



# Secure Isolation Project

COVID-19 Pandemic



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## Secure Isolation Sites for Persons Detained under Sec. 45.1(1) of the *Public Health Act 1994* during COVID-19

### Background

The SHA response to the COVID- pandemic is based on a strategy of detect, contain and mitigate. Detection efforts have focused on screening, testing and contact tracing. Containing spread is dependent on effective isolation of individuals who have tested positive, are a close contact as described by a Medial Health Officer, or have travelled internationally. Public health orders provide direction self-isolation requirements. The results of these combined efforts of detection and containment will have a significant impact on the scale of mitigation required.

Self-isolation is key to containing the spread of the virus. However, some people cannot effectively self-isolate. This may be due to a number of reasons, including homelessness, unstable housing, or residing with immune suppressed persons. Some people are noncompliant with self-isolation due to cognitive limitation and lack of understanding the orders, or mental illness or substance use disorder interfering with ability to self-isolate. Others simply choose to ignore the directive to self-isolate.

The importance of isolation in the containment of the COVID-19 virus has precipitated innovative responses to assist individuals who do not have the resources to follow public health orders for self-isolation. One of these is the Assisted Self Isolation Sites (ASIS), which temporarily house people in hotels. This is a partnership between the SHA, the Ministry of Social Services, The Saskatchewan Public Safety Agency, the Canadian Red Cross, the Ministry of Health, municipalities, First Nations and Metis Leaders and organizations, and many other community partners. People in these sites receive supports to increase their motivation to stay and complete the required period of isolation. These supports are based in a harm reduction philosophy.

Some individuals will still be unable or unwilling to maintain self-isolation. The *Public Health Act 1994* addresses this situation in Section 45(1)1 which provides authority for the MHO to issue an order for such individuals be detained to isolate for the required period. Secure isolation sites provide the secure space and supervision to achieve this.

### **What is a Secure Isolation Site (SIS)?**

A SIS is a locked facility in which persons issued a detention order under the public health act are detained.

The site is neither a hospital nor a health center. It is a detention center with a mobile health clinic. A site may be designated for a patients confirmed COVID19 positive, or Close contact , or both if the structure allows. The first functional SIS in the province is at White Birch located in located on the grounds of the Paul Dojack Youth Centre. This site is for COVID19 positive patients only. Other centers may be set up during the pandemic, to accommodate detention needs closer to outbreak communities, and/or to accommodate noncompliant persons who are confirmed close contacts of COVID19.

The Ministry of Corrections and Policing leads the work to determine suitable space for detention, provides staff for security and supervision, and provides basic necessities such as food, toiletries, and clothing to persons detained. They have created a document outlining the requirements and process to set up a SIS (Appendix 8). Corrections provide staff with 2 sheriffs on a 24/7 basis. Standard Operating Procedures for Corrections staff are articulated in Appendix 7. Staff for food preparation and cleaning are provided by Corrections and Policing.

The SHA is responsible to one provide health care staff 24/7 to the site. The staff must be able to provide health assessment, assess withdrawal symptoms, ensure safe storage of medication, ensure medication is provided according to schedule provide updates to physicians, and maintain the care record. The health care provider at SIS works independently at the site, with consultation from a physician. Primary care paramedics and nurses have been a good fit for the work required to date at White Birch. Local availability of providers will need to be considered when staffing.

The SIS is has periods in which it is empty. Since persons can be issued a detention order, any day at any time it is efficient to have staff for nights and weekends on call in order to ensure staffing is available on short notice.

Who should go to a SIS?

Only persons issued a detention order under the Public Health Act may be detained in a SIS. Appendix 3 outlines the process for Public Health Officers to follow when they receive a report of a noncompliant person. Considerable effort is made to help the noncompliant person understand the Public health Order, why it applies to them, how important it is in preventing the spread of the virus and understanding what other supports they may need to successfully complete the self isolation period.

### **Process flow to access SIS**

The process to place a person in a SIS is illustrated in the workflow depicted in Appendix 1. The key high-level steps are outlined in the Work Standard in Appendix 2.

Note that a health assessment is required to ensure the patient's health needs can be safely met in the detention centers. The standard health assessment is the same as that used in Assisted Self Isolation Sites, and is attached as Appendix 5. Whenever possible, this is completed prior to transporting the individual to the SIS in the event a higher level of health care is needed than can be provided by a SIS. In addition, in situations where the patient will be transported a long distance, a health check is required prior to departure to ensure health needs are attended to en route. Communication between the community health providers, the Public Health Officer, local police, and the SIS team is crucial to providing the appropriate care to the person while under detention.

A health assessment will be completed upon arrival at SIS as well and throughout the period of detention.

### **Protocol for health care providers working in SIS**

Their health shall be monitored, and a care plan followed as required. As well, mandatory monitoring of temperature and reporting for the purposes of contact tracing is required. The approved protocol, assessment form, care plan, Medication Administration (MAR) and progress notes are included in Appendix 4.

Some persons admitted may have other health concerns that must be assessed and managed by a care plan.

Care must be taken in cohorting persons detained and space constraints and cohorting may limit who can be accommodated at any given time.

### **Discharge planning and process**

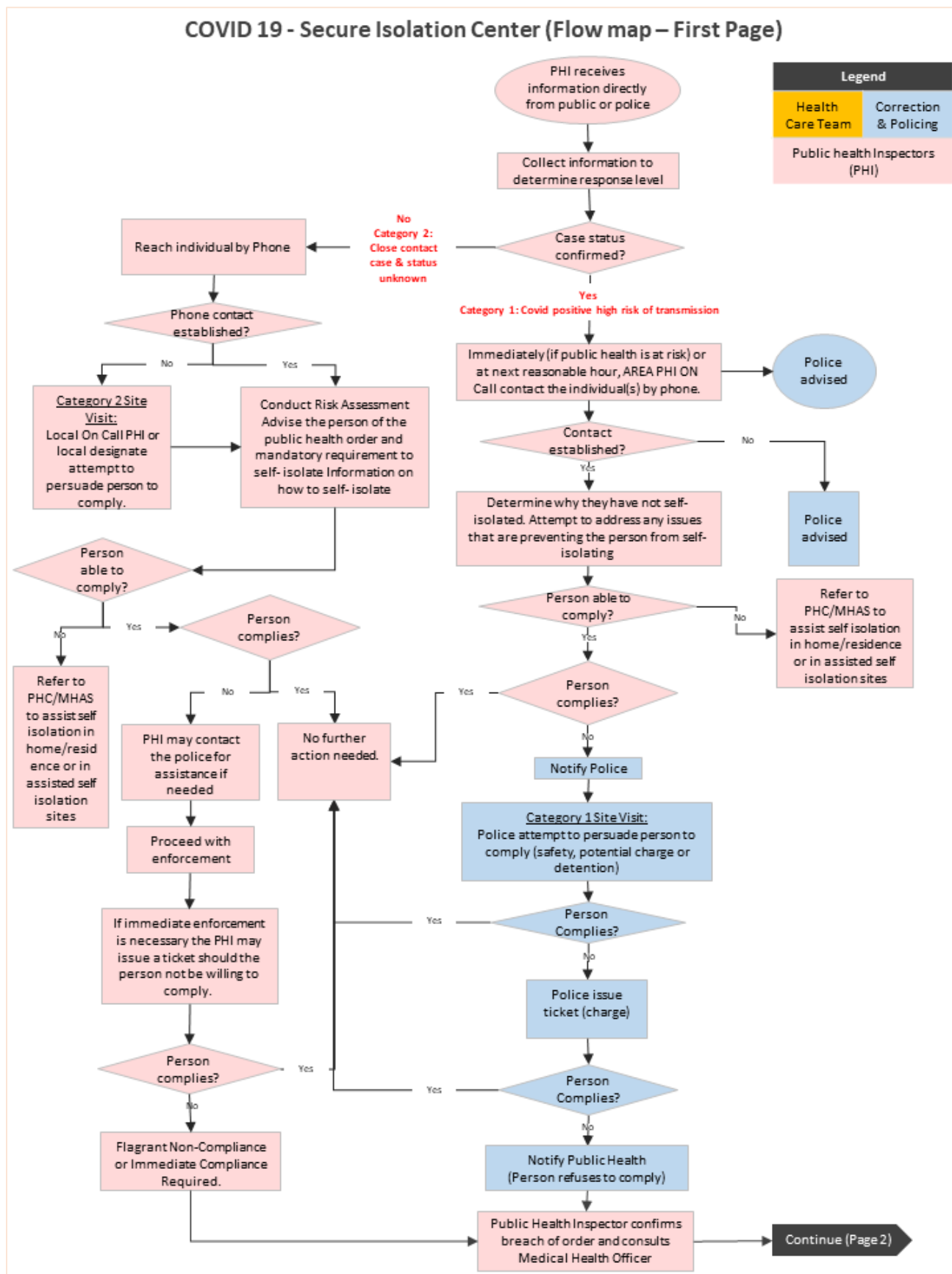
Detention orders stipulate the duration of the secure isolation with a specific date of expiration. Planning for discharge should begin on Day 2 of admission or as soon as the patient is able to participate. Discharge planning will occur collaboratively between the patient, the Health care team, the Ministry of Corrections Chief of Operations, and when appropriate the Ministry of Social Services.

The health care team will provide a plan to connect the patient to the appropriate health providers in his or her home community, based on the care plan. This will include relevant referrals.

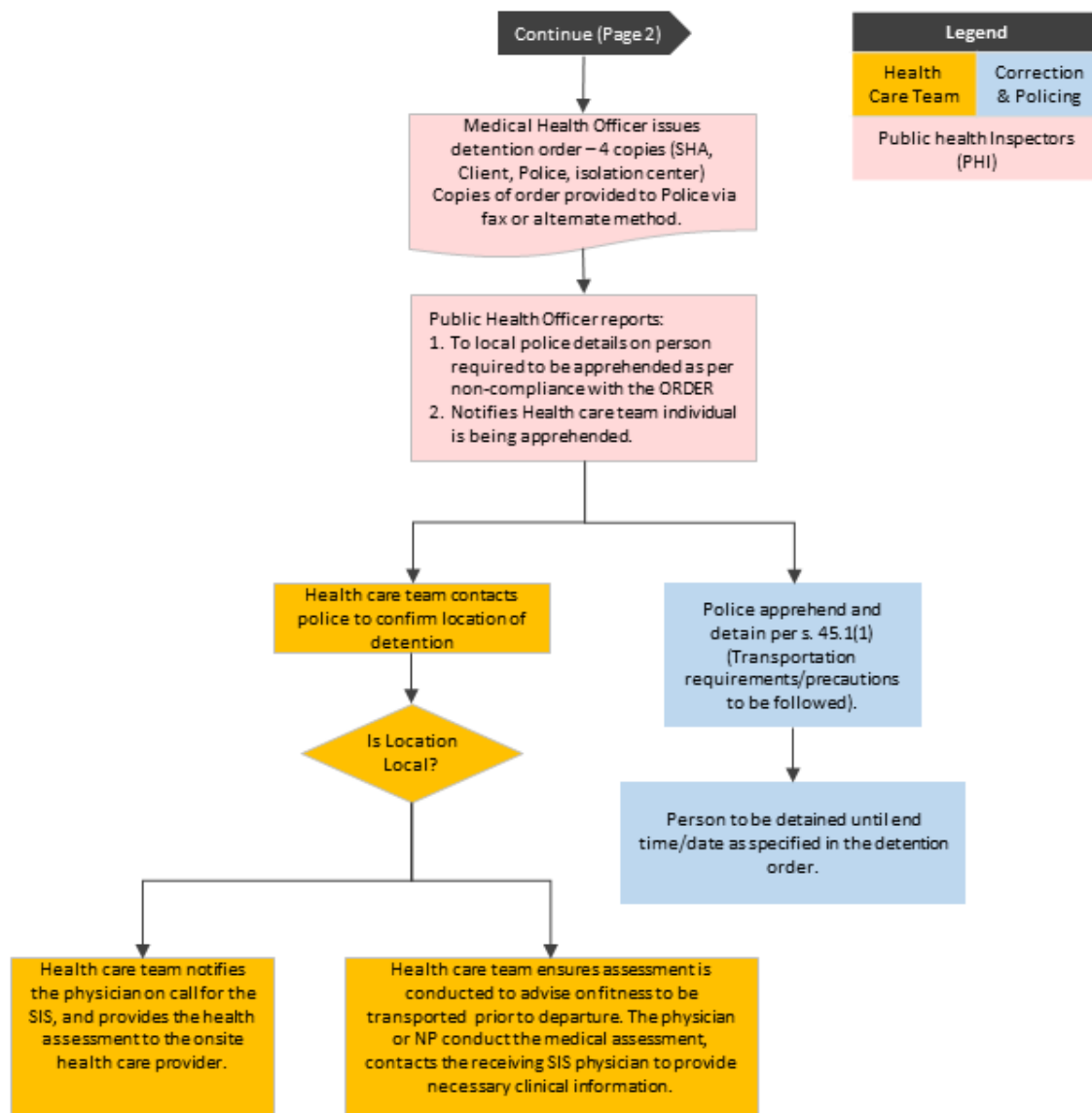
Some patients may need transportation arranged. The Ministry of Social Services will assist with transportation between communities. Patients should be assessed as well enough to travel the required distance, and any necessary medication should be available in the event travel is delayed. Local transportation can be arranged as required when patients live in the same city as the SIS.

Any patient leaving SIS who lives in a supported facility (e.g., group home) should have the group home contacted and coordinate the discharge with them in order to ensure patients return safely.


**Appendix 1 – COVID 19 Secure Isolation Center Flow Map**



### COVID 19 - Secure Isolation Center (Flow map – Second Page)



## Appendix 2 - Work Standard

 <b>Saskatchewan Health Authority</b>	<p><b>Title: Detention in Secure Isolation Sites under subsection 45.1(1) of the <i>Public Health Act, 1994</i>.</b></p> <p><b>Role performing Activity: Public Health Officers, Medical Health Officers, health care providers, police officers</b></p>	
<b>WORK STANDARD</b>	<b>Location: SHA</b>	<b>Department/Unit:</b>
	<b>Document Owner:</b>	<b>Date Prepared: May 26, 2020</b>
	<b>Last Revision:</b>	<b>Date Approved:</b>
	<b>Related Policies/Documentation:</b> <p>Public Health Inspection – “Protocol for Addressing Individuals Not Complying with Mandatory Isolation”</p> <p>Medical Health Officer – “Protocol for Contacting an MHO Outside of Regular Working Hours to Issue a Detention Order for Failure to Comply with an Isolation Order”</p>	

### Work Standard Summary:

<b>Essential Tasks:</b>	
1.	Any concerns about non-compliance with self-isolation requirements in the current Public Health Order(s) shall be flagged with the Medical Health Officer, Public Health Inspection Manager, and other SHA personnel on a need-to-know basis.
2.	A Public Health Inspector (PHI) will contact the individual by phone or by visit using the “Protocol for Addressing Individuals not complying with Mandatory Isolation”. Where compliance is not immediately achieved, PHI may engage local police to achieve compliance.
3.	In cases where an individual refuses to comply or is otherwise unable to comply, the PHI will notify the local Health Care Team (HCT) assigned to assist people who do not/cannot effectively self-isolate. The HCT will engage the individual and provide supports to assist the person to self-isolate in their home. If the individual does not have a home or that option is not available, the HCT will refer the individual to an Assisted Self Isolation Site (ASIS).
4.	Where necessary, the HCT will provide supports including harm reduction, community supports, or “wrap around services” to the individual at their home or in the ASIS to maximize the potential to complete self-isolation period. The HCT works with PHI to ensure compliance with the Order.
5.	The PHI will consult with the Medical Health Officer (MHO) to determine if a detention order is required if an individual continues to defy the mandatory self-isolation requirement.



6.	Where the MHO forms the opinion that voluntary self-isolation is no longer a viable option, they shall contact the local police to make arrangements for detention of the individual. This contact shall also include police ensuring there is capacity to take the individual to a mandatory isolation center or acceptable alternate. Once arrangements have been made the MHO shall issue a mandatory detention order under subsection 45.1(1) of <i>The Public Health Act, 1994</i> . Refer to the process outlined in the <i>Protocol for Contacting an MHO Outside of Regular Working Hours to Issue a Detention Order for Failure to Comply with an Isolation Order</i> .
7.	Copies of the Mandatory Detention Order must be provided to the client with two copies provided to police, one copy retained by the police and the second to be provided by police to the isolation site receiving the individual. One copy of the Order must be retained by the SHA and entered into the Saskatchewan Environmental Health Inspection Program (SEHIP) Nexus. One copy shall be forwarded to the Ministry of Health Director of Environmental Health for sharing with the Ministry of Justice.
8.	The Health Care Team shall ensure a health assessment is completed. The assessment completed for the ASIS can be used for the Secure Isolation Site (SIS) but should be reviewed and updated if necessary. For individuals transported to a SIS in another community, the assessment must identify any health issue that would preclude being transported to a SIS.
9.	The physician or NP will contact the physician on call for the SIS to provide the receiving physician information on the person's medical status. The HCT and local police must remain in communication in order to ensure an assessment is completed before departure.
10.	If the person is to be detained in a local SIS, the HCT has no reason to delay placement. The HCT will provide the information required to the SIS health provider and collaborate on a care plan.
11.	If more than one person is being transported, only confirmed COVID+ individuals or household contacts can be transported together.

**Supplies:**

## Appendix 3

### Protocol for Addressing Individuals Not Complying With Mandatory Self Isolation

**April 8, 2020**

#### **General Considerations**

- This document refers to the Public Health Inspector (PHI). Where necessary (e.g. remote areas) this work can be delegated to a local healthcare worker.
- Deviation from this plan may be required in specific circumstances. Significant deviation should be discussed with officials from the Ministry of Health – Population Health Branch.
- Special considerations need to be given to cases/contacts with no fixed address (e.g. Homeless People).
- An individual exempted from mandatory self-isolation requirements must comply with the Public Health Order and self-isolate when not acting within the scope of their exemption.
- Area On-Call refers to the PHI covering Northern, Southern, Regina, and Saskatoon. The AREA On-Call is the first contact for calls and emails from the We Answer call service.
- LOCAL On-Call refers to the PHI covering former RHAs.

