

COVID-19 Guidance Documents for Provincial Correctional Institutions

Prepared by the Corporate
Health Care Unit

Ministry of the Solicitor General

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Admissions

Correctional Officers Influenza-Like Symptom Screening Algorithm for Inmates (April 22, 2020)

Does the inmate have symptoms of influenza, such as a fever, new cough, or difficulty breathing?

No:

Inmate court returns and transfer in that have been in custody for at least 14 days:

- Follow routine practices

No:

New Admissions and Transfers in that have been in custody less than 14 days:

- Mask inmate with a surgical or procedure mask on arrival and when being transported to the intake unit or other area
- Ask the inmate to wash their hands or use hand sanitizer

Yes:

Provide the inmate with a surgical or procedure mask **AND** ask the inmate to wash their hands or use hand sanitizer **AND** staff wearing a level 2 surgical mask and eye protection when within 2 metres of the inmate and with no physical barrier

Is health care staff available?

Yes:

Separate the inmate from others until assessed by health care (at least 2 metres from others and ideally in a separate area) **AND** immediately notify health care staff for further assessment

No:

Separate the inmate from others until Operational Manager notified (at least 2 metres from others and ideally in a separate area) **AND** Operational Manager to isolate inmate in a single cell with a solid door **AND** Initiate **Droplet and Contact** precautions and move to isolation cell or unit

- Staff wearing level 2 surgical mask must also put on gloves, gown, eye protection when working within 2 metres of the inmate when there is no physical barrier e.g. solid cell door
- inmate to wear a surgical/procedure mask when they are out of their cell or the cell door is open
- inmate cannot attend in-person court **AND** refer to health care as soon as possible

COVID-19 Screening Algorithm for Health Care Providers (June 17, 2020)

COVID-19 Screening Criteria

Presents with any of:

- Temperature (37.8 °C or greater)
- New onset of cough
- Worsening chronic cough
- Shortness of breath
- Difficulty breathing
- Sore throat
- Difficulty swallowing
- Decrease or loss of sense of taste or smell
- Chills
- Headaches
- Unexplained fatigue/malaise/muscle aches (myalgias)
- Nausea/vomiting, diarrhea, abdominal pain
- Pink eye (conjunctivitis)
- Runny nose/nasal congestion without other known cause **OR**
- If 70 years of age or older, experiencing any of the following: delirium, unexplained or increased number of falls, acute functional decline, or worsening of chronic condition **OR**
- Consider ****atypical symptoms for people who are older or have developmental disabilities** **OR**
- Travelled outside of Canada in the past 14 days **OR**
- Has tested positive for COVID-19 **OR**
- Had close contact with a person with a confirmed case of COVID-19 without wearing appropriate PPE

Yes:

- Request patient Mask (surgical/procedure mask) and perform Hand Hygiene
- Physically distance from others by at least 2 metres, as soon as possible
- Initiate *Droplet and Contact precautions
- Admit to Isolation Unit/cell (single cell with a solid door)
- Nasopharyngeal Swab (NPS) or Deep Nasal Swab (DNS) for COVID-19 Virus Test and Respiratory Virus Testing (Refer to NPS and DNS COVID-19 Medical Directives)
- Patient to wear surgical/procedure mask when out of their cell or the cell door is open
- Initiate Patient Care Plan
- Actively monitor twice daily for symptoms and temperature
- Contact Health Care Manager
- Contact Primary Care Provider
- Contact Corporate Health Care
- Isolate asymptomatic cell partner(s) in single cells (if possible) or as a cohort until test results are known for symptomatic patient

*Droplet and Contact Precautions

Staff PPE Requirements when working within 2 metres when there is no physical barrier:

- Level 2 surgical/procedure mask
- Gloves
- Eye protection
- Gown

Patient PPE Recommendation when out of cell or the cell door is open:

- Level 1 surgical/procedure mask

N95 Respirators must be used:

During Aerosol Generating Medical Procedures (AGMP)

- When CPAP is in use when within 2 metres of patient with no physical barrier.

