

<p><b>LEGISLATIVE AUTHORITY:</b>  <i>The Correctional Services Act, 2012</i>, section 2(h), 30-32  <i>The Youth Justice Administration Act, 2019</i>, section 1-2(1), 3-6, 3-18-21  <i>The Public Health Act, 1994, Part IV</i>  <i>The Disease Control Regulations, RRS</i>, section 23(1)</p>	<p>Authorization: Assistant Deputy Minister, Custody, Supervision and Rehabilitation Services  Policy Owner: Executive Director, Offender Services</p>
<p>Prepared by: Dani Hagel, R.N., Stephanie Lawrek, R.N., Jason Broda  Revised by:</p>	<p>Effective Date: April 14, 2021  Latest Revisions Effective: April 15, 2021  Scheduled Review Date: April 15, 2024</p>

**SCOPE:**

This policy applies to all adult correctional facilities as defined by section (s.) 2(h) of *The Correctional Services Act, 2012* and all youth custody facilities under s. 3-1 of *The Youth Justice Administration Act (YJAA), 2019*.

**POLICY OBJECTIVE:**

The purpose of this policy is to provide standards for the administration of the COVID-19 vaccine to offenders within custody facilities. Adherence to this policy will support the prevention of COVID-19 disease and reduce COVID-19 related illness among offenders within custody facilities.

**PRINCIPLES:**

- All COVID-19 vaccines administered in Saskatchewan have been approved by Health Canada for effectiveness and safety.
- Immunization will be implemented in a manner consistent with guidance provided by The National Advisory Committee on Immunization (NACI), the Public Health Agency of Canada (PHAC), Saskatchewan’s Chief Medical Health Officer, and the Ministry of Health.
- Immunization is voluntary and will be offered to all offenders following Phase 2 of the Saskatchewan Immunization Delivery Plan.
- In addition to immunization, mask wearing, hand-washing, physical distancing and infection control measures must continue until Public Health (PH) determines otherwise.
- The safety of offenders who may, in exceptionally rare circumstances experience an adverse reaction following immunization, is protected through the use of pre-screening, post-immunization monitoring, and adverse event preparedness and response.

**DEFINITIONS:**

**Adverse Events Following Immunization (AEFI):** reporting of AEFIs following the administration of publicly funded vaccines, including COVID-19 vaccines, is a legal obligation under *The Public Health Act, 1994*. AEFIs are any untoward medical occurrence which follows immunization and which does not necessarily have a causal relationship with the administration of the vaccine. Specific criteria must be met to define the events as true adverse events, and there must be no coexisting condition that could

explain the reaction that occurs. It is important to note that the occurrence of a reportable adverse event does not mean that further immunization with that product or specific antigens is contraindicated. Expected common mild side effects from immunizations do not require reporting.

**Adverse Vaccine Reaction:** is any unexpected or dangerous reaction, or unwanted effect caused by the administration of a vaccine. The adverse reaction may occur suddenly, or develop over time.

**Anaphylaxis:** is a serious allergic reaction that is rapid in onset and may cause death. Pre-screening for severe allergies to COVID-19 vaccine ingredients can prevent vaccine related anaphylaxis episodes. Symptoms of anaphylaxis generally affect two or more body systems, including the skin, breathing, stomach, and heart. Other symptoms may include anxiety, headache, metallic taste or feeling that something bad is about to happen. Anaphylaxis requires immediate medical intervention including the administration of epinephrine. Determining whether a person has had an anaphylactic reaction following a previous vaccination is part of pre-immunization screening. (See Appendix D for *Signs and Symptoms*).

**Barrier to Consent:** is a cognitive, physical, or mental health disability, a communication barrier (e.g., language barrier, ability to hear/speak), individual characteristic (e.g., age, maturity, education) or process characteristic (e.g., readability, timing of information provided) that impedes an individual's ability to understand the standard information provided to them about a medical procedure in order for them to provide a valid informed consent to the procedure.

**Cold Chain:** is the process to maintain product specific optimal temperature conditions during the transport, storage, and handling of vaccines. The process begins with the manufacturer and ends with the administration of the vaccine to the individual.

**Cold Chain Interruption (Break):** is any circumstance where a biological product is exposed to temperatures outside of the recommended range.

**Immunizer:** is an individual trained and certified to administer COVID-19 vaccine.

**Clinically Extremely Vulnerable:** individuals with underlying health conditions the Saskatchewan Health Authority (SHA), or a primary care physician identifies, typically by letter in the community, for vaccine prioritization.