#### **General Procedure**

1. Any person that becomes aware of an individual(s) that is disregarding the self-isolation requirements outlined in the most recent Public Health Order should submit their concerns online at <https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/treatment-procedures-and-guidelines/emerging-public-health-issues/2019-novel-coronavirus/public-health-measures/public-health-orders> or directly to the Northern Intertribal Health Authority (NITHA) or Indigenous Services Canada 24 hour call line at 1(306)780-6021 depending on jurisdiction. All relevant information shall be provided including the contact information for the individual.
2. When We Answer contacts the AREA On-Call via phone with a known or suspected category 1 complaint, it will be handled immediately. An email will also be sent from We Answer.
3. For category 2 issues sent to the Area On-Call email, the Area On-Call PHI will attempt initial contact by phone within 24 hours. If unsuccessful, email will be forwarded to LOCAL On-Call.
4. If subject line on incoming emails indicates “Business” or for any mass gathering or unknown issues, the email will be forwarded by AREA On-Call to local PHIM. These items are considered low priority and can be handled by local PHI during regular working hours (see Appendix A).
5. Calls and emails received for matters unrelated to non-compliance with the order should be directed to connect elsewhere. For example, workplace information is available on the Government of Saskatchewan website; concerns about own health or exposure should go to 8-1-1. All other general questions can be directed to the Government of Saskatchewan website.
6. Public health officials will not respond to anonymous calls or notifications including anonymous submissions received from police (including Crime-stoppers). Area On-Call PHI upon receipt of information shall triage the incoming non-compliance forms and, where appropriate, refer to NITHA and Indigenous Services Canada.

7. The AREA On-Call PHI shall contact the individual(s) by phone, obtain information and, if COVID-19 status is not known, perform a risk assessment (see Step 10). If contact information is unknown or incorrect, confirm information using SCI database. Follow-up by text message is optional if the individual cannot be reached by phone. The text message should contain the client's full name, the PHI name, office location, and a contact phone number.

**Suggested text/voicemail scripting:**

Hi **INSERT CLIENT'S Full NAME,**

This is **INSERT YOUR Full NAME** with Environmental Public Health, Saskatchewan Health Authority - **"Municipality"** Office.

I need to speak to you regarding an important health related matter. Please call me at this number at your soonest opportunity.

Thank you.

1. The table below provides a risk categorization for COVID19 Cases and Contacts.
  - a. Category 1 is the highest urgency for follow-up and should be contacted immediately upon receipt.
  - b. Category 2 individuals should be contacted within 24 hours during regular working hours. Category 2 follow-ups on weekend should be initiated within 24 hours during daytime hours by the AREA On-Call; if client cannot be contacted or low risk site visit is needed it can be deferred to local office to handle Monday morning. Where risk is not known, contact as per Category 2 requirement. Category 2 concerns received during business hours will be referred to local office for follow-up.
  - c. Complaints about international travelers that are not complying with the order (travelers with or without symptoms), shall be cross-referenced to the federal travelers list(s). Any traveler whose return date is within 14 days of the complaint date will require a phone call follow-up by the Area PHI (category 1) Or referred to the LOCAL On-Call (category 2) to determine compliance with the public health order.  
Note: the federal traveler list will be updated daily and provided to the AREA PHIs On-Call as well as PHIMs for the proactive, information only phone calls.

<b>Risk Categorization for COVID19 Cases/Contacts/Travel</b>	
<b>Category 1</b>	<b>Category 2</b>
<ul style="list-style-type: none"> <li>• Confirmed Case;</li> <li>• Close Contact of a Case with symptoms</li> <li>• International travel with symptoms</li> </ul>	<ul style="list-style-type: none"> <li>• Close Contact of a Case without symptoms;</li> <li>• International travel without symptoms</li> </ul>

See Table 1 at the following link for definitions of categories of contacts by exposure risk level at: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/interim-guidance-cases-contacts.html>

2. Risk Assessment:
  - a. Confirm if the mandatory self-isolation requirements apply to this person (i.e. outside country travel,

COVID 19 case or close contact to a case).

- b. Confirm that the individual is not exempted through provisions outlined in 1(f) of the most recent Public Health Order (stated below). If exempt, no further action is required.

Per the April 4, 2020 order:

All persons that have traveled internationally shall go into mandatory self-isolation for 14 days from date of arrival back into Canada, except for the following persons if such persons are supervised by Infection Prevention and Control Officers or Occupational Health and Safety in the workplace:

- (i) specific health care workers;**
- (ii) workers who provide emergency health care services;**
- (iii) workers who are essential to maintain essential services;**
- (iv) workers who maintain supply chain; or**
- (v) Rail, airline and transport crews.**

- c. Is the individual or any other household members that travelled experiencing any symptoms compatible for COVID 19? If yes, advise to complete self-assessment and call 811 with any questions or concerns. (**Note:** HealthLine can advise the individual(s) on hours of nearest testing centres).

- d. Advise the person of the public health order and mandatory requirement to self-isolate. Information on how to self-isolate can be obtained at <https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/treatment-procedures-and-guidelines/emerging-public-health-issues/2019-novel-coronavirus/self-isolation>

3. If the individual's COVID-19 status is known or the risk assessment confirms that self-isolation is necessary, determine why they have not self-isolated. Attempt to address any issues that are preventing the person from self-isolating. (E.g. knowledge gap, risk perception, no friends/family support for obtaining items). Attempt to address by phone as much as possible and for any outstanding issues suggest contacting 211 for assistance (Note: This service may not be available in all areas of the province).
4. If voluntary compliance by phone cannot be obtained or the person cannot be contacted by phone, the PHI is to contact the local police to visit the residence for Risk Category 1 case. The PHI or local designate will visit any category 2 during regular weekday working hours.
5. When visiting a person the PHI should have the following:
  - a. Copy of Mandatory Self-Isolation Information Sheet.
  - b. Copy of guideline on how to self-isolate.
6. When visiting the individual the PHI should maintain a safe distance of 2 meters from that individual and follow occupational health and safety as well as personal hygiene (i.e. hand washing) procedures.
7. During the visit the public health inspector should:
  - a. Conduct Risk Assessment as per #10
  - b. If risk assessment confirms need to self-isolate explain the importance of self-isolation and measures that

should be taken to prevent transmission of COVID-19.

- c. Provide a copy of the mandatory Self-Isolation Information Sheet and explain the mandatory self-isolation requirement of the order. Explain that failure to comply with the order will result in charges being laid or ticket being issued by police.
- d. Provide information sheets on how to self-isolate.
- e. Direct individual to call 811 if they have health related questions and provide public health contact information should they have questions about the order.

8. No further action is required if compliance is achieved.

<<To be determined: FNIH and NITHA to advise referring official once a matter has been addressed.>>

9. If the individual cannot be found/contacted, additional attempts shall be made by the PHI within the next 24 hours. Attempts should be made by phoning at different times and where reasonable an additional visit to the residence should be made during regular working hours.

10. For Category 1 cases that cannot be reached or will not comply, the PHI shall contact the police for assistance in locating the individual and gaining compliance. The PHI shall provide their contact details as well as those for the individual. When the individual is located by police, the police shall advise the PHI who will provide instruction to police on how to deal with the individual. Ideally the PHI should speak to the individual in person or by phone. Refer to above steps for process.

11. Prior to laying a charge or issuing a ticket the following should be considered:

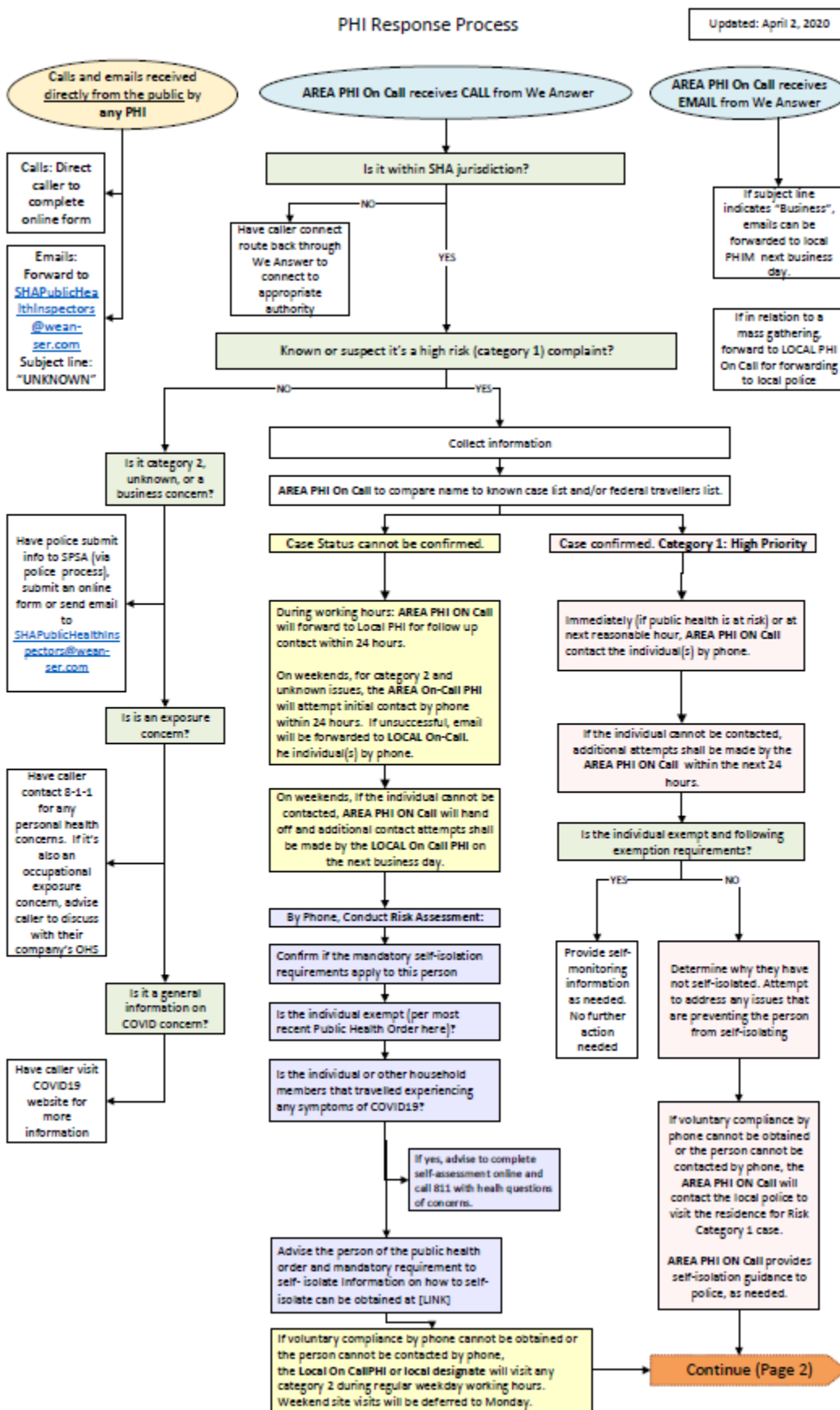
- a. Risk to the public's health and safety (see Risk Categorization Table above);
- b. Likelihood for non-compliance to reoccur; and
- c. Degree of cooperation by the individual.

12. If immediate enforcement is necessary the police shall issue a ticket should the person not be willing to comply. Arrests for non-compliance of the order shall only be made as a matter of last resort.

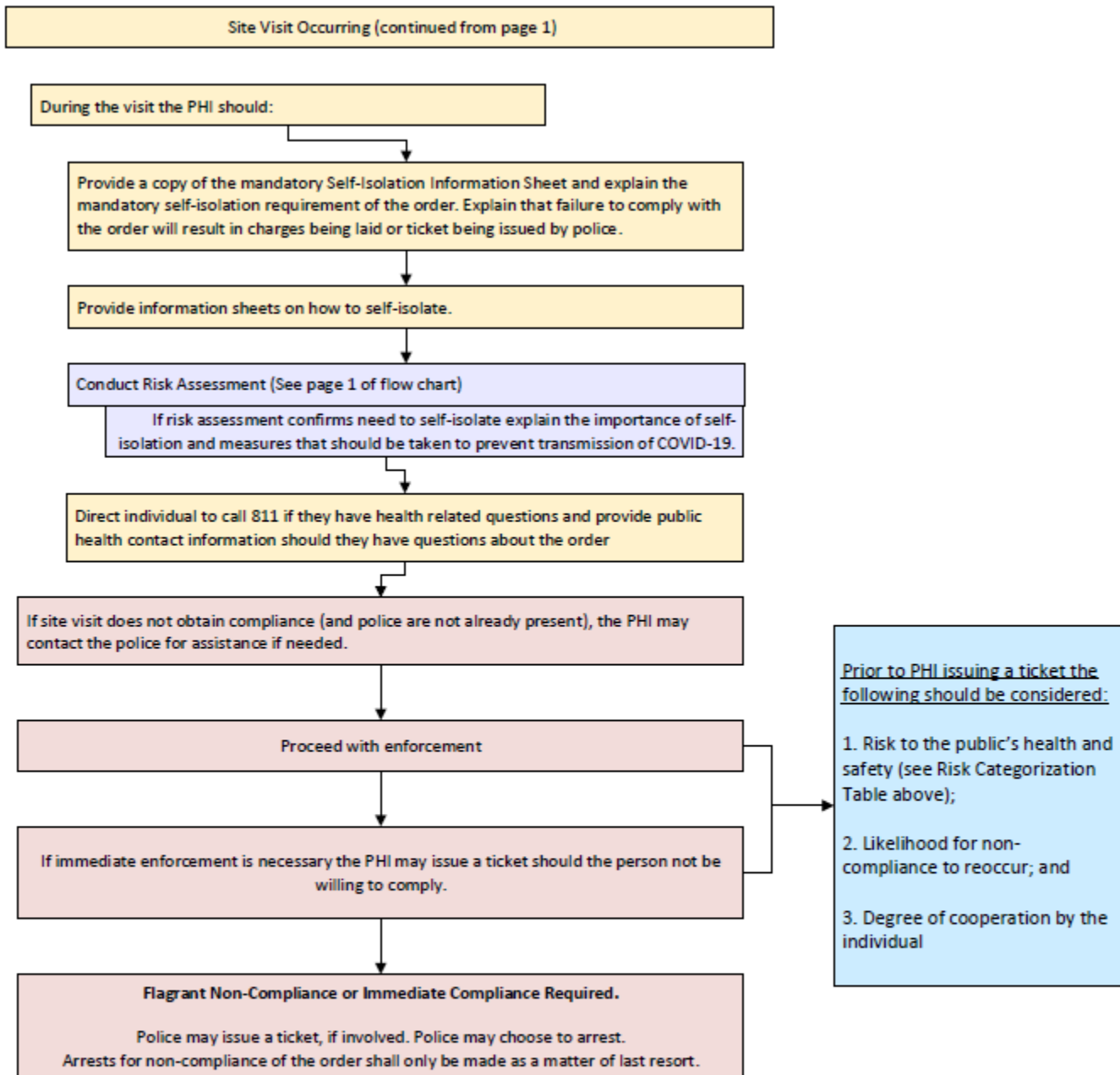
**Flagrant Non-Compliance or Immediate Compliance Required.**

- 1. In cases where the individual is not willing to comply with the Public Health Order public health shall contact police and a summary offence ticket should be issued.
- 2. Arrests for non-compliance of the order shall only be made as a matter of last resort.

## PHI Response Process Flow Map



## PHI Response Process – Continued



## Protocol for Contacting an MHO Outside of Regular Working Hours to Issue a Detention Order for Failure to Comply with an Isolation Order

April 16, 2020

### General Considerations

- A Medical Health Officer (MHO) can order the detention of an individual for failing to comply with mandatory isolation requirements contained in the provincial Public Health Order issued by the Chief Medical Health Officer (CMHO). The order must be made in writing pursuant to 45.1(1) of *The Public Health Act, 1994* which states:

#### **Orders**

**45(2)** An order pursuant to this section may:

*(i) in the case of a serious public health threat that is a communicable disease, require any person to be isolated from other persons until a medical health officer is satisfied that isolation is no longer necessary to decrease or eliminate the transmission of a communicable disease..*

#### **Preventive detention order**

**45.1(1)** *If a person fails to comply with an order pursuant to clause 45(2)(i) and a medical health officer believes on reasonable grounds that the person is endangering the lives, safety or health of the public because the person is or probably is infected with, or has been or might have been exposed to, a communicable disease, the medical health officer may detain the person for a period not exceeding the prescribed period of transmissibility of the disease.*

*(2) A person detained by a medical health officer pursuant to subsection (1) may request a review of his or her detention by application to the Court of Queen's Bench served on the minister, and the court may make any order with respect to the detention or the release of the person that the court considers appropriate, having regard to the danger to the lives, safety or health of the public*

- Deviation from this protocol may be required in specific circumstances. Significant deviation should be discussed with officials from the Ministry of Health – Population Health Branch.

### General Procedure

1. When a PHI or police officer becomes aware of an individual who is not complying with mandatory isolation requirements per the provincial Public Health Order and education, awareness, or the issuance of summary offence ticket pursuant to section 16 of *The Emergency Planning Act* has not achieved compliance, the local MHO (i.e. the MHO that covers the area of the province where the individual in question is located) shall be notified without delay. Outside of normal working hours, the MHO on-call will shall be notified.
2. The MHO may choose to issue a detention order based on the information provided by the PHI and/or police.
3. During regular working hours, the AREA On-Call PHI handling the situation will provide all relevant details by phone to the local PHIM who will discuss with the local MHO. If the MHO forms the opinion that an order should be issued, go to step 7.
4. Outside of regular working hours where an individual must be detained without delay, the AREA On-Call PHI will contact the MHO on-call by phone to discuss the situation.