AGMP Procedures include:

- Open airway suctioning
- High-flow oxygen therapy (≥ 7 litres per minute by nasal prong or ≥ 16 litres per minute by venturi and non-rebreather masks)
- CPR

Notes:

1. **Acute respiratory illness:** New/worsening acute respiratory illness that could be spread by droplet route (either upper or lower respiratory tract). Presenting symptoms include: new or worsening cough, shortness of breath, fever (37.8°C or greater), sore throat, runny nose or sneezing, nasal congestion, hoarse voice, difficulty swallowing.
2. **Atypical symptoms of COVID-19:** may include unexplained fatigue/malaise/myalgias, delirium (acutely altered mental status and inattention), unexplained or increased number of falls, acute functional decline, exacerbation of chronic conditions, chills, headaches, conjunctivitis, unexplained tachycardia, decrease in blood pressure, unexplained hypoxia (even if mild i.e., O_2 sat less than 90%), lethargy.
3. Case definitions are found at Ministry of Health's website.
4. **Close contact:** (Prolonged exposure duration is defined as lasting more than 15 minutes when within 2 metres for a person who provided care for the patient, including healthcare workers, or others having similar close physical contact OR who lived with or otherwise had close prolonged contact with a probable or confirmed case while the case was ill.

COVID-19 Testing Requirement Algorithm (May 26, 2020)

1 - Who to Test:

Refer to the attached nasopharyngeal swab (NPS) and deep nasal swab (DNS) medical directives, and updated MOH COVID-19 Quick Reference Public Health Guidance on Testing and Clearance, Provincial Testing Guidance Update, **AND** the [COVID-19 Virus Test Requisition](#).

To expedite testing, **provide the following mandatory information** on the COVID-19 Virus Test Requisition:

1. Test(s) request and indication for testing (if confirmatory or clearance testing is requested, this must be indicated on the test requisition)
2. Travel history (if applicable - location and dates)
3. Exposure history and details
4. Clinical information including symptom onset date
5. Specimen type and collection
6. Patient setting/population (indicate **Institution**, and write priority group- congregate setting- correctional institution)

If the clinician would like to discuss the role for testing, contact the PHO Microbiologist on-call through the PHO Laboratory's Customer Service Centre at: 416-235-6556 or 1-877-604-4567 or the After-Hours Emergency Duty Officer at 416-605-3113.

For **STAT testing** requirements in urgent or emergency circumstances, consult the PHO COVID-19 testing website for details on handling and transportation.

Corporate health care or the local public health unit should be contacted for all COVID-19 results.

2 - Specimen Collection and Handling Consult PHO COVID-19 testing website for details (see Notes)

- Use the latest COVID-19 Test Requisition and provide mandatory information (see above)
- For symptomatic patients, check the **Respiratory Virus Testing box**, which can be performed on the same specimen. Request "Respiratory viruses" in Section 5 of the **COVID-19 Virus Test Requisition**
- A single upper respiratory tract specimen will be accepted for COVID-19 and Respiratory Virus testing. Nasopharyngeal swabs (NPS) are preferred followed by Deep Nasal swab (DNS) and then a Viral Throat swab
- Staff to use level 2 surgical mask, gown, gloves and eye protection when collecting any Covid-19 specimen collection
- **Due to a shortage of NPS kits, alternative specimen collection kits will be accepted.** Please see [PHO Laboratory Testing website](#) for alternative specimen collection and handling

3 - Preparation Prior to Transport

Put specimen in biohazard bag and seal. Specimens should be stored at 2-8 °C after collection and shipped to a PHO Laboratory or an accredited laboratory conducting COVID-19 testing on ice packs within 72 hours.

Note: See alternative specimen collection kits and other testing information at the PHO COVID-19 testing website.

List of admissions forms

- Inmate Screening for Symptoms of Influenza Like Symptoms (ILI) Tool (Correctional Officers)
- Admission and Discharge Unit Personal Protective Equipment (PPE) for Staff and Inmates
- Nasopharyngeal Specimen Collection for Covid-19 and Respiratory Virus Identification Medical Directive (Health Care)
- Deep Nasal Specimen Collection for Covid-19 and Respiratory Virus Identification Medical Directive (Health Care)

Intake Unit and Units Used for Isolation

Intake Unit - Principles and Practices

Corporate Health Care 27/4/20

Prevention

Correctional institutions are congregate settings with increased risk for disease spread once it has been introduced. Therefore, preventing introduction of disease at the point of admission is key. Intake units mitigate the introduction of COVID-19 by delaying integration of newly admitted inmates into general population for 14 days, which is the currently known incubation period for COVID-19. Cohorting newly admitted inmates enables close monitoring and enhances early detection of COVID-19 symptoms or other relevant concerns.