These health conditions include solid organ transplant recipients, people with specific cancers, people with cancer who are undergoing active chemotherapy, people with lung cancer who are undergoing radical radiotherapy, people with cancers of the blood or bone marrow such as leukemia, lymphoma or myeloma who are at any stage of treatment, people having immunotherapy or other continuing antibody treatments for cancer, people having other targeted cancer treatments that can affect the immune system, such as protein kinase inhibitors or PARP inhibitors, people who have had bone marrow or stem cell transplants in the last six-months or who are still taking immunosuppression drugs, people with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD), people with rare diseases that significantly increase the risk of infections (such as severe combined immunodeficiency (SCID), homozygous sickle cell disease), people on immunosuppression therapies sufficient to significantly increase risk of infection (biologic modifiers, high dose steroids, AZT, cyclophosphamide), people who had their spleen removed, adults with very significant developmental disabilities that increase risk, adults on dialysis or with chronic kidney disease

(stage 5), women who are pregnant with significant heart disease, congenital or acquired, significant neuromuscular conditions requiring respiratory support.

**COVID-19:** refers to coronavirus disease 2019 (COVID-19) which is caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The virus spreads through close person-to-person contact. Symptoms can include 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, altered sense of taste or smell, shortness of breath, difficulty breathing. Some populations are at increased risk of severe disease and death due advanced age, pre-existing medical conditions and other factors.

**Nurse:** for the purposes of this policy is a Nurse employed by a custody facility and who is licensed with their respective professional body to practice nursing in Saskatchewan. Nurses administering COVID-19 vaccine must be trained and qualified to administer COVID-19 vaccine.

**Offender:** for the purposes of this policy, an offender means an inmate as defined by s. 2(p) of *The Correctional Services Act, 2012* or a young person as defined by s. 1-2(1) of the *YJAA, 2019*.

**Saskatchewan Immunization Manual (SIM):** the primary immunization resource for PH personnel and other health care providers in the province. In addition, it provides evidence-based and standardized immunization-related information.

**Vaccine Management:** is the processes used to maintain optimal temperature and light conditions during the transport, storage, and handling of vaccines.

**Vaccine Wastage:**

- Expired and Opened: expiry date on product has passed and product is in opened/punctured vials/ampoules/syringes/packages and marked with date it was opened/punctured.
- Expired and Unopened: expiry date on product has passed and the product is in the original unopened/un-punctured vials/ampoules/syringes/packages.
- Dose not Administered: dose was prepared in syringe but not administered (regardless of reason) or unused doses in vial due to length of time product can be stored once punctured has passed. (e.g., Pfizer-BioNTech diluted at room temperature for more than six hours).
- Defective or Damaged: Issue with product integrity or function such as leakage from needle hub, label is missing or is illegible, or product appears to contain foreign particulate matter that will not dissolve, or is discoloured.

**Youth Worker:** is a Facility Youth Worker (FYW), Secure Custody Day Worker, Open Custody Day Worker, Parental Care Worker, Central Communications Worker, Teacher Therapist, Instructional Assistant, Trades Instructor, or Probation Officer/Community Youth Worker (PO/CYW).

## **STANDARDS:**

### **1.0 GENERAL**

- 1.1 Offenders within custody facilities will have access to COVID-19 immunization, diagnostic testing and treatment in coordination with PH, the SHA and facility health care staff.
- 1.2 In facilities without on-site nursing services (e.g., reintegration units, reduced custody facilities, open custody), offenders will access immunization services through community clinics.
- 1.3 In facilities with on-site nursing services, facility nursing staff will administer vaccines to offenders in coordination with local SHA vaccine delivery teams unless other arrangements have been made with the SHA.
- 1.4 Immunizations will follow community age eligibility with any modifications in age based eligibility made in coordination with the Ministry of Health.
- 1.5 Offenders identified by the SHA, or a physician with underlying health conditions placing them in a clinically extremely vulnerable category are prioritized for vaccination. Offenders in this category will be scheduled for vaccination at the earliest opportunity regardless of current age band.
- 1.6 Facility vaccinations may be administered in partnership with PH, the SHA or SHA recognized community immunizers.
- 1.7 Vaccines requiring a second dose will be of the same vaccine type, unless subsequent Health Canada and SHA guidance indicates otherwise.
- 1.8 Vaccine eligibility will be based on a first dose in accordance with Health Canada recommendations in order to maximize the number of people benefiting from a first vaccine. Second doses will be administered at an interval of up to four months to follow in accordance with the provincial vaccine rollout out plan and SHA guidelines.
- 1.9 Vaccine storage temperature, age eligibility and administration protocols will follow vaccine specific guidance provided by PH and the SHA.
- 1.10 Offenders who have recovered from COVID-19 infection are eligible for vaccination when criteria are met for them to discontinue isolation (15 days from symptom start), and they meet age band or clinically extremely vulnerable category.
- 1.11 Immunization of offenders with a known current COVID-19 infection will be deferred until recovery from the acute illness and criteria have been met for them to discontinue isolation. This applies to those who develop COVID-19 infection before, or after receiving the first vaccine dose.
- 1.12 Custody Directors will ensure the provincial process is used to maintain a standby list of offenders to receive extra vaccine doses on short notice to avoid vaccine wastage in accordance with section 10 of this policy.