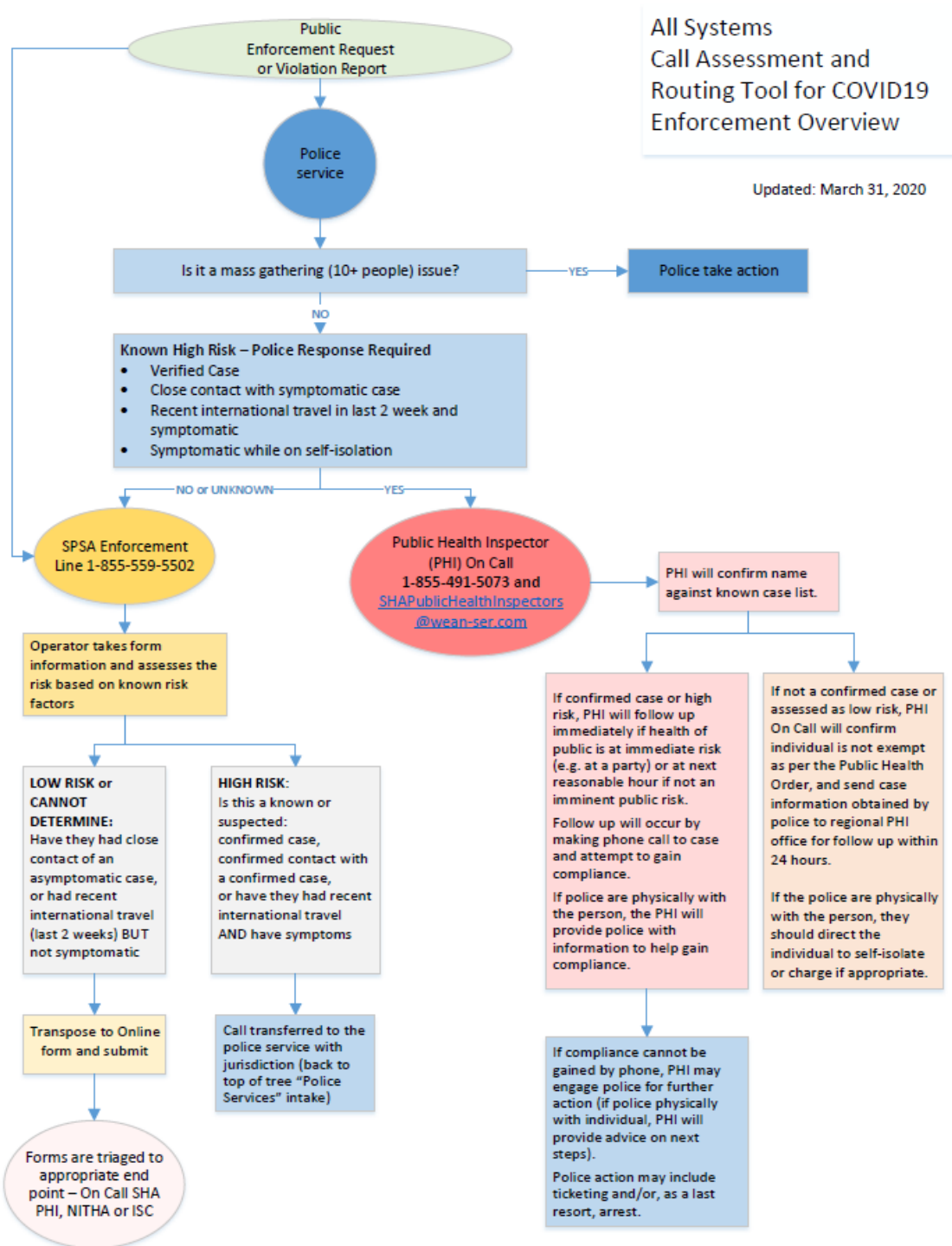


5. When the MHO forms the opinion that a detention order is required, the MHO will issue a verbal confirmation to the AREA On-Call PHI that an order will be issued for that individual. The MHO who issued the verbal order must issue a written order the following day.

**Note: An MHO must issue the written order however an arrangement may be made whereby the local PHIM completes a pre-signed order when the local MHO authorizes their use.**

6. The AREA On-Call PHI will relay the verbal order to the police to detain the individual and transport to a designated isolation facility.
7. The written order will be issued by the local MHO using the provincial order template (or SHA version of this template). Four printed copies of the order are required; one for the individual, one for the SHA, and two for police, one of which is provided by the police to the detention centre. The original copy of this order must be presented to the detained individual as soon as reasonably possible. Orders should be delivered to all parties within 24 hours.

## All Systems Call Assessment and Routing Tool for COVID19 Enforcement Overview



## Appendix 4

### Saskatchewan Health Authority (SHA) Protocol for Health Services in Secure Isolation Sites during the COVID-19 Pandemic

#### **Purpose**

This protocol provides direction for SHA health care staff providing health services to patients detained under Section 45.1(1) of The Public Health Act, 1994 at temporary Secure Isolation Sites (SIS) during the COVID-19 pandemic.

#### **Preventive detention order**

**45.1(1)** If a person fails to comply with an order pursuant to clause 45(2)(l) and a medical health officer believes on reasonable grounds that the person is endangering the lives, safety or health of the public because the person is or probably is infected with, or has been or might have been exposed to, a communicable disease, the medical health officer may detain the person for a period not exceeding the prescribed period of transmissibility of the disease.

#### **Definitions**

**Patient:** means a person who has been lawfully detained and confined to a SIS under a Public Health Order for the period specified in the Order, who requires health services from SHA health care staff

**SIS Health care staff:** means an SHA employees practitioner staff providing health services to a patient in an SIS

**Sheriff:** means any person providing security in the SIS and supervision of the patient(s).

## Protocol

### 1.0 Initial Assessment

1.1 Patients will have a health assessment prior to arriving at the SIS to inform placement of the patient at the site, whenever possible.

1.2 If an assessment has not been completed before arrival, the COVID Assisted Self Isolation Site (CASIS) team will coordinate with the SIS health care staff to complete the required assessment.

1.3 The SIS health care staff will assess the general health status of the patient including:

- vitals,
- observations of behavior,
- cognition,
- withdrawal, complete withdrawal protocols as required
- any apparent injuries, and
- give first aid as necessary.

1.4 The SIS health care staff will document the assessment on the prescribed form and it will be maintained in the patient's health record.

1.5 SIS health care staff will provide corrections staff supervising the patient in the facility the information they need to know to safely supervise the patient. This includes, but is not limited to, information regarding:

- allergies,
- managing risk to self-harm, and
- managing agitation, aggressive or violent behaviors.

## 2.0 Care Plan

2.1 SIS Health care staff will document on the prescribed care plan in accordance with SHA documentation processes.

2.2 Visiting health care professionals will document the care they provide. Care provided by phone or other virtual application will be , the visiting professional will provide the documentation to the SIS health care staff via email to be included in the Health Record.

## 3.0 Medication Administration

3.1 On admission, patient medications will be:

- collected
- recorded, and
- stored in a lock box. (this initially said locked cabinet)

3.2 Prescription medications in the patient's possession will be verified ... med rec? Staff confirm information on bottle and consult physician as required.

3.3 SIS health care staff will provide medication to the patient at the prescribed times for the patient to self-administer.

3.4 SIS health care staff may specify medication as Direct Observation Therapy (DOT).

3.5 SIS staff will document all medication provided to the patient on a Medication Administration Record (MAR) (attached).

## 4.0 Contact Tracing Requirements

4.1 The SIS health care staff will conduct the required screening as per contact tracing requirements.

4.2 The SIS health care staff will provide the required health data on the patient's COVID -19 symptoms to contact tracing personnel as required.

## 5.0 Escalation of Health Concerns

5.1 The SIS health care staff will escalate concerns regarding worsening health status to the most responsible physician (MRP).

5.2 The SIS health care staff will call 911 for emergent health situations in consultation with the sheriff, whenever possible. The SIS health care staff will perform Basic Cardiac Life Support or other urgent health measures within their scope of practice.

## 6.0 Health Record

6.1 Documentation of the health provided constitutes the patients' health record, and shall be stored in a private locked area.

6.2 The SHA is the trustee of the record.

6.3 Upon discharge, the record will be stored with SHA health records pursuant to SHA Health Information Management practices.

## 7.0 Management of disruptive, agitated or aggressive behaviors: CODE WHITE


7.1 In the event a patient becomes disruptive or agitated, the health care staff will provide interventions within their scope. This may include counselling or providing medications as prescribed.

7.2 In the event a patient becomes aggressive or physically violent, and needs to be physically restrained, the health care

staff will hand over intervention to the sheriff/security staff.


7.3 Ministry of Corrections and Policing staff will lead interventions to manage aggressive or violent behaviors. The SIS health care staff will take direction from the lead during such situation.

## Work Standards

 <b>Saskatchewan Health Authority</b>	<b>Title: Activation Procedure for New Patients to Secure Isolation Site</b> <b>Role performing Activity: Ministry of Justice staff; On Call MHAS Management staff; and EMS Shift Supervisor</b>	
<b>WORK STANDARD</b>	<b>Location:</b> <b>Community</b>	<b>Department/Unit:</b> <b>MHAS</b>
	<b>Document Owner</b>	<b>Date Prepared:</b>
	<b>Last Revision:</b>	<b>Date Approved:</b>
	<b>Related Policies/Documentation</b> Withdrawal protocols at Detox	

Work Standard Summary: Staffing White Birch during Covid 19 is important to ensure patients are safely monitored in a setting that provides structure so patient is not transmitting Covid 19.

<b>Essential Tasks:</b>	
1.	Ministry of Justice staff will contact On Call MHAS Manager at 306-541-6615 to indicate that an individual will be arriving at the Secure Isolation Site. The Ministry of Justice staff will provide the individual's name and date and time of his or her arrival.
2.	If the Secure Isolation Site is already active with patients, then the On Call MHAS Manager should proceed to Step 3. If the Secure Isolation Site does not have active patients, and therefore requires reactivation, the On Call MHAS Manager will proceed as follows: <ul style="list-style-type: none"> <li>(a) During the hours of 8 am to 5 pm, Monday to Friday, the On Call MHAS Manager will contact Troy Neiszner, or a covering manager in his absence, at 306-766-6600 to secure a RPN/paramedic at the Secure Isolation Site.</li> <li>(b) If staffing needs to be secured after hours, then the On Call MHAS Manager will call the EMS supervisor at 306-766-6752 or by cell phone at 306-537-7081 to secure a paramedic at the Secure Isolation Site. A list of paramedics who have been trained at the Addiction Treatment Centre in performing withdrawal screening assessments has been provided to the EMS shift supervisor and superintendent (If there are no ATC trained paramedics, then the EMS shift supervisor will attempt to secure a staff from the EMS staff pool)</li> </ul>
3.	The On Call MHAS Manager will call the CASIS team at 306-766-3924, alerting the team to the patient's arrival so that they can prepare for assessment and intervention to support the patient

 <b>Saskatchewan Health Authority</b>	<b>Title: Paramedic/Nurse Duties upon Patient Arrival and Duration of Stay at Secure Isolation Site</b>  <b>Role performing Activity: Paramedic/Nurse, CASIS, COAST</b>	
<b>WORK STANDARD</b>	<b>Location:</b> Secure Isolation Site	<b>Department/Unit:</b> Secure Isolation Site
	<b>Document Owner: CASIS</b>	<b>Date Prepared: May 13/2020</b>
	<b>Last Revision:</b>  DRAFT	<b>Date Approved:</b>
	<b>Related Policies/Documentation:</b>  Initial assessment, Care Plan for Secure Self Isolation	

Work Standard Summary: To ensure patient is assessed and information is collected for care while in the facility. Monitoring patient during the stay is essential for continuity of care and to ensure patient remains stable.

<b>Upon Patient's Arrival to Secure Isolation Site</b>
<p>1. Activated paramedic/Nurse will pick up PPE and attend to Secure Isolation Site for arrival/care of client</p>
<p>2. As soon as possible, Paramedic/Nurse on site at Secure Isolation Site will review any available referral information and meet with the patient to complete a preliminary assessment. Vitals will be obtained and the patient will be screened for any significant COVID/medical/mental health/addiction concerns that require immediate treatment consideration. The paramedic/nurse will ask patient about any suicidal ideation at present. As appropriate, patients will be screened for withdrawal utilizing the appropriate scale dependent on the drug/s of choice and the results will be later provided to the physician. Paramedic/Nurse will also assess needs related to sleep, allergies, and pain as part of this assessment.</p>
<p>3. As soon as possible, Paramedic/Nurse will contact 306-766-3924 to advise CASIS/CASIS On- call of the patient's arrival and patient's current state, needs, and current recommendations. CASIS staff will connect with the On-call Physician who will determine if direct contact with the Paramedic/Nurse is indicated and same will be facilitated.</p>
<p>4. Based on the information provided, the On-Call Physician will decide upon a treatment approach and call a pharmacy to prescribe any required medications and request delivery if time frame allows. As relevant, the Paramedic/Nurse will then follow the Physician's order and complete vitals/continued assessment as indicated by presentation (see #8)</p>
<p>5. After hours, CASIS On- Call can initiate COAST (during their extended hours, available until 24:30 pm on weekdays and 13:00 – 20:30 on weekends/stat ) for further immediate Mental Health Support/Assessment needs, including further suicide assessment , and if required, to complete specific tasks such as picking up prescriptions, etc..</p>
<p>6. CASIS staff will also complete an Initial Assessment at the earliest availability during day time hours (between 9am and 3:30). This Initial Assessment, along with the Care Plan for Secure Self Isolation Site (completed in collaboration with the onsite paramedic/nurse) will be kept on the patient file at the Secure Isolation Site. Copies of both will also be kept at the CASIS office.</p>

**During Patient's Stay at Secure Isolation Site**


7. Shift change, follow Standardized Paramedic/Nurse Shift Handover Report at Secure Isolation Site

8. Monitor patients throughout day with the following duties:

- a. assess and monitor withdrawals and complete withdrawal scores every 12 hrs for CIWA (alcohol), CM (crystal meth) and at minimum 24 hrs for OWA (opioids).
- b. take and record vitals as necessary however once per day at minimum
- c. record interaction and clinical information on the paper chart or progress notes.
- d. correspond and communicate with CASIS team (306-766-3924) as required and contact On call physician if requiring medical advice or medications. The CASIS number will be forwarded to an on call manager should you require support from a manager.
- e. correspond and communicate with Communicable Disease staff as required. Nurses are available at 766-7790 from 8 – 1945 M – F and 9 – 1945 weekends and stats
- f. work alongside sheriffs who provide security while at the facility.
- g. report any concerns or needs to your manager/on-call manager
- h. Contact EMS for any medical emergency.


9. At time of discharge, follow Discharge from Secure Isolation Site Work Standard to ensure all information is on file and patient belongings are returned.



 <b>Saskatchewan Health Authority</b>	<b>Title: Standardized Paramedic/Nurse Shift Handover Report at Secure Isolation Site</b>  <b>Role performing: Paramedic/Nurse</b>		
	<b>Location: White birch</b>	<b>Department: Mental Health &amp; Addictions</b>	
<b>WORK STANDARD</b>	<b>Document Owner:</b> Troy Neiszner		<b>Region/Organization where this Standard Work originated:</b>
	<b>Date Prepared:</b> May 22, 2020	<b>Last Revision:</b>	<b>Date Approved:</b>

Work Standard Summary: To ensure patient information is shared with the paramedic/nurse working the next shift. Sharing of information is important for safe continuation of care.

Task Sequence (Order in which tasks occur)	Task Definition (Brief summary of task )
1	All Paramedic/Nurse Shift Handover Reports are to be given by outgoing SHA staff to oncoming SHA staff at 0545 and 1745. If Paramedic/Nurse starting shift is new to the facility, Paramedic/Nurse on shift will provide an orientation of building and to supplies.
2	A narcotic medication count must be completed and reconciled by 2 staff. As a result, a medication count must be completed at the start of the shift change handover.
3	Paramedic/Nurse Shift Handover Report must include the following: <ul style="list-style-type: none"> <li>• Notify if there are any new patients coming in.</li> <li>• Review equipment and location of supplies.</li> <li>• Required PPE</li> </ul> Allergy alerts CIWA/OWS – identify if re-assessment score needs to be done and make note on sheet. Protocol Meds Mar Methadone – share where methadone is dispensed from if applicable Pharmacy – share if any scripts or methadone needs to be ordered or followed up on Acute Symptoms or onset of Covid 19 symptoms – any new/concerning symptoms or problems that need to be dealt with or watched (e.g. increasing BP or detoxing symptoms) Other (BGL, etc) – specify if BGL needs to be done or if any other concerns need to be addressed.

 <b>Saskatchewan Health Authority</b>	<b>Title: Discharge Planning for Secure Isolation Site</b> <b>Role performing Activity: Paramedic/Nurse,CD, CASIS, COAST</b>	
	<b>Location:</b> Document Owner: CASIS	<b>Department/Unit:</b> Date Prepared: May 28/20
<b>WORK STANDARD</b>	Last Revision: May 28/20	Date Approved:
	<b>Related Policies/Documentation:</b>	

Work Standard Summary: to ensure good discharge planning and continuation of care for patients leaving the Secure Isolation Site.

**1. At time of arrival to Secure Isolation Site and following initial assessment by CASIS team, discharge planning will begin:**

- CASIS staff will gather contact information and explore the health and social resources that are already in place for the patient
- CASIS staff will explore if further health and social resources will be required for safe discharge and advocate for same
- CASIS staff will reach out to these resources and discuss any needs the patient may have at discharge

**2. CASIS staff will request an update from CD 72 hours prior to expected discharge date to see if the date is still accurate. This information will then be provided to:**

- Manager Troy Neiszner ( 306-766-6651) so that he can make staffing decisions
- Justice partners (Barry Watson, 306-519-6211) so that staffing decisions can be made
- MSS partners if transportation is required
- Health Care provider in home community if applicable.

**3. CASIS staff will request an update from CD 24 hours prior to expected discharge date to see if the date is still accurate. This information will be again provided to :**

- Troy Neiszner (306-766-6651) so that staffing decisions of medical staff can be made
- Justice partners (Barry Watson, 306-519-6211 ) so that staffing decisions can be made
- MSS partners if transportation is required
- On-call physician to discuss transfer of care needs, prescriptions, follow up required
- Health care provider in home community as applicable with any relevant health information to be shared

**5. On day of departure, CASIS staff will receive/request confirmation from CD of discharge or postponement of same and will inform:**

- MSS partners if transportation is applicable
- Justice partners so that staffing decisions can be made
- Troy Neiszner so that staffing decisions can be made
- On-call physician connected to the client for any further direction
- Health care provider in home community to update anything further including travel plans and ETA
- On site nurse/paramedic (306-787-1988) to prepare meds, etc for departure

**6. At time of departure,**

- Paramedic/Nurse will complete discharge set of vitals
- Paramedic/ Nurse on site will provide the patient any medication that belongs to them. Withdrawal medication/standing orders will not be sent with the patient without specific physician orders to do so
- MSS/Justice will pick up patient from Secure Isolation Site
- Paramedic/Nurse will inform CASIS (306-766-3924) that patient has left Secure Isolation Site
- After patient has left, Nurse/Paramedic will complete final entry in health file including a summary of the patient's symptomology and current presentation.
- If possible, Nurse/Paramedic will provide this final summary to Health Care provider in home community. If not possible for Nurse/Paramedic, CASIS staff will follow up with Health Care Provider in home community, as applicable, to ensure that they are aware that the patient is in transit as well as current presentation.

