieutenant.

Personal Protective Equipment:

PPE – Putting It On

PPE – Taking It Off

Reminder: Staff shall practice proper hand hygiene (washing with soap and water, or hand sanitizer when appropriate) before and after use of any P.P.E.

James Hickman
Assistant Superintendent

Date Issued: 2020/04/30

Date Revised:

Next Review Date: Ongoing as required



COVID-19 Visitor Screening Questionnaire Labrador Correctional Centre

DATE:

NAME:

CONTRACTOR / AGENCY:

CORRECTIONAL OFFICER:

Correctional Officer must read the following statement and questions verbatim:

"Please answer the following questions honestly and to the best of your knowledge. Close contact is defined as any person you were knowingly within six (6) feet or two (2) meters of."

1. In the past fourteen (14) days have you or anyone you have had close contact with been in contact with someone who has COVID-19?
YES NO
2. Have you or anyone you have been in close contact with been advised by a medical professional that you should be self-isolating due to possible exposure to COVID-19?
YES NO
3. In the past fourteen (14) days, have you had a fever, cough, headache, sore throat, painful swallowing, runny nose, diarrhea, loss of sense of smell or taste, loss of appetite, or small red or purple spots on your hands or feet?
YES NO
4. In the past fourteen (14) days, have you been in close contact with anyone who has shown signs of a fever, cough, headache, sore throat, painful swallowing, runny nose, diarrhea, loss of sense of smell or taste, loss of appetite, or small red or purple spots on their hands or feet?
YES NO
5. In the past fourteen (14) days, have you or anyone you have been in close contact with traveled outside of the Atlantic Provinces?
YES NO
6. In the past fourteen (14) days, have you or anyone you have been in close contact with attended a gathering of more than one hundred (100) people?
YES NO

If the visitor has answered yes to any of the above questions, they WILL NOT be permitted entry to the institution.

Attention

20/03/15

With direction from Assistant Superintendent J. Hickman and in conjunction with HMP, effective Monday, March 16, 2020, and until further notice, all outside visits and programming will be suspended at the LCC. With the current outbreak of COVID-19, we are very concerned with infection and/or spread of the disease within the LCC.

Thank you,

Lt's Office



Department of Justice and Public Safety – Adult Corrections Division
Temporary Safe Work Practice
H.M. Penitentiary

Civilian Program Facilitators and Outside Law Enforcement Agencies

Hazards Identified	Covid-19 exposure
PPE Required	- Disposable protective mask (procedural grade or higher)
Training	None specific to the task
Potentially Exposed Persons	Adult Corrections Staff, Visitors, and Prisoners

Safe Work Practice

Respiratory illnesses like COVID-19 are transmitted through:

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

To help control the spread of Covid-19, all employees have a shared responsibility to help ensure the cleanliness of shared resources.

Carriers of the COVID-19 virus may exhibit two or more of the following symptoms:

- Fever (or signs of a fever, including chills, sweats, muscle aches, lightheadedness);
- Cough;
- Headache;
- Sore throat;
- Painful swallowing;
- Runny nose;
- Diarrhea;

- Loss of sense of smell or taste;
- Unexplained loss of appetite; or
- Small red or purple spots on the hands and/or feet.

Post Contact Information:

The following information should help guide you if, through the course of your duties, you encounter a suspected or confirmed COVID-19 patient:

- You may return home at the end of your shift. Self-isolation is not required unless symptoms are present.
- If at any time you develop symptoms consistent with COVID-19 you should immediately take steps to self-isolate yourself and contact 811 for further advice. Information regarding self-isolation is available by clicking [here](#). You may also complete the online self-assessment tool by visiting the following link: <https://www.811healthline.ca/covid-19-self-assessment/>

General Protocol (All Visitors):

- All visitors to H.M. Penitentiary are required to complete a questionnaire at the gate house upon arrival. This questionnaire is only required to be completed one time; however, if a visitors health status changes, that individual is not permitted to enter the facility, and they are required to notify the Manager of Institutional Programming or the Duty Captain of the change.
- In accordance with the [Mandatory P.P.E. Safe Work Practice](#), civilian program facilitators shall be required to wear a protective mask at all times while on Penitentiary property. Additional P.P.E. such as hand sanitizer and protective masks shall be provided upon request.
- All visitors are expected to maintain physical distancing where possible, and are required to adhere to all posted signage, as well as directional and floor markings.

Washroom Access:

- Civilians and other visitors are encouraged to use “common area” washrooms (EWB, staff lounge, etc.). Control room or other office washrooms should be reserved for the staff working in those areas where possible.
- All persons are expected to follow posted signage regarding single occupancy and hand hygiene.
- Cleaning products are available to any individual who wishes to clean washroom facilities before/after use.

Civilian Program Facilitators:

In order to promote prisoner rehabilitation, civilian program facilitators will be permitted to return to the Penitentiary on Monday, July 27th, 2020. To ensure a safe work environment, the following protocol shall be adhered to:

- Program services will be conducted as per the pre-pandemic schedule. The Duty Captain may deny entry if required due to operational requirements.
- Shared surfaces and resources (desks, doorknobs, pens, telephones, etc.) shall be cleaned by program facilitators in between clients/groups, as well as on the conclusion of use of a space. Approved cleaners will be provided by H.M. Penitentiary personnel. Persons requiring cleaners or assistance with cleaning are to notify the Guard Room Officer at 709.729.1203.
- Group programming may take place in the classroom of the Upper Trailer for groups of no more than five (5) prisoners, not including the program facilitator. Group programming for six (6) to eight (8) prisoners shall take place in the Multi-Purpose room. Group programming for more than eight (8) prisoners will not be permitted at this time.
- Outdoor programs (Spirit Horse, etc.) may continue as per the pre-pandemic schedule as long as physical distancing is maintained by all participants and visitors.
- In order to maintain physical distancing, program facilitators meeting with a prisoner one-on-one are to use the program room in the upper trailer for this purpose. One-on-one meetings are not to take place in Penitentiary Offices.
- Program facilitators shall not be permitted to bring food or drink into the Penitentiary at this time. All other items must be pre-approved by the Captain of Institutional Security or the Assistant Superintendent.
- Prisoners are not permitted to use the washroom across from the multi-purpose room. Prisoners who need to use the washroom must return to their living unit to do so.

Library:

- Library services will be conducted as per the pre-pandemic schedule. The Duty Captain may deny entry if required due to operational requirements.
- In order to maintain physical distancing, library staff shall be required to remain at their desk, behind the protective barrier at all times while prisoners are in the library. Prisoners are not permitted behind this protective barrier.
- Library staff are not permitted to perform cataloging, organizing, or stocking of books while prisoners are present in the library.

Pastoral Care:

In order to provide religious services to prisoners, Members of the Pastoral Care Team will be permitted to return to the Penitentiary on Monday, July 27th, 2020. To ensure a safe work environment, the following protocol shall be adhered to:

- Pastoral Care services will be conducted as per the pre-pandemic schedule. The Duty Captain may deny entry if required due to operational requirements.
- Shared surfaces and resources (desks, doorknobs, pens, telephones, etc.) shall be cleaned by program facilitators in between clients/groups, as well as on the conclusion of use of a space. Approved cleaners will be provided by H.M. Penitentiary personnel. Persons requiring cleaners or assistance with cleaning are to notify the Guard Room Officer at 709.729.1203.
- Members of the Pastoral Care team are to meet with prisoners in the Chapel. Prisoners will not be permitted to enter the Pastoral Care Office.
- Group chapel (church) services are not permitted at this time.
- Pastoral Care staff shall not be permitted to bring food or drink into the Penitentiary at this time. All other items must be pre-approved by the Captain of Institutional Security or the Assistant Superintendent.
- Prisoners are not permitted to use the washroom across from the multi-purpose room. Prisoners who need to use the washroom must return to their living unit to do so.