- 1.13 Once an offender becomes eligible for immunization they remain eligible. Each facility will have mechanisms to ensure vaccine is provided to offenders who may have been missed or are new to the facility since the vaccine was last provided.
- 1.14 Custody Directors will designate responsibility for:
- Determining offender vaccination status (e.g., previous COVID-19 vaccination date(s) and type) using eHealth viewer;
  - Tracking immunizations administered; and
  - Following the provincial vaccination plan for scheduling second doses to be administered to those in the facility within four months of first doses.

## **2.0 ROLES AND RESPONSIBILITIES**

### **2.1 Facility Director**

- 2.1.1 The Correctional Centre Director or Youth Custody Facility Director is responsible for:
- The overall implementation of COVID-19 vaccination of offenders in facilities with on-site nursing staff;
  - Providing for resources and coordination for vaccine management equipment to maintain the integrity of vaccines (e.g., adequate refrigeration, thermometers);
  - Ensuring a standby list of offenders to receive extra vaccine doses is maintained; and
  - Ensuring emergency equipment [(Automated External Defibrillator (AED))] and supplies (Epinephrine) are on site for the management of AEFI, including anaphylaxis.

### **2.2 Unit Staff**

- 2.2.1 Correctional Centre and Youth Custody Facility staff responsibilities include:
- When required, support nursing staff in providing supervision to offenders during the post immunization monitoring period (15 minutes after immunization);
  - Be alert to the possibility of delayed adverse reaction after the post immunization monitoring period;
  - Report any adverse reaction to nursing staff without delay (see Appendix D for signs and symptoms);
  - Notify facility nursing staff, or the Director in facilities without nursing staff, of offenders identified by the SHA or a physician for priority vaccination due to underlying health conditions; and
  - Youth Custody Facility staff will support the informed consent process for the young person as outlined in section 5 of this policy.

## 2.3 Facility Nurse Manager (Adult Custody) or Facility Director (Youth Custody)

### 2.3.1 Responsibilities include:

- Organizing COVID-19 vaccinations for the facility in partnership SHA regional teams;
- Arranging earliest vaccination scheduling for offenders identified by the SHA or a physician for priority vaccination due to underlying health conditions;
- Ensuring up to date information is made available for nurses administering COVID-19 vaccine and for offenders and staff (see Policy Manual - Forms/Health Services/Toolkits/COVID-19 for updates);
- Ensuring a process is in place for nurse Immunizers to obtain employer approved education for COVID-19 vaccine administration and anaphylaxis management prior to providing immunizations;
- Documenting Immunizer education and training completion;
- Providing overall vaccine management including vaccine storage temperatures;
- Ensuring emergency equipment (AED) and supplies (Epinephrine) are on site for the management of AEFI, including anaphylaxis;
- Ensuring the documentation of vaccine dose tracking and scheduling of subsequent dose; and
- Ensuring PH and SHA forms are completed and distributed as required.

## 2.4 Facility Nurses

### 2.4.1 Nurses administering COVID-19 vaccine to offenders are responsible for:

- Reviewing the Saskatchewan COVID-19 vaccination guidelines prior to immunizations;
- Completing immunization education and training made available by the facility Nurse Manager (see Policy Manual - Forms/Health Services/Toolkits/COVID-19) for COVID-19 vaccine administration and anaphylaxis management;
- Ensuring proper vaccine management (e.g., storage) and surveillance (e.g., expiry dates) according to product monograph, PH standards and reporting requirements;
- Applying recommended vaccine administration practices according to the type of COVID-19 vaccine product used;
- Referring offenders who may fit in the clinically extremely vulnerable category to the facility physician or specialist for potential placement into this priority group;
- Providing *COVID-19 Vaccine Science Fact Sheet* (see Appendix E), vaccine specific vaccine information, screening questions and After Care Sheet (see Toolkit) to offenders (see Appendix E);
- Obtaining informed consent from offenders prior to administering vaccine (see Appendix A, B, C, F, G, H, I);
- Tracking vaccine dose administration;