**7. Managing Patient File:**

- If other patients are still at the Secure Isolation Site, patient file will be picked up as soon as possible by CASIS staff and will be transported, in a black accordion file, back to CASIS office . If no other patients remain at the Secure Isolation Site, the area will be unstaffed and so the file needs to be taken from the Secure Isolation Site by the last paramedic/nurse on shift. Please contact CASIS at 306-766-3924 to plan for delivery to CASIS office during day time hours . After hours, CASIS may direct that the file be dropped off with COAST (306-766-7825) as they manage CASIS files after hours.

**8. Follow Up**

- CASIS will inform Health Care Provider in home community of any changes or additional information regarding travel plans



**Current or History of suicidal ideation/behaviour**  No  Yes \_\_\_\_\_  
 \_\_\_\_\_

**Current or History self-harm ideation/behaviour**  No  Yes \_\_\_\_\_  
 \_\_\_\_\_

**Do you have other professionals/supports you work with?**

\_\_\_\_\_

\_\_\_\_\_

**Would you like to be connected to spiritual supports during your stay?**  Yes  No

**Specific type?** \_\_\_\_\_

**Would you like access to a smudge kit during your stay?**  Yes  No

### SUBSTANCE USE

**Is substance use considered problematic?**  Yes  No

**ETOH:** History of severe ETOH withdrawal  Yes  No      History of seizures or DT's?  Yes  No

Type of ETOH: \_\_\_\_\_

**Smoking:** Cigarettes per day estimate \_\_\_\_\_ **Vaping:** Yes  No

**Opioids:** Time of last use: \_\_\_\_\_ At risk of withdrawal:  Yes  No

Drug and delivery of choice: \_\_\_\_\_ Frequency & Amount: \_\_\_\_\_

**Opioid agonist therapy (OAT):** Methadone \_\_\_\_\_ ml/day Suboxone \_\_\_\_\_ ml/day Kadin \_\_\_\_\_ ml/day

**Stimulants:** Time of last use: \_\_\_\_\_ At risk of withdrawal:  Yes  No

Drug and delivery of choice: \_\_\_\_\_ Frequency & Amount: \_\_\_\_\_

**Benzodiazepines:**  Diazepam  Lorazepam  Other \_\_\_\_\_

**Are you interested in decreasing in your use?**  Yes  No

**Do you have the means to continue using while in the hotel?**  Yes  No

**Do you need any harm reduction supplies?**  Yes  No

**Consult required to addictions?**  Yes  No

**Prescription Medications** (ASIS will obtain the list from PIP)

Prescription medications  Yes  No      Independent with medications  Yes  No

**Usual Pharmacy** \_\_\_\_\_

\_\_\_\_\_  
 Staff Signature

\_\_\_\_\_  
 Staff Signature



Appendix 6

Care Plan for Secure Self Isolation Site

Client Name: \_\_\_\_\_ Client DOB: \_\_\_\_\_

End of isolation Date: \_\_\_\_\_ MRP: \_\_\_\_\_

Allergy Alerts: \_\_\_\_\_

Patient has EPI Pen: Yes No if yes, identify location of pen: \_\_\_\_\_

Behavioural Alerts:

- Physical Aggression
- Self-injurious behaviour
- Verbal abuse
- Agitation, hyperactivity and inability to focus
- History of suicidal ideation/intent
- Emotional outbursts (Crying included)
- Withdrawn, Sullen, low mood, lethargic

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

Is patient on protocol for withdrawal management? Yes No

Does patient require any assistance for ADLs? Yes No

If yes, describe \_\_\_\_\_

Medical Alerts (include any chronic diseases,

Please describe:

---

---

---

Medications and schedule

Please list:

---

---

---

Cultural Considerations/ Spiritual Care

---

---

---

Other Care

---

---

---

---

\_\_\_\_\_  
Provider Signature

Date \_\_\_\_\_

Visit schedule and provider needed:

---

---

---

\*Should the client have non-urgent mental health needs, **306-766-7800?**

\*Should the client have an emergent concern, **911** should be called

## Appendix 7

### Ministry of Corrections and Policing

#### Standard Operating Procedures - White Birch Isolation Centre - Regina

**Location:** Ritter Ave. - former White Birch Remand Centre (White Birch)

When arriving at the Paul Dojack Youth Centre you will drive through the parking lot and follow the road west around the center. This road will take you around behind the facility to 'White Birch Remand Centre' where the Isolation Centre is currently located. To enter the building, ring the doorbell and you will be buzzed in.

The isolation center consists of 8 patient rooms. Room #1 and #2 are wet rooms and contain a sink and toilet. The capacity of the center is 8. The center has communal washroom facilities for all patient rooms, and a patient communal living area. Also within the center are laundry facilities, a nursing office and a staff office.

Once inside the facility, staff will receive the centre's keys from the outgoing staff. Staff must have keys as all doors within the facility are locked and require a key to access. Doors that are locked will display as green on the control panel.

#### **Meals**

Meals will be provided for all staff and patients by the PDYC (Paul Dojack Youth Centre). Meals will be ordered by contacting the PDYC at (306) 787-1050 and advising them of how many servings are need for each meal. Lunches and suppers are hot meals and are ordered individually. Breakfasts are cold meals and are ordered for the following morning at the same time supper is ordered. Breakfast meals will be stored in the fridge in the common area until they are required the following morning. Lunches are to be ordered at 09:30 hrs each morning and Suppers/Breakfasts are to be ordered by 14:00 hrs each day.

PDYC staff will deliver the food carts and do garbage detail. The carts will be left outside the door that faces onto the Paul Dojack Campus (South door), the doorbell will be buzzed when the canister is dropped off. Staff should not open the door to retrieve the canister until those dropping it off have left the immediate area.

The centre staff will bring the cart in for distribution. All patients will eat their meals in their rooms. Once the meal is complete, staff will collect trays, put them back in the food cart and place it outside the centre door for PDYC to pick up. The carts and garbage will be placed outside the centre door for pick up by PDYC staff. The meal carts need to be outside of the centre for return by 12:30 and 17:30 hrs.

#### **Daily Reporting**

**07:30** - The Shift Supervisor at each site will transfer the information from the Situation Report Wall Chart into the "Isolation Centre Site Briefing." The briefing form is an electronic Word document labeled "Isolation Centre Site Wall Chart Status Report." Once the briefing form is complete, the Shift Supervisor emails the briefing form to the "Site Branch Director" (Barry Watson or his designate) by 08:15hrs.

**08:30** - "Site Branch Director" (Barry Watson or his designate) will collect "Isolation Centre Site Briefings" from each site, verify the information as required and email the multi-site summary by 09:30hrs each morning to the:

- Operations Section Chief (Brad Anderson or his designate)



- Planning Section Chief (Brad Anderson or his designate Megan Welder)
- Finance Section Chief (Cindy Mak or her designate)

**PPE Use Guidelines**

PPE is required to be worn by staff whenever they enter the red zone indicated on the diagram below. There are two levels of PPE that can be worn by staff which are identified as “full PPE” and partial PPE”:

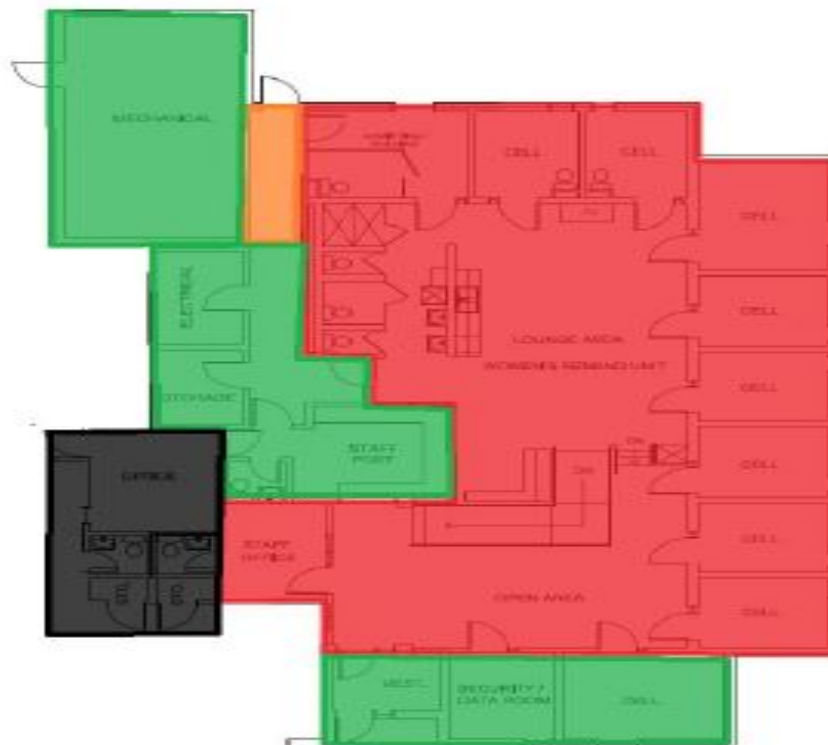
- Full PPE consists of gloves masks, eye protection and gowns;
- Partial PPE consists of gloves and masks.

All PPE, with the exception of the eye protection, are one-time use only and are to be disposed of in the garbage after each use. The eye protection is re-useable, however, they have to be washed and disinfected after each use.

Care needs to be taken when utilizing the PPE as inventory within Saskatchewan and Canada is extremely low and the unnecessary use of PPE will only deplete our inventory quicker.

The White Birch Isolation Centre is segregated into four zones identified on the map below as follows:

- Black Out of bounds
- Green Uncontaminated/safe area (no PPE required)
- Orange Patient entrance/exit area (no PPE required but caution needs to be exercised)
- Red Contaminated area (PPE required)



PPE will be worn at all times when in the red zone in the following circumstances:

- Full PPE will be worn when physical interaction will or is suspected to occur with a patient (i.e. admitting or dealing with an emergent situation);
- Partial PPE will be worn only when there will be no physical interaction with the patients (i.e., meal service/clean up, laundry)

A PPE inventory count will be conducted at the end of each shift. For further information on proper PPE use please see documentation provided in staff office.

### Daily Operations

- Staff working at the White Birch Isolation Centre work a 12-hour shift from 08:00 to 20:00 hrs and 20:00 to 08:00 hrs. Oncoming shift personnel are expected to be on-site at least 15 minutes prior to the commencement of their shift.
- The off-going shift will ensure the oncoming shift is briefed accordingly on any matters of importance.
- Once the shift change is completed, the oncoming shift will conduct the following:
  - Using the electronic monitoring system, they will ensure all door, gates and access points are properly secured. Any insecure points will be rectified immediately.
  - All patients are to remain in their rooms unless they require to use the washroom and shower facilities. Patients are also allowed to enter the common area of the facility for one hour per day. After each patient has returned to their room from the common area/washroom area, the high touch surfaces in common areas and washroom areas shall be cleaned/disinfected by staff before allowing any other patients to use these areas.
  - A check will be conducted on all patients individually. This will be done first by viewing the patients on the cameras and secondly by engaging the patients in a brief conversation over the intercom system. Guards will not be required to enter the room of the patients unless they are unresponsive to the aforementioned patient check. Should the guards feel it is necessary to enter the room of a patient to conduct a wellness check, they will don full PPE prior to entering the room area. Only one patient will be allowed in the washroom/shower facilities and the common area at any given time.
  - Patients are not allowed to use the exterior exercise area
  - **07:00** hrs, PPE inventory
  - **08:00** hrs, lights on
  - **08:30** hrs, breakfast served
  - **09:00 – 1200** hrs, 1 hour outside of room for each patient, surfaces wiped between patients
  - **09:30** hrs, meals for lunch are ordered
  - **12:00** hrs, lunch served
  - **12:30** hrs, meal cart outside
  - **13:00 – 1700** hrs, 1 hour outside of room for each patient, surfaces wiped between patients
  - **14:00** hrs, supper/breakfast ordered
  - **17:00** hrs, supper served
  - **17:30** hrs, Meal cart outside
  - **18:00** hrs, PPE inventory
  - **22:00** hrs, lights out
  - **23:00** hrs, laundry completed on an as-need basis

### **Wellness Checks**

Patient wellness checks will be conducted hourly and recorded on the patient wellness forms accordingly. Wellness checks will be conducted via the video and intercom system and staff will only enter a room for a wellness check if absolutely necessary. The staff will need to use their own discretion when deciding whether or not to enter a room. If they are required to enter a room for a wellness check, the staff shall wear full PPE as described in this document.

### **Clothing and Bedding**

All patients shall wear White Birch sweat pants and sweat shirts which are provided by the isolation centre. Clothing for patients is located in the storage room indicated on the below noted floor plan. Clothing worn by the patients during admitting will be laundered by the staff using the in-house laundry facilities and returned to the patient when they are released. Cleaned patient clothing will be stored in the PPE storage room indicated on the below noted map.

Bedding will be provided to each patient as need on admission. Each patient will receive fresh bedding once per week or as needed. New clothing will be provided to each patient every second day or as needed.

All used patient clothing and bedding shall be washed by the staff using the in house laundry facilities and returned to the bedding and clothing storage room

### **Admitting**

Staff will be notified of the arrival of a new patient by the Site Branch Director. Once staff are notified, they shall don full PPE prior to accepting the patient.

Upon entry into the centre all patients will go directly to the admitting area where they will change into White Birch clothing as described above. Clothing worn by the patients upon arrival at the facility will be set aside for laundering at a later time.

Patients will be briefly interviewed by the on-site paramedics to ensure there are not immediate medical issues that need to be addressed.

Staff shall advise the patients of the daily routine which will include the following:

- Meals
- 1 hour in common area
- Wellness checks
- Lights out
- Lights on
- Bedding and clothing
- How to contact staff from their room
- Duration of their stay at the centre (this will be decided by Public Health)

Staff shall ensure any medication brought with the patient are obtained along with the instructions for administering the medications.

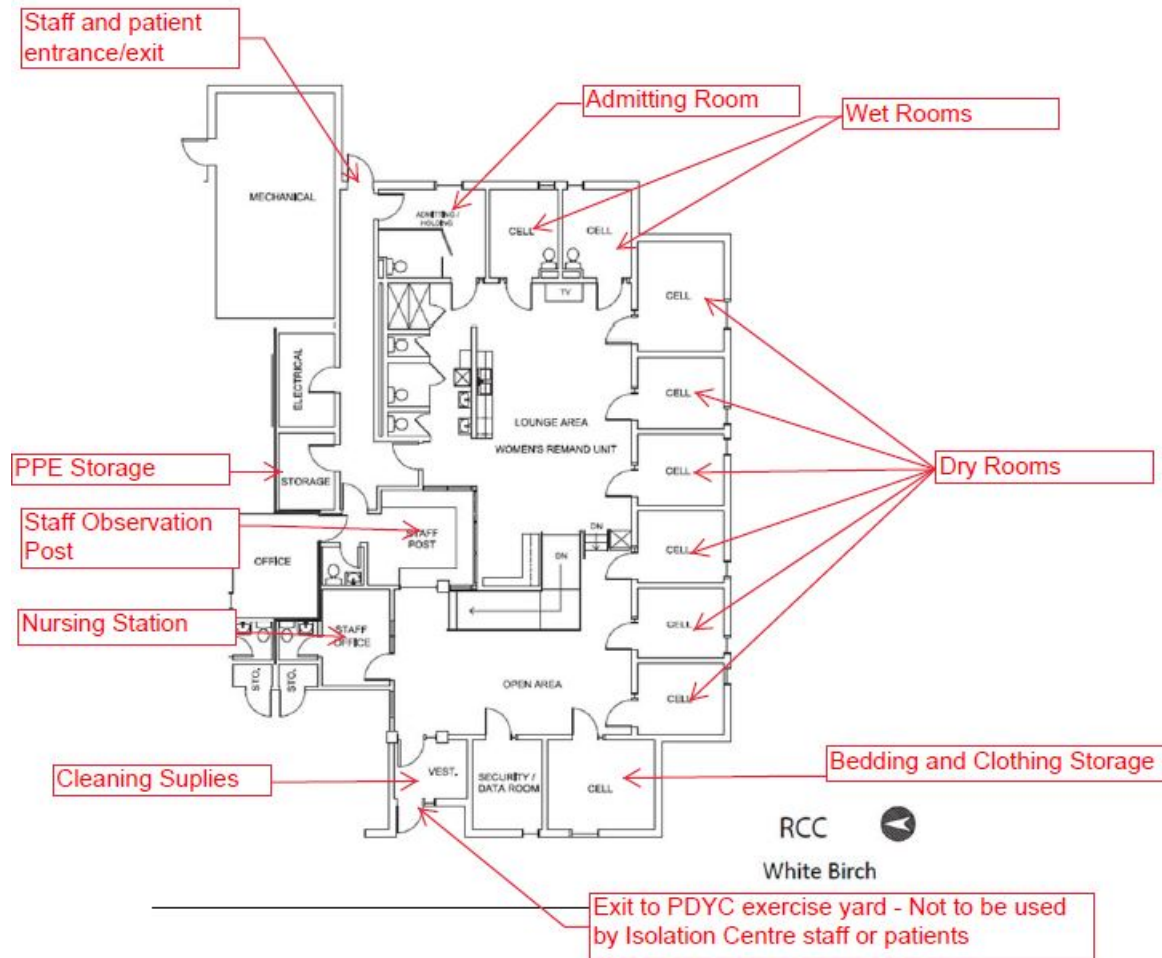
Patients will be taken to an available room and secured accordingly. The two wet rooms noted on the floor plan below will be utilized first, followed by the dry rooms. Only one patient shall be housed in a room at a time unless the population of the centre dictates otherwise. Male and female patients shall not be located in the same room.

**Discharge/Release**

When Public Health determines a patient may leave, they (Public Health) will make the necessary arrangements to have the patient returned home.

**Evacuation**

In case of emergency evacuation will be out the admitting door and the muster point will be near the large disposal bins. If for some reason this evacuation is not possible, evacuation will occur through the door the faces onto the Paul Dojack Campus (South door), muster will be inside the Paul Dojack yard area. However, adults being held in White Birch should not have contact with the youth within Paul Dojack Youth Centre.