Outside Agencies:

To ensure a safe work environment, the following protocol shall be adhered to for representatives of outside agencies (RNC, RCMP, CSSD, CBSA, Lawyers, Parole etc.) entering the Penitentiary:

- In accordance with the [Mandatory P.P.E. Safe Work Practice](#), civilian program facilitators shall be required to wear a protective mask at all times while on Penitentiary property. Additional P.P.E. such as hand sanitizer and protective masks shall be provided upon request.
- All visitors to H.M. Penitentiary are required to complete a questionnaire at the gate house upon arrival. This questionnaire is only required to be completed one time; however, if a visitors health status changes, that individual is not permitted to enter the facility, and they are required to notify the Manager of Institutional Programming of the change.
- Members of outside agencies are encouraged to contact the Duty Captain's office at 709.729.3129 in advance of their anticipated arrival. The Duty Captain may deny entry if required due to operational requirements.
- Outside agency staff who are required to meet with a prisoner are to use one of two available interview rooms outside of the control center (West Wing Bottom) for this purpose. If neither room is available, or if the agency representative requests a more secure environment, the Secure

Interview Room on the East Wing Bottom may be used. General use offices/interview rooms are not to be used by members of outside agencies.

- Parole Officers shall meet with their clients by appointment in the visiting room, from Monday to Friday between the hours 9 a.m. and 11 a.m. The Parole Officer will contact the visiting room (729-1202) and book a time to meet with their client. This appointment will be confirmed in an e-mail to the Captain's Office (captainsoffice@gov.nl.ca) by the Parole Officer.

Denial of service:

- Visitors may refuse to provide in-person services to any prisoner who is symptomatic, displays poor personal hygiene, or who fails to comply with any of the following conditions if instructed to do so:
 - Refusal to perform hand hygiene
 - Refusal to wear a mask
 - Refusal to maintain physical distancing
- The Assistant Superintendent or designate may suspend programming or deny entry to any group or visitor who does not comply with protocols outlined in this Safe Work Practice.


Assistant Superintendent

Date Issued: 2020/07/24

Date Revised:

Next Review Date: Ongoing as required



COVID-19 Visitor Screening Questionnaire

H.M. Penitentiary

DATE:

INSTITUTION:

NAME OF VISITOR AND COMPANY NAME:

CONTACT TELEPHONE NUMBER:

SCREENING OFFICER:

Screening Officer must read the following statement and questions verbatim:

“Please answer the following questions honestly and to the best of your knowledge. Close contact is defined as any person you were knowingly within six (6) feet or two (2) meters of. Your questionnaire record will be kept on file until the Department of Health and Community Services advises that COVID-19 precautions are no longer required, at which time this record will be securely destroyed.”

1. In the past fourteen (14) days have you or anyone you have had close contact with been in contact with someone who has COVID-19?
YES NO

2. Have you or anyone you have been in close contact with been advised by a medical professional that you should be self-isolating due to possible exposure to COVID-19?
YES NO

3. In the past fourteen (14) days, have you had a fever, cough, headache, sore throat, painful swallowing, runny nose, diarrhea, loss of sense of smell or taste, loss of appetite, or small red or purple spots on your hands or feet?
YES NO

4. In the past fourteen (14) days, have you been in close contact with anyone who has shown signs of a fever, cough, headache, sore throat, painful swallowing, runny nose, diarrhea, loss of sense of smell or taste, loss of appetite, or small red or purple spots on their hands or feet?
YES NO

5. In the past fourteen (14) days, have you or anyone you have been in close contact with traveled outside of the province of Newfoundland & Labrador?
YES NO

6. In the past fourteen (14) days, have you or anyone you have been in close contact with attended a gathering of more than twenty (20) people?
YES NO

If the visitor has answered yes to any of the above questions, they WILL NOT be permitted entry to the institution.

SCREENING OFFICER SIGNATURE:

Non-safe work practice (SWP) documents referenced in SWPs relating to COVID-19:

- “click here” document
- PPE – Putting it On
- PPE – Taking it Off

COVID-19

First Responders and the Novel Coronavirus

Status and Background:

As many of you are already aware, the number of COVID-19 cases in Canada continue to rise. As of March 15, 2020, there are 249 confirmed cases and 4 probable cases. While the vast majority of these cases relate to travelers (79%) or the close contacts of travelers (8%), there is the potential for local transmission and first responders must remain vigilant.

On March 14, 2020, Newfoundland and Labrador identified its first presumptive case of COVID-19. This case was related to international travel and public health officials are conducting contact tracing to attempt to identify any close contacts and limit further spread of the virus.

Symptomology:

Coronaviruses are a group of viruses that cause disease in mammals and birds. In humans, symptoms are usually uncomplicated upper respiratory tract infections. The most common symptoms reported are fever, cough and shortness of breath, however, the severity of the illness is variable and can result in more severe illness for the very young, the very old, immunocompromised patients or patients with underlying disease. The incubation period of 2019-nCoV appears to be within 14 days, but is likely shorter (5-6 days).

Transmission:

One of the concerning features of this new coronavirus is its ability to spread from human to human. The level of infectiousness, or ease of transmission, is still unclear. The coronavirus appears to spread via close contact (2 meters) with infected people and/or spreads through exposure to the large droplets created from coughing or sneezing. The life span of the virus while outside the body is unknown. Other human coronaviruses can live on contaminated surfaces for up to 7 days. **It is important to note that all viruses have an incubation period.** The incubation period is the period between the exposure of an individual to a pathogen (virus) and the beginning of the illness or disease it causes. Newly exposed individuals are not contagious. Individuals are contagious when they become symptomatic. Prior to having symptoms it is unlikely that an individual can spread the illness. **Not all individuals who are exposed will develop disease.**

Patient Identification:

Despite best efforts to contain the spread of COVID-19, cases continue to rise worldwide. Because of this, all persons presenting to first responders with a fever and acute respiratory illness **MUST** be questioned about their travel history. This includes asking:

- Have you travelled outside of the Canada or the province in the 14 days before onset of illness
- OR
- Have you been in close contact with a confirmed/probable case of COVID-19?
- OR
- Have you had close contact with a person with acute respiratory illness who has travelled outside of the Canada or the province in the 14 days before onset of illness

If yes to the above, immediately implement droplet and contact precautions, mask the patient.

Up to date information regarding COVID-19 is contained on the [Government of Newfoundland and Labrador website](#).

Please use these documents to remain up to date on which areas are affected as this is likely to continue to change.

Protecting yourself:

Personal Protective Equipment (PPE)

The purpose of PPE is to interrupt the transmission of infection. Donning (putting on) and doffing (taking off) of PPE should be reviewed. You are at greatest risk to contaminate yourself when removing PPE. If EMS is present, take direction from EMS. If EMS is not present and responding to a call involving a person suspected of having COVID-19.

