

COVID-19 PLACEMENT OPTIONS AND CONSIDERATIONS

Adapted from: Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities, CDC (March 23, 2020). Personal Protective Equipment (PPE) Requirements as per Contact/Droplet Plus Precautions based on activity.*

DEFINITIONS:

Admission Units - all new admissions should be quarantined for 14 days prior to being placed in general unit population. Due to the need for continuous admitting, individuals may need to be restricted to their cells/rooms within the admission unit, otherwise with each new admittance, the 14-day clock for all individuals on the unit would restart. This strategy has been recommended by Saskatchewan Health Authority in order to protect the health of others on admission units, and reduce the risk of transmission to the general population. If symptomatic, the individual will be moved to isolation.

Isolation - separates individuals suspected/confirmed COVID-19 from others. Individuals who are isolated are required to stay in their cell/room for the duration of their illness (typically 14 days) or until they are cleared by Public Health as having tested negative for the virus. All individuals on isolation must follow appropriate precautions including wearing a face mask when outside of their room.

Quarantine - separates and restricts the movement of individuals who may have been exposed to COVID-19 for 14 days to determine if they become symptomatic and to reduce the risk of infection in the population that are not known to be exposed. These individuals may have been exposed to COVID-19, or they may have COVID-19 but do not show symptoms. Individuals on quarantine units are able to move freely within their unit without wearing a face mask, although there is NO movement off the unit and NO new admissions to the unit. If leaving the unit is necessary, wearing a face mask is required.

ISOLATION

Suspected/Confirmed COVID-19 Cases (Isolation):

Every effort should be made to immediately isolate a suspect/confirmed COVID-19 individual to a designated isolation area. Ensure those on isolation are provided with tissues and a lined (no-touch) trash receptacle and instruct them to cover their mouth and nose with a tissue when coughing/sneezing, and to dispose of the used tissue in the lined trash receptacle and wash hands immediately and thoroughly.

The following scenarios present the most effective to least effective placement for isolation:

- a single isolation cell - negative pressure with own bathroom;
- a single cell with bathroom and closing door in a designated isolation area;
- If no better option is available, double bunking can be practiced. If double bunking is necessary:
 - double-bunk cell with solid walls and a solid door that closes fully and at least 2 metres of personal space in all directions with its own bathroom;

- **Only individuals who are laboratory confirmed COVID-19 should be placed under isolation together in the same room/cell. Do not place confirmed cases with suspected cases or case contacts in the same room/cell;**
- Unless no other options exist, do not house COVID-19 individuals with individuals who have an undiagnosed respiratory infection;
- convert an existing unit with single cells, own bathroom, and solid door into a designated isolation unit;
- convert an existing unit with individual (double-bunked) cells, own bathroom, and solid door into a designated isolation unit;
- convert an existing unit with individual (single) cells, and solid door with a common bathroom into a designated isolation unit with ability to clean the common bathroom areas in between individual use;
- convert an existing unit with individual (double-bunked) cells, and solid door with a common bathroom into a designated isolation unit with ability to clean common bathroom areas in between individuals;
- Separately, in single cells with solid walls but without solid doors;
- double-bunk in cell with solid walls but without a solid door. Employ social distancing strategies as much as possible;
- convert a dormitory unit and if possible provide some physical barriers. Employ social distancing strategies.

If an individual with suspected or confirmed COVID-19 is required to be on isolation while on a unit, that is, no separate isolation unit is available:

- separate the individual from the rest of unit as much as possible;
- if able, provide their own bathroom, and if not, the bathroom must be cleaned after use by the individual with suspected/confirmed COVID-19;
- if possible, partition the individual's space with physical barrier (i.e., sheet);
- clean any necessary shared space (i.e., bathroom) after individual with suspected/confirmed COVID-19 has contact with before any other's use;
- individual with suspected/confirmed COVID-19 requires a mask at all times when outside of their isolation space, and whenever another individual enters. Frequent hand hygiene shall be performed, particularly when leaving their designated area.
- when the best choice does not exist, use the next best alternative.

High Risk Individuals

Decisions around those at higher risk should be made in consultation with nursing staff. Those at higher risk may include:

- older adults (age 65 years of age and older); and

- those of any age with serious underlying medical conditions such as lung disease, cardiac disease including hypertension, diabetes, and smokers.

If the number of confirmed COVID-19 individuals exceeds the number of isolation spaces available in the facility, be mindful of cases who are at higher risk of severe illness from COVID-19.

Those at highest risk should not be double bunked or grouped with other infected individuals. If this is unavoidable, make all possible accommodations to prevent transmission of other infectious diseases to the higher-risk individuals (i.e., allocate more space for a higher risk individual within a shared isolation space).

QUARANTINE:

COVID-19 Case Contacts:

Facilities should make every possible effort to quarantine those who have been in close contact with individuals who are suspected or confirmed to have COVID-19.

Typically, quarantine takes place on the unit where the suspected or confirmed COVID-19 individual has been identified and isolated. If possible, do not transfer anyone onto the quarantine unit until the 14-day isolation/monitoring period is over.

New admissions are quarantined in admission units for 14 days to reduce the risk of potential transmission of the virus as their status is unknown. If possible, do not add more individuals to an existing admission unit after the 14-day admission quarantine “clock” has started. If this is required, individuals may need to be restricted within their cells/rooms within the admission unit in order to mitigate the risk of transmission of COVID-19 to each other and into the facility and prevent the need to restart the 14-day clock with each new admittance (see definition of Admission Units). **Do not** mix individuals on quarantine units (possible exposure) with new admissions (routine process).

Quarantined individuals on both quarantine and admission units should be monitored daily for COVID-19 symptoms. If an individual develops symptoms, they should be moved to isolation immediately.

Wherever possible, health services should be provided at the site of quarantined/isolated areas rather than these individuals being brought through a facility.

Staff should exercise caution when in contact with individuals symptomatic of a respiratory illness. Contact should be minimized as much as possible until the infected individual is wearing a mask. If an individual is symptomatic, staff should wear PPE regardless of COVID-19 status if within 2 metres.

SOCIAL DISTANCING STRATEGIES:

Social distancing strategies for units on quarantine or isolation should consider the following strategies and tailor them to each unit and each facility where feasible:

Recreation:

- Choose recreational activities where individuals can maintain social distancing (2 metres in between);

- Stagger recreation time in smaller and consistent groups.

Meals:

- Stagger meals in order to have fewer individuals and smaller consistent groups in the common area at once;
- Rearrange seating in eating spaces so that there is more space between people (i.e., remove every other chair and use only one side of the table).

Group Activities:

- Limit the size of unit group activities;
- Increase space between people during group activities;
- Consider alternatives to existing unit activities, in outdoor areas or other areas where individuals can maintain social distancing.

Housing:

- If space allows, reassign bunks to provide more space between individuals (ideally 2 metres);
- Arrange bunks so that individuals sleep head to foot;
- Rearrange routine unit activities to minimize mixing of individuals within the unit and/or or have consistent smaller groups.

STAFFING:

Whenever possible, consideration should be given to minimizing the number of different staff working on isolation and quarantine units. Staff should wear the recommended PPE as appropriate for their level of contact with those who have COVID-19.

COVID-19 QUARANTINE AND ISOLATION

Adapted from: Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities, CDC (March 23, 2020). Personal Protective Equipment (PPE) Requirements as per Contact/Droplet Plus Precautions based on activity.*

PURPOSE:

A pandemic occurring in a correctional facility requires the use of quarantine, isolation and Infection Prevention and Control measures to effectively contain and limit the spread of infection in the facility.

These recommendations are intended to support the clinical management of suspected and confirmed COVID-19 cases to prevent further transmission within facilities. Strategies include quarantine, isolation and restricted movement of individuals with COVID-19 symptoms, and close contacts.

PRINCIPLES:

Recommendations for the immediate placement and containment of a suspect/confirmed COVID-19 case are based on several decision-making considerations. These recommendations ensure implementation of appropriate Infection Prevention and Control (IPC) practices and least restrictive recommended measures.