Appendix 8

**Project Guardian**

COVID-19 Pandemic

Draft May 13

Approved:

Revised:

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## 1 Intro

The Government of Saskatchewan has issued a public health order effectively requiring individuals to self-isolate for 14 days if they have returned from international travel, been identified by a Medical Health Officer as having COVID-19 or been in close contact with someone who has COVID-19. The public health order further indicates public and private gatherings of more than 10 people in one room are prohibited with limited exceptions.

There may be individuals who are subject to these requirements who either cannot find a location to self-isolate or who refuse to comply with the order. Social Services, the Saskatchewan Health Authority and the Red Cross are assisting those who cannot find a self-isolation location.

As part of the protocol developed with police, Public Health Inspectors are primarily using an educational approach to encourage compliance. Despite these efforts, there may be individuals who refuse to comply or have challenges with complying given their underlying health issues. It may be determined to be appropriate for some individuals to be directed to enter a secure isolation centre.

### 1.1 Key Messages

- Our primary goal is to protect the public during this public health emergency.
- Educational approaches are the primary ways to encourage people to follow the public health order.
- The use of secure isolation centres is considered a 'last resort,' where other approaches have not been effective or appropriate.

### 1.2 Assumptions:

- Secure isolation centres are housing adults.
- Secure isolation centres will not be housing individuals with severe health concerns.
- Access to secure isolation centres will be limited to staff working in the centre and visiting health care workers.
- There is potential for physical altercations in the secure centres.
- The centre is not expecting to include First Nations people sent in from reserves. If this situation changes, communication and coordination with RCMP and those specific First Nations is required.
- While the number of people who contravene the public health order and need to be isolated outside their own home is expected to be small, the need could escalate with increased duration of the pandemic.

## 2 Purpose and Scope:

This plan is to establish secure isolation centres to place individuals as a result of their refusal to comply with the public health order.

- Individuals\* may or may not display symptoms of COVID-19, may have tested positive, may have been exposed, or suspected to have been exposed. Regardless of these variabilities, all individuals are assumed to be infectious.
- A security presence is required to ensure individuals stay at the centre until advised by Public Health (e.g. they fulfil the 14-day isolation period without showing symptoms or test negative.)
- The average stay is estimated to be 2-weeks. Public Health will advise on duration depending on where an individual is in the course of the illness.
- Individuals may have additional health challenges including physical, mental health and/or addictions, but not to the extent a high level of health support is anticipated at the centre.

\* As of May 12, 2020, only individuals who have tested positive for COVID-19 will be placed at White Birch due to its limited capacity as the only open secure isolation centre.

### 3 Legal Authorities

The Premier, as Minister responsible for *The Emergency Planning Act*, the Minister of Health and medical health officers have the legal authority to combat COVID-19. These authorities lie in *The Public Health Act, 1994* and *The Emergency Planning Act*. There is specific authority to address detention orders as contemplated in this plan. Individuals who have been ordered into detention have the right of appeal. Detailed legal background can be found in [Section 15](#).

## 4 Protocols for Admission and Discharge

### 4.1 Admission

Following the protocol established between Saskatchewan Health Authority and the police, an order to detain an individual must be issued pursuant to subsection 45.1(1) of *The Public Health Act, 1994*. Individuals may be placed from hotel shelters as well as from community.

For a description of the protocol, see [Section 15.1 Public Health/Police Protocol for Enforcing Mandatory Self-Isolation](#) and [Section 15.2](#) for a description of the legal process for detention orders.

An assessment by the SHA (team consisting of Primary Care and Mental Health & Addictions staff) will be completed with the individual either prior to or shortly after they have been placed at the centre. A care plan will be established based on that assessment, a copy of which will be retained at the centre. Reassessment will occur at transition points and prior to discharge to best determine and support the individual's needs.

Emergency Social Services (ESS) will complete a care plan in conjunction with Health.

### 4.2 Discharge

Public Health will provide guidance for discharge based on the individual's medical condition.

If the individual is ready for discharge, but is not able to return home, Emergency Social Services will be contacted for assistance.

## 5 Financial

Cost to operate a centre includes:

- normal facility operating costs (furniture, rent, utilities, cleaning, garbage disposal, recycling, supplies, food)
- staffing
- exceptional expenses such as sanitization, additional PPE

(See [Section 16.5](#) for estimated costs to operate White Birch as a secure isolation centre)

## 6 Administrative Requirements

### 6.1 General Site Requirements:

- To facilitate effective and timely communication between the isolation centres and ministries/organizations, an administrative structure based on the Incident Command System has been established. A linkage has been created with the Provincial Emergency Operation Centre coordinating the provincial response to the overall pandemic.
- For administrative structure and reporting for all isolation centre sites, see [Section 14](#).
- There will be daily reporting on each centre that will be forwarded to the Provincial Emergency Operations Centre. See [Section 14.3](#) for the Daily Reporting Process and [Section 14.5](#) for the Isolation Site Summary – daily report form.
- To facilitate data collection, a chart of the daily status to be recorded will be posted on a wall in each isolation centre – see [Section 14.4](#).
- Corrections and Policing will develop day-to-day Standard Operating Procedures (SOP) for each site that will address: staff orientation checklist, location, meals, daily reporting, PPE use guidelines, daily operations, wellness checks, admitting/discharge, evacuation, protocols for use of force. While all SOPs will include the same basic information, they should also be considered living documents that may be adjusted at each site by the Site Director as the need arises.
- For an example, see [Section 16.1 White Birch SOP](#)
- The *Guideline to Personal Protective Equipment COVID-19* is a separate, internal document by Integrated Justice Services that will also be provided on-site.
- Guidelines provided by the Saskatchewan Health Authority and Ministry of Health are to be included at each site. These should include information about the proper use of PPE with respect to COVID-19 as well as recommended cleaning and disinfection measures. These can be found at Saskatchewan website: [PPE-infection-prevention-and-control](#) as well as [Section 13](#). Specifically,
  - Rapid training information on PPE
  - PPE checklist
  - Site cleaning and disinfecting info from Section 13
- Corrections and Policing to contact Public Service Commission regarding extension of liability, workers' compensation, other insurance.
- Facility cleaning will be managed by Central Services in coordination with the Site Director.

- Corrections and Policing will provide a communique to the Saskatchewan Association of Chiefs of Police to distribute to all its members. This will include a brief narrative and contact information to advise of the procedure to follow respecting individuals who are the subject of detention orders.

## 6.2 Specific to Health Care and Emergency Social Services (ESS)

- Assessments for each individual who is to be housed at the centre must be carried out by SHA and ESS prior to entering the centre or shortly following their entering the centre.
- SHA and ESS will each provide (and coordinate where appropriate) individual care plans to provide patient care guidelines including medication needs and instructions for escalation of care if needed.
- A health record shall be established for each individual admitted to the centre. The health record must contain the admitting and any subsequent health assessment, the initial and any subsequent care plan, a record of all medications administered, progress and other health professional notes.
- SHA and ESS shall each make staff available to carry out the health and social needs of the individual as set out in the care plans which may include:
  - Health – medication procurement and administration, physical and/or mental health assessments, treatments and, as applicable, harm reduction supports.
  - ESS – in collaboration with Health, ESS will support in the following where applicable: case management, resource planning and discharge planning.

# 7 Human Resources

## 7.1 Health Care – Saskatchewan Health Authority

- Provide or arrange for medical personnel on site 24-hrs per day to meet the urgent and ongoing health needs based on individual assessments. This may take the form of a paramedic or other professional.
- Establish a 24/7 non-emergency phone number to respond to health-related questions from Isolation Centre staff or on-site Health staff. It is likely each centre would have a different contact number based on location.
- Provide for visiting medical, nursing or other professionals as required to meet the needs of individuals.

## 7.2 Emergency Social Services

- ESS will have one designated individual assigned to support SHA in the individual case plan.
- Similar to Health, ESS will have a scheduled mobile unit to visit each site on a regular rotation.

## 7.3 Security – Corrections and Policing

Corrections and Policing staffing resource options – consideration must also be given to the need for refresher/upgrade training:

- Sheriffs
- SCAN
- Ministry officials with Special Constable Appointments

- Outside contracts for additional support
- Retired/Former Police Officers with Special Constable Appointments

Resourcing will vary by centre based on the centre's capacity and number of individuals being housed.

(White Birch Centre Security Staffing see [Section 16.4](#))

#### 7.4 Other staffing

Additional staff relating to cleaning, food services, building maintenance or commissionaire duties will be determined as part of the specific site assessments and site preparation.

## 8 Training

- In use of Personal Protection Equipment: see guidelines provided by Integrated Justice Services, as well as resources listed under [Section 13](#).
- SPSA will provide an orientation to the daily briefing protocols based on Incident Command System and the Provincial Emergency Operation Centre principals required by site staff to ensure site-based issues are understood and addressed in a timely fashion. (Ray Unrau)
- A Separate plan is to be created by Corrections and Policing to address refresher courses or upgrades in use of force, weapons handling, handcuff techniques, Incident Management Intervention Model:
  - Must consider distance learning.
  - 1-day or ½ day as appropriate.
  - Options to work with RCMP, Saskatchewan Police College training units, provincial instructors in SCAN, Environment or SHP for firearms.

## 9 Logistics

### 9.1 Site Assessment – for each location consider:

- New sites are recommended to have single occupancy with private washrooms to minimize exposure.
- Sites should be able to separate **quarantine** (where individual is not showing any symptoms) vs. **medical isolation** (individual has had a positive test result or is showing symptoms and waiting for test result)

See [Section 13.4](#) for a general site assessment checklist.

(For White Birch description, see [Section 16.2](#))

### 9.2 Site Preparation

Each site is to have a “walk through” to determine any problems, needed emergency upgrades and site-specific protocols. This is to be carried out by: Site Director, OH&S, Public Health Inspector, Corrections and Policing representatives.

See [Section 13.5](#) for a general checklist.

## Notes:

- Public Health should also provide a site assessment that should be addressed in the SOP at each site.
- The Site Director is to check with the local authority's fire and building inspectors to see if inspections are needed.

### 9.3 Procure Critical Equipment and Supplies

Due to the pandemic, PPE for both staff and patients is difficult to replenish everywhere. Corrections and Policing is working through the SPSA on this.

Medical supplies – to be determined based on individual patient needs.

Security staff equipment:

- Identification
- Handcuffs
- Belts and associated holders/holster for firearm
- Ballistic Vests
- OC Spray
- Firearms – ONLY WHERE REQUIRED
- Baton
- Uniform
- Heavier gloves than medical gloves

### 9.4 Transportation

- To isolation centres will generally be provided by police. Police will need to discuss the possibility of alternative arrangements on a case-by-case basis depending on where the individual is being transported from.
- Transportation from the centre will be determined by Public Health/Ministry of Health based on circumstances. E.g. medical condition escalates, complete discharge/release, or follow-up with ESS.

## 10 Organizational Roles and Responsibilities:

### 10.1 Saskatchewan Health Authority

- Provide direction and advice on the management of clients to limit the spread of COVID-19.

### 10.2 Ministry of Health

- Inform about public health orders, policy related direction and public health enforcement.

### 10.3 Ministry of Corrections and Policing

- Lead on establishing secure isolation centres, ongoing operations, security staffing, and communications.

### 10.4 Ministry of Social Services

- Providing support to those needing voluntary self-isolation options. Staff to be designated to hotel and will continue with normal operations within hotel supports.
- Staff will not be onsite at secure isolation centres, but will provide a community link to, should it be required.
- MSS EPO will be updated daily on the status of the isolation centre and will serve as consultant.
- Support individuals transitioning out of centre should they meet Income Assistance benefits.

### **10.5 Ministry of Central Services**

- Property management including establishing facility cleaning and sanitization contracts.

### **10.6 Ministry of Justice and Attorney General**

- Providing legal advice and security staffing support.

### **10.7 Saskatchewan Public Safety Agency**

- Facilitating the implementation of the Incident Command System process for coordination between multiple centres and the Provincial Emergency Operations Center.
- Managing scarce resources (e.g. PPE supply for non-medical purposes) for multiple sites province-wide.

### **10.8 RCMP and Municipal Police**

- Assist in enforcement of public health orders.
- Transporting individuals to be housed at the secure centres.

## **11 Linkages to other Committees/Plans**

- Provincial Emergency Operations Centre coordinated by the Saskatchewan Public Safety Agency
- Integrated Health Incident Command Centres
- Social Services Emergency Shelter Plan
- Vulnerable Population Task Force (led by Saskatchewan Health Authority)
- DM/ADM Committee on Quarantine Centres (Ministries of Health, Social Services and Corrections and Policing)

## **12 Communications**

There may be requests from media, government, and the public for communication and information that will be managed by the Ministry of Corrections and Policing.

## **13 Guidelines and checklists**

### **13.1 Excerpt from “Rapid training and ongoing coaching for appropriate PPE use”**

Videos to allow staff to review procedures and principles

- 5 min video from [Trillium Health](#)
- 15 min narrated [PowerPoint from Alberta Health Services](#)

Note that there is occasionally variation in steps depending on the resource, but the underlying principles are the same. Please use the checklist as your consistent source of steps and instructions.

### **13.2 Donning and Doffing PPE Checklist**

This is a printable checklist from the [saskatchewan.ca](http://saskatchewan.ca) website.

### 13.3 Excerpt from [COVID-19 Cleaning and Disinfection for Public Facilities](#) – Updated April 3, 2020

#### Cleaning, Disinfection and Personal Protective Equipment

- The COVID-19 virus can survive for several days on different surfaces and objects. Frequent cleaning and disinfection is important to prevent spread of the disease.
- Workplaces should implement enhanced environmental cleaning. Commonly touched areas and shared equipment should be cleaned and disinfected at least twice daily, or when visibly soiled.
- Wherever possible, discourage workers from sharing phones, desks, offices, and other tools and equipment.
- Commonly touched areas include light switches, door knobs, toilets, taps, handrails, countertops, touch screens/mobile devices and keyboards.
- Clothing and fabric items should be laundered and dried on the highest temperature setting possible. Ensure items are thoroughly dried.
- Cleaning and sanitizing information for public facilities available on the Saskatchewan COVID website applies to workplaces: COVID-19 Environmental Cleaning and Disinfection
- Workplaces should provide employees with resources such as tissues, no-touch trash receptacles, hand soap, alcohol-based hand sanitizers, disinfectants, and disposable towels to promote a safe and hygienic work environment.
- Hand sanitizers should be approved by Health Canada (DIN or NPN number) to ensure they are effective.
- Workplaces requiring the use of personal protective equipment (PPE) should have protocols for donning and doffing PPE as well as instructions for proper used PPE disposal. More information on PPE can be found at COVID PPE Information

### 13.4 Site Assessment and Description Checklist

	City
	Name and address of facility
Patient capacity	
Washrooms and sinks: communal or private	
Food services: kitchen (refrigeration, dishes, dishwashing capability, food preparation areas etc.) <b>OR</b> food must be brought in	
Secure space for administration/patient records	
Space for reception, waiting, patient care, counselling/support	
Secure storage capacity for pharmacy and other supplies such as personal safety equipment	
Access to laundry	
Ability to separate quarantine vs medical isolation	



Date to open as an isolation centre	
-------------------------------------	--

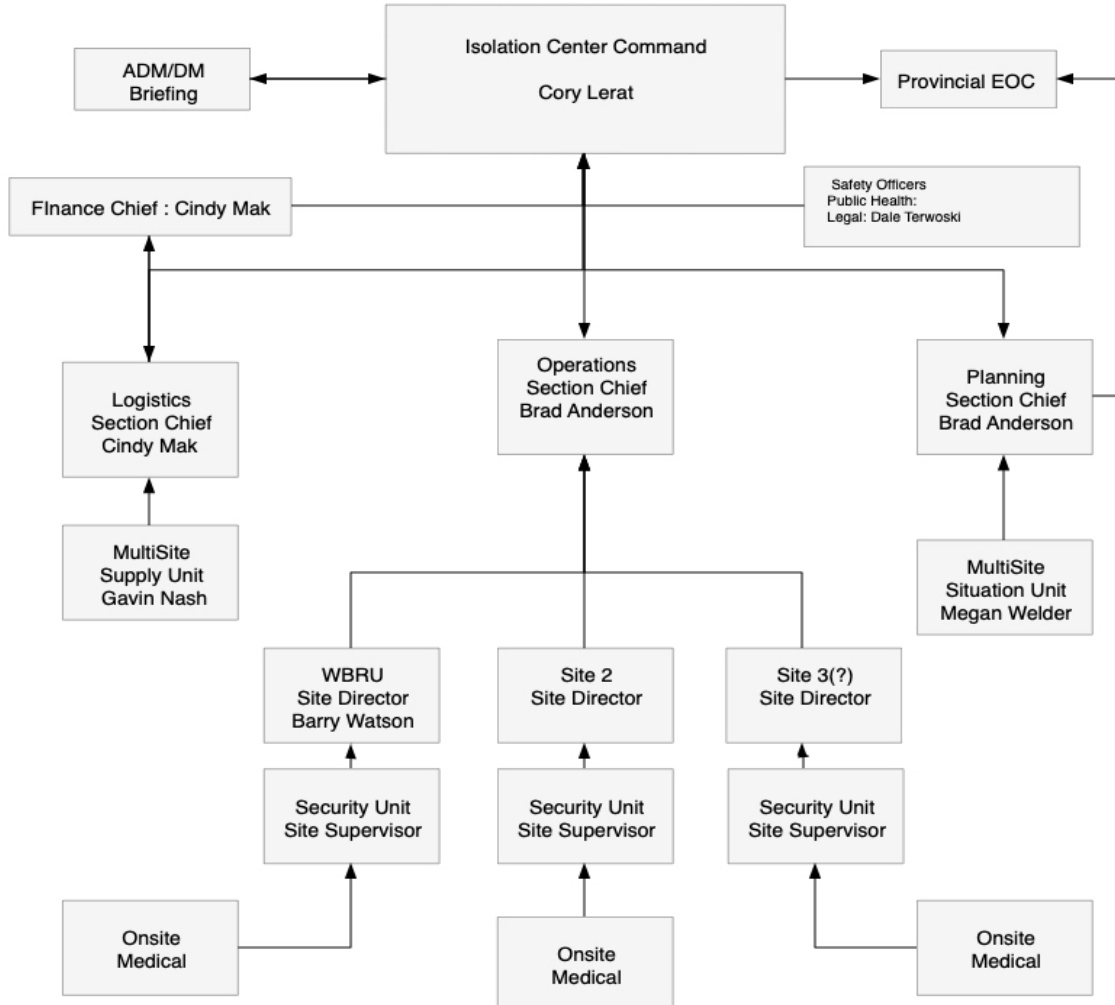
### 13.5 Site Preparation Checklist

Conduct a “walk through” of the site to determine any problems or needed emergency upgrades. Document and report any and all deficiencies in the facility.	Comments
<ul style="list-style-type: none"> <li>• Ensure heat/light/power/water/telephone is operational and note any deficiencies.</li> </ul>	
<ul style="list-style-type: none"> <li>• Inspect fire alarm system, fire sprinkler system, emergency lighting and exiting provisions and note any deficiencies.</li> </ul>	
<ul style="list-style-type: none"> <li>• Ensure adequate furniture and position.</li> </ul>	
<ul style="list-style-type: none"> <li>• Remove any obstructions, tripping hazards, impediments to flow, etc.</li> </ul>	
<ul style="list-style-type: none"> <li>• Review site for client safety and potential for self-harm</li> </ul>	
<ul style="list-style-type: none"> <li>• Affix or erect any necessary directional signs, including route to washrooms if unclear.</li> </ul>	
<ul style="list-style-type: none"> <li>• Identify various rooms/areas for specific functions (e.g., rest, food service, etc.) <ul style="list-style-type: none"> <li>○ Note rooms for <b>quarantine</b> – person is not showing symptoms</li> <li>○ Note rooms for <b>medical isolation</b> – it is confirmed the person has tested positive OR is showing symptoms</li> <li>○ Note clean area to assist the staff to safely remove their PPE</li> <li>○ Staff office with computer, internet access</li> <li>○ Note secure room to store medications and patient records, ensure small refrigerator for medications</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>• Identify availability for printer, photocopier, fax machine</li> </ul>	
<ul style="list-style-type: none"> <li>• Ensure adequate hand hygiene stations are available.</li> </ul>	
<ul style="list-style-type: none"> <li>• Arrange to move out and store any equipment that will not be needed (e.g. desks, chairs).</li> </ul>	