- Including COVID-19 vaccine dose administration in Nurse-to Nurse offender transfer information;
- Providing post-immunization monitoring according to the Saskatchewan COVID-19 Immunization Manual;
- Responding to AEFI;
- Within 48 hours, reporting of AEFI to local PH Medical Health Officer (MHO) as required by *The Public Health Act, 1994, The Disease Control Regulations s. 23(1)*.

### 3.0 **VACCINE MANAGEMENT**

- 3.1 Facility Nurses are responsible for following SHA recommended protocols for maintaining vaccines within optimal temperature and lighting conditions.
- 3.2 Facility Nurses shall ensure a **Cold Chain** is maintained during vaccine transport, storage and handling as required by product specifications and vaccine guidelines.
- 3.3 A suspected or confirmed Cold Chain Break shall be reported by the Nurse when noted, to local Population and PH and the Facility Nurse Manager or Youth Custody Facility Director.
- 3.4 Compromised vaccines shall be placed in a bag, labelled “Cold Chain Break – DO NOT USE” and returned to refrigerated storage pending instructions from the Ministry of Health.

### 4.0 **PRE-IMMUNIZATION SCREENING**

- 4.1 All offenders shall receive general COVID-19 vaccine information and be **pre-screened for interest in being vaccinated** in advance of immunization clinic planning in order to accurately match vaccine dose ordering to recipients.
- 4.2 Immunizers will screen for contraindications and consent prior to vaccination.
- 4.3 Each facility is responsible for establishing a process to ensure pre-screening for vaccine is provided to offenders who are new to the facility or may have missed the opportunity.
- 4.4 Offenders who do not express interest or consent to be vaccinated remain eligible to be vaccinated at a later date if consent is later provided.
- 4.5 Contraindications for COVID-19 immunization are specified in the COVID-19 immunization guides for each vaccine product and typically include a history of allergic or anaphylactic reaction to a previous vaccine dose or vaccine component, and age restrictions.
- 4.6 Vaccine specific pre-screening resources, including contraindications and population groups of consideration, are located in the Policy Manual - Forms/Health Services/Toolkits/COVID-19.
- 4.7 Immunizers will follow the COVID-19 Immunization guidelines for offenders with suspected or confirmed contraindications or conditions and will consult with a physician or specialist as deemed appropriate.

4.8 Offenders with immune system conditions or who are taking medications that affect the immune system, with an autoimmune disorder or women who are pregnant or breastfeeding require additional information about the benefits and risks of COVID-19 immunization and will sign an additional consent form (see Appendix F, G, H, I).

## **5.0 INFORMED CONSENT**

5.1 It is the responsibility of the Immunizer to confirm offender identity and obtain informed consent from an offender using the appropriate consent form prior to administering the COVID-19 vaccine.

5.2 If a barrier to informed consent is identified, (e.g., language barrier, inability to understand the information provided) the consent process shall be deferred until reasonable accommodation can be made (e.g., health line, translator, interpreter, legal substitution decision maker).

5.3 The details of consent deferrals and follow up actions shall be documented by the Immunizer on the offender's medical file.

5.4 Immunizers shall provide offenders with COVID-19 vaccine information and discuss the following with offenders in order to obtain informed consent prior to immunization:

- Whether the offender has already received a COVID-19 vaccine dose, and if so, the type of vaccine;
- Note that all immunizations in Saskatchewan are voluntary;
- Provide information about the COVID-19 vaccine;
- Benefits of vaccination;
- Timeframe for additional dose if applicable;
- Risks of not being vaccinated;
- Potential side effects;
- Instructions for potential serious side effects, including anaphylaxis (see Appendix D);
- Requirement for 15-minute post-immunization observation;
- Confirm the offender understands the information regarding COVID-19 vaccine;
- Review and complete immunization screening and consent forms; and
- Verify the offender is ready to proceed.

5.5 An offender may refuse or revoke consent at any time, regardless of whether a third party has provided consent.

5.6 The decision to consent to COVID-19 immunization on behalf of a young person or adult with a barrier to provide informed consent shall not be made by the health care service provider administering the COVID-19 vaccine.