Considerations unique to a correctional setting include:

- a complex service delivery system that involves services of multiple ministries;
- continuous admissions and discharges;
- incompatibles, security levels, limited placement options;
- high demand on medical/nursing services;
- implementing the appropriate use of PPE with consideration of supply inventories;
- adapting community healthcare pandemic standards and recommendations within a correctional setting;
- admissions from a variety of locations, increasing the risk of introducing COVID-19 from different geographical areas;
- consideration of population dynamics (both adult and youth, men and women); and
- frequent anticipated changes in response based on new information received on COVID-19.

DEFINITIONS:

Admission Units - all new admissions should be quarantined for 14 days prior to being placed in general unit population. Due to the need for continuous admitting, individuals may need to be restricted to their cells/rooms within the admission unit, otherwise with each new admittance, the 14-day clock for all individuals on the unit would restart. This strategy has been recommended by Saskatchewan Health Authority in order to protect the health of others on admission units, and reduce the risk of transmission to the general population. If symptomatic, the individual will be moved to isolation.

Isolation - separates individuals suspected/confirmed COVID-19 from others. Individuals who are isolated are required to stay in their cell/room for the duration of their illness (typically 14 days) or until they are cleared by Public Health as having tested negative for the virus. All individuals on isolation must follow appropriate precautions including wearing a face mask when outside of their room.

Quarantine - separates and restricts the movement of individuals who may have been exposed to COVID-19 for 14 days to determine if they become symptomatic and to reduce the risk of infection in the population that are not known to be exposed. These individuals may have been exposed to COVID-19, or they may have COVID-19 but do not show symptoms. Individuals on quarantine units are able to move freely within their unit without wearing a face mask, although there is NO movement off the unit and NO new admissions to the unit. If leaving the unit is necessary, wearing a face mask is required.

Confirmed COVID-19 Case - refers to an individual who has received a positive result for laboratory testing (with or without symptoms).

Suspected COVID-19 Case - refers an individual showing symptoms of COVID-19 but either has not been tested or is awaiting test results.

Close Contact – refers to being within approximately 2 metres/6 feet of a COVID-19 case for a prolonged period of time without the use of proper PPE; **OR** has had direct contact with infectious secretions of COVID-19 case (i.e., has been coughed on).

Non-Close Contact - refers to those providing care for a COVID-19 case (including health care workers, family members or other caregivers) or who had other similar close physical contact with consistent and appropriate use of personal protective equipment and the case was self-isolating; OR who lived with or had prolonged contact but was not within two metres of a case while the case was symptomatic and not self- isolating.

Social Distancing - refers to the practice of increasing the space between individuals and decreasing the frequency of contact to reduce the risk of spreading a disease, ideally to maintain at least 2 metres/6 feet between all individuals whether they have COVID-19 symptoms or not. Social distancing strategies can be applied on an individual level (i.e., avoiding physical contact), a group level (i.e., cancelling group activities where individuals will be in close contact), and an operational level (i.e., rearranging chairs in the dining area to increase distance between them).

Asymptomatic - refers to either an individual who is asymptomatic because they do not have the infectious organism in them and/or someone who is infected but is not showing symptoms of illness (i.e. asymptomatic case). The person with asymptomatic infection can still transmit the virus to others.

Symptomatic - refers to an individual who presents with the symptoms of COVID-19 infection (fever, cough, shortness of breath).

IUI - refers to an Individual Under Investigation for COVID-19.

QUARANTINE (Based on possible risk identified as requiring Self-Isolation Strategies)	QUARANTINE
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Quarantine measures should be implemented for asymptomatic individuals identified as in close contact with a suspected or confirmed COVID-19 case and should include the following:

- if an entire unit is under quarantine due to contact with a COVID-19 case from the same unit, the entire unit will be treated as quarantined;
- for individuals, or units that are on quarantine, staff should wear a medical/procedural face mask at all times and use Contact/Droplet PLUS* PPE precautions when in close contact with individuals or their environment;
- individuals on quarantined units are permitted to move freely within the unit, following physical distancing and hand washing;
- staff working on a quarantined unit should wear the appropriate PPE based on activity;
- all quarantined individuals should wear a face mask (and wash or sanitize hands) if they must leave the quarantine area/unit for any reason;
- if quarantine measures must be implemented in a dorm setting, individuals should be monitored closely for symptoms by both medical and unit staff;
- if feasible, quarantine all new admissions on an admission unit for 14-days before they enter general population;
- due to continual admissions, new admissions may need to be restricted to cells/rooms for 14 days;
- no movement of individuals on or off the unit unless determined necessary;
- no admissions or transfers onto or off of a quarantined unit;
- minimize sharing of common areas/items between individuals on the quarantined unit unless they can be cleaned properly in between individuals (i.e., phone) or a plan to minimize risk (i.e., divide unit into a regular rotation of smaller groups for socialization and with cleaning to occur in between groups);
- minimize sharing of common areas/items between any other units unless they can be cleaned properly in between units (i.e., food carts) or a plan to minimize risk (i.e., divide units into groups for socialization and with cleaning in between groups);
- identify individuals on the unit at high-risk for health complications related to COVID-19 (i.e., immunocompromised, chronic respiratory illness, etc.);
- establish strategies to provide healthcare for individuals on the unit as much as possible as this will limit medical unit high-traffic and reduce transmission (i.e., blood sugar testing, etc.);
- establish any health services that can be accommodated to be provided on the unit to minimize medical unit traffic and mitigate cross-contamination; and
- limit movement in and out of the facility; however, when an escort into the community must occur the individual should be screened for symptoms of COVID-19 prior to the escort (including temperature) and if suspect of COVID-19 will be immediately masked and isolated, close

contacts placed on quarantine, and the appointment rescheduled (see Communicable Disease Outbreak Policy).

Additional Infection Control Measures:

- complete a thorough cleaning and disinfection of areas/items in contact with the individual under investigation (IUI) for COVID-19;
- re-enforce with the individuals the need for proper handwashing, physical distancing (2 metres), and cough etiquette and consult with PH.

QUARANTINE OUTCOME	QUARANTINE DECISION MAKING			PLACEMENT	
				IUI	CLOSE CONTACTS
If an individual on a quarantine tests negative for COVID-19.	Consult with PH	→	QUARANTINE	IUI can return from isolation to the quarantined unit for the remainder of the quarantine period.	The mandatory 14-day quarantine does not reset to "0".
If an individual on a quarantine unit is not tested for COVID-19.	Consult with PH	→		Consultation with PH to determine if the individual can be returned to quarantine unit.	The mandatory 14-day quarantine resets to "0".
If an individual on a quarantine unit tests positive for COVID-19.	Consult with PH	→	ISOLATE	Continue to isolate IUI in single isolation (negative pressure) cell and/or designated isolation area with Contact/Droplet Plus* Precautions .	The mandatory 14-day quarantine resets to "0".
If more than one individuals on a quarantine unit are either SYMPTOMATIC or had direct contact with a COVID-19 case.	Consult with PH	→		Isolate IUI in single isolation (negative pressure) cell with Contact/Droplet Plus* Precautions .	Isolate close contacts together and place unit/area on Contact/Droplet Plus* Precautions . Separate close contacts from other individuals on the unit whenever possible.

ISOLATION (Based on confirmed risk requiring transmission-based precautions)	ISOLATE
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Isolation should be used for any individual assessed as a suspected or confirmed COVID-19 case. Once an individual has tested positive for COVID-19, they go from a suspected to a confirmed case. The following recommendations are in addition to Quarantine measures:

For any individual, or units that are on isolation, staff should wear a medical/procedural face mask at all times and use Contact/Droplet PLUS* PPE precautions when in close contact.