<ul style="list-style-type: none"> <li>• Clean and disinfect the site – coordinate with Central Services</li> </ul>	
<ul style="list-style-type: none"> <li>• Determine staff support - electrician/plumber/public health inspector/public health nurse/occupational health and safety personnel.</li> </ul>	
<ul style="list-style-type: none"> <li>• Notify garbage removal contractor if required.</li> </ul>	
<ul style="list-style-type: none"> <li>• Notify recycling removal contractor if size or duration indicates.</li> </ul>	
<ul style="list-style-type: none"> <li>• Contact identified food suppliers (may be a pre-alert to provide lead time).</li> </ul>	
<ul style="list-style-type: none"> <li>• Notify any required food transporters (vehicles).</li> </ul>	
<ul style="list-style-type: none"> <li>• Arrange for dishes/eating utensils if not present at identified food serving locations.</li> </ul>	
<ul style="list-style-type: none"> <li>• Bedding, towels, personal hygiene products these should be on site.</li> </ul>	
<ul style="list-style-type: none"> <li>• Clothing for client (e.g. White Birch had a clean 'uniform' for the patient to change into upon admission)</li> </ul>	

## 14 Administrative Structure and Reporting

### 14.1 Isolation Centre Unified Command Flow Chart



**Specilaized Resources**  
 To be accessed by Site Supervisor as needed

The Public Health, Health and Social Services Contact Names and Phone numbers are listed in the Isolation Center Plan designated for your Facility

## 14.2 Description of Isolation Centre Reporting Positions

### 14.2.1 Isolation Centre Organization Reporting and Coordination Responsibilities

All Site staff have the following responsibilities on first arrival:

- On arrival to the Isolation Centre, follow PPE Donning and Doffing Guidelines and review Social Distancing and Sanitization Protocols.
- Check-in/log in using appropriate forms and processes.
- Follow site sanitization procedures
- Follow Isolation Site protocols

### 14.2.2 Isolation Centre Incident Commander

- Reports to Rob Cameron, ADM of Policing and Community Safety Services, Ministry of Corrections and Policing and the DM/ADM Committee on Quarantine Centres
- Roles/Responsibility:
  - Ensures that information flows effectively and in a timely fashion through all activated parts of the Isolation Centre organization.
  - Ensures active and effective communications between all Ministries, Agencies, Crowns, as well as municipal partners such as police and other first responders as required.
  - Ensures that A/DM, DMs are kept up-to-date on issues, real or potential, that could create safety and/or legal concerns from staff, patients and/or the public.
  - Ensures the Provincial Emergency Operations Centre are kept up-to-date on equipment requests generating from all activated Isolation Centres.
  - Ensures the Finance Section Chief receives all relevant documentation needed to project and track all costs associated with an activated Isolation Centre.
  - Participates in daily Isolation Centre coordination calls.
  - Participates in daily Provincial coordination calls.

### 14.2.3 Isolation Centre Safety Officer(s)

- Reports to Isolation Centre Incident Commander
- Roles/Responsibility:
  - Legal representative provides and coordinates legal advice on any legal matters that arise with respect to the isolation centres.
  - OHS representative reviews isolation centre procedures and provides advice on safety issues.
  - Participates in daily Isolation Centre coordination calls.

### 14.2.4 Isolation Centre Operations Section Chief

- Reports to Isolation Centre Incident Commander

- Roles/Responsibility:
  - Supports the Isolation Centre Site Director as needed by approving requests for support, and then passing those requests to either the Logistics Section for ordering/deliver (material/personnel etc.).
  - Coordinates daily, or as needed, planning and coordination meetings with all active Isolation Centre Site Directors.
  - Advises Isolation Centre Incident Commander of current, future or potential issues that cannot be solved with available resources or authorities.
  - Participates in daily Isolation Centre coordination calls.

#### 14.2.5 Isolation Site Director

- Reports to the Isolation Site Operations Section Chief
- Roles/Responsibility:
  - The Isolation Site Director confirms that the Isolation Centre Security and Paramedic positions are staffed with appropriate personnel for each shift rotation. Advises Operations Section Chief of any personnel issues.
  - Coordinates with the Security Unit Supervisor to maintain and update the data required in the Isolation Centre Site Wall Chart Status Report throughout the shift.
  - Communicates regularly with the Security Unit Supervisor to ensure the ethical and safe treatment of staff and patients.
  - Approves Situation Status received from each Isolation Centre Security Supervisor and forwards the Site Status Report to the Operations Section and Planning Section Chiefs identified in the Isolation Centre organization chart no later than 09:30hrs.
  - Participates in daily Isolation Centre coordination calls.

#### 14.2.6 Isolation Centre Security Unit Supervisor

- Reports to Isolation Site Director
- Roles/Responsibility:
  - Duties as assigned to ensure the safety of staff and patients in the Isolation Centre.
  - Duties as assigned to ensure the safe, ethical and respectful processing of, and daily care of, of patients arriving in the Isolation Centre.
  - Summarizes the information in the Wall Chart Status Report into the Word document entitled "Isolation Centre Report Summary".
  - Emails the morning Situation Status Report to the Site Director no later than 07:30hrs.

#### 14.2.7 Isolation Centre Planning Section Chief

- Reports to Isolation Centre Incident Commander
- Roles/Responsibility:

- Supports the Situation Unit to ensure that the Site Status Reports are being received from the Situation Unit Leader (and or Operation Section Chief)
- Supervises the Situation Unit to ensure that all other documentation is received from all active sites (HR and OHS issues, Status Reports, resource requests) are being collected, filed and ensures all forms are distributed appropriately to the Isolation Centre Logistics, Finance or the Incident Commander.
- Participates in daily Isolation Centre coordination calls.

#### 14.2.8 Isolation Centre Situation Unit Leader

- Reports to Isolation Centre Planning Section Chief
- Roles/Responsibility:
  - Receives Site Status Report Summaries from Isolation Site Directors of the activated Isolation Centres.
  - Summarizes all received Site Status Reports into the “SPSA 401 Assessment Form” and forwards it to the Isolation Centre Incident Commander, the Planning Section Chief as well as to the Provincial EOC at [SPSAISAT@gov.sk.ca](mailto:SPSAISAT@gov.sk.ca) before 09:30hrs.

#### 14.2.9 Isolation Centre Logistics Section Chief

- Reports to Isolation Centre Incident Commander
- Roles/Responsibility:
  - Coordinates closely with the Isolation Centre Supply Unit, the Operations Section Chief and Site Directors to maintain the minimum levels of supplies needed to ensure safety of staff and patients in the Isolation Centres.
  - Ensures Isolation Centre Incident Commander and Finance Section Chiefs are kept apprised of purchases needed to support the activation, maintenance and deactivation of Isolation Centres.
  - Participates in daily Isolation Centre coordination calls.

#### 14.2.10 Isolation Centre Supply Unit Leader

- Reports to Isolation Centre Logistics Chief
- Roles/Responsibility:
  - Coordinates closely with the Operations Section Chief, Site Directors to accurately find the resources needed.
  - Provides the Finance Section Chief with all of the documentation needed to ensure payment for services and materials are processed quickly.

#### 14.2.11 Isolation Centre Finance Section Chief

- Reports to Isolation Centre Incident Commander
- Roles/Responsibility:

- Collects documentation for financial reporting and forecasting purposes.
- Processes payment to vendors and contractors for materials ordered.
- Keeps Isolation Centre Incident Commander apprised on-ongoing and projected costs.
- Participates in daily Isolation Centre coordination calls.

### 14.3 Daily Reporting Process

Each Isolation Site would submit their forms using this daily process:

#### 07:30 – 08:30

The Isolation Centre Security Unit Supervisor at each site will transfer the information from the Situation Report Wall Chart into the “Isolation Centre Site Briefing.” The briefing form is an electronic Word document labeled “Isolation Centre Site Wall Chart Status Report.” Once the briefing form is complete, the Shift Supervisor emails the briefing form to the “Site Branch Director” (Barry Watson or his designate) by 08:15hrs.

#### 08:30 – 09:30

The Isolation Centre Site Director will collect “Isolation Centre Site Briefings” from each site, verify the information as required and email the multi-site summary by 09:30hrs each morning to the:

- Operations Section Chief (Brad Anderson or his designate)
- Planning Section Chief (Brad Anderson or his designate Megan Welder)
- Finance Section Chief (Cindy Mak or her designate)

#### 09:30-10:00

Brad Anderson reviews all Isolation Centre Site Briefing forms and prepares to brief into provincial Emergency Operations Centre call. Summarizes all Isolation Centre Site Briefings into 401 form and submits 401 to [SPSAISAT.gov.sk.ca](https://SPSAISAT.gov.sk.ca) in time for PREOC 2pm submission deadline.

Isolation Centre Incident Commander and Finance Section Chief review Isolation Centre Site Briefing forms and prepare to brief as needed.

**14.4 Isolation Site Wall Chart Status Report**

**Isolation Centre Site Wall Chart Status Report**  
 Site Supervisor copy responses into Isolation Centre Site Status Report  
 Email to Isolation Centre Site Director Daily by 08:30

SITE UPDATE	Current #	Total#
Number of individuals registered at this Centre		
Maximum lodging capacity of this facility		
Number of <i>mobile</i> Health Staff visiting site		
Number of <i>mobile</i> ESS Staff		
Number of Paramedics Staff scheduled on site		
Number of SCAN Staff scheduled on site		
Number of Sheriff Staff scheduled on site		
Number of Corrections Staff scheduled on site		
Number of NGO Staff on site over last 24 hours		
Number of Volunteers		
Number of times Centre has been sanitized		

**PPE Re-supply required in the next 24 hours**

N95		Hand Sanitizer		Surface Wipes	
Urgent	Nonurgent	Urgent	Nonurgent	Urgent	Non-Urgent
Dust Masks		Cleaning chemicals		Eye Protection	
Urgent	Nonurgent	Urgent	Nonurgent	Urgent	Nonurgent
Sheets / Bedding		Towels		Gown	
Urgent	Nonurgent	Urgent	Nonurgent	Urgent	Nonurgent

Personnel resupply required in the next 24 hours	Number of Staff Requested
Security (assigned on shift)	
Paramedic (assigned on shift)	
Medical (site visit)	
Social Services (site visit)	
Addictions	
Other:	
Other:	

Site Notes and Concerns

Copy into Isolation Centre Daily Site Briefing and submit to [Barry.Watson@gov.sk.ca](mailto:Barry.Watson@gov.sk.ca) by 08:30 hrs



**14.5 Isolation Site Summary – daily report form**

**Isolation Centre Site Briefing Submitted Daily  
By Site Security Supervisor to Isolation Centre Site Director No Later Than  
08:30 hrs**

Isolation Centre Name \_\_\_\_\_

**Completed by:**

**This update is accurate:**

\_\_\_\_\_  
(name of person submitting report)

From: \_\_\_\_\_  
To: \_\_\_\_\_

<b>Facility Name:</b>	<b>Facility Address:</b>	
<b>Facility Contact Person:</b>	<b>Phone #</b>	<b>Email Address</b>

<b>Site Update:</b>	<b>How Many For This Report</b>	<b>Running Total As Of This Report</b>
Number of individuals registered at this Centre		
Maximum lodging capacity of this facility		
Number of Health Staff on site over last 24 hours		
Number of SCAN Staff		
Number of Sheriff Staff		
Number of Corrections & Policing Staff		
Number of ESS Staff		
Number of Paramedic Staff		
Number of NGO Staff on site over last 24 hours		
Number of Volunteers		
Number of times Centre has been sanitized		

<b>PPE Re-supply required in the next 24 hours</b>	<b>Urgent</b>	<b>Non-Urgent</b>
Number of N95 Masks needed: _____	<input type="checkbox"/>	<input type="checkbox"/>
Number of Face Masks needed: _____	<input type="checkbox"/>	<input type="checkbox"/>
Number of Goggles / Face shields needed: _____	<input type="checkbox"/>	<input type="checkbox"/>
Amount of Hand Sanitizer needed: _____	<input type="checkbox"/>	<input type="checkbox"/>
Amount of Surface Cleaning Supplies needed: _____	<input type="checkbox"/>	<input type="checkbox"/>

<b>Personnel resupply required in the next 24 hours</b>	<b>Urgent</b>	<b>Non-Urgent</b>
Number of Security Staff: _____	<input type="checkbox"/>	<input type="checkbox"/>
Number/Type of Medical Staff: _____	<input type="checkbox"/>	<input type="checkbox"/>
Number of Social Services/Addictions Staff: _____	<input type="checkbox"/>	<input type="checkbox"/>
Number of _____ Staff: _____	<input type="checkbox"/>	<input type="checkbox"/>

Number of Staff called in sick in past 24 hours

NGO\_\_\_\_ Security\_\_\_\_ Medical\_\_\_\_  
Other Staff \_\_\_\_\_

Comments / Issues:

(Completed by Isolation Centre Planning Section Chief)

**Report Approved by Isolation Centre Operations Chief :**

Isolation Centre Daily Site Briefing: submit by 08:30 hrs

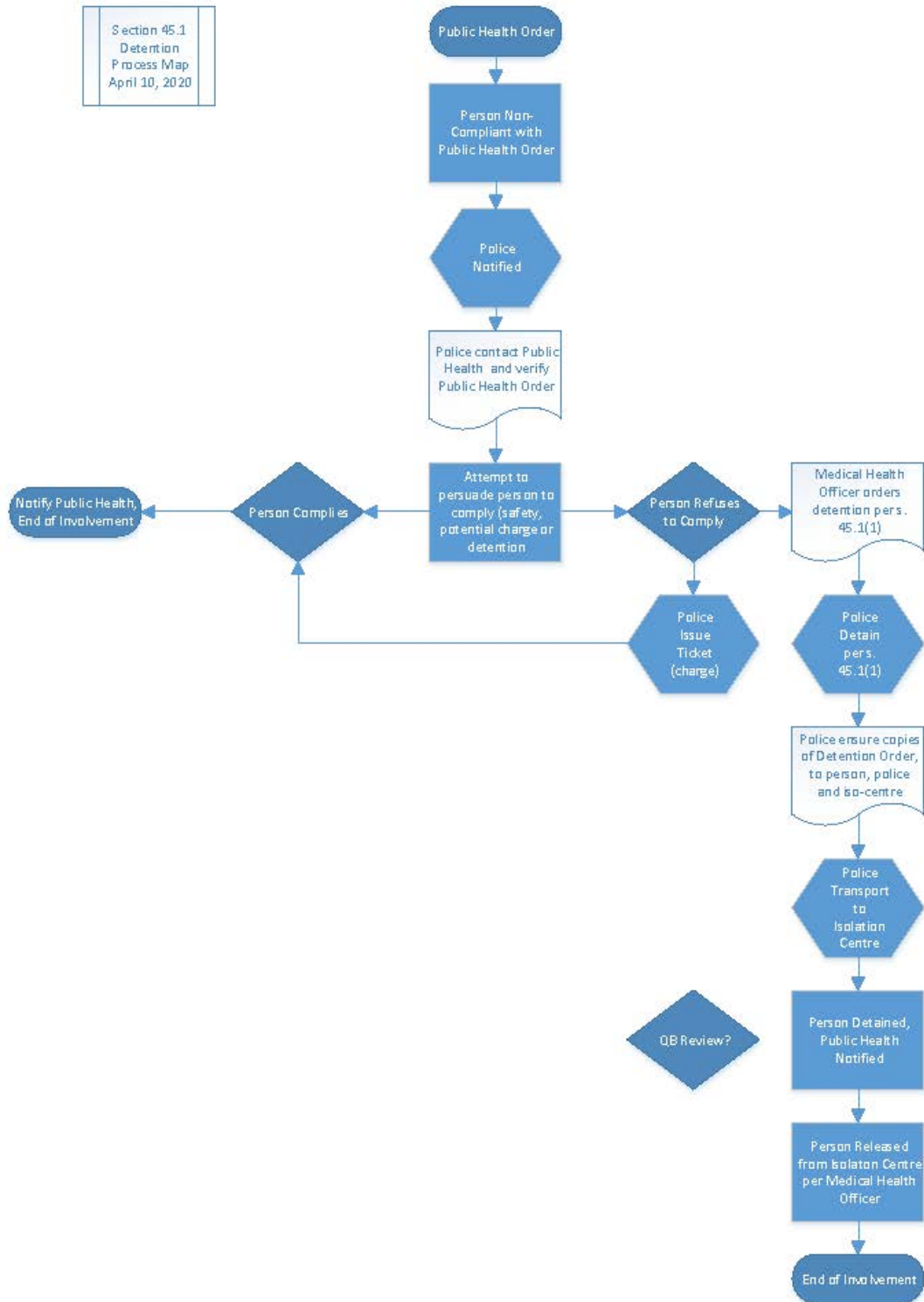
## 15 Background Information

### 15.1 Public Health/Police Protocol for Enforcing Mandatory Self-Isolation

A dedicated phone service directs calls from police to an on-call Public Health Inspector. Upon receipt of a complaint:

- Confirmed cases are determined by referencing a list of individuals that have tested positive for COVID-19. This list is updated daily.
- If COVID-19 status is not known, the individual is contacted and a risk assessment is conducted to determine if they would be considered Category 1 (High Risk) or Category 2 (Low Risk).
- Category 1, high risk, individuals will be visited by PHIs or police as soon as possible to determine compliance with the mandatory self-isolation order. Information is provided.
- PHIs follow up with Category 2, low risk, individuals within 24 hours during regular working hours.
- In situations where individuals cannot be located, PHIs work with police to identify the individuals as soon as possible and information is provided.
- At this time, police can issue summary offence tickets and/or arrest individuals who are not in compliance with the order.