ONLY Health Care staff may clear an inmate for release from the Intake Unit. Dorm settings are not suitable as Intake Units.

Required Practices

- Staff **must wear a level 1 procedure/surgical mask at all times**
- All inmates have been screened at admission and cleared for **routine admission**
- Housing should be single cell, whenever possible.
- When more than one person per cell is required, consultation with health care staff regarding vulnerability must occur (e.g. elderly, immune compromised)
- Inmates housed on Intake Units are not eligible for institution work programs
- If the Admission Health Assessment has not been completed by a nurse, the inmate must be confined to their cell until this has been completed
- Access to the Intake Unit is restricted to assigned staff, operational managers overseeing the area, health care staff and senior administration (except in the case of emergency)
- All other persons entering the Intake Unit must be cleared on a case by case basis by the operational manager (except in the case of emergency)
- Movement into and out of the Intake Unit must be logged in the Unit Logbook
- Inmates **must wear a level 1 procedure/surgical mask when out of their cell at all times**, including during escorts out of unit for any reason
- Inmates leaving the unit must be screened by correctional staff prior to leaving the unit
- Privileges should remain intact for inmates housed in the Intake Unit. Time out of cell must be organized to enable social distancing and prevent close contact (within 2 meters). Social Distancing **must be practiced at all times**. Correctional Officers are to monitor, encourage and manage inmate social distancing
- All inmates must have access to their own soap and hand towel or access to hand sanitizer to perform hand hygiene
- Hand hygiene is to be performed by inmates:
 - prior to leaving their cell,
 - after using the toilet facilities, and
 - upon return to their cell
- Hand hygiene is to be performed by all staff and inmates:
 - upon entering and leaving the Intake Unit
 - prior to putting on personal protective equipment and

- once more, just before and after removing a face mask
- Paper towels should be provided where facilities are shared to prevent cross- contamination (i.e. shared sinks)
- Staff are to check daily that supplies are available for each inmate and in common areas
- Staff must ensure inmates have their own cup and monitor to discourage sharing of cups or other personal items
- All used PPE must be discarded in a regular garbage receptacle prior to leaving the area
- All cleaners must wear appropriate PPE and have information on donning and doffing of PPE reviewed with them
- Inmate cleaners must wear:
 - level 1 procedure mask and gloves
- After cleaning, the inmate cleaner must take a shower and is required to change their clothes
- Surfaces and objects that are frequently touched, especially in common areas must be cleaned at least twice a day e.g. toilet handle, toilets, sink handles, countertops, doorknobs
- Telephones must be cleaned before and after each use with approved sanitizing wipes

Health Care

- In addition to routine health care, health care staff must conduct a daily symptoms assessment on each person on the Intake Unit, including temperature, pulse and respirations
- Health care staff should consider using a designate room in or near the Intake Unit for inmate clinical examination where possible.

Units Used for Isolation - Principles and Practices (April 26, 2020)

Correctional institutions are congregate settings which increases the risk for disease spread. It is critical that inmates who demonstrate symptoms of a contagious disease or are identified as at-risk for developing a contagious disease due to contact or travel history be isolated from other inmates.

Isolation helps prevent the spread of illness by containing the illness through physical separation and implementation of targeted infection prevention and control practices, known as Precautions.

ONLY Health Care staff may clear an inmate for release from isolation. Use of dorm settings is not permitted for isolation

Isolation Unit Required Practices

Droplet and Contact Precautions are required for inmates who:

- Have symptoms
 - Are persons under investigation for influenza-like illness
 - Have identified risk factors such as close contact or travel history
-
- Level 2 masks **must be worn by staff at all times**
 - To reduce the risk of infection control breaches, dedicated staff should be assigned to the isolation unit, where feasible
 - Housing for inmates must be single cell unless otherwise approved by Corporate Health Care
 - Signage indicating the required precautions must be posted outside each cell
 - Inmates in medical isolation are not eligible for institution work programs or any congregate activities
 - Access to isolation units or cells is restricted to assigned staff. (except in the case of emergency)
 - If staff are unfamiliar with the guidelines and use of prescribed PPE for isolation units, they must inform their supervisor
 - Access by any other person must be cleared by the Operational Manager and those persons must be informed on how to don and doff PPE and supervised to ensure that no breach in precautions occur (except in the case of emergency)
 - All movement of isolated inmates into and out of a cell and/or area or unit must be logged in the Unit Logbook
 - In addition to the level 2 surgical mask, where there is no barrier (e.g. closed solid door) staff working within 2 meters of an inmate must wear eye protection, gloves and gown
 - Gloves and mask **are to be worn at all times**. When inmates are locked in their cell with the door closed, additional PPE (i.e. eye protection and gown) is not required
 - Droplet/contact infection and prevention control is not affected by hatch position (whether open or closed)
 - Inmates movement (transfer) from the unit must be restricted (urgent circumstance only)
 - When required to leave the unit (court, professional visits, health visits etc.) the inmate must wear a level 1 procedure/surgical mask once outside the cell and escorting staff, in addition to a level 2 mask, must wear gloves, gown and eye protection
 - When time out of cell is offered, it must be **restricted to one inmate** at a time, the inmate must wear a level 1 procedure mask and the area should be cleaned thoroughly afterwards. Correctional Officers are to monitor that these practices are enforced, if out of cell time is permitted.

- Social Distancing **must be practiced at all times.**
- All inmates must have access to their own soap and hand towel or hand sanitizer to sanitize their hands prior to leaving their cell, after using the toilet and upon return to their cell
- Staff are to check daily that supplies are available for each inmate.
- Inmates must have their own cup and sharing of cups and other personal items is prohibited
- Dirty dishes, utensils and trays are handled using gloves as per routine practises
- Hand hygiene is to be performed by inmates:
 - prior to leaving their cell,
 - after using the toilet facilities, and
 - upon return to their cell
- It is **CRITICAL** that hand hygiene be performed by all staff and inmates:
 - upon entering and leaving the Isolation Unit
 - **PRIOR** to putting on personal protective equipment (PPE)
 - **AFTER** removing gloves and gown and
 - **AFTER** removing eye protection and mask
- Staff must follow the guide to donning and doffing PPE
- All PPE that has been used in the area must be discarded in regular garbage receptacle **with a lid** prior to leaving the area
- Inmate cleaners must wear a level 2 surgical mask, gown, eye protection and gloves. All cleaners must wear appropriate PPE, and be instructed on donning and doffing of PPE, including when and how to perform hand hygiene
- After cleaning, the inmate cleaner must shower and change their clothes
- Clean surfaces and objects that are frequently touched, especially in common areas at least twice a day e.g. toilet handle, toilets, sink handles, countertops, doorknobs
- Telephones must be cleaned before and after each use with approved sanitizing wipes
- Dirty linen/clothes are to be put in the laundry bin with a lid on the unit, and transported with the lid closed
- Health care staff must conduct assessments on each person, minimally twice daily, including temperature, pulse and respirations
- Dedicated medical equipment should be used for the isolation unit (e.g. thermometer) and cleaned between each patient
- Consider using a designate room near the unit for inmate clinical examinations

Considerations for Completing Patient Care Plan Intake & Isolation Units (April 2, 2020)

General Principles:

- This document supports patients at intake, or those placed in medical isolation, who require monitoring for health conditions and/or are eligible to participate in the Keep on Person (KOP) Medication program.
- When possible, nursing care should be provided where the patient is housed rather than moving the patient through the institution.
- This document does not meet documentation requirements for nursing care performed.
 - Follow professional practices for documentation: including writing in pen, indicating the date and time, printing your name in addition to signature, and include your professional designation.
- As assessments and interventions are added to the patient care plan, nurses should ensure they are identified in the bottom area of the care plan and initial any changes.
- If the patient requires additional assessments or interventions, a second page to continue the patient care requirements has been provided. If it is utilized, mark the box on Page 1.

Health Conditions:

- Health conditions which require ongoing monitoring, such as those listed, should be identified for the purpose of planning care which minimizes the amount of health care providers interacting with the patients and the frequency of interactions, while ensuring each patient receives attentive nursing care.
- Conditions denoted with * indicate an increased risk of severe COVID-19 disease. These include: age 65 years and older, pregnancy, chronic lung disease, moderate to severe asthma, heart conditions, hypertension, diabetes, immunosuppression, poorly controlled HIV, organ transplant, cancer treatment, immunosuppressing medications, kidney disease (especially dialysis), active liver disease, and severe obesity (BMI >40).
 - These patients should be monitored frequently and the threshold for symptoms causing concern should be lowered (e.g., early signs of infection such as malaise, fatigue, and myalgia should prompt further assessment/referral to the Primary Care Provider).
 - Additional consideration should be taken when housing these patients (e.g., to minimize the risk of infection if immunosuppressed).