- Immediately provide the person with a surgical mask to wear.
- Don the appropriate Personal Protective Equipment
 - AAMI level 2 fluid resistant gown or bunker gear,
 - 12 inch nitrile medical gloves
 - Surgical mask with eye protection. (goggles and surgical mask may be used depending on your profession)

Removing Protective equipment

- Remove gloves - Clean hands with alcohol based hand rub (ABHR) unless visibly soiled
- Remove gown or bunker gear – Clean Hands with ABHR unless visibly soiled
- Remove eye protection
- Remove mask
- Clean your hands with ABHR unless visibly soiled

Update: Bunker gear issued to firefighters is considered as protective as a gown and may be worn by firefighters in situations where gowns would be required. If bunker gear is worn instead of a gown, it should be removed carefully and cleaned and disinfected before next use as per the policies and procedures of the fire service. If bunker gear is grossly contaminated, it should not be worn in the vehicle, but should be removed, bagged and stored for proper cleaning and disinfection as per service policy and procedure. (Source [link](#).)

If your hand are visibly soiled, proper handwashing with soap and water must be performed. Reusable PPE such as goggles must be properly cleaned, decontaminated, and maintained after and between uses. Goggles should be cleaned according to manufacturer's directions.

N95 Respirators

N95 respirators are not required for general care of clients with or suspected of having COVID-19. N95 respirators require the wearer to be fit tested to be effective. A good fit is not ensured unless the wearer is clean shaven. N95 Respirators are only recommended for aerosol generating procedures. Typically these procedures are only encountered in the health care setting. Check with your employer to see if your fit testing is up to date.

Hand Hygiene

Hands should be cleaned with alcohol based hand rub (ABHR) unless visibly soiled. If visibly soiled wash hands with soap and water. ABHR should have a minimum of 60% alcohol. Hand Hygiene is important as the virus may also spread by touching contaminated objects or surfaces and then touching your mouth, nose, or eyes.

Transport:

If transporting a suspected COVID-19 patient, ensure you and the patient wear a surgical mask for the duration of transport.

Post Transport Cleaning/Disinfection

Standard hospital grade disinfectants should be used to clean vehicle and equipment used to transport possible COVID-19 patients. Ensure to follow all manufacturer directions regarding contact and drying times.

Since no disinfectant efficacy test is currently available for COVID-19, it is recommended a cleaner/disinfectant effective for to the human coronavirus be used. Accelerated hydrogen peroxide is one such cleaner and disinfectant.

Staff must wear the appropriate PPE, as detailed above, while disinfecting ambulance surfaces.

General cleaning and disinfection of surfaces

Routine, thorough environmental cleaning and disinfection with a cleaner/disinfectant capable of killing COVID-19 on commonly touched environmental surfaces (door handles, toilet flush handles, light switches, elevator buttons, keyboards, and phone) is important to reduce the risk posed by environmental surfaces.

Post Contact Information:

The following information should help guide you if, through the course of your duties, you encounter a suspected or confirmed COVID-19 patient:

- You may return home at the end of your shift. Self-isolation is not required unless symptoms are present.
- If at any time you develop symptoms consistent with COVID-19 you should immediately take steps to self-isolate yourself and contact 811 for further advice. Information regarding self-isolation is available [here](#).

LINKS:

Hand Hygiene:

https://www.health.gov.nl.ca/health/publichealth/cdc/Clean_Hands_Across_NL_All_staff.pps

PPE posters:

https://www.health.gov.nl.ca/health/publichealth/cdc/PPE_Putting_It_On.pdf

https://www.health.gov.nl.ca/health/publichealth/cdc/PPE_Taking_It_Off.pdf

How to use hand sanitizer and hand washing:

https://www.health.gov.nl.ca/health/publichealth/h1n1_old/how_to_wash_hands_2009.pdf

https://www.health.gov.nl.ca/health/publichealth/h1n1_old/how_to_sanitize_hands_2009.pdf

For general information on COVID-19 please visit www.gov.nl.ca/covid-19

Personal Protective Equipment

Putting it On in 5 Easy Steps

1

HANDS

- clean your hands with hand sanitizer or soap and water

2

GOWN

- first tie at top
- next tie at waist
- ensure opening is in back and that it covers your skin and clothes



3

MASK

- put on a procedure or surgical mask
- mould the metal piece to fit your nose

**ALTERNATE:**

N95 Respirator if indicated



4

EYE PROTECTION

- put on eye protection



ALTERNATE:
Combo mask/eye shield



5

GLOVES

- pull on gloves & ensure they cover cuffs of gown



A Fit Check Must be performed
with each use



Infection Prevention
+ Control Program

Protect yourself - Protect others

March 2014

Adapted from the Winnipeg Regional Health Authority

Personal Protective Equipment Taking it Off in 6 Easy Steps

***Remove ALL PPE,
with exception of N95, before leaving patient room**

1 GLOVES

- remove glove to glove, skin to skin
- place gloves in garbage



2 GOWN

- untie neck, then waist
- hook fingers under opposite cuff; pull over hand
- use gown-covered hand to pull gown over other hand
- pull gown off without touching outside of gown
- roll up inside out
- place in laundry hamper or garbage as appropriate



3 HANDS

- clean your hands with hand sanitizer or soap and water

4 EYE PROTECTION

- remove eye protection by handles and place in reprocessing bin or garbage



5 MASK/ N95 RESPIRATOR

- remove using loops or ties; do not touch mask.
- N95 should be removed outside of the room after the door has been closed. Place in garbage



6 HANDS

- Clean your hands immediately after removal of PPE or anytime you suspect your hands are contaminated during PPE removal



Infection Prevention
+ Control Program

Protect yourself - Protect others

March 2014

Adapted from the Winnipeg Regional Health Authority



Department of Justice and Public Safety – Adult Corrections Division
Temporary Safe Work Practice
Her Majesty’s Penitentiary

Intermittent inmates admitted to HMP	
Hazards Identified	Covid-19 exposure
PPE Required	- As dictated by assessed risk (described and field level) - As per manufacturer’s instructions (Chemical use)
Training	None specific to the task
Potentially Exposed Employees	Adult Corrections Staff

Safe Work Practice

Definitions:

- **Universal precautions:** An approach to infection control where all human bodily fluids are treated as if they are known to be infectious.

Standard Personal Protective Equipment: Gloves, procedural masks.
Additional Personal Protective Equipment: As identified by field level risk assessment.
- **Contact Precautions:** Infection prevention and control measures used in addition to universal precautions, intended to prevent transmission of infectious agents which are spread by direct or indirect contact.

Standard Personal Protective Equipment: Gloves, procedural mask.
Additional Personal Protective Equipment: N95 mask (for aerosol-generating procedures), isolation gown, eye protection.
- **Droplet Precautions:** Infection prevention and control measures used in addition to universal precautions, intended to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions.

Standard Personal Protective Equipment: Gloves, isolation gown, boot covers, procedural mask, eye protection.
Additional Personal Protective Equipment: N95 mask (for aerosol-generating procedures)

Respiratory illnesses like COVID-19 are transmitted through:

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

To help control the spread of Covid-19, all employees have a shared responsibility to help ensure the cleanliness of shared resources.

Carriers of the COVID-19 virus may exhibit two or more of the following symptoms:

- Fever (or signs of a fever, including chills, sweats, muscle aches, lightheadedness);
- Cough;
- Headache;
- Sore throat;
- Painful swallowing;
- Runny nose;
- Diarrhea;
- Loss of sense of smell or taste;
- Unexplained loss of appetite; or
- Small red or purple spots on the hands and/or feet.