## 15.2 Legal Process Map for Detention Orders



## **Background**

Due to the public health emergency caused by COVID-19, Saskatchewan has implemented a number of measures to combat this communicable disease. Included in these measures are a series of public health orders regarding self-isolation and public interaction including social distancing. These are all designed to slow down and/or prevent the spread of the disease. Individuals who fail to observe these orders could be prosecuted. Those that create serious health risks because of their non-compliance could also be arrested and detained. Isolation centres are to be used to house these individuals until they are no longer a public health risk. This narrative sets out the process for dealing with these individuals. In addition, a S. 45.1 (1) preventive detention order and relevant legislative provisions are attached.

The greatest risk to the public health is likely caused by those individuals who fail to self-isolate because when they are circulating in our communities, they are likely spreading COVID-19. Accordingly, non-compliance with a self-isolation order is the circumstance used in this narrative.

## **Self-Isolation Orders**

Individuals who have returned from international travel, or those that have been identified by a Medical Health Officer as either having or being in close contact with someone with COVID-19 must self-isolate. The self-isolation period depends on the nature of the order. In the case of an individual infected with COVID-19, the individual must self-isolate until a Medical Health Officer determines that they are no longer a public health threat. In any other case, the period is for 14 days either from their return to Canada or their initial exposure to the disease.

Public Health is maintaining a list of individuals who have been diagnosed with COVID-19. In addition, Public Health is being provided with a list of individuals returning from international travel.

When police receive a report about non-compliance with self-isolation requirements, they should be contacting Public Health in every circumstance. Public Health will follow up on their own from there and likely will not need further police assistance at that time. They will try to persuade the individual to comply. If that does not work, they may require further police assistance to enforce the order, but even then, police should also try to cajole the person to comply. If the police are in contact with the person of concern at that time, Public Health will provide advice to police regarding how to handle the situation if needed.

There will likely be situations where Public Health will ask for police to assist in locating the individual and then work with the police regarding how to handle the situation from there.

If police cajoling does not work, charging or preventive detention may be considered. Public Health will ensure that the police will have the appropriate information upon which a charge could be based. If a detention order is needed, Public Health, through their Medical Health Officers, will issue a detention order and the police will assist in the enforcement of the detention order and take the individual to an isolation centre.

With respect to preventive detention orders, it is a Medical Health Officer that must make the order. Should the need for an order arise during off hours, Public Health will be able to contact a Medical Health Officer and an order can still be obtained. The dedicated police phone line will serve as the access point. The paperwork may take some time to follow the order, however. The paperwork will be processed and copies of the order will be provided as soon as possible the next day.

Respecting orders that pertain to individuals who are contacts of COVID-19 positive people, they must also self-isolate as noted earlier. Public Health does not maintain a provincial database of individuals who are contacts of people who have COVID-19 and the information is not readily available. This is why police discussion with Public Health is necessary. Public Health will confirm the need for a contact to have self-isolated and that a charge or a detention order, based on that information, is available in the matter.

We continue to discuss how to convey that information in a fashion that supports either a charge or a detention order should either be contested. It is expected that some kind of written information be passed to the police such as an email confirming that Subject X had been in contact with an individual with COVID-19 and as of Y date had been ordered to self-isolate as well as the circumstances of the non-compliance. Oral confirmation is appropriate for those exigent circumstances that may arise, but it should be followed by written confirmation. It will be very difficult to 'prove' a charge or a detention without this information. In any circumstance, both police and Public Health will ensure that they have notes about their communication in order to later justify their actions if needed.

Respecting international travellers, Public Health is provided a list of people by federal officials. For the time being, this information is accessible for police by their contacting Public Health. Public Health is checking with individuals on the list to ensure they are self-isolating. Efforts are being made to have federal officials provide that list to police as well. Further developments will be shared upon their receipt.

Preventive detention orders are to be generated by the Medical Health Officer and 4 copies produced. The first is to be retained by the Medical Health Officer. The second is to be provided to the subject of the order. The third is for the police service assisting in enforcing the order. The final copy is to be provided to the isolation centre when the subject is taken to the facility.

The person who is subject to the order must remain in the isolation centre until they have either been authorized by a Medical Health Officer to leave or at the end of the period set out in the order.

They do, however, have the right to appeal the detention order to the Court of Queen's Bench. This appeal is subject to the provisions set out in *The Public Health Act, 1994*.

### 15.3 Sample Detention Order

#### Detention Order

(Section 45.1 of *The Public Health Act, 1994*)

CANADA  
PROVINCE OF SASKATCHEWAN

To any peace officer or to   
*(name of other person directed to execute this order)*

WHEREAS an order pursuant to subsection 45(2)(i) of *The Public Health Act, 1994* ("Order") was issued on

*(dd/mm/yy)*

AND WHEREAS   
*(name of individual)*

has failed to comply with the requirements of the Order, namely:

- They have been identified as having novel coronavirus disease (COVID-19) and have failed to immediately go into and/or remain in self-isolation until such time as a Medical Health Officer determines that they no longer pose a public health threat;
- They have been identified as a close contact of a person or persons with COVID-19 and have failed to immediately go into and/or remain in self-isolation for 14 days from the date of last having been exposed to COVID-19;
- They have traveled internationally and have failed to immediately go into and/or remain in self-isolation for 14 days from the date of arrival back into Canada and are not included in the list of exceptions outlined in the Order; or
- They are a household member of a person with COVID-19 and have failed to immediately go into and/or remain in self-isolation for 14 days.

AND WHEREAS, I the undersigned   
*(name of Medical Health Officer)*

believe on reasonable grounds that the individual is endangering the lives, safety or health of the public because they:

- are or probably are infected with, or
- have been or might have been exposed to,

a communicable disease, for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AND THEREFORE,

I hereby order that the individual be apprehended and immediately conveyed to a location where they shall be detained pursuant to section 45.1(1) of *The Public Health Act, 1994*. The individual shall be detained until   
unless their prior release is otherwise approved in writing by a medical health officer.

*(dd/mm/yy)*

\_\_\_\_\_  
Date *(dd/mm/yy)*

\_\_\_\_\_  
Signature of Medical Health Officer

To the individual: You may request a review of your detention pursuant to s.45.1(2) of *The Public Health Act, 1994* by applying to the Court of Queen's Bench and by serving your application on the Minister of Health.

## 15.4 Public Health Orders

### Public Health Order – May 3, 2020

This order aligns with the staged lifting of restrictions under the phased approach of the Re-Open Saskatchewan Plan has begun.

Physical distancing measures and other restrictions remain in place.

Public access is now allowed to previously restricted medical services: dentistry, optometry, physical therapy, optician services, podiatry, occupational therapy and chiropractic treatment. All businesses permitted to operate under the Re-Open Saskatchewan Plan must do so in accordance with any restrictions applicable to the [critical public services and allowable business services](#) in their region. All businesses permitted to operate must do so in a manner that prevents the spread of COVID-19.

The Government of Saskatchewan and Chief Medical Health Officer of Saskatchewan will carefully monitor transmission patterns of COVID-19 to inform decisions about whether to lift restrictions further or put them back in place if required.

Lifting of restrictions does not apply to the communities of Lloydminster and La Loche, which are currently managing outbreaks of COVID-19.

Long-term measures and restrictions related to the highest risk areas will remain in place for the foreseeable future.

Read the full text: [Public Health Order – May 3, 2020](#).

### Additional Public Health Order

[Public Health Order: Travel Restrictions in Northern Saskatchewan Administrative District](#) (May 6, 2020)

The Chief Medical Health Officer of Saskatchewan has issued a Public Health Order updating a previous order and removing the travel exemption for La Ronge and Stony Rapids.

## 15.5 Detailed Legislative Authority

The Premier, as Minister responsible for *The Emergency Planning Act*, the Minister of Health and medical health officers have the legal authority to combat COVID-19. These authorities lie in *The Public Health Act, 1994* and *The Emergency Planning Act*.

- The Ministry of Health has ordered that schools, recreational and entertainment facilities, non-essential retail stores, bars, restaurants, and personal service facilities such as hair and nail salons are to be closed; public gatherings of more than 10 people are prohibited; and visiting in long-term care home and similar facilities visiting be restricted. The province has declared a state of emergency to address this public health emergency pursuant to *The Emergency Planning Act*.



- Premier Moe has issued a Minister's Order pursuant to *The Emergency Planning Act* setting out that all persons are to comply with orders or directions issued by the Health Minister, the Chief Medical Health Officer, and the Saskatchewan Public Safety Authority; and that police are authorized to take any reasonable action to enforce these orders, including the power of arrest.

Dr. S. Shahab, Chief Medical Health Officer, has ordered that:

- All persons that have been identified by a Medical Health Officer (MHO) as having COVID-19 shall immediately go into mandatory self-isolation until such time as a MHO determines that they no longer pose a public health threat.
- All persons that have been identified by a MHO as a close contact of a person with COVID-19 shall go into mandatory self-isolation for 14 days from the date of last having been exposed to COVID-19.
- All persons that travelled internationally shall go into mandatory self-isolation for 14 days from their date of arrival in Canada except if they are health care workers, provide emergency health care or essential services, maintain a supply chain or are rail, airline or transport crews.
- All persons that become symptomatic must call Healthline 811 and follow directives.
- All persons who are household members of a person with COVID-19 shall immediately self-isolate for 14 days if they become symptomatic, call Healthline 811 and follow directives.

This order is to remain in effect until, in the opinion of the Chief Medical Health Officer, there is no longer a public health threat.

To give effect to these orders, the following provisions apply:

***Statutory Excerpts Pertaining to the Detention of Individuals pursuant to The Public Health Act, 1994***

***A: The Public Health Act, 1994***

**Medical Health Officer Orders**

**38(1)** A medical health officer may order a person to take or refrain from taking any action specified in the order that the medical health officer considers necessary to decrease or eliminate a risk to health presented by a communicable disease.

(2) Without limiting the generality of subsection (1), an order pursuant to subsection (1) may:

(d) require a person who is or probably is infected with, or who has been or might have been exposed to, a communicable disease to isolate himself or herself immediately and to remain in isolation from other persons;

g) require a person to conduct himself or herself in a manner that will not expose another person to infection;

(h) require a person infected with a communicable disease to receive uninterrupted treatment or counselling until, in the opinion of the medical health officer, the person no longer poses a public health risk;

(i) require an infected person to place himself or herself under the care and treatment of a physician and, where admitted to a hospital by that physician, to remain there until the medical health officer certifies that the person:

(i) is no longer infected so as to endanger the health of others; or

(ii) is no longer able to benefit from treatment;

(j) require a person who operates a hospital to allow a person infected with a communicable disease to be admitted to the hospital and to keep that person in the hospital until, in the opinion of the medical health officer, the person is no longer able to benefit from hospitalization or is no longer a danger to the health of others;

(k) require an infected person to desist from any occupation or activity that may spread the disease;

(m) require a person who is the subject of an order pursuant to this section to do anything that is reasonably necessary to give effect to that order.

(3) An order pursuant to this section:

(a) must set out the reason for the order;

(b) may specify the physician, a nurse practitioner or clinic nurse who is to assist the person to comply with the order;

(c) may require the person to whom the order is directed to deliver to the medical health officer, within a time specified in the order, a report of the actions taken to comply with the order.

#### **Notice of appeal**

**40(1)** A person who is the subject of an order pursuant to section 38 may appeal from the order to the Court of Queen's Bench by filing a notice of appeal with a local registrar of the court within 60 days after the day on which the order is served on the person.

(2) A notice of appeal pursuant to subsection (1) must be in the prescribed form [set out in The Public Health Appeal Regulations] and set out the grounds for the appeal.

(3) The appellant shall serve a copy of the notice of appeal on the medical health officer who issued the order.

#### **Application for stay**

**41(1)** An appellant pursuant to section 40 may apply by notice of motion to a judge of the Court of Queen's Bench for an order staying the order of the medical health officer until the appeal is determined.

(2) The appellant shall serve the medical health officer with a copy of the notice of motion.

### **Appeal**

**42** On hearing an appeal pursuant to section 40, the Court of Queen's Bench may:

- (a) confirm, vary or quash the order of the medical health officer; or
- (b) substitute its own order for the order of the medical health officer.

### **Appeal to Court of Appeal**

**43(1)** An appeal lies to the Court of Appeal on a question of law from a decision of a judge of the Court of Queen's Bench made pursuant to section 42.

(2) Sections 40 and 41 apply, with any necessary modification, to an appeal pursuant to subsection (1).

### **Minister's Orders**

**45(1)** The minister<sup>1</sup> may make an order described in subsection (2) if the minister believes, on reasonable grounds, that:

- (a) a serious public health threat exists in Saskatchewan; and
- (b) the requirements set out in the order are necessary to decrease or eliminate the serious public health threat.

(2) An order pursuant to this section may:

- (a) direct the closing of a public place;
- (b) restrict travel to or from a specified area of Saskatchewan;
- (c) prohibit public gatherings in a specified area of Saskatchewan;
- (i) in the case of a serious public health threat that is a communicable disease, require any person to be isolated from other persons until a medical health officer is satisfied that isolation is no longer necessary to decrease or eliminate the transmission of a communicable disease.

(2.2) Subject to subsection (2.3), with the approval of the chief medical health officer, a medical health officer may make any order described in subsection (2) if:

- (a) the medical health officer believes, on reasonable grounds, that:
  - (i) a serious public health threat exists in Saskatchewan; and
  - (ii) the requirements set out in the order are necessary to decrease or eliminate the serious public health threat; and
- (b) in the opinion of the medical health officer, there will be insufficient time for the minister to make an order pursuant to this section because of the nature of the serious public health threat.

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<sup>1</sup> Minister Reiter authorized the Chief Medical Health Officer to issue orders outlined in section 45 that address 2019-Novel Coronavirus in Saskatchewan on March 13, 2020.

(2.3) An order made by a medical health officer pursuant to subsection (2.2):

- (a) must specify the time at which it is made; and
- (b) terminates 48 hours after it is made unless the minister makes an order extending its effect.

(3) In an order pursuant to this section, the minister or the medical health officer:

- (a) shall set out the reasons for the order;
- (b) may specify the area within which the order applies;
- (c) may specify when the persons to whom the order is directed must comply with the order.

(5) Where an order made pursuant to this section is directed to the public at large or to a number of persons that, in the opinion of the minister or the medical health officer, is so large that it would be impractical to effect service in the manner required by section 58, the minister or the medical health officer may effect service of the order by:

- (a) publishing the order in a newspaper having general circulation in Saskatchewan or in any area of Saskatchewan that is directly affected by the order;
- (b) broadcasting the order on a television station or radio station the signal of which is received in Saskatchewan or in any area of Saskatchewan that is directly affected by the order;
- (c) posting copies of the order in public places in the manner and to the extent considered necessary by the minister or the medical health officer; or
- (d) in the case of an order directed to a large number of persons in a particular place, premises or vehicle, by making a public announcement in the place, premises or vehicle.

#### **Preventive detention order**

**45.1(1)** If a person fails to comply with an order pursuant to clause 45(2)(i) and a medical health officer believes on reasonable grounds that the person is endangering the lives, safety or health of the public because the person is or probably is infected with, or has been or might have been exposed to, a communicable disease, the medical health officer may detain the person for a period not exceeding the prescribed period of transmissibility of the disease.

(2) A person detained by a medical health officer pursuant to subsection (1) may request a review of his or her detention by application to the Court of Queen's Bench served on the minister, and the court may make any order with respect to the detention or the release of the person that the court considers appropriate, having regard to the danger to the lives, safety or health of the public.

#### **Inspection, investigation, inquiry, search**

**53(1)** For the purposes of enforcing and administering this Act, the regulations or bylaws made pursuant to this Act, a public health officer may:

- a) subject to subsection (2), at any reasonable time and without prior notification, enter any premises or detain any vehicle;

(2) A public health officer shall not enter a private dwelling without a warrant issued pursuant to subsection (4) unless the occupant of the dwelling consents to the entry.

(4) A justice of the peace or a judge of the Provincial Court of Saskatchewan may issue a warrant authorizing a public health officer to enter and search any place or premises or search any vehicle

named in the warrant where the public health officer believes, on reasonable grounds, that:

(a) an offence against this Act has been or is being committed and there is evidence of the offence to be found in the place, premises or vehicle proposed to be searched; or

(b) a condition, substance, agent or thing:

(i) is present in the place, premises or vehicle proposed to be searched; and

(ii) is causing or is likely to cause, or is contributing to or is likely to contribute to, a serious public health threat.

(5) A public health officer with a warrant issued pursuant to subsection (4) may:

(a) enter and search any place or premises named in the warrant;

(b) search any vehicle named in the warrant;

(c) use any machinery, equipment, appliance or thing located at the place or premises for the purposes of the search; and

(d) seize and remove from any place, premises or vehicle searched anything that may be evidence of an offence against this Act.

(6) A public health officer may exercise all or any of the powers mentioned in subsection (5) without a warrant issued pursuant to subsection (4) if:

(a) the conditions for obtaining a warrant exist; and

(b) the public health officer believes, on reasonable grounds, that the delay necessary to obtain a warrant would:

(i) result in the loss or destruction of evidence; or

(ii) hinder the prevention or control of the serious public health threat.