Keep on Person Medications:

- Approved medications should be administered through the KOP Medication Program where indicated and safe. Consult the Health Care Services Policy and Procedures Manual: Keep on Person Medication Program Policy for more information.
- The amount of medication provided for patients to keep on person must be recorded and monitored to ensure appropriate use and to prevent underuse or overuse.

Care Requirements:

- All assessments and interventions, dependent on the health conditions identified, should be listed with the frequency, times, location of documentation identified, and any additional notes needed to perform the task.
- For those under investigation or confirmed COVID-19, vital signs (TPR) must be monitored twice per day. For those not under investigation, VS once per day. Temperature checks should not

occur within 30 minutes of eating, physical exercise or waking and not within 4 hours of taking a fever- reducing medication, such as acetaminophen or ibuprofen.

- If an assessment or intervention is discontinued, record this in the notes section. Do not erase.
- Nursing staff should include health teaching as an intervention for all patients, especially in relation to infection control.

Please contact your Health Care Manager for additional support if needed.

Interim Discharge Planning Guidelines for COVID-19

The Health Care Manager/Senior Nurse will establish a process for to ensure timely information, is communicated about patient releases (e.g. from records department),

Prior to Patient Discharged

- Place the appropriate Public Health Ontario/Pubic Health Agency of Canada fact sheets into the patient's property
- When informed that a patient on medical isolation or who is to self-monitor is being released the Discharge Planning Checklist is to be completed
- For all patients who are being released on medical isolation or who are to self-monitor complete:
 - Patient Health Care Guide;
 - Discharge Information for Community Services form;
 - Discharge Screening Form for Influenza like Illness for Community Agencies/Shelters (if requested).
- The nurse will provide relevant health teaching and review the Patient Health Care Guide with the patient
- The Patient Health Care Guide, medications, and prescriptions are to be placed in the patient's property. If required, prescriptions should be faxed to pharmacy

COVID-19 Decision Tree – Clearance from Medical Isolation June 9, 2020

	<p>PATIENT</p> <p>Isolate single cell and test for COVID 19</p>	<p>UNIT (Contact with potential Positive)</p> <ul style="list-style-type: none"> Initiate isolation precautions for unit pending assessed level of risk and test results Cell Partner - Isolate on the living unit and house alone, pending test results.
<p>TEST RESULTS NEGATIVE (Contact Corporate Health Care)</p>	<ul style="list-style-type: none"> Maintain on precautions until 48 hours after symptoms resolve or medically assessed and cleared (i.e. determined not be infectious) For patients isolated because of contact or travel, 14 days of isolation is required 	<ul style="list-style-type: none"> May lift precautions
<p>TEST RESULTS POSITIVE (Contact Corporate Health Care)</p>	<ul style="list-style-type: none"> Maintain strict isolation for 14 full days from onset of symptoms or, if asymptomatic, test date monitor twice daily and manage symptoms 	<ul style="list-style-type: none"> Maintain isolation for 14 full days from date of last contact Monitor twice daily for symptoms If any inmate becomes symptomatic, isolate per Symptomatic Patient and test for COVID 19, if clinically indicated
<p>DISCONTINUING ISOLATION FOR POSITIVE TESTS (Contact Corporate Health Care)</p>	<p>Patient must be:</p> <ul style="list-style-type: none"> 14 full days from onset of symptoms and patient is afebrile and symptoms are improving for at least 72 hours 14 days from the date of testing, if asymptomatic <p>Absence of cough is not required for those known to have chronic cough or reactive airway</p>	<ul style="list-style-type: none"> May discontinue isolation 14 full days post last exposure if no symptoms have presented.

List of Intake Unit and Units Used for Isolation Forms

- Personal Protective Equipment (PPE) for Staff and Inmates
- Intake Unit Screening for Symptoms of Influenza-Like Illness (ILI)
- Intake Unit Personal Protective Equipment (PPE) For Staff and Inmates
- Intake Unit Screening for Symptoms of ILI Tool (Correctional Officers)
- Isolation Unit- Droplet and Contact Precautions-Personal Protective Equipment (PPE) For Staff and Inmates
- Patient Care Plan-Intake & Isolation Units
- Discharge Planning Checklist (Health Care)
- Patient Health Care Guide (Health Care)

Additional Screening and Communication Tools

Staff Self-Assessment Screening Affirmation July 2, 2020 (updated)

PLEASE READ PRIOR TO SIGNING INTO WORK

Step 1: Staff Self-Assessment

Are you feeling unwell with any of the following symptoms?