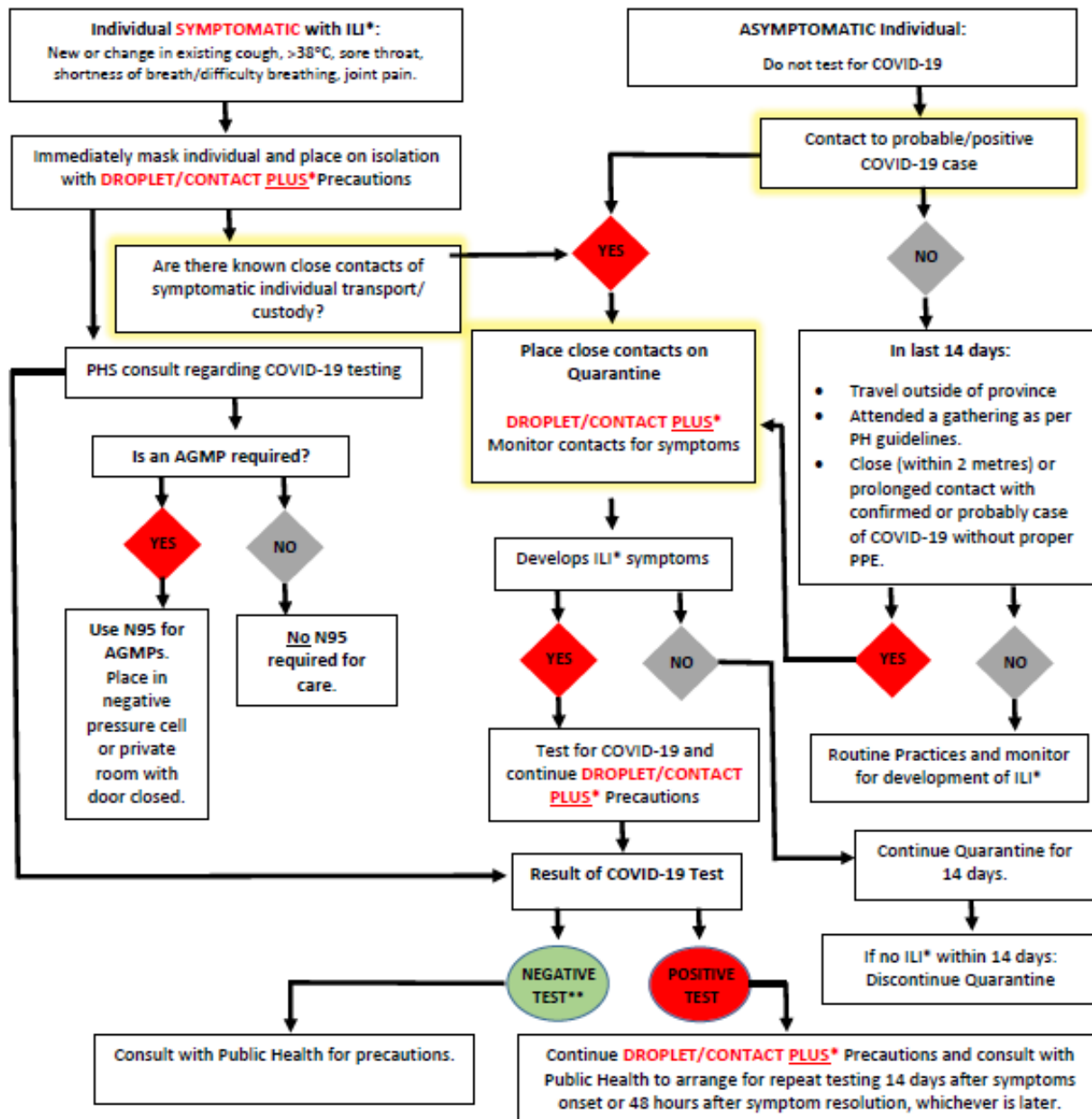
Two or more individuals on the isolation unit displaying COVID-19 symptoms = suspected unit outbreak.
 Two or more units under isolation = suspect facility outbreak.

Additional Infection Control Measures:

- complete a thorough cleaning and disinfection of areas/items in contact with the isolated individuals;
- place the IUI in isolation cell;
- place all other individuals that have been in close contact with isolated individuals on Quarantine.

ISOLATION OUTCOMES	ISOLATION DECISION MAKING		CRITERIA
For individuals who will be tested to determine if they are still contagious.	Consult with PH	→	ISOLATE
For individuals who will NOT be tested to determine if they are still contagious.	Consult with PH	→	ISOLATE
For positive COVID-19 test and asymptomatic.	Consult with PH	→	ISOLATE

COVID-19 PLACEMENT AND PRECAUTIONS ALGORITHM



*** If initial testing is negative but the suspicion for COVID-19 remains high (i.e., known close contact with a probable or confirmed case of COVID-19 case, close contact with someone who has signs or symptoms of acute respiratory illness and who has a history of travel outside Saskatchewan within 14 days prior to their onset of influenza-like-illness (ILI)* with no alternative diagnosis established), it is recommended to resample from multiple respiratory tract sites and continue current isolation precautions. A negative nasopharyngeal test does not rule out COVID-19 where the pre-test probability is high. If subsequent swabs return negative, isolation precautions can be discontinued. However, if clinical suspicion still remains high for COVID-19 despite 2 negative swabs, Infectious Diseases phone or in-person consultation is recommended to discuss further steps.*

Adapted from: Saskatchewan Health Authority COVID-19 Inpatient Placement and Precautions Algorithm (March 23, 2020)

ADULT COVID-19 INITIAL SCREENING AND ASSESSMENT (NURSE)

Date/Time: _____ Name of offender: _____

DOB: _____ HSN: _____

Date of Symptom Onset: _____

Is this a new admission? Yes No If not, what unit? _____

This screening tool is not intended to replace clinical judgement in individual client management and alternate diagnosis must be considered before the client's final risk of COVID-19 is determined.

SECTION 1:

ARE YOU EXPERIENCING ANY OF THE FOLLOWING?	YES	NO
Severe difficulty breathing (e.g., struggling for each breath, speaking in single words)	<input type="checkbox"/>	<input type="checkbox"/>
Severe chest pain	<input type="checkbox"/>	<input type="checkbox"/>
Having a very hard time waking up	<input type="checkbox"/>	<input type="checkbox"/>
Feeling confused	<input type="checkbox"/>	<input type="checkbox"/>
Lost consciousness	<input type="checkbox"/>	<input type="checkbox"/>
If yes to any questions, call EMS, and advise emergency department in advance of transport. Place on isolation status and provide a mask.		

SECTION 2:

ARE YOU EXPERIENCING ANY OF THE FOLLOWING?	YES	NO
Short of breath at rest	<input type="checkbox"/>	<input type="checkbox"/>
Inability to lie down because of difficulty breathing	<input type="checkbox"/>	<input type="checkbox"/>
Chronic health conditions that you are having difficulty managing because of your current respiratory illness	<input type="checkbox"/>	<input type="checkbox"/>
If yes to any questions, arrange transport to emergency, including advising emergency in advance, call EMS if symptoms worsen. Place on isolation status and provide a mask.		

SECTION 3:

THIS PORTION IS TO DETERMINE WHETHER COVID-19 TESTING IS REQUIRED. CALL PUBLIC HEALTH IF ONE OR MORE SYMPTOMS PRESENT. (This screening tool is NOT screening for seasonal or environmental allergies but meant to capture new symptoms, or worsening of long-standing symptoms.)	YES	NO
Fever (38°C or greater on arrival or by client history)	<input type="checkbox"/>	<input type="checkbox"/>
Cough (new or worsening, not attributable to allergies)	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath (new or worsening, not attributable to allergies)	<input type="checkbox"/>	<input type="checkbox"/>
Sore throat (new or worsening, not attributable to allergies)	<input type="checkbox"/>	<input type="checkbox"/>
Headache (new onset atypical symptoms)	<input type="checkbox"/>	<input type="checkbox"/>
Muscle or joint pain (new onset atypical symptoms)	<input type="checkbox"/>	<input type="checkbox"/>
Chills (new onset atypical symptoms)	<input type="checkbox"/>	<input type="checkbox"/>
Runny nose (new or worsening, not attributable to allergies)	<input type="checkbox"/>	<input type="checkbox"/>
Loss of Sense of Smell or Taste (new onset atypical symptoms)	<input type="checkbox"/>	<input type="checkbox"/>
In the last 14 days, were you exposed to someone who is under investigation for COVID-19, or has been confirmed as having covid-19, or have you lived in or visited a community or facility designated as an area of concern re: COVID-19, or have you travelled outside SK, or attended a mass gathering over 10?	<input type="checkbox"/>	<input type="checkbox"/>
With any listed symptom and/or and yes to the question above, mandatory isolation is required; call public health for consult to assess symptoms and determine whether testing is required.		
If no to all of the above, routine practices, monitor for symptoms. If symptoms arise, isolate and contact public health for consult.		