#### **Assistance of peace officer**

**55(1)** A public health officer who is conducting an inspection, investigation, inquiry or search pursuant to section 53 may call for the assistance of a peace officer.

(1.1) A medical health officer may call for the assistance of a peace officer in enforcing an order made pursuant to subsection 38(2), 45(2) or 45(3) or section 45.2 or in detaining a person pursuant to subsection 45.1(1).

(2) A peace officer who is called on pursuant to subsection (1) or (1.1) may render the assistance requested.

#### **Contents of orders**

**57** Except as otherwise provided in this Act, the regulations or bylaws made pursuant to this Act, an order made pursuant to this Act:

(a) must be in writing;

(b) may specify time limits for commencing any action required by the order and for complying with the order or any portion of the order;

(c) may specify the manner, method or procedures to be used in complying with the order;

(d) may be revoked, suspended or amended by the person who made the order or by another person acting in the same capacity.

### **Service of orders**

**58(1)** Except as otherwise provided in this Act, the regulations or bylaws made pursuant to this Act, an order made pursuant to this Act must be served on the person to whom it is directed.

(2) An order may be served personally or mailed by registered mail to the last known address of the person being served.

### **Offence and penalty**

**61** Every person who contravenes any provision of this Act or a regulation, bylaw or order made pursuant to this Act is guilty of an offence and liable on summary conviction:

(a) in the case of an individual:

(i) for a first offence:

(A) to a fine of not more than \$75,000; and

(B) to a further fine of not more than \$100 for each day during which the offence continues; and

(ii) for a second or subsequent offence:

(A) to a fine of not more than \$100,000; and

(B) to a further fine of not more than \$200 for each day during which the offence continues;

### **Confidentiality**

**65(1)** Subject to subsection (2), no person shall disclose any information that comes to the person's knowledge in the course of carrying out responsibilities pursuant to this Act, the regulations or bylaws made pursuant to this Act concerning a person who:

(a) is infected with or is suspected to be infected with a communicable disease;

(b) is a carrier of or is suspected to be a carrier of a communicable disease;

(c) is a contact of a person mentioned in clause (a) or (b); or

(d) has or has had a non-communicable disease or an injury.

(2) A person may disclose information described in subsection (1) where the disclosure:

(a) is required:

(i) to administer this Act, the regulations or bylaws made pursuant to this Act;

(ii) to carry out a responsibility imposed or to exercise a power conferred by this Act, the regulations or bylaws made pursuant to this Act; or

(iii) by law;

(b) is requested or approved by the person who is the subject of the information;

(c) is ordered by the minister<sup>2</sup> for the purpose of protecting the public health;

### **Immunity**

**68(1)** Notwithstanding any other Act or law, no action lies or shall be instituted against the minister, the ministry, an officer or employee of the ministry, an agent of the minister, a public health officer, a local authority, an officer, employee or agent of a local authority, a municipality or an officer, employee or agent of a municipality for any loss or damage suffered by any person by reason of anything in good faith done, caused, permitted or authorized to be done, attempted to be done or omitted to be done, by any of them, pursuant to or in the exercise or supposed exercise of any power conferred by this Act, the regulations or bylaws made pursuant to this Act or in the carrying out or supposed carrying out of any order made pursuant to this Act, the regulations or bylaws made pursuant to this Act or any responsibility imposed by this Act, the regulations or bylaws made pursuant to this Act.

(3) No action lies or shall be instituted against a person who, in good faith:

(a) carries out an order issued pursuant to this Act by a local authority, a medical health officer or the minister;

### **B: Order in Council 159/2020**

On April 8, 2020, COVID-19 was added to the prescribed list of Category I communicable diseases. In addition, a 14-day transmissibility period was set. Taking these measures ensures that preventive detention orders may be made pursuant to s. 45.1(1) of *The Public Health Act, 1994*.

### **C: The Criminal Code**

#### **Preventing breach of peace**

**30** Every one who witnesses a breach of the peace is justified in interfering to prevent the continuance or renewal thereof and may detain any person who commits or is about to join in or to renew the breach of the peace, for the purpose of giving him into the custody of a peace officer, if he uses no more force than is reasonably necessary to prevent the continuance or renewal of the breach of the peace or than is reasonably proportioned to the danger to be apprehended from the continuance or renewal of the breach of the peace.

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<sup>2</sup> Minister Reiter will be issuing an order permitting the sharing of COVID-19 positive results with police agencies for the purposes of enforcing *The Public Health Act, 1994*.

### **Arrest for breach of peace**

**31(1)** Every peace officer who witnesses a breach of the peace and every one who lawfully assists the peace officer is justified in arresting any person whom he finds committing the breach of the peace or who, on reasonable grounds, he believes is about to join in or renew the breach of the peace.

### **Giving person in charge**

(2) Every peace officer is justified in receiving into custody any person who is given into his charge as having been a party to a breach of the peace by one who has, or who on reasonable grounds the peace officer believes has, witnessed the breach of the peace.

## **D: *The Emergency Planning Act***

**18(1)** On the making of an emergency declaration or a renewal of an emergency declaration and for the duration of the state of emergency, the minister may:

- (d) acquire or utilize any real or personal property that the minister considers necessary to prevent, combat or alleviate the effects of an emergency;
- (l) procure the use of any property, services, resources or equipment within any part of Saskatchewan for the duration of the state of emergency;
- (m) conscript persons needed to meet an emergency;

## **E: *The Premier's Order***

On March 20, 2020, Premier Moe issued a Ministerial Order pursuant to *The Emergency Planning Act*, ordering that:

- All persons are required to comply with any orders made by the Minister of Health pursuant to *The Public Health Act, 1994*;
- All persons are required to comply with any orders issued by the Chief Medical Health Officer;
- All persons are required to comply with any direction issued by the Saskatchewan Public Safety Authority in accordance with the powers and duties under *The Emergency Planning Act* and *The Saskatchewan Public Safety Authority Act*.
- The RCMP and all police services are authorized to take any reasonable action, including the power of arrest, to enforce this order, any other order pursuant to s. 18 of *The Emergency Planning Act*, or any order pursuant to *The Public Health Act, 1994*.



## 16 White Birch Centre - Regina

### 16.1 Standard Operating Procedures

**Location:** Ritter Ave. - former White Birch Remand Centre (White Birch)

When arriving at the Paul Dojack Youth Centre you will drive through the parking lot and follow the road west around the centre. This road will take you around behind the facility to 'White Birch Remand Centre' where the Isolation Centre is currently located. To enter the building, ring the doorbell and you will be buzzed in.

The isolation centre consists of 8 patient rooms. Room #1 and #2 are wet rooms and contain a sink and toilet. The capacity of the centre is 8. The centre has communal washroom facilities for all patient rooms, and a patient communal living area. Also within the centre are laundry facilities, a nursing office and a staff office.

Once inside the facility, staff will receive the centre's keys from the outgoing staff. Staff must have keys as all doors within the facility are locked and require a key to access. Doors that are locked will display as green on the control panel.

#### Meals

Meals will be provided for all staff and patients by the PDYC (Paul Dojack Youth Centre). Meals will be ordered by contacting the PDYC at (306) 787-1050 and advising them of how many servings are need for each meal. Lunches and suppers are hot meals and are ordered individually. Breakfasts are cold meals and are ordered for the following morning at the same time supper is ordered. Breakfast meals will be stored in the fridge in the common area until they are required the following morning. Lunches are to be ordered at 09:30 hrs each morning and Suppers/Breakfasts are to be ordered by 14:00 hrs each day.

PDYC staff will deliver the food carts and do garbage detail. The carts will be left outside the door that faces onto the Paul Dojack Campus (South door), the doorbell will be buzzed when the canister is dropped off. Staff should not open the door to retrieve the canister until those dropping it off have left the immediate area.

The centre staff will bring the cart in for distribution. All patients will eat their meals in their rooms. Once the meal is complete, staff will collect trays, put them back in the food cart and place it outside the centre door for PDYC to pick up. The carts and garbage will be placed outside the centre door for pick up by PDYC staff. The meal carts need to be outside of the centre for return by 12:30 and 17:30 hrs.

#### Daily Reporting

**07:30** - The Shift Supervisor at each site will transfer the information from the Situation Report Wall Chart into the "Isolation Centre Site Briefing." The briefing form is an electronic Word document labeled "Isolation Centre Site Wall Chart Status Report." Once the briefing form is complete, the Shift Supervisor emails the briefing form to the "Site Branch Director" (Barry Watson or his designate) by 08:15hrs.

**08:30** - "Site Branch Director" (Barry Watson or his designate) will collect "Isolation Centre Site Briefings" from each site, verify the information as required and email the multi-site summary by 09:30hrs each morning to the:

- Operations Section Chief (Brad Anderson or his designate)
- Planning Section Chief (Brad Anderson or his designate Megan Welder)
- Finance Section Chief (Cindy Mak or her designate)

#### PPE Use Guidelines



- Staff working at the White Birch Isolation Centre work a 12-hour shift from 08:00 to 20:00 hrs and 20:00 to 08:00 hrs. Oncoming shift personnel are expected to be on-site at least 15 minutes prior to the commencement of their shift.
- The off-going shift will ensure the oncoming shift is briefed accordingly on any matters of importance.
- Once the shift change is completed, the oncoming shift will conduct the following:
  - Using the electronic monitoring system, they will ensure all door, gates and access points are properly secured. Any insecure points will be rectified immediately.
  - All patients are to remain in their rooms unless they require to use the washroom and shower facilities. Patients are also allowed to enter the common area of the facility for one hour per day. After each patient has returned to their room from the common area/washroom area, the high touch surfaces in common areas and washroom areas shall be cleaned/disinfected by staff before allowing any other patients to use these areas.
  - A check will be conducted on all patients individually. This will be done first by viewing the patients on the cameras and secondly by engaging the patients in a brief conversation over the intercom system. Guards will not be required to enter the room of the patients unless they are unresponsive to the aforementioned patient check. Should the guards feel it is necessary to enter the room of a patient to conduct a wellness check, they will don full PPE prior to entering the room area. Only one patient will be allowed in the washroom/shower facilities and the common area at any given time.
  - Patients are not allowed to use the exterior exercise area
  - **07:00** hrs, PPE inventory
  - **08:00** hrs, lights on
  - **08:30** hrs, breakfast served
  - **09:00 – 1200** hrs, 1 hour outside of room for each patient, surfaces wiped between patients
  - **09:30** hrs, meals for lunch are ordered
  - **12:00** hrs, lunch served
  - **12:30** hrs, meal cart outside
  - **13:00 – 1700** hrs, 1 hour outside of room for each patient, surfaces wiped between patients
  - **14:00** hrs, supper/breakfast ordered
  - **17:00** hrs, supper served
  - **17:30** hrs, Meal cart outside
  - **18:00** hrs, PPE inventory
  - **22:00** hrs, lights out
  - **23:00** hrs, laundry completed on an as-need basis

### **Wellness Checks**

Patient wellness checks will be conducted hourly and recorded on the patient wellness forms accordingly. Wellness checks will be conducted via the video and intercom system and staff will only enter a room for a wellness check if absolutely necessary. The staff will need to use their own discretion when deciding whether or not to enter a room. If they are required to enter a room for a wellness check, the staff shall wear full PPE as described in this document.

### **Clothing and Bedding**

All patients shall wear White Birch sweat pants and sweat shirts which are provided by the isolation centre. Clothing for patients is located in the storage room indicated on the below noted floor plan. Clothing worn by the patients during admitting will be laundered by the staff using the in-house laundry facilities and returned to the patient when they are released. Cleaned patient clothing will be stored in the PPE storage room indicated on the below noted map.

Bedding will be provided to each patient as need on admission. Each patient will receive fresh bedding once per week or as needed. New clothing will be provided to each patient every second day or as needed.

All used patient clothing and bedding shall be washed by the staff using the in house laundry facilities and returned to the bedding and clothing storage room

### **Admitting**

Staff will be notified of the arrival of a new patient by the Site Branch Director. Once staff are notified, they shall don full PPE prior to accepting the patient.

Upon entry into the centre all patients will go directly to the admitting area where they will change into White Birch clothing as described above. Clothing worn by the patients upon arrival at the facility will be set aside for laundering at a later time.

Patients will be briefly interviewed by the on-site paramedics to ensure there are not immediate medical issues that need to be addressed.

Staff shall advise the patients of the daily routine which will include the following:

- Meals
- 1 hour in common area
- Wellness checks
- Lights out
- Lights on
- Bedding and clothing
- How to contact staff from their room
- Duration of their stay at the centre (this will be decided by Public Health)

Staff shall ensure any medication brought with the patient are obtained along with the instructions for administering the medications.

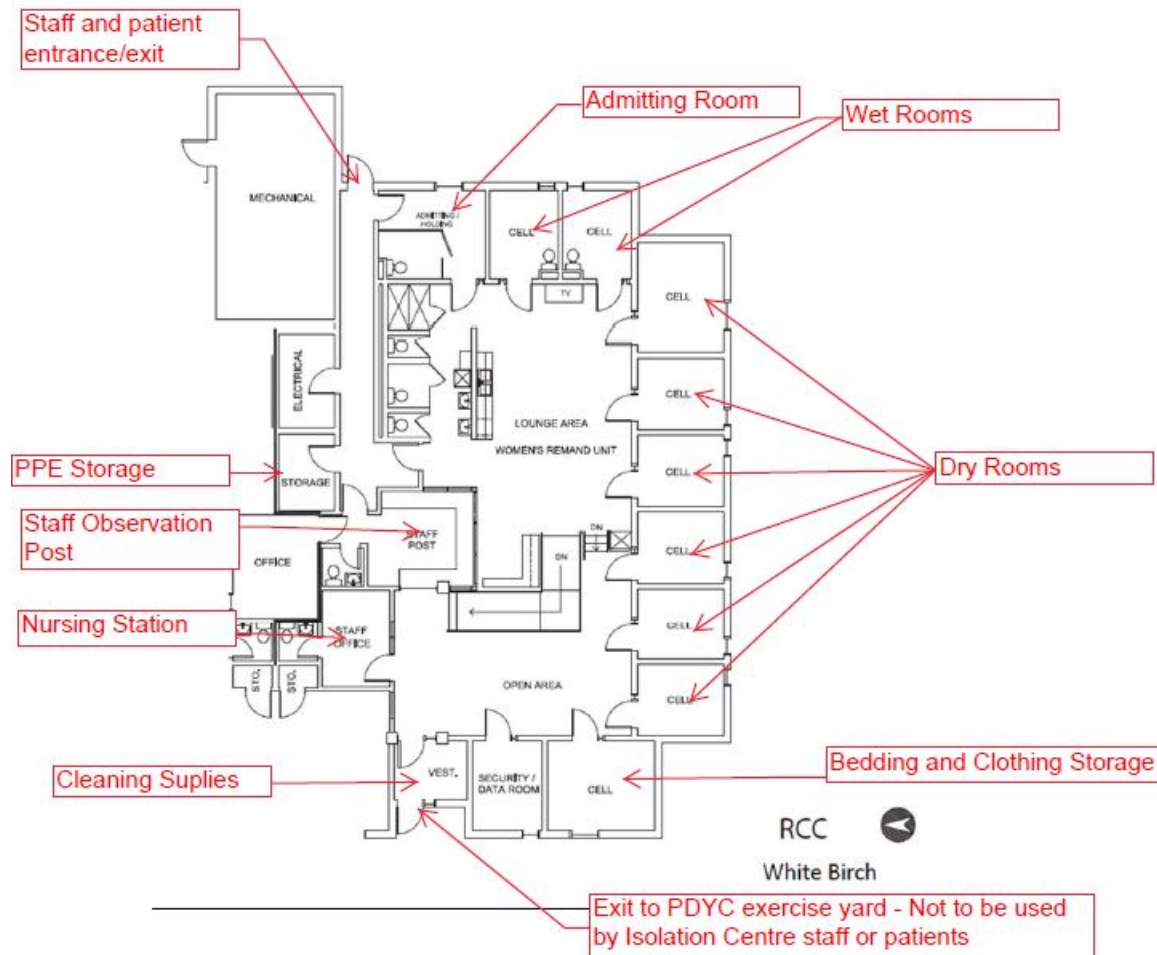
Patients will be taken to an available room and secured accordingly. The two wet rooms noted on the floor plan below will be utilized first, followed by the dry rooms. Only one patient shall be housed in a room at a time unless the population of the centre dictates otherwise. Male and female patients shall not be located in the same room.

**Discharge/Release**

When Public Health determines a patient may leave, they (Public Health) will make the necessary arrangements to have the patient returned home.

**Evacuation**

In case of emergency evacuation will be out the admitting door and the muster point will be near the large disposal bins. If for some reason this evacuation is not possible, evacuation will occur through the door the faces onto the Paul Dojack Campus (South door), muster will be inside the Paul Dojack yard area. However, adults being held in White Birch should not have contact with the youth within Paul Dojack Youth Centre.



## 16.2 Description

	<b>Regina</b>
	<b>White Birch Remand Centre for Women</b> self-contained building is located on the ground of Paul Dojack Youth Centre
Patient capacity	16 beds in 8 rooms 2 rooms have private sink and toilet 6 rooms do not have sinks and toilets
Washrooms and sinks: communal or private	Communal shower and toilet area
Food services: kitchen (refrigeration, dishes, dishwashing capability, food preparation areas etc.) <b>OR</b> food must be brought in	To be brought in by Compass
Secure space for administration/patient records	Staff offices
Space for reception, waiting, patient care, counselling/support	Nursing office
Secure storage capacity for pharmacy and other supplies such as personal safety equipment	
Access to laundry	Washer and dryer on site – staff will need to do laundry
Ability to separate quarantine vs medical isolation	See recommendations from Public Health Assessment
Date to open as an isolation centre	April 7, 2020

## 16.3 Security Staffing

2 staff @ 12 hr shifts (2 day and 2 night)

## 16.4 White Birch Financial Information

Under development - information as of April 9, 2020

Monthly costs as the White Birch Remand Unit: approx. \$23k

**Staffing from Corrections and Policing:** averaging \$2100 per 24 hrs; averaging \$30,000 per month

Cleaning	Daily Rate	Bi-weekly
Clorox Disinfecting Machine	\$ 150.00	\$ 2,100.00
Manual Disinfecting	\$ 250.00	\$ 3,500.00