- Fever/feverish, new or worsening cough or difficulty breathing
- Other signs of new onset or worsening illness such as:
 - Sore throat
 - Extreme tiredness that is unusual (fatigue)
 - Hoarse voice
 - Muscle aches that are unusual or long lasting
 - Difficulty swallowing
 - Lost sense of taste or smell
 - Headache that is unusual or long lasting
 - Digestive issues (nausea/vomiting, diarrhea, stomach pain)
 - Chills
 - Pink eye
 - Runny, stuffy or congested nose (not related to seasonal allergies or other known causes or conditions)

OR

Have you experienced any of the following in the last 14 days?

- Travel outside of Canada (Note: for the purposes of this, travel is defined as an overnight period, or extended visit with extensive community interactions.)
- Close contact with a person who has been diagnosed with COVID-19 (for example, someone in your household)
- Close contact with a person who is sick with new respiratory symptoms (for example, fever, cough or difficulty breathing) or who recently travelled (per the definition of above) outside of Canada.

Please DO NOT enter the institution:

- If you have answered yes to the above symptoms, contact your manager to let them know you are unwell and will be seeking health care advice.
- If you have no symptoms but have travelled outside of the country within the last 14 days, please self-isolate, self-monitor, and contact your manager for further direction regarding work.
- If you have answered yes to any of the above symptoms or have experienced the additional exposure risks (travel or contact), please contact a primary care provider or Telehealth (1-866-797-0000) for advice.

NOTE: You do not need to proceed to Step 2 (Temperature Screening) if you have been screened out during Step 1.

Step 2: Temperature Screening

Please proceed to the designated staff screening station to complete the temperature screening process prior to assuming duty. If your temperature is 37.8 degrees Celsius or higher, you will be asked to wait five minutes and undergo a second temperature check, which will be verified by a manager.

If the second temperature check continues to register greater than or equal to 37.8 degrees Celsius, please DO NOT enter the institution:

Contact your manager to let them know you are unwell and will be seeking health care advice. Please contact your primary care provider for advice.

You will be asked to self-isolate until medically cleared to return to work. Keep your manager informed of changes resulting from medical intervention or advice.

Step 3: Affirmation

By signing in to work, you are affirming you are well and have not answered yes to any of the above questions.

If at any time during your shift, you begin to experience fever, cough or difficulty breathing, please distance yourself from others, put on a surgical mask, perform hand hygiene and report to your manager.

Screening for Visitors Requesting Entry to Provincial Correctional Institutions

Updated July 2, 2020

All visitors requesting admission to a provincial correctional institution in Ontario must cooperate with this screening process.

Please ask each individual visitor prior to entry into the institution:

<p>Are you feeling unwell with any of the following symptoms?</p> <ul style="list-style-type: none"> • Fever/feverish, new or worsening cough, shortness of breath when you're not active or difficulty breathing? • Other signs of new onset or worsening illness, such as <ul style="list-style-type: none"> ○ sore throat ○ extreme tiredness that is unusual (fatigue) ○ hoarse voice ○ muscle aches that are unusual or long lasting ○ difficulty swallowing ○ lost sense of taste or smell ○ headache that is unusual or long lasting ○ digestive issues (nausea, vomiting, diarrhea, stomach pain) ○ chills ○ pink eye ○ runny, stuffy or congested nose (not related to seasonal allergies or other known causes or conditions) 	<p>if YES, they cannot enter the institution.</p> <p>Suggest: Contacting a primary care provider or Telehealth for further instructions.</p> <p>Telehealth Number: 1-866-797-0000</p>
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<p>Have you travelled outside of Canada in the last 14 days?</p>	<p>if YES, they cannot enter the institution.</p> <p>Suggest: Contacting a primary care provider or Telehealth for further instructions.</p> <p>Telehealth Number: 1-866-797-0000</p>
<p>In the last 14 days, have you had close contact with a person who has been diagnosed with COVID- 19?</p>	<p>if YES, they cannot enter the institution.</p> <p>Suggest: Contacting a primary care provider or Telehealth for further instructions.</p> <p>Telehealth Number: 1-866-797-0000</p>
<p>In the last 14 days, have you had close contact with a person who is sick with new respiratory symptoms (for example, fever, cough or difficulty breathing) or who recently travelled outside of Canada?</p>	<p>if YES, they cannot enter the institution.</p> <p>Suggest: Contacting a primary care provider or Telehealth for further instructions.</p> <p>Telehealth Number: 1-866-797-0000</p>

If **YES** to any of the screening questions or refuses to answer, then they have failed the screening and cannot enter the building.