ADULT COVID-19 INITIAL SCREENING AND ASSESSMENT (NURSE)

Date/Time: _____ Name of Offender: _____

DOB: _____ HSN: _____

Date of Symptom Onset: _____

Is this a new admission? Yes No If not, what unit? _____

This screening tool is not intended to replace clinical judgement in individual client management and alternate diagnosis should be considered before the client's final risk of COVID-19 is determined.

SECTION 1:

ARE YOU EXPERIENCING ANY OF THE FOLLOWING?	YES	NO
Severe difficulty breathing (e.g., struggling for each breath, speaking in single words)	<input type="checkbox"/>	<input type="checkbox"/>
Severe chest pain	<input type="checkbox"/>	<input type="checkbox"/>
Having a very hard time waking up	<input type="checkbox"/>	<input type="checkbox"/>
Feeling confused	<input type="checkbox"/>	<input type="checkbox"/>
Lost consciousness	<input type="checkbox"/>	<input type="checkbox"/>
If yes to any questions, call EMS, and advise emergency department in advance of transport. Place on isolation status and provide a mask.		

SECTION 2:

ARE YOU EXPERIENCING ANY OF THE FOLLOWING?	YES	NO
Short of breath at rest	<input type="checkbox"/>	<input type="checkbox"/>
Inability to lie down because of difficulty breathing	<input type="checkbox"/>	<input type="checkbox"/>
Chronic health conditions that you are having difficulty managing because of your current respiratory illness	<input type="checkbox"/>	<input type="checkbox"/>
If yes to any questions, arrange transport to emergency, including advising emergency in advance, call EMS if symptoms worsen. Place on isolation status and provide a mask.		

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Cough (new or worsening, not attributable to allergies)	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath (new or worsening, not attributable to allergies)	<input type="checkbox"/>	<input type="checkbox"/>
Sore throat (new or worsening, not attributable to allergies)	<input type="checkbox"/>	<input type="checkbox"/>
Headache (new onset atypical symptoms)	<input type="checkbox"/>	<input type="checkbox"/>
Muscle or joint pain (new onset atypical symptoms)	<input type="checkbox"/>	<input type="checkbox"/>
Chills (new onset atypical symptoms)	<input type="checkbox"/>	<input type="checkbox"/>
Runny nose (new or worsening, not attributable to allergies)	<input type="checkbox"/>	<input type="checkbox"/>
Loss of Sense of Smell or Taste (new onset atypical symptoms)	<input type="checkbox"/>	<input type="checkbox"/>
In the last 14 days: <ul style="list-style-type: none"> • exposed to someone who is under investigation for COVID-19 or has been confirmed as having covid-19; OR • lived in or visited a community or facility designated as an area of concern re: COVID-19; OR • travelled outside SK; OR • attended a mass gathering over 10? 	<input type="checkbox"/>	<input type="checkbox"/>
If yes to any of the above questions, mandatory isolation is required; call public health for consult to assess symptoms and determine whether testing is required.		
If no to all of the above, routine practices, monitor for symptoms. If symptoms arise, isolate and contact public health for consult.		

ADULT COVID-19 INITIAL SCREENING AND ASSESSMENT (NURSE)

Date/Time: _____ Name of Offender: _____

DOB: _____ HSN: _____

Date of Symptom Onset: _____

Is this a new admission? Yes No If not, what unit? _____

This screening tool is not intended to replace clinical judgement in individual client management and alternate diagnosis should be considered before the client's final risk of COVID-19 is determined.

SECTION 1:

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Feeling confused	<input type="checkbox"/>	<input type="checkbox"/>
Lost consciousness	<input type="checkbox"/>	<input type="checkbox"/>
If yes to any questions, call EMS, and advise emergency department in advance of transport. Place on isolation status and provide a mask.		

SECTION 2:

ARE YOU EXPERIENCING ANY OF THE FOLLOWING?	YES	NO
Short of breath at rest	<input type="checkbox"/>	<input type="checkbox"/>
Inability to lie down because of difficulty breathing	<input type="checkbox"/>	<input type="checkbox"/>
Chronic health conditions that you are having difficulty managing because of your current respiratory illness	<input type="checkbox"/>	<input type="checkbox"/>
If yes to any questions, arrange transport to emergency, including advising emergency in advance, call EMS if symptoms worsen. Place on isolation status and provide a mask.		

SECTION 3:

THIS PORTION IS TO DETERMINE WHETHER COVID-19 TESTING IS REQUIRED. CALL PUBLIC HEALTH IF ONE OR MORE SYMPTOMS PRESENT. (This screening tool is meant to capture new onset atypical symptoms, or new worsening of symptoms not attributable to allergies.)	YES	NO
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Cough	<input type="checkbox"/>	<input type="checkbox"/>
Headache	<input type="checkbox"/>	<input type="checkbox"/>
Muscle and/or joint aches and pains	<input type="checkbox"/>	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>	<input type="checkbox"/>
Chills	<input type="checkbox"/>	<input type="checkbox"/>
Runny Nose	<input type="checkbox"/>	<input type="checkbox"/>
Nasal congestion	<input type="checkbox"/>	<input type="checkbox"/>
Conjunctivitis	<input type="checkbox"/>	<input type="checkbox"/>
Dizziness	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>	<input type="checkbox"/>
Nausea/vomiting	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
Loss of appetite	<input type="checkbox"/>	<input type="checkbox"/>
Loss of sense of taste or smell	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>	<input type="checkbox"/>
Continued Next Page		

ADULT COVID-19 INITIAL SCREENING AND ASSESSMENT (NURSE)

Date/Time: _____ Name of Offender: _____

DOB: _____ HSN: _____

Date of Symptom Onset: _____

Is this a new admission? Yes No If not, what unit? _____

This screening tool is not intended to replace clinical judgement in individual client management and alternate diagnosis should be considered before the client's final risk of COVID-19 is determined.

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If yes to any questions, call EMS, and advise emergency department in advance of transport. Place on isolation status and provide a mask.		

SECTION 2:

ARE YOU EXPERIENCING ANY OF THE FOLLOWING?	YES	NO
Short of breath at rest	<input type="checkbox"/>	<input type="checkbox"/>
Inability to lie down because of difficulty breathing	<input type="checkbox"/>	<input type="checkbox"/>
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Chills	<input type="checkbox"/>	<input type="checkbox"/>
Runny Nose	<input type="checkbox"/>	<input type="checkbox"/>
Nasal congestion	<input type="checkbox"/>	<input type="checkbox"/>
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Fatigue	<input type="checkbox"/>	<input type="checkbox"/>
Nausea/vomiting	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
Loss of appetite	<input type="checkbox"/>	<input type="checkbox"/>
Loss of sense of taste or smell	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>	<input type="checkbox"/>
Continued Next Page		

ADULT COVID-19 UNIT CHECKLIST (UNIT STAFF)

This checklist should be utilized when an offender is experiencing or identifies new or worsening COVID-19 symptoms that may include one or more of the following: fever, cough, headache, muscle and/or joint aches and pains, sore throat, chills, runny nose, nasal congestion, conjunctivitis, dizziness, fatigue, nausea/vomiting, diarrhea, loss of appetite, loss of sense of taste or smell, shortness of breath, difficulty breathing, chest pain; having a hard time waking up; feeling confused; loss of consciousness; shortness of breath at rest; inability to lie down due to difficulty breathing; chronic health conditions that are difficult to manage due to current respiratory illness. Unit staff are responsible for contacting the nursing clinic and the ADDO's office immediately to inform of an individual who may require placement, testing and/or follow-up health care.