Post Contact Information:

The following information should help guide you if, through the course of your duties, you encounter a suspected or confirmed COVID-19 patient:

- You may return home at the end of your shift. Self-isolation is not required unless symptoms are present.
- If at any time you develop symptoms consistent with COVID-19 you should immediately take steps to self-isolate yourself and contact 811 for further advice. Information regarding self-isolation is available by clicking [here](#). You may also complete the online self-assessment tool by visiting the following link: <https://www.811healthline.ca/covid-19-self-assessment/>

Triage and screening

All intermittent inmates scheduled to report to Her Majesty's Penitentiary will have a screening questionnaire completed by Correctional staff on duty at the Main Gate. Only **ONE** inmate will be permitted in the main gate house at a time while the screening questionnaire is being completed.

Based on the available information, all newly admitted prisoners who **do not** pass the questionnaire will be assigned a color code of red according to the following criteria:

- **RED (suspected carrier of COVID-19):** Prisoners who are either symptomatic, required to be isolated in accordance with the screening questionnaire,
- The inmate will be provided with PPE (mask and gloves) for transport to the St. John's Lock-up for isolation.
- The Correctional Officers transporting the inmate to the St. John's Lock-up will wear appropriate PPE for escort.
- Once the intermittent inmate has been admitted to the SJLU, the following steps shall be taken to remove a prisoner from a **RED** code while housed at the SJLU;
 1. Assessment by an NP, and determination the individual is not at risk for COVID, and is no longer required to self-isolate for fourteen days. The inmate will then be escorted to HMP to finish his intermittent sentence.
 2. The prisoner is swabbed for COVID and the results are negative.

Admission process for an intermittent inmate at the SJLU coded **RED** ;

Intermittent inmates to the SJLU who are coded **RED** will follow the below protocol without exception:

- Lockup staff, and the accompanying/arresting agency member(s) shall adhere to contact precaution P.P.E. requirements for the duration of the admission process. Additional P.P.E. will be utilized as identified by field level risk assessment.
- Prisoners shall be instructed to remain on the bench during the admission process and are not to approach the counter unless required.
- All new admissions must have a screening questionnaire completed.
- Where possible, prisoners shall be provided with a new bar of soap and a clean towel, behavior permitting.
- In order to manage isolation, prisoners with a triage code of **RED** shall be housed in a single cell.

- Prisoners assigned a triage code of **RED** will be placed in cell #1 or #11 whenever possible.

Medical Attention:

- The H.M.P. Medical Unit (or Duty Captain after hours) shall be notified any time a prisoner is assigned a triage code of **RED**.
- Prisoners assigned a triage code of **RED** are to be confined to their cell pending medical assessment. Confined prisoners will not exit their assigned cell unless it is for medical treatment, court appearance, or release.
- Any prisoner who is symptomatic will be assessed by a qualified medical professional to determine if a COVID-19 test is required.

Prisoner interaction:

- Staff shall adhere to contact precaution P.P.E. standards during prisoner interaction without exception. Additional PPE will be utilized as identified by field level risk assessment.
- Interaction amongst all prisoners shall be kept to a minimum, with no more than one (1) prisoner occupying a common area at a time.
- All prisoners shall be required to wash their hands whenever exiting their assigned cell.
- Prisoners with a **RED** triage status are required to wear a mask and gloves when exiting their assigned cell.

Property Handling:

- Staff shall wear gloves and procedural masks when handling any prisoner property.

Physical Handling:

- During **any** physical handling/use of force situation, staff shall be required to don contact precaution P.P.E. prior to intervening. Additional P.P.E. shall be used as required based on assessed risk.

Civilian and Outside Agency interviews:

- Civilian and outside agency meetings, assessments, and interviews shall be conducted via telephone and video services where available.
- If a civilian or outside agency representative is required to meet with a prisoner face to face, the interviewer shall be required to wear a mask, gloves, and additional P.P.E. as determined by assessed risk.

Shared Resources:

- Any resources, areas, and hard surfaces that are shared amongst prisoners (bench, telephone, shower, etc.) shall be cleaned between uses with an approved disinfectant as outlined in the [COVID-19 Safe Work Practice](#).
- Cleaning products shall be supplied for prisoners to use before and after use of shared resources.

Enhanced cleaning and disinfection:

- Enhanced cleaning and disinfection shall be completed for any area where a person who has tested positive for COVID-19 is known to have been in the last fourteen (14) days.
- Enhanced cleaning and disinfection shall be completed by an outside contractor as directed by the Department of Transportation and Works.
- Areas that require enhanced cleaning and disinfection shall be closed to all but essential movement.
- To request enhanced cleaning and disinfection services, contact the Captain on Duty.

Personal Protective Equipment:

The following PPE shall be provided for staff use as required:

- Nitrile gloves
- Protective masks (Minimum spec: procedure grade or higher)
- Protective single use gowns
- Protective eyewear.
- Tyvek (or other suitable brand) suits.
- Boot covers.

Reminder: Staff shall practice proper hand hygiene (washing with soap and water, or hand sanitizer when appropriate) before and after use of any PPE.

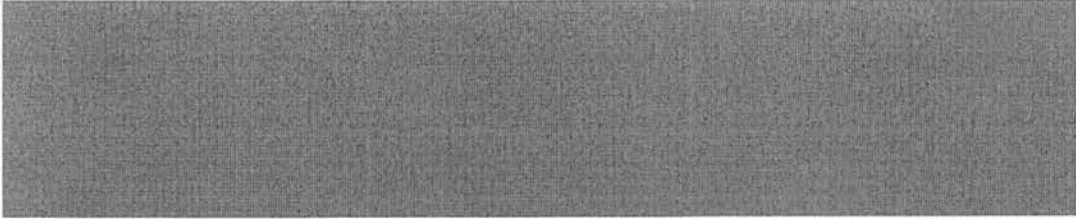
Additional Resources:

[PPE - Putting it On](#)

[PPE - Taking it Off](#)

Date Issued: 2020/09/10

Diana Hilloms
Assistant Superintendent



JUSTICE & PUBLIC SAFETY CORRECTIONAL FACILITIES COVID-19 OUTBREAK MANAGEMENT STRATEGY

This document has been developed to provide you with the most up-to-date information as of March 25, 2020. The content of this document may evolve. Recommendations may change. Please ensure you refer back to this document regularly for updated information.

Public health officials in Newfoundland and Labrador, in conjunction with Public Health Agency of Canada officials and other provincial and territorial public health officials, have been closely monitoring novel coronavirus. The Department of Health and Community Services (HCS) maintains a website for up-to-date situation reports and guidelines. <https://www.gov.nl.ca/covid-19/>

*Developed by Ann Marie Norman Eastern Health and Heather Yetman
Department and Health and Community Services
March 25, 2020*

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1.0 Overview

On March 12, 2020, The World Health Organization (WHO) declared the novel coronavirus (COVID-19) pandemic. The Public Health Agency of Canada (PHAC), the provincial Chief Medical Officer of Health (CMOH) and the Medical Officer of Health (MOH) will be closely monitoring the effects within the country, and the province.