If **NO** to all questions, ask the visitor to proceed to the designated screening station to complete temperature screening.

If the visitor's temperature is 37.8 degrees Celsius or higher, ask them to wait five minutes and undergo a second temperature check. If the second temperature check continues to register greater than or equal to 37.8 degrees Celsius, they **cannot** enter the building.

If the visitor passes temperature screening, ask them to wash their hands or use hand sanitizer before entering the institution.

If the visitor has concerns regarding the screening process or becomes upset, please contact a manager immediately to handle the situation.

List of Screening and Communications Forms

- Screening Inmate Workers for Symptoms of ILI (Correctional Officer)
- Interinstitutional Transfer Screening for Influenza Like Illness Tool (Health Care)
- Federal Transfer Screening Form for ILI (Health Care)
- Discharge Screening Form for ILI Screening (Health Care)
- Discharge Information for Community Services (Health Care)

Additional PPE Guidance Documents and Requirements

Operational Plan for Universal Source Control using Surgical/Procedure Masks

Staff Masking

All Ontario Correctional institutions will immediately implement source control (being worn to protect others) masking practices, requiring that all staff and visitors **wear a surgical/procedure mask at all times** while at work unless otherwise specified.

Masking is not a substitute to other important infection prevention and control practices, including hand hygiene and physical distancing.

The below information is not applicable to PPE use when Additional Precautions are in place, such as droplet/contact precautions (i.e. Intake or isolation units) or when otherwise directed.

Principles and Practices

Employees will be provided with one (1) surgical/procedural mask at the beginning of their shift and will immediately perform hand hygiene and don the mask.

Masks are to be worn throughout the shift, **at all times**, and removed only during:

- Breaks, such as when eating and drinking
- When there is a specified PPE requirement such as when working in an area requiring Additional Precautions, e.g. droplet/contact precautions

When removing a mask that is to be re-used, employees are to:

- Perform hand hygiene
- Remove the mask by undoing ties or removing the loops from around the ears
- Fold the mask inwards so that the outside surface of the mask is exposed and the inside (the side that lies against the face) is protected.
- Place the mask in a clean paper bag and fold the paper bag closed
- Perform hand hygiene

When re-using the mask:

- Perform hand hygiene
- Remove the mask from the bag, handling the mask in a manner that minimizes contact with the exposed mask surface
- Don the mask
- Perform hand hygiene

Masks are intended to be worn for extended periods and re-used for the entire shift, however the mask should be replaced if the mask is:

- Soiled
- Contaminated

- Moist
- Damaged, or
- Difficult to breath through

At the end of the scheduled shift, employees are to:

- Perform hand hygiene
- Remove the mask, by undoing the ties or removing the loops from the ears
- Discard the mask into regular garbage
- Perform hand hygiene
- Discard bag

Visitor Masking

Professional or Spiritual Visitors or Volunteers will be provided with one (1) surgical/procedural mask after passing the screening criteria and will immediately perform hand hygiene and don the mask prior to signing in.

Personal Visitors must bring a mask or face covering with them, and that face covering must cover the nose and mouth, as well as not contain any offensive images or words. Personal Visitors will also undergo active screening, per the Reintroduction of Personal Visits document.

Visitors must mask **at all times** when in the institution.

If a Professional visit exceeds four (4) hours and breaks are anticipated, consider using the extended wear and re-use procedures as outlined above in Staff Masking, Principles and Practices outlined above.

At the conclusion of business within the institution, visitors are to:

- Perform hand hygiene
- Remove the mask, by undoing the ties or removing the loops from the ears
- Discard the mask into regular garbage
- Perform hand hygiene

List of PPE Guidance Forms

- Facial Protection Specifications and PPE Guidance Use During COVID-19
- Indirect Supervision Unit PPE for Staff and Inmates
- Direct Supervision Unit PPE for Staff and Inmates
- Laundry Services (COVID-19) Instructions for Laundry Staff and Inmate Workers
- Kitchen Services (COVID-19) Instructions for Kitchen Staff and Inmate Workers

Other Guidance Documents

Cardiopulmonary Resuscitation (CPR) during the COVID-19 Pandemic June 9,2020

Routine practices are the foundation of best practice in most environments and circumstances and ensure that first responder teams operate safely. The potential risks related to the transmission of COVID-19, however, require additional procedural precautions.