Date/Time: _____ Name of Offender: _____

DOB: _____ HSN: _____

	Staff Initial
Give the offender a procedural mask and instruct on how to wear the mask properly.	
Have the offender wash or sanitize their hands immediately.	
Have the offender stay where they are, isolate them and other offenders as much as possible, contact the Nurse/Designate for assessment.	
Nurse/Designate to complete screening assessment checklist.	
The ADDO along with the Nurse / Designate will determine an appropriate placement.	
Staff are to ensure all areas where the suspected infected offender was located are cleaned and disinfected.	

Nurse on Duty Contacted: Yes No

Name of Nurse/Designate Contacted: _____

Comments:

ADDO Contacted: Yes No

Comments:

Unit Staff Signature _____
Print Name

Signature

ADMISSION/ASSESSMENT, ISOLATION, AND QUARANTINE

Adapted from: Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities, CDC (March 23, 2020).

If a situation arises where recommended protocols cannot be practiced, consult with the Medical Health Officer for next best alternatives based on risk and operational or infrastructure limitations.

PURPOSE:

The COVID-19 pandemic requires the use of strategies recommended by Public Health and the Saskatchewan Health Authority to contain and limit the spread of infection in a custody facility. Primarily these include restricted movement for new admissions, isolation and quarantine in conjunction with effective Infection Prevention and Control measures (i.e. cleaning, disinfecting, the use of recommended PPE).

PRINCIPLES:

Guidelines are based on recommended Infection Prevention and Control (IPC) practices and least restrictive measures recommended to limit the spread of a potential outbreak in a facility. These practices should be adapted to each custody facility wherever possible. If infrastructure and operational limits are reached and IPC modifications are required, the Director should implement a consultation process with the local Medical Health Officer for options based on risk and resources.

Considerations unique to a custody setting include:

- a complex service delivery system that involves services of multiple ministries;
- continuous admissions and discharges;
- incompatibles, security levels, limited placement options;
- high demand on medical/nursing services;
- implementing the appropriate use of PPE;
- adapting community healthcare pandemic standards and recommendations within a correctional setting;
- admissions from a variety of locations, increasing the risk of introducing COVID-19 from different geographical areas;
- consideration of population dynamics (both adult and youth, men and women); and
- frequent anticipated changes in response, based on new information received on COVID-19.

DEFINITIONS:

Admission/Assessment Units - all new admissions should be quarantined for 14 days prior to being placed in general unit population. Due to the need for continuous admitting, individuals may need to be restricted to their cells/rooms within the admission unit, otherwise with each new admittance, the 14-day clock for all individuals on the unit would restart. It is unknown if individuals on admission units have been exposed to a COVID-19 case, particularly if they are not experiencing symptoms. As their

COVID-19 status is unknown, they are assessed for the development of symptoms for 14 days before moving to another living unit. This reduces the risk of introducing the virus into the larger facility population. If symptomatic, the individual should be placed on isolation.

Isolation - separates individuals suspected/confirmed to have COVID-19 from the rest of the population to reduce the risk of virus transmission to others. Individuals are isolated for 14 days or as directed by Public Health.

Quarantine - separates and restricts the movement of individuals who may have been exposed to COVID-19 for 14 days or as directed by Public Health to determine if they become symptomatic. This reduces the risk of infection spreading to the population that are not known to be exposed. These individuals may have been exposed to COVID-19, or they may have COVID-19 but do not show symptoms.

Confirmed COVID-19 Case - a person with laboratory confirmation of infection with the virus that causes COVID-19 performed using a Health Canada approved test or confirmed at a reference laboratory (National Microbiology Laboratory [NML] or Roy Romanow Provincial Laboratory [RRPL]).

Suspected COVID-19 Case - refers to an individual showing symptoms of COVID-19 but either has not been tested, is awaiting test results, or tests negative but is still symptomatic for COVID-19 (due to high incidence of false negative tests).

Close Contact – refers to an individual who:

- was in direct contact with a symptomatic person who did not use consistent and appropriate personal protective equipment (PPE);
- shared a multi room unit with the positive case (with or without 2 metre separation);
- had close (within 2 metres) prolonged (15 minutes as defined by Saskatchewan *Communicable Disease Control Manual*) contact with a positive case up to 48 hours prior to that case's symptom onset, while the case was symptomatic and not isolated/using PPE;
- had direct contact with contaminated surfaces or equipment (i.e. shared blood pressure cuff not disinfected between individuals, shared salt and pepper containers at a dining table, shared a bathroom/sink, etc.)
- had direct contact with infectious body fluids of a positive case (e.g. was coughed or sneezed on).

Transient interactions, such as walking by someone with COVID-19 or being briefly in the same room while maintaining a social distance, are not considered contact.

Social Distancing - refers to the practice of increasing space between individuals and decreasing the frequency of contact to reduce the risk of spreading infection. Social distancing calls for 2 metres/6 feet to be maintained between individuals whether they have COVID-19 symptoms or not. Social distancing strategies can be applied on an individual level (e.g. avoiding close or physical contact), a group level (e.g. cancelling or altering group activities where individuals would be in close contact), and an operational level (e.g. rearranging chairs in the dining area to increase distance between them).

Asymptomatic - refers to an individual who does not present with symptoms of COVID-19. An asymptomatic individual can still transmit the virus to others.

Symptomatic - refers to an individual who presents with the symptoms of COVID-19 (e.g. fever, cough, shortness of breath).

ADMISSION/ASSESSMENT UNITS

Admission/Assessment units should be the initial placement for all new admissions before they enter general population whenever possible. If not possible due to space issues, Public Health should be consulted for the next best option.

- facilities should establish processes to monitor individuals for symptoms for 14 days;
- due to continual admissions, new admissions may need to be restricted to cells/rooms for 14 days to avoid restarting the 14-day clock;
- if an individual develops symptoms, they should be moved to isolation immediately and follow established processes and/or consult with Public Health or physician as required for testing;
- while an individual's movement outside of the unit should be kept to an absolute minimum, facilities will determine when operational needs require an individual(s) to be off unit;
- individuals are required to wear a face mask and wash their hands if they must leave the unit;
- avoid transfers to other units or facilities during the 14-day assessment period if possible;
- minimize sharing of common items between individuals unless they can be disinfected between individuals;
- phones should be disinfected between each use;
- avoid sharing of common areas/items with other units unless they are disinfected (e.g. food carts);
- identify individuals on the unit at high-risk for health complications related to COVID-19 (i.e., immunocompromised, chronic respiratory illness, etc.);
- establish health services that can be provided on the unit to minimize medical unit traffic and mitigate cross-contamination;
- limit movement out of the facility when possible (e.g. the use of video court, tele-consults);
- if an escort into the community from the admission unit, or any unit must occur, the individual should be screened for symptoms of COVID-19 prior to the escort (including temperature). If symptomatic, immediately place on isolation and reschedule if possible;
- implement frequent thorough cleaning and disinfecting of common areas and items;
- re-enforce with individuals the need for frequent proper handwashing, social distancing (2 metres) and cough etiquette;
- consult with Public Health as needed.