The Association for Professionals in Infection Control and Epidemiology (APIC) explains that a pandemic occurs when a disease outbreak becomes global (2014). Advancement of an outbreak from an epidemic to a pandemic means that it:

- Has spread to a wider geographical area, often worldwide.
- Affects larger numbers of people than an epidemic.
- Is often caused by a new virus or a strain of virus that either has not circulated among people for a long time or has not previously infected humans.
- Is a virus that humans have little to no immunity against.
- Is a virus that spreads quickly from person-to-person worldwide.
- Causes much higher numbers of deaths than epidemics.
- Often creates social disruption, economic loss, and general hardship

People deprived of liberty, such as people in prisons and other places of detention are likely to be more vulnerable to the coronavirus (COVID-19) outbreak than the general population because of the confined conditions in which they live together for prolonged periods of time. Even though this document is intended to address the COVID-19 pandemic in correctional facilities, it can continue to serve as guidance in the event of future pandemics with adjustments and updates to capture the specific type of pandemic illness at that time. Throughout this document, the terms COVID-19 and pandemic illness will be referenced. For ongoing information regarding COVID-19, please check <https://www.health.gov.nl.ca/health/publichealth/cdc/coronavirus/>

The purpose of this plan is to provide guidelines for the response of Corrections and Community Services to a pandemic illness. It focuses on identifying priority services/programs, issues to consider when there is pandemic illness activity in the community/region and the control measures that will be necessary to manage pandemic illness within the correctional facilities.

Objectives of this plan include guiding the design and implementation of adequate preparedness plans for prisons to deal with COVID-19 outbreak situations, presenting effective preventive and response mechanisms and

outlining appropriate approaches to dovetailing the prison health system and the national and local health and emergency planning system. The plan shall provide mechanisms to protect the health and well-being of people detained in correctional facilities, those who work there and those who visit as well as supporting the continued safe operation of the correctional facilities. It should reduce the risk of outbreaks within correctional facilities, and outline preventative measures including hand hygiene, disease surveillance and disease identification and treatment.

Prevention and Protection from infection is the responsibility of all persons within the correctional facility. It is not limited to times of pandemic threat. Heightened awareness of all persons, coupled with diligence and compliance with existing Infection Control Policies and Procedures will assist in prevention of facility COVID -19 outbreaks and rapid containment, when required. Early identification of a potential or confirmed case/ outbreak of COVID -19 is critical to controlling the diseases and preventing further transmission.

Proper hand hygiene remains the single most important practice in preventing COVID – 19 transmission.

Signs and posters teaching good hand washing techniques shall be posted near all sinks and alcohol based hand rub (ABHR) stations.

Transmission of the pandemic illness can be significantly reduced by the consistent use of routine practices for all inmates and the use of additional precautions for inmates with suspected or confirmed pandemic illness.

Important Notice on Infection Prevention and Control

Hand Hygiene: Make available accessible hand hygiene stations and signs advising residents, visitors, staff and volunteers to wash their hands.

Respiratory Etiquette: Inmates, visitors, staff and volunteers should be encouraged to minimize potential COVID-19 transmission through good hygiene measures:

- o Use disposable, one-use tissues for wiping noses
- o Cover the nose and mouth when coughing or sneezing. Cough or sneeze into a tissue or the bend of your arm, not your hand
- o Dispose of any tissues you have used as soon as possible in a lined waste basket and wash your hands afterwards
- o Keeping hands away from the mucous membranes of the eyes and nose to prevent self-contamination with pathogens

2.0 Personal Protective Equipment (PPE)

The following employees should use PPE

- Correctional staff assigned to care for the inmates with suspected or confirmed COVID - 19
- All physicians, nurse practitioners, nurses and health care workers who provide direct inmate care to COVID-19 cases.
- All support staff including, cleaners, escort staff, and laundry staff.
- Affected inmates must wear a mask when other inmates/staff are within a 2 meter distance.
- Admission staff while processing new arrivals (during high level of COVID-19 activity) and conducting video court of inmates with suspected or confirmed COVID-19

PPE is available in inventory, on-site.

PPE includes:

- Masks with face shield
- Respirators (N95)
- Gloves
- Gowns or Coveralls
- Protective Eyewear (goggle) in event that face shields are unavailable

Discard PPE immediately after use so as to prevent transmission. Place in garbage disposal and perform hand hygiene.

3.0 Admissions

All Correctional Officers who have direct contact with newly admitted inmates must wear appropriate PPE.

Upon admission, Admission/Escort staff will administer a basic screening tool, to assess inmate symptoms. (Appendix A) If new admissions are suspect COVID-19, they will be provided with a surgical procedure mask and inmate will be isolated until he/ she can be assessed by a Health Care professional.

It is the responsibility of the Admission's Officer to share, with the Officer in Charge and Health Care staff any reports from inmates who are suspect COVID-19. When possible, Health Care must, at the first opportunity, assess the inmate.

s.31(1)(a);(l);(n)

Upon assessment, if the inmate is symptomatic, health staff will complete an naso pharyngeal (NP) swab (Appendix B) for confirmatory testing. In the event the inmate is

assessed to be asymptomatic, the NP will advise Correctional staff, who will note in PCOMS and isolation can be discontinued.

4.0 Inmate Care

Inmates infected with COVID-19 will be managed in the facility unless experiencing significant complications requiring hospitalization. Inmates exhibiting signs of COVID-19 will be isolated with droplet precautions, provided with increased fluids and monitored closely. Critically ill inmates requiring respiratory/ventilation support will be transported to the hospital under direction of the Officer in Charge, in consultation with the medical unit.

Where possible, single cell accommodation is recommended for ill inmates.

If the number of affected inmates exceeds cell availability or where staffing constraints dictate for the purposes of care, then ill inmates will be required to share cell accommodations with other ill inmates.

The Officer in Charge will direct that certain areas in the Institution be converted to isolation units.

To minimize the spread of infection, movement of infected inmates must be restricted.

Except in extenuating circumstances, every effort will be made to maintain separation of specific inmate groups

The Officer in Charge, or designate, shall assess the impact of movement in, out and within the facility. Where necessary, movement control and enhanced screening strategies will be implemented to minimize the transmission of the virus

5.0 Isolation of Symptomatic Inmates

Symptomatic inmates, where possible, will be placed in a single locked cell and droplet/contact precautions implemented. Isolated inmates will be permitted to shower and use the phone. When an inmate is in the living area he/she will wear a surgical procedure mask. Telephones must be cleaned with disinfectant wipes after each use. (see Appendix B) Inmates should be requested to contact their family, friends and attorney via telephone and advise that visiting is not permitted.

Staff members are reminded to wear appropriate PPE when they are within 2 meters of a symptomatic inmate.

Symptomatic inmates must be isolated as soon as possible to prevent the risk of transmission to others.

The goal is to have minimal disruption to programs and operations, however, during an outbreak, small and large group activities must be cancelled. Where programs or

operations are disrupted, every effort will be made to return to normal scheduling as soon as it is safe to do so.

6.0 Critically Ill Inmates

Critically ill inmates requiring respiratory/ventilation support will be transported to the hospital via Emergency Services. This will be directed by the Officer in Charge in consultation with the medical unit.

7.0 Nursing Services

Care will be directed toward maintaining comfort, preserving functional status, limiting complications, and limiting transmission to non-infectious inmates.