CPR is an aerosol generating medical procedure (AGMP) and therefore important adjustments to Personal Protective Equipment (PPE) are required to align with Airborne Precautions.

Each Unit must have a minimum of four (4) CPR – PPE kits assembled, labelled and available for use on each unit. Each CPR – PPE kit must contain:

- 1 – Fitted N95 Respirator
- 1 – Gown
- 2 – Gloves (large)
- 1 – Eye Protection (face shield or goggles)
- 1 – Surgical Mask for inmate

CPR Scene Management

Each emergency response must have a person designated as the ‘Primary Coordinator’ who will ensure the following:

- The donning and doffing of PPE in accordance with Ministry prescribed guidelines
- The establishment of a safe and clear perimeter around the emergency scene
- The restriction of all non-essential staff from crowding the emergency scene
- The adherence to the CPR response procedure by all involved
- The implementation of post incident de-brief session(s) with involved staff members

The Primary Coordinator should remain outside of the 2-metre perimeter wearing a surgical mask and any other PPE required in the area.

Procedure

Initial Actions

1. Secure Area
2. Call the medical emergency as per procedure
3. ****If in the Isolation Unit, when calling 911, inform EMS that the person is isolated for COVID-19**
4. Ensure only persons critical to the response remain in the area
5. Assign roles for the response team: The response team should consist of no more than five persons:
 - The Primary Coordinator
 - Two people donned in full PPE performing CPR

- Two people donned in full PPE as back-up and to provide other assistance. These people should remain at the perimeter until called upon
6. At least one additional person should remain outside the immediate area to respond to requests from the Primary Coordinator and response team
 7. When health care arrives, health care should don full PPE, as per Airborne Precautions, and remain at the perimeter when not providing an intervention. (e.g. conduct an assessment, administer injectable naloxone, oxygen, vital signs etc.)

Responders

- Don PPE (Airborne Precautions)
- Primary Coordinator assess readiness, i.e. PPE check
- Visually inspect for absence of breathing (respiratory effort, chest rising)
- Administer naloxone if opiate overdose is suspected and assess response
- Give additional dose of naloxone, if indicated
- Place a surgical mask on the person
- When health care arrives, administer oxygen up to 10-15 l/min via O2 mask (over the surgical mask) and titrate as clinically indicated (e.g. O2 saturation)
- If possible, move the individual to an enclosed area and establish a clear perimeter of more than 2 metres from the individual

Initiate Compressions-Only CPR – DO NOT Ventilate

- Continue CPR until Automated External Defibrillator (AED) arrives
- Apply AED immediately and follow prompts
- Continue CPR until breathing and circulation returns or relieved by EMS
- Once EMS has assumed care, staff must move out of the area and carefully doff equipment in the following order:
 - Remove gloves
 - Perform hand hygiene
 - Remove gown
 - Perform hand hygiene
 - Remove eye protection
 - Remove mask
 - Perform hand hygiene

Post CPR

- The Coordinator must meet with the responders to de-brief as soon as practical
- Ensure supplies are replaced, including CPR – PPE kits.

Inmate Living Unit Signage



If you have at least ONE of the following:
fever and/or a new cough or difficulty breathing

OR

at least TWO of the following:

- chills
- fatigue
- headache
- sore throat
- runny nose
- hoarse voice
- lost sense of taste or smell
- stuffy or congested nose
- difficulty swallowing
- nausea/vomiting, diarrhea, stomach pain

**Tell a nurse or correctional officer
right away**



Attention Inmates

If you have any of the following symptoms of COVID-19:

- Fever
- New onset of cough
- Chills
- Unexplained fatigue
- Headache
- Sore throat
- Runny nose
- Hoarse voice
- Difficulty breathing
- Lost sense of smell or taste
- Muscle aches
- Difficulty swallowing
- Pink eye
- Stuffy or congested nose
- Nausea/vomiting, diarrhea, stomach pain

Tell a nurse or correctional officer right away