ISOLATION UNITS

Isolation should be used for any individual assessed as symptomatic, suspected or confirmed with COVID-19. Precautions should include, but are not limited to the following:

- suspected/confirmed COVID-19 cases should immediately be placed in an individual cell on a designated isolation unit for 14 days, or as directed by Public Health;
- coordinate testing as ordered by a physician, Public Health or established processes;
- follow Public Health, physician or pre-established orders regarding lifting of isolation protocols and placement for individuals testing negative, after 14 days and/or the resolution of symptoms;
- facilities should establish processes to monitor individuals for increasing severity of symptoms;
- individuals on isolation units should remain in their rooms as much as possible;
- if required to be out of their room on an individual basis, any area/objects (shower and bathroom facilities) should be disinfected immediately following;
- while an individual's movement outside of an isolation unit should be kept to an absolute minimum, facilities in consultation with Public Health if required, will implement appropriate precautions in the event an individual must be moved or leave the unit;
- isolated individuals are required to wear a face mask and wash their hands if they must leave their cell or unit;
- avoid transferring isolated individuals to other units or facilities;
- avoid sharing of common areas and items between individuals unless they can be disinfected between individuals;
- phones should be disinfected between each use;
- avoid sharing of common areas and items with other units unless they can be disinfected between;
- identify individuals at high-risk for health complications related to COVID-19 (i.e., immunocompromised, chronic respiratory illness, etc.) and review recommended accommodations with nursing staff to reduce risk;
- establish health services that can be provided on the unit to minimize medical unit traffic and mitigate cross-contamination;
- avoid movement out of the facility whenever possible (e.g. reschedule, tele-consults);
- if an escort into the community must occur, consult with Public Health and/or the agency (e.g. hospital) for recommended precautions and protocols as required;
- implement frequent thorough cleaning and disinfecting of common areas and items;
- re-enforce with individuals the need for frequent proper handwashing, social distancing (2 metres), and cough etiquette;
- consult with Public Health as needed.

QUARANTINE UNITS

Quarantine should be used for asymptomatic individuals identified as a close contact with a suspected or confirmed COVID-19 case. Precautions should include, but are not limited to the following:

- individuals and units who have been in close contact with a suspected/confirmed case should be placed on quarantine for 14 days, or as directed by Public Health;

- in the event the suspect case subsequently tests negative for COVID-19, consult with Public Health regarding lifting the restrictions to the quarantine (close contact) unit.
- facilities should establish processes to monitor individuals for symptoms;
- if an individual on quarantine develops symptoms, they should be moved to isolation immediately and follow established processes and/or consult with Public Health or physician as required for testing, extended monitoring of quarantine unit, and consult with Public Health if there is a roommate;
- individuals on quarantine units are permitted to be out on the unit together, following social distancing, cough etiquette and hand washing;
- while an individual's movement outside of quarantine unit should be kept to an absolute minimum, facilities will determine when operational needs require an individual(s) to be off unit;
- individuals are required to wear a face mask and wash their hands if they must leave the unit;
- avoid transfers of quarantined individuals to other units or facilities, or new admissions to the unit if possible;
- phones should be disinfected between each use;
- avoid sharing of common areas/items with other units unless they can be disinfected between units (e.g. food carts);
- identify individuals on the unit at high-risk for health complications related to COVID-19 (i.e., immunocompromised, chronic respiratory illness, etc.);
- establish health services that can be provided on the unit to minimize medical unit traffic and mitigate cross-contamination;
- avoid movement out of the facility whenever possible (e.g. the use of video court, tele-consults);
- if an escort into the community from quarantine, or any unit must occur, the individual should be screened for symptoms of COVID-19 prior to the escort (including temperature). If symptomatic, immediately place on isolation and reschedule if possible;
- implement frequent thorough cleaning and disinfecting of common areas and items;
- re-enforce with individuals the need for frequent proper handwashing, social distancing (2 metres), and cough etiquette;
- consult with Public Health as needed.

PLACEMENT OPTIONS

Suspected/Confirmed COVID-19 Cases:

The following scenarios present the most effective to least effective placement options for isolation. When the best option is not possible, use the next best alternative or consult with the Medical Health Officer for next best options:

- a single isolation cell - negative pressure with own bathroom;
- a single cell with bathroom and closing door in a designated isolation area;

- if no better option is available, double bunking may be practiced. If double bunking is necessary:
 - double-bunk cell with solid walls and a solid door that closes fully;
 - 2 metres of personal distancing where possible;
 - bathroom in the cell;
 - **only individuals who are laboratory confirmed to have COVID-19 should be placed on isolation together in the same room/cell;**
 - **do not place confirmed cases with suspected cases or case contacts in the same room/cell** (consult with Public Health in the case of roommates);
- unless no other options exist, do not house COVID-19 individuals with individuals who have an undiagnosed respiratory infection;
- convert an existing unit with single cells, own bathroom, and solid door into a designated isolation unit;
- convert an existing unit with individual (double-bunked) cells, own bathroom, and solid door into a designated isolation unit;
- convert an existing unit with individual (single) cells, and solid door with a common bathroom into a designated isolation unit with the ability to disinfect the common bathroom areas in between individual use;
- convert an existing unit with individual (double-bunked) cells, and solid door with a common bathroom into a designated isolation unit with the ability to disinfect common bathroom areas in between individual use;
- separately, in single cells with solid walls but without solid doors;
- double-bunk in cell with solid walls but without a solid door;
- convert a dormitory unit and if possible provide some physical barriers;
- employ distancing strategies as much as possible.

If an individual with suspected or confirmed COVID-19 is required to be isolated when a separate isolation unit is not available:

- separate the individual from the rest of unit as much as possible;
- if able, provide their own bathroom, and if not, the bathroom should be disinfected after use;
- if possible, partition the individual's space with physical barrier (i.e., sheet);
- disinfect common touch surfaces or objects after the individual has contact with them;
- the individual should use frequent hand hygiene, particularly when leaving their room (leaving the room should be discouraged);

HIGH HEALTH RISK INDIVIDUALS

Placement decisions around those at higher risk of health complications should be made in consultation with nursing staff. Those at higher risk include:

- older adults (age 65 years of age and older);
- those of any age with underlying medical conditions, particularly if not well controlled such as lung disease, moderate or severe asthma, heart conditions, severe obesity, diabetes, kidney disease undergoing dialysis, liver disease;
- conditions that can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV, prolonged use of corticosteroids and other immune weakening medications.

SOCIAL DISTANCING STRATEGIES FOR ADMISSION/ASSESSMENT UNITS (Continuous Admissions)

Consider the following and tailor to the unit where possible:

Recreation Options:

- choose or alter activities that can be done individually, or with roommates;
- avoid mixing of individuals from separate rooms;
- if using common areas or recreational space that will be used by others in the unit or facility, common touch surfaces and objects should be disinfected between uses.

Meal Options:

- meals should be eaten in individual cells/rooms.

Group Activity Options:

- avoid group activities on admission units where continuous admissions take place;
- individuals sharing a room since admission may be out of their rooms for activity together.

Housing Options:

- new admissions from the same transport or same day may be housed in the same room/cell.

SOCIAL DISTANCING STRATEGIES FOR ISOLATION UNITS

Consider the following and tailor to the unit where possible:

- suspected cases should not be out of their rooms with confirmed positive cases;
- suspected cases should not be out of their rooms with other suspected cases, unless with an assigned roommate.

Recreation Options:

- choose or alter activities that can be done individually, or with roommates;
- if using common areas or space that will be used by others in the unit, common touch surfaces and objects should be disinfected between uses.

Group Activity Options:

- individuals sharing a room may be out of their rooms for activity together.

Meal Options:

- meals should be eaten in individual cells/rooms.

Housing Options:

- if space allows, reassign bunks to provide more space between individuals (i.e. 2 metres);
- arrange bunks so that individuals sleep head to foot;
- those on isolation should be provided with tissues with access to a lined (no-touch) trash receptacle. Individuals should cover their mouth and nose with a tissue when coughing/sneezing, and dispose of the tissue in the receptacle followed by hand washing.

SOCIAL DISTANCING STRATEGIES FOR QUARANTINE UNITS

Consider the following and tailor to the unit where possible:

Recreation Options:

- choose or alter activities so that individuals can maintain social distancing (2 metres);
- stagger recreation time in smaller and consistent groups;
- avoid the use of common areas or recreational space that will be used by others in the facility unless common touch surfaces and objects can be disinfected between uses.

Meal Options:

- stagger meals in order to have fewer individuals and smaller consistent groups in the common area at once;
- rearrange seating in eating spaces to increase space between individuals (i.e. remove every other chair, use one side of the table);
- eating in cells/rooms.