Guidelines for nursing services during a pandemic:

- Surveillance of inmates for pandemic illness should be carried out each shift. Ongoing surveillance is necessary to identify new cases and update the status of ill inmates and staff. Once the pandemic strain is identified in the correctional facility, all subsequent cases of suspected pandemic illness with similar symptoms will be treated as such until diagnosis is confirmed. Surveillance will continue throughout the pandemic and must include the following information:
 - New cases of pandemic illness among inmates and staff
 - Status of ill inmates and staff
 - Residents who have recovered
 - Staff who have recovered and their return to work date
 - Transfers to acute care hospitals
 - Deaths
- Specimen collection for diagnoses of pandemic illness should continue until direction is given that no further specimens are necessary. For information about specimen collection, please see:
 - *Public Health Laboratory Interim Guidance of Laboratory Testing for Coronavirus*
<http://pulse.easternhealth.ca/Pages/ImageLoader.aspx?ResourceID=10434>
 - *NP Swab Collection Procedure*
<http://pulse.easternhealth.ca/Pages/ImageLoader.aspx?ResourceID=10400>
- Treatment for ill inmates will be initiated according to physician/nurse practitioner orders
- Nursing staff must follow routine infection control practices at all times and initiate droplet/contact precautions as necessary for ill inmates, including posting appropriate signage
- Notify the Medical Officer of Health/Designate of suspected or confirmed cases of pandemic illness to obtain direction regarding declaring an outbreak and implementation of control measures.

8.0 Pharmacy Services

Pharmacy services must continue and medication delivery shall be maintained. In exceptional circumstances, there may be considerations for alterations to lengthening the length of cycle fills, decreased points of exposure during medication delivery (e.g. delivering to one specified area rather than unit specific areas) etc. Any pharmacy services that are able to be provided remotely without impacting normal service provision should be completed off site.

9.0 Documentation

Clinical documentation during a pandemic is of utmost importance for early identification of new cases of illness, ongoing assessment, care planning, monitoring and treatment of current residents, and timely identification of signs of deterioration. Documentation of care ensures continuity of care and demonstrates the standard of care provided during the pandemic. Sites are to continue with their usual clinical documentation process.

10.0 Food Services

Dietary staff must follow food safety and sanitation guidelines at all times. There will be no interruption in meal services. Communal dining room service may have to be discontinued and disposable dishes may be used if required.

Extra fluids to assist with hydration must be made available on the units. Non-perishable snacks should also be provided as requested.

11.0 Cleaning Services

In addition to routine cleaning, additional cleaning practices and the use of additional PPE is required in correctional settings under special circumstances such as Droplet/ Contact Precautions.

High touch surfaces including but not limited to telephones and key control areas require enhanced cleaning with facility approved cleaners and must be disinfected after each use.

12.0 Laundry

The use of personal clothing and linens should be kept to a minimum and separation of contaminated linen remains a priority. Laundry bags should be washed after each use and carts used to transport soiled linens should be cleaned with an approved disinfectant after each use. Contaminated clothing and linens should be washed in hot water with facility approved detergent. The use of appropriate PPE is recommended when handling contaminated laundry.

13.0 Response to Telephone Enquiries Regarding Inmates

Nursing staff may be unable to respond to enquiries from family members regarding an inmate during a COVID-19 outbreak. The Officer in Charge will identify non-nursing staff to receive and respond to family/lawyer calls regarding an inmate's health.

14.0 Programming

Programming for inmates must be cancelled in the event of a COVID-19 outbreak within the institution. It will be the responsibility of the Officer in Charge or designate to ensure appropriate notifications are made. Group communal activities are discouraged.

15.0 Inmate Work Assignments

Any inmates who are symptomatic must not be permitted to work. Inmates selected for work detail must wear appropriate PPE and perform hand hygiene.

16.0 Professional Visitors

Professional visits by legal counsel shall be restricted and lawyers shall be asked if they can consult in a manner other than direct visits.

17.0 Shipping and Receiving (Delivery)

To minimize the introduction of infection inside the facility, all deliveries must be made at a designated entry point. When possible, Health Care professionals are notified of the arrival of new medical supplies.

18.0 Intermittent Inmates

In the event of an outbreak, a variety of release programs will be considered for intermittent inmates, including Temporary Absence and Electric Monitoring. Each case will be assessed by the Officer in Charge and Classification staff and decisions made accordingly.

19.0 Release Programs

In the event of a pandemic, a variety of release programs will be considered for sentenced inmates, including Temporary Absence. Each case will be assessed by the Classification Team.

20.0 Transfers

Where feasible, inmate transfers between facilities must be restricted.

In the event that symptomatic inmates are moved between facilities, every effort must be made to keep the inmate comfortable during transport. After placing the symptomatic inmate in the vehicle and before entering the cab, hand hygiene must be performed by transport staff. Similarly, after the inmate disembarks, staff must perform hand hygiene. During movement to and from the vehicle, the symptomatic inmate must wear a surgical procedure mask and staff must wear appropriate PPE, including gloves surgical with eye protection and gowns.

Once transport has been completed, the vehicle must be disinfected with facility-approved disinfectant.

21.0 Release from Custody

Inmate releases shall continue as per scheduled. If a symptomatic inmate has no housing upon release, the institution shall notify Cassie Chisholm CassieChisholm@gov.nl.ca or Niki Legge NikiLegge@gov.nl.ca to arrange accommodations.

22.0 In-Person Court Appearances

The transfer of inmates for court appearances will be limited since this process requires inmates to travel in escort vehicles and be held in court cells with others. Where possible, arrangements will be made for a video conference appearance or postponement.

Inmates going to court will be screened for symptoms of COVID-19. If symptoms are present, the appropriate Court will be notified and alternative Court appearances will be explored. In the event that the inmate must attend Court, precautions including PPE shall be implemented.

In an effort to minimize movement into the community, the Officer in Charge or delegate will contact the Courts and Crown Attorney's office to discuss alternative measures for all court appearances.

23.0 Communication

The objectives of communicating are to:

- o Provide clear, accurate messaging to internal (staff) and external (suppliers, agencies) stakeholders during the outbreak.
- o Allow staff to understand their role during the outbreak.
- o Ensures staff to know how to protect themselves, and inmates.
- o Provides accurate information regarding the outbreak.
- o Addresses concerns in a timely manner.
- o Provides instructions for suppliers and agencies should any disruption of services occur.

Understanding of infection prevention and control policy and procedure and how it relates to operations during an outbreak is mandatory for all employees having contact with inmates.

Communication will be critical to an effective response to the outbreak. The Officer in Charge or designate, will ensure rapid and efficient communication with all employees utilizing a variety of communication methods, including but not limited to, email, phone calls, intranet and internal mail.

Staff education sessions will focus on having staff prepare themselves and this is completed with the assumption that staff will be more comfortable in reporting to work.

Signage will be posted in all staff/inmate areas indicating symptoms of COVID-19 including staff washrooms, lunchrooms, locker rooms and in all entrances to the facility. These signs will provide information on hygiene, COVID-19 symptoms, use of PPE, cancellation of programs etc. Important information will be posted on bulletin boards and staff members will be briefed on a daily basis of any procedural changes or updates.

The Officer in Charge must communicate with inmates and staff regarding the status and impact of the outbreak in the facility. This will ensure the delivery of timely and accurate information.

The Provincial Chief Medical Officer of Health will make specific recommendations about the measures recommended for use province wide. This will help to ensure that the types of public health measures implemented are consistent.