## **5.7 Adult Offender**

- 5.7.1 Prior to immunization, consent for adult offenders shall be documented using Appendix A.
- 5.7.2 Where consent is obtained for an offender with a barrier to consent, after accommodations are made, or after consultation with a legal substitute decision maker, the consent shall be documented using Appendix B.

## **5.8 Young Person**

- 5.8.1 Consent for a young person eligible for immunization (e.g., authorized age range for vaccine) shall be signed by the Youth Custody Facility Director or designate and documented using Appendix C.
- 5.8.2 The assessment of a young person's consent by the Youth Custody Facility Director or designate shall include discussions with the young person about the COVID-19 vaccine.

## **6.0 VACCINE ADMINISTRATION**

- 6.1 Immunizers will administer COVID-19 vaccine according to the SHA vaccine administration guidelines with respect to vaccine preparation and intramuscular injections.
- 6.2 Offenders will be provided with a *Proof of Vaccination Card* (see Appendix J) with vaccination type, date and time of current dose, and *Vaccine Information* (see Appendix E).

## **7.0 POST-IMMUNIZATION**

- 7.1 Following immunization, all offenders must remain under in person staff supervision for 15-minutes to be observed for reactions and AEFI.
- 7.2 Offenders will be advised by the Immunizer to immediately report any adverse effects following immunization.
- 7.3 Emergency equipment (AED) and supplies (Epinephrine) for the management of anaphylaxis shall be present in the room/area during administration of vaccine.
- 7.4 While adverse reactions should be apparent within the 15-minute observation period, Unit staff shall be alert to the rare possibility of delayed adverse reaction post immunization on return to the unit.

## **8.0 MANAGEMENT OF ADVERSE EVENTS FOLLOWING IMMUNIZATION (AEFI)**

- 8.1 In custody facilities with on-site nursing services, all reactions observed or reported by a Correctional Officer or Facility Youth Worker following immunization shall be reported to a Facility Nurse immediately and shall be documented on the Criminal Justice Information Management System (CJIMS) using an Incident Report.

- 8.2 Where an observed or reported adverse reaction following immunization occurs after nursing hours, or in a facility without on-site nursing services, external Emergency Medical Services (EMS) shall immediately be contacted for assistance.
- 8.3 Emergency medical response protocols shall be followed for offenders displaying or reporting symptoms of serious adverse reactions following immunization such as Anaphylaxis (see Appendix D).
- 8.4 All adverse reactions following immunization observed or reported by a Facility Nurse shall be documented on the offender medical file and reported to the Nurse Manager or ADDP.
- 8.5 Any adverse reaction to COVID-19 immunization shall be added by the Facility Nurse to the allergy section of the offender's medical file.
- 8.6 A CJIMS Alert (Allergy Requiring Epi-Pen) shall be added to the offender CJIMS record where an adverse reaction occurs with COVID-19 immunization.

## **9.0 REPORTING OF ADVERSE EVENTS FOLLOWING IMMUNIZATION (AEFI)**

- 9.1 In accordance with section 23(1) of *The Disease Control Regulations*, providers of immunization are required to report serious vaccine-associated adverse events to the Medical Health Officer within 48-hours after becoming aware of the event.
- 9.1.1 Non-serious vaccine associated adverse events are required to be reported to the Medical Health Officer within two weeks after becoming aware of the event.
- 9.2 Immunizers shall follow COVID-19 vaccine guidelines for adverse event reporting to PH using the Report of AEFI form.
- 9.3 Nursing staff shall inform the facility physician of offenders who have experienced adverse reactions following immunization.
- 9.4 In the case of an adverse event following COVID-19 immunization involving a young person, the Youth Custody Facility Director shall be notified.

## **10.0 VACCINE WASTAGE**

- 10.1 All custody facilities will follow the vaccine wastage strategy approved by the ministry outlined below, and have a clear plan to manage unallocated vaccine at the end of immunizations to avoid vaccine wastage.
- 10.2 Vaccine orders will be based on the numbers of pre-screened offenders in an eligible age group.
- 10.3 Transport requirements are detailed and must follow Saskatchewan [COVID-19 Immunization Manual](#) standards. Transport **unused, unopened** vials, and if permitted, **open** or **reconstituted** vials to the vaccine storage facility as follows:
- mRNA COVID-19 Vaccines (Pfizer, Moderna)