Group Activity Options:

- limit the size of unit group activities;
- maintain social distancing during group activities;
- consider alternative activities to ensure individuals can maintain social distancing.

Housing Options:

- reassign bunks to provide more space between individuals (i.e. 2 metres);
- arrange bunks so that individuals sleep head to foot.

STAFFING:

Whenever possible, consideration should be given to minimizing the number of different staff working on Admission, Isolation and Quarantine units.

ADMISSION/ASSESSMENT, ISOLATION, AND QUARANTINE

Adapted from: Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities, CDC (March 23, 2020).

If a situation arises where recommended protocols cannot be practiced, consult with the Medical Health Officer for next best alternatives based on risk and operational or infrastructure limitations.

PURPOSE:

The COVID-19 pandemic requires the use of strategies recommended by Public Health and the Saskatchewan Health Authority to contain and limit the spread of infection in a custody facility. Primarily these include restricted movement for new admissions, isolation and quarantine in conjunction with effective Infection Prevention and Control measures (i.e. cleaning, disinfecting, the use of recommended PPE).

PRINCIPLES:

Guidelines are based on recommended Infection Prevention and Control (IPC) practices and least restrictive measures recommended to limit the spread of a potential outbreak in a facility. These practices should be adapted to each custody facility wherever possible. If infrastructure and operational limits are reached and IPC modifications are required, the Director should implement a consultation process with the local Medical Health Officer for options based on risk and resources.

Considerations unique to a custody setting include:

- a complex service delivery system that involves services of multiple ministries;
- continuous admissions and discharges;
- incompatibles, security levels, limited placement options;
- high demand on medical/nursing services;
- implementing the appropriate use of PPE;
- adapting community healthcare pandemic standards and recommendations within a correctional setting;
- admissions from a variety of locations, increasing the risk of introducing COVID-19 from different geographical areas;
- consideration of population dynamics (both adult and youth, men and women); and
- frequent anticipated changes in response, based on new information received on COVID-19.

DEFINITIONS:

Admission/Assessment Units - all new admissions should be quarantined for 14 days prior to being placed in general unit population. Due to the need for continuous admitting, individuals may need to be restricted to their cells/rooms within the admission unit, otherwise with each new admittance, the 14-day clock for all individuals on the unit would restart. It is unknown if individuals on admission units have been exposed to a COVID-19 case, particularly if they are not experiencing symptoms. As their

COVID-19 status is unknown, they are assessed for the development of symptoms for 14 days before moving to another living unit. This reduces the risk of introducing the virus into the larger facility population. If symptomatic, the individual should be placed on isolation.

Isolation - separates individuals suspected/confirmed to have COVID-19 from the rest of the population to reduce the risk of virus transmission to others. Individuals are isolated for 14 days or as directed by Public Health.

Quarantine - separates and restricts the movement of individuals who may have been exposed to COVID-19 for 14 days or as directed by Public Health to determine if they become symptomatic. This reduces the risk of infection spreading to the population that are not known to be exposed. These individuals may have been exposed to COVID-19, or they may have COVID-19 but do not show symptoms.

Confirmed COVID-19 Case - a person with laboratory confirmation of infection with the virus that causes COVID-19 performed using a Health Canada approved test or confirmed at a reference laboratory (National Microbiology Laboratory [NML] or Roy Romanow Provincial Laboratory [RRPL]).

Suspected COVID-19 Case - refers to an individual showing symptoms of COVID-19 but either has not been tested, is awaiting test results, or tests negative but is still symptomatic for COVID-19 (due to high incidence of false negative tests).

Close Contact – refers to an individual who:

- was in direct contact with a symptomatic person who did not use consistent and appropriate personal protective equipment (PPE);
- shared a multi room unit with the positive case (with or without 2 metre separation);
- had close (within 2 metres) prolonged (15 minutes as defined by Saskatchewan *Communicable Disease Control Manual*) contact with a positive case up to 48 hours prior to that case's symptom onset, while the case was symptomatic and not isolated/using PPE;
- had direct contact with contaminated surfaces or equipment (i.e. shared blood pressure cuff not disinfected between individuals, shared salt and pepper containers at a dining table, shared a bathroom/sink, etc.)
- had direct contact with infectious body fluids of a positive case (e.g. was coughed or sneezed on).

Transient interactions, such as walking by someone with COVID-19 or being briefly in the same room while maintaining a social distance, are not considered contact.

Social Distancing - refers to the practice of increasing space between individuals and decreasing the frequency of contact to reduce the risk of spreading infection. Social distancing calls for 2 metres/6 feet to be maintained between individuals whether they have COVID-19 symptoms or not. Social distancing strategies can be applied on an individual level (e.g. avoiding close or physical contact), a group level (e.g. cancelling or altering group activities where individuals would be in close contact), and an operational level (e.g. rearranging chairs in the dining area to increase distance between them).

Asymptomatic - refers to an individual who does not present with symptoms of COVID-19. An asymptomatic individual can still transmit the virus to others.

Symptomatic - refers to an individual who presents with the symptoms of COVID-19 (e.g. fever, cough, shortness of breath).

ADMISSION/ASSESSMENT UNITS

Admission/Assessment units should be the initial placement for all new admissions before they enter general population whenever possible. If not possible due to space issues, Public Health should be consulted for the next best option.

- facilities should establish processes to monitor individuals for symptoms for 14 days;
- due to continual admissions, new admissions may need to be restricted to cells/rooms for 14 days to avoid restarting the 14-day clock;
- if double bunking, the 14-day clock for a new double bunked cell/room will start for both individuals as of the most recent admission (i.e. if bunk A was admitted 10 days ago and bunk B was admitted 8 days ago, both would need to revert to day 8 and remain on admission unit for 6 more days);
- if an individual develops symptoms, they should be moved to isolation immediately and follow established processes and/or consult with Public Health or physician as required for testing;
- while an individual's movement outside of the unit should be kept to an absolute minimum, facilities will determine when operational needs require an individual(s) to be off unit;
- individuals are required to wear a face mask and wash their hands if they must leave the unit;
- avoid transfers to other units or facilities during the 14-day assessment period if possible;
- minimize sharing of common items between individuals unless they can be disinfected between individuals;
- phones should be disinfected between each use;
- avoid sharing of common areas/items with other units unless they are disinfected (e.g. food carts);
- identify individuals on the unit at high-risk for health complications related to COVID-19 (i.e., immunocompromised, chronic respiratory illness, etc.);
- establish health services that can be provided on the unit to minimize medical unit traffic and mitigate cross-contamination;
- limit movement out of the facility when possible (e.g. the use of video court, tele-consults);
- if an escort into the community from the admission unit, or any unit must occur, the individual should be screened for symptoms of COVID-19 prior to the escort (including temperature). If symptomatic, immediately place on isolation and reschedule if possible;
- implement frequent thorough cleaning and disinfecting of common areas and items;
- re-enforce with individuals the need for frequent proper handwashing, social distancing (2 metres) and cough etiquette;
- consult with Public Health as needed.

ISOLATION UNITS

Isolation should be used for any individual assessed as symptomatic, suspected or confirmed with COVID-19. Precautions should include, but are not limited to the following:

- suspected/confirmed COVID-19 cases should immediately be placed in an individual cell on a designated isolation unit for 14 days, or as directed by Public Health;
- coordinate testing as ordered by a physician, Public Health or established processes;
- follow Public Health, physician or pre-established orders regarding lifting of isolation protocols and placement for individuals testing negative, after 14 days and/or the resolution of symptoms;
- facilities should establish processes to monitor individuals for increasing severity of symptoms;
- individuals on isolation units should remain in their rooms as much as possible;
- if required to be out of their room on an individual basis, any area/objects (shower and bathroom facilities) should be disinfected immediately following;
- while an individual's movement outside of an isolation unit should be kept to an absolute minimum, facilities in consultation with Public Health if required, will implement appropriate precautions in the event an individual must be moved or leave the unit;
- isolated individuals are required to wear a face mask and wash their hands if they must leave their cell or unit;
- avoid transferring isolated individuals to other units or facilities;
- avoid sharing of common areas and items between individuals unless they can be disinfected between individuals;
- phones should be disinfected between each use;
- avoid sharing of common areas and items with other units unless they can be disinfected between;
- identify individuals at high-risk for health complications related to COVID-19 (i.e., immunocompromised, chronic respiratory illness, etc.) and review recommended accommodations with nursing staff to reduce risk;
- establish health services that can be provided on the unit to minimize medical unit traffic and mitigate cross-contamination;
- avoid movement out of the facility whenever possible (e.g. reschedule, tele-consults);
- if an escort into the community must occur, consult with Public Health and/or the agency (e.g. hospital) for recommended precautions and protocols as required;
- implement frequent thorough cleaning and disinfecting of common areas and items;
- re-enforce with individuals the need for frequent proper handwashing, social distancing (2 metres), and cough etiquette;
- consult with Public Health as needed.