24.0 Employee Assistance Program

The impact of COVID-19 on staff has the potential to be psychologically difficult. Many of our inmate population come into custody with pre-existing medical problems, leaving them vulnerable to illnesses like COVID-19. Staff members working directly with the inmates may witness extreme illness. All staff have access to services offered under the Employee Assistance Program. (www.psc.gov.nl.ca/psc/EAP) and are encouraged to make contact if required. Please see a list of additional resources located in Appendix C

25.0 Staff Education/ Intranet Information Sharing

During a pandemic, the Government of Newfoundland and Labrador will post information regarding COVID-19 on the intranet www.gov.nl.ca or share information via email to employees. Staff will have access to this at their own work site computer terminal or at the staff information terminal. Staff are also encouraged to obtain updates by searching important information available at World Health Organization <https://www.who.int/> and Public Health Agency of Canada (PHAC) <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html>.

26.0 Self-screening for Staff and Programs/Professional Visits

Staff, volunteers and visitors will self-screen for symptoms of COVID-19 prior to entering the Correctional facility. A sign detailing the symptoms of COVID -19 will be posted at the entrance point of each institution.

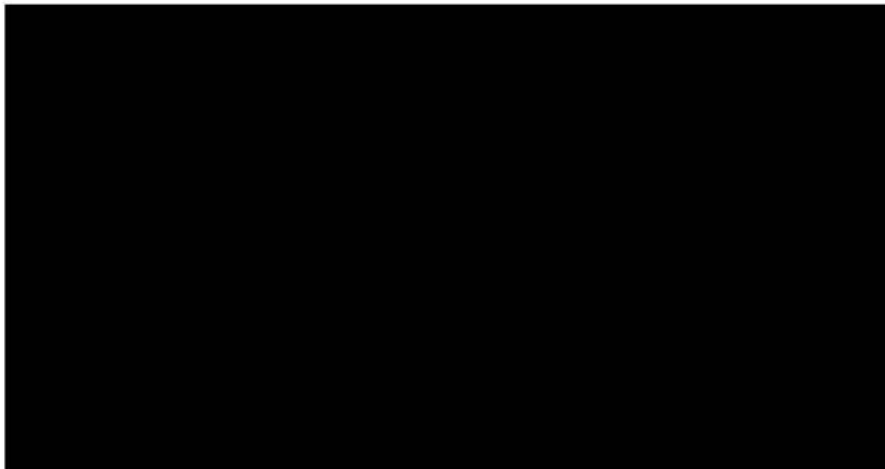
During any pandemic outbreak all discretionary visits by members of the general public may be restricted. All personal inmate visits must be suspended during period of high pandemic activity in the community. Posters indicating the cessation of visits will be posted at all entrances.

The Manager of Institutional Programs or designate shall call all active volunteers and inform them that programs are cancelled until such time as the outbreak is declared over.

Correctional Staff, in consultation with the Officer in Charge may deny visits or entry into the Institution to members of the public who are displaying COVID -19 like symptoms.

If an employee is showing symptoms of COVID-19 he/she should contact his/her manager, leave the work place immediately and contact a health professional.

27.0 Staff /Deployments Assignments



s.31(1)(a);(l);(n), s.38(1)(a)

28.0 Administration Staff – Shared Offices



s.38(1)(a)

29.0 Self-Isolation and Process for Employees Reporting PPE Breach/Work-Related Unprotected Exposure

In the event that an employee has an exposure to COVID-19 during the delivery of care, the employee should:

- Immediately remove PPE in designated doffing area and perform hand hygiene
- Self-isolate
- Report exposure to OIC
- Seek direction from OIC or OH&S
- OH&S will investigate the unprotected exposure or PPE breach.

If the OHS&S determines that an employee has an unprotected exposure or PPE breach, the employee will be required to self-isolate and monitor symptoms for 14 days. As long as employee is not displaying symptoms, they can remain at home.

All employees who are required to self-isolate as a direct result of an unprotected exposure or PPE breach at work will receive special paid leave. If the employee is unable to remain at home during self-isolation, JPS will assist the employee to find alternate living arrangements for the employee and/or employee family members during the 14-day period.

If the employee becomes symptomatic, they must complete the online assessment tool before calling 811, <https://www.811healthline.ca/covid-19-self-assessment/>. The employee may then notify the OH&S who will communicate to the employee's manager so that the employee may use sick leave or other leave as per collective agreements.

30.0 Workplace Health, Safety and Compensation Commission

If employees become symptomatic and believe there is a link to workplace exposure, they may choose to complete an Employee Injury/Incident Report Form or appropriate documentation in the Provincial Incident Reporting System (PIERS), which facilitates the process to report to WorkplaceNL, and WorkplaceNL will determine the merits of each case. While WorkplaceNL is adjudicating their claim, employees will continue to use sick leave or other leave as per collective agreements.

If WorkplaceNL determines that the onset of the employee's COVID-19 symptoms is due to **work-related exposure**, and if there is a confirmed diagnosis of COVID-19, then the employee may be deemed eligible to receive worker's compensation benefits. If an employee is diagnosed with COVID-19 that is deemed to be a result of **non-work-related exposure (i.e., community exposure)**, or is diagnosed with an illness that is not COVID-19, they may continue to use sick leave or other leave as per collective agreement

31.0 Process for Returning to Work After Self-Isolation with No Signs or Symptoms of COVID-19

All employees who are required to self-isolate will do so for 14 days regardless of negative test results. The incubation period of the virus means that the virus may not be detected during initial testing. Additional testing will be conducted if the employee becomes symptomatic during the 14 days.

Employees who test negative for COVID-19 and who have not experienced signs or symptoms of COVID-19 during the entire 14-day self-isolation period may return to work upon the conclusion of the 14-day self-isolation period.

32.0 Process for Employees Experiencing Signs or Symptoms of COVID-19 at Work or at Home

If an employee experiences signs or symptoms of COVID-19 at work, the employee should follow self-isolation procedures, mask and perform hand hygiene; and report signs or symptoms to manager/supervisor.

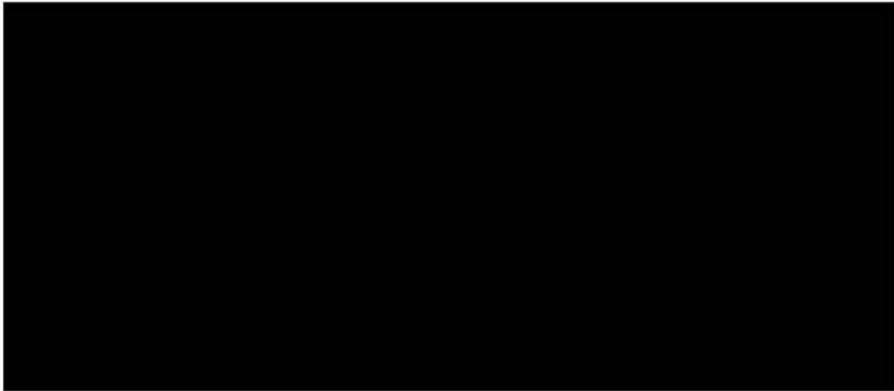
If an employee displays symptoms while at home, he/she should contact manager asap and must **complete the online assessment tool before calling 811**, <https://www.811healthline.ca/covid-19-self-assessment/>.

If an employee is symptomatic, they may use sick leave or other leave as per collective agreements.

33.0 Returning to Work after COVID-19 Diagnosis

For employees who test positive for COVID-19, once symptoms diminish, two negative tests, taken 24 hours apart by the public health nurse, will be required to confirm that the individual no longer has COVID-19. Public health nurses who are tracking the confirmed cases of COVID-19 will notify the employee who shall then contact the Institutional Head.