- Transportation of open/reconstituted vials is not permitted;
  - Transportation guidelines are outlined in standards found in the Ministry of Health's [COVID-19 Immunization Manual](#):
    - Transportation of Moderna COVID-19 Vaccine in Frozen or Thawed State; and
    - Transportation of Pfizer COVID-19 Vaccine in Frozen or Thawed State.
  - AstraZeneca/COVISHIELD (currently approved for 55+ age)
    - Transportation is permitted between 2°C to 8°C;
    - After first opening, use the punctured vial within:
      - Six hours when stored at room temperature (up to 25 °C); or
      - 48-hours when stored in a refrigerator (2°C to 8°C); and
      - The vial can be re-refrigerated, but the cumulative storage time at room temperature must not exceed six hours, and the total cumulative storage time must not exceed 48-hours. After this time, the vial must be discarded.
- 10.4 The Nurse Manager or Youth Facility immunization lead, in consultation with local SHA vaccine supply team, will determine whether vaccine remaining at the end of an immunization day will be returned to SHA storage.
- 10.5 The following steps will support on-site decisions for allocating extra vaccine doses that cannot be returned to storage to offenders:
- a. In the clinically extremely vulnerable category, regardless of age;
  - b. Scheduled for immunization that date or subsequent days based on age eligibility;
  - c. On the standby list for the current age;
  - d. Not on the standby list who are eligible by age; and
  - e. If all options are exhausted, offenders who previously declined, and offenders closest in age to the current eligibility age, prioritizing those next closest in age leaving the facility earliest.
- 10.6 If the vaccine cannot be used following the above guidelines, complete a Product Wastage Report Form available at the Ministry of Health's [COVID-19 Immunization Manual](#).
- 10.7 Complete a Product Wastage Report Form, indicating only one reason for wastage that corresponds to vaccine wastage definitions. Submit the report immediately to the Ministry of Health by fax to 306-787-3237.
- 10.8 Vaccine products involved in a cold chain break are not included on the Vaccine Wastage Report Form.

10.9 For a defective or damaged product, complete the Publically Funded Vaccine Problem Report available at the Ministry of Health's [COVID-19 Immunization Manual](#).

## **11.0 DOCUMENTATION**

11.1 Ministry of Health and PH COVID-19 immunization forms can be obtained from the [COVID-19 Immunization Manual](#) and in the Policy Manual - Forms/Health Services/Toolkits/COVID-19.

11.2 Immunizers shall complete and submit all COVID-19 immunization forms to PH and the SHA as required.

11.3 All vaccine doses shall be accounted for by Facility Nurses, including vaccine usage and wastage, using SHA forms.

11.4 Any adverse events shall be documented using the approved AEFI reporting form, faxed to Population and PH and recorded on the offender medical file.

11.5 All individual COVID-19 immunization tracking, reporting and consent form originals shall be added to the offender medical file.

## **CROSS-REFERENCE:**

### Adult Custody Services

**Health Services 601** - *Health Care Standards*

**Health Services 611** - *Management of Communicable Diseases in Correctional Centres*

**Health Services 612** - *Communicable Disease Outbreak*

**Health Services 623** - *Influenza Immunizations*

**Incident Management 715** - *Emergency Medical Response*

### Youth Custody Services

**Health Services 601** - *Health Services Programs in Youth Custody Facilities*

**Health Services 605** - *Communicable Disease Outbreak*

**Health Services 609** - *Influenza Immunizations*

### Saskatchewan Health Authority Policy

**eHealth Saskatchewan** – [Saskatchewan COVID-19 Immunization Manual](#)

(<https://www.ehealthsask.ca/services/Manuals/Pages/COVID-19.aspx>)

[COVID-19 Vaccine Information for Health Care Providers](#)

(<https://www.saskhealthauthority.ca/news/service-alerts-emergency-events/covid-19/vaccine-info-health-care-providers>)

**ACCOUNTABILITY:**

A quality assurance audit will be conducted as required by a person designated by the Assistant Deputy Minister of Custody, Supervision and Rehabilitation Services. The audit will, at a minimum, assess compliance with all sections that require a recorded task. A report of this audit will be submitted to the Executive Director of Custody Services.

**REVIEW:**

The ministry will conduct routine reviews to ensure the content reflects any recent provincial, federal legislation changes and/or higher court decisions. In addition, all policies are subject to review or revision at any time on an as-needed basis.

**AUTHORIZATION:**



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Heather Scriver, Assistant Deputy Minister  
Custody, Supervision and Rehabilitation Services