QUARANTINE UNITS

Quarantine should be used for asymptomatic individuals identified as a close contact with a suspected or confirmed COVID-19 case. Precautions should include, but are not limited to the following:

- individuals and units who have been in close contact with a suspected/confirmed case should be placed on quarantine for 14 days, or as directed by Public Health;
- in the event the suspect case subsequently tests negative for COVID-19, consult with Public Health regarding lifting the restrictions to the quarantine (close contact) unit.
- facilities should establish processes to monitor individuals for symptoms;
- if an individual on quarantine develops symptoms, they should be moved to isolation immediately and follow established processes and/or consult with Public Health or physician as required for testing, extended monitoring of quarantine unit, and consult with Public Health if there is a roommate;
- individuals on quarantine units are permitted to be out on the unit together, following social distancing, cough etiquette and hand washing;
- while an individual's movement outside of quarantine unit should be kept to an absolute minimum, facilities will determine when operational needs require an individual(s) to be off unit;
- individuals are required to wear a face mask and wash their hands if they must leave the unit;
- avoid transfers of quarantined individuals to other units or facilities, or new admissions to the unit if possible;
- phones should be disinfected between each use;
- avoid sharing of common areas/items with other units unless they can be disinfected between units (e.g. food carts);
- identify individuals on the unit at high-risk for health complications related to COVID-19 (i.e., immunocompromised, chronic respiratory illness, etc.);
- establish health services that can be provided on the unit to minimize medical unit traffic and mitigate cross-contamination;
- avoid movement out of the facility whenever possible (e.g. the use of video court, tele-consults);
- if an escort into the community from quarantine, or any unit must occur, the individual should be screened for symptoms of COVID-19 prior to the escort (including temperature). If symptomatic, immediately place on isolation and reschedule if possible;
- implement frequent thorough cleaning and disinfecting of common areas and items;
- re-enforce with individuals the need for frequent proper handwashing, social distancing (2 metres), and cough etiquette;
- consult with Public Health as needed.

PLACEMENT OPTIONS

Suspected/Confirmed COVID-19 Cases:

The following scenarios present the most effective to least effective placement options for isolation. When the best option is not possible, use the next best alternative or consult with the Medical Health Officer for next best options:

- a single isolation cell - negative pressure with own bathroom;
- a single cell with bathroom and closing door in a designated isolation area;
- if no better option is available, double bunking may be practiced. If double bunking is necessary:
 - double-bunk cell with solid walls and a solid door that closes fully;
 - 2 metres of personal distancing where possible;
 - bathroom in the cell;
 - **only individuals who are laboratory confirmed to have COVID-19 should be placed on isolation together in the same room/cell;**
 - **do not place confirmed cases with suspected cases or case contacts in the same room/cell** (consult with Public Health in the case of roommates);
- unless no other options exist, do not house COVID-19 individuals with individuals who have an undiagnosed respiratory infection;
- convert an existing unit with single cells, own bathroom, and solid door into a designated isolation unit;
- convert an existing unit with individual (double-bunked) cells, own bathroom, and solid door into a designated isolation unit;
- convert an existing unit with individual (single) cells, and solid door with a common bathroom into a designated isolation unit with the ability to disinfect the common bathroom areas in between individual use;
- convert an existing unit with individual (double-bunked) cells, and solid door with a common bathroom into a designated isolation unit with the ability to disinfect common bathroom areas in between individual use;
- separately, in single cells with solid walls but without solid doors;
- double-bunk in cell with solid walls but without a solid door;
- convert a dormitory unit and if possible provide some physical barriers;
- employ distancing strategies as much as possible.

If an individual with suspected or confirmed COVID-19 is required to be isolated when a separate isolation unit is not available:

- separate the individual from the rest of unit as much as possible;

- if able, provide their own bathroom, and if not, the bathroom should be disinfected after use;
- if possible, partition the individual's space with physical barrier (i.e., sheet);
- disinfect common touch surfaces or objects after the individual has contact with them;
- the individual should use frequent hand hygiene, particularly when leaving their room (leaving the room should be discouraged);

HIGH HEALTH RISK INDIVIDUALS

Placement decisions around those at higher risk of health complications should be made in consultation with nursing staff. Those at higher risk include:

- older adults (age 65 years of age and older);
- those of any age with underlying medical conditions, particularly if not well controlled such as lung disease, moderate or severe asthma, heart conditions, severe obesity, diabetes, kidney disease undergoing dialysis, liver disease;
- conditions that can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV, prolonged use of corticosteroids and other immune weakening medications.

SOCIAL DISTANCING STRATEGIES FOR ADMISSION/ASSESSMENT UNITS (Continuous Admissions)

Consider the following and tailor to the unit where possible:

Recreation Options:

- choose or alter activities that can be done individually, or with roommates;
- avoid mixing of individuals from separate rooms;
- if using common areas or recreational space that will be used by others in the unit or facility, common touch surfaces and objects should be disinfected between uses.

Meal Options:

- meals should be eaten in individual cells/rooms.

Group Activity Options:

- avoid group activities on admission units where continuous admissions take place;
- individuals sharing a room since admission may be out of their rooms for activity together.

Housing Options:

- new admissions from the same transport or same day may be housed in the same room/cell.

SOCIAL DISTANCING STRATEGIES FOR ISOLATION UNITS

Consider the following and tailor to the unit where possible:

- suspected cases should not be out of their rooms with confirmed positive cases;
- suspected cases should not be out of their rooms with other suspected cases, unless with an assigned roommate.

Recreation Options:

- choose or alter activities that can be done individually, or with roommates;
- if using common areas or space that will be used by others in the unit, common touch surfaces and objects should be disinfected between uses.

Group Activity Options:

- individuals sharing a room may be out of their rooms for activity together.

Meal Options:

- meals should be eaten in individual cells/rooms.

Housing Options:

- if space allows, reassign bunks to provide more space between individuals (i.e. 2 metres);
- arrange bunks so that individuals sleep head to foot;
- those on isolation should be provided with tissues with access to a lined (no-touch) trash receptacle. Individuals should cover their mouth and nose with a tissue when coughing/sneezing, and dispose of the tissue in the receptacle followed by hand washing.

SOCIAL DISTANCING STRATEGIES FOR QUARANTINE UNITS

Consider the following and tailor to the unit where possible:

Recreation Options:

- choose or alter activities so that individuals can maintain social distancing (2 metres);
- stagger recreation time in smaller and consistent groups;
- avoid the use of common areas or recreational space that will be used by others in the facility unless common touch surfaces and objects can be disinfected between uses.

Meal Options:

- stagger meals in order to have fewer individuals and smaller consistent groups in the common area at once;
- rearrange seating in eating spaces to increase space between individuals (i.e. remove every other chair, use one side of the table);

- eating in cells/rooms.

Group Activity Options:

- limit the size of unit group activities;
- maintain social distancing during group activities;
- consider alternative activities to ensure individuals can maintain social distancing.

Housing Options:

- reassign bunks to provide more space between individuals (i.e. 2 metres);
- arrange bunks so that individuals sleep head to foot.

STAFFING:

Whenever possible, consideration should be given to minimizing the number of different staff working on Admission, Isolation and Quarantine units.