34.0 Emergency Scheduling



s.38(1)(a)

35.0 Accommodating Staff



s.31(1)(a);(l);(n), s.38(1)(a)

36.0 References

Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected: Interim guidance (2020, March 13). World Health Organization. WHO reference number: WHO/2019-nCoV/clinical/2020.4.

Summary of Assumptions Specific to the COVID-19 (retrieved March 14, 2020 from <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/assumptions.html>)

World Health Organization Preparedness, Prevention and Control of COVID-19 in Prisons and Other Places of Detention 15 March 2020 . Retrieved in www.euro.who.int

Pandemic Preparedness Plan Long Term Care Facilities Eastern Health March 17, 2020
Horizon Health COVID-19 Screening Tool March 18, 2020

Commented [YH1]:

All information redacted on this page under s.31(1)(a);(l);(n)

CORONAVIRUS SCREENING TOOL and GUIDELINES



INMATE NAME: _____ DATE OF ADMISSION: _____
INSITUATION: _____ ADMITTING OFFICER: _____

1. To the best of your knowledge, in the past fourteen days have you or anyone you had close contact with been in contact with someone who has COVID-19? YES NO
2. Have you been advised by medical professionals that you should be self-isolating due to possible exposure to COVID-19? YES NO

[Redacted area]

3. Do you (or anyone you have been in close contact with) have a fever, respiratory infection such as new or worsening cough or difficulty breathing? YES NO

[Redacted area]

4. In the past fourteen days have you travelled outside Canada (including cruises) or attended a mass gathering event with attendees from other provinces?
 YES NO
5. In the past fourteen days have you had close contact with someone who has travelled outside Canada (including cruises) or attended a mass gathering with individuals from outside Canada? YES NO

[Redacted area]

[Redacted area]

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

STAFF SIGNATURE: _____

38.0 Appendix B

Procedure for NP Swab Collection

1. Use the swab supplied with the viral transport media, check expiry date
2. Explain the procedure to patient.
3. When collecting the specimens, wear gloves, and a surgical mask with eye protection. Clean your hands prior to donning gloves.
4. If the patient has a lot of mucus in the nose, this can interfere with the collection of cells. Either ask the patient to use a tissue to gently clean out visible nasal mucus or clean the nostril yourself with a cotton swab (e.g. Q-Tip).
5. How to estimate the distance to the nasopharynx: Prior to insertion, measure the distance from the corner of the nose to the front of the ear and insert the shaft approximately 2/3 of this length.
6. Seat the patient comfortably. Tilt the patient's head back slightly to straighten the passage from the front of the nose to the nasopharynx to make insertion of the swab easier.
7. Insert the swab along the medial part of the septum, along the floor of the nose, until it reaches the posterior nares; gentle rotation of the swab may be helpful. (If resistance is encountered, try the other nostril; the patient may have a deviated septum.)
8. Allow the swab to sit in place for 5-10 seconds.
9. Rotate the swab 5-10 times to dislodge the columnar epithelial cells. *Note: Insertion of the swab usually induces a cough.*
10. Withdraw the swab and place it in the collection tube, the swab will need to be broken to fit in the collection tube (you will note an indentation on the swab for this purpose). Replace cap securely, remove gloves and clean your hands.
11. Cover with parafilm, label the container and place the requisition in the front pouch. If you are entering the test in meditech you do not require a requisition. The specimen should be sent for respiratory viruses
 - a. RESPVIP all specimens should be sent to the microbiology lab
12. Remove gloves and clean your hands.
13. Place the specimen in a specimen refrigerator until transport to the microbiology lab.
14. Notify the ICP for your area that a swab has been collected

39.0 Appendix C

Disinfection Protocol for Inmate Telephones

1. Inmates will be permitted to use telephones as requested and approved by Corrections Officers on duty as per normal operations.
2. All inmate telephones must be disinfected after each inmate use to prevent the risk of transmission of any infectious agents.
3. Facility approved disinfectants must be used to disinfect telephones appropriately. (spray disinfectant or wipes are both acceptable methods).
4. In the event that Corrections staff at the Lock up (and other corrections facilities) clean or move the phone, he/ she must wear appropriate personal protective equipment (PPE) during the disinfection process. Gloves must be worn; and in the absence of disinfectant wipes, cleaner can be sprayed directly on a paper towel that can then be used to disinfect the phone.
5. PPE must be removed and hand hygiene performed before the disposal of contaminated PPE in a covered foot pedal operated disposal container.

40.0 Appendix D

Employee Resources title

Up-to-date COVID-19 Information (Eastern Health)
COVID-19 Self-Screening Tool
Employee & Family Assistance Program
Doorways Walk-in Clinic (contact 811 for times/locations)
Mental Health Crisis Line 1 888 737 4668
CHANNAL Warm Line 1 855 753 2560
Bridge the gApp

Coping Strategies

Mindfulness
Physical Activity
Relaxation
Peer Support
Tips to Manage Anxiety
Healthy Eating
How to Sleep Better when Stressed
CIPSIRT Mental Health Self-Screening Tools

41.0 Resources:

<https://www.health.gov.nl.ca/health/publichealth/cdc/coronavirus/>

Information for Healthcare Professionals

<https://www.health.gov.nl.ca/health/publichealth/cdc/coronavirus/healthcareprofessionals/>

Interim National Case Definition

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/national-case-definition.html>

Novel Coronavirus Case Report Form

<https://www.canada.ca/content/dam/phac-aspc/documents/services/diseases/2019-novel-coronavirus-infection/health-professionals/2019-nCoV-case-report-form-en.pdf>

Information for Individuals Travelling to Affected Areas

https://www.health.gov.nl.ca/health/publichealth/cdc/coronavirus/healthcareprofessionals/Info_Individuals_Traveling_Affected_Areas.pdf

Novel Coronavirus Information for Asymptomatic Individuals Isolating at Home

https://www.health.gov.nl.ca/health/publichealth/cdc/coronavirus/healthcareprofessionals/Novel_Coronavirus_info_asymptomatic_individuals_isolating_home_v1.pdf

Novel Coronavirus Information for Symptomatic Individuals Isolating at Home

https://www.health.gov.nl.ca/health/publichealth/cdc/coronavirus/healthcareprofessionals/Novel_coronavirus_info_symptomatic_individuals_isolating_home_v1.pdf

Notifiable Disease Notification Form

https://www.health.gov.nl.ca/health/publichealth/cdc/coronavirus/healthcareprofessionals/Notifiable_Disease_Notification_Form.pdf

811 Health Line

<https://www.811healthline.ca/>

Coronavirus Information for Travelers Returning to Canada

<https://www.canada.ca/en/public-health/services/publications/diseases-conditions/2019-novel-coronavirus-information-sheet.html>

How to Self-Isolate

<https://www.health.gov.nl.ca/health/publichealth/cdc/coronavirus/healthcareprofessionals/factsheet-covid-19-how-to-self-isolate.pdf>

Self – Isolation: Guide for caregivers, household members and close contacts

<https://www.health.gov.nl.ca/health/publichealth/cdc/coronavirus/healthcareprofessionals/factsheet-covid-19-guide-isolation-caregivers.pdf>

Droplet/ Contact Precautions

[Http://pulse.easternhelath.ca/Pages/Image/Loader.aspx?ResourceID=4689](http://pulse.easternhelath.ca/Pages/Image/Loader.aspx?ResourceID=4689)

Public Health Agency of Canada (PHAC)

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

World Health Organization (WHO)

<https://www.who.int/>