V HEALTH
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V HEALTH

PART ONE: UN GUIDELINES

A. MEDICAL SERVICES

1. General

Universal Declaration of Human Rights [1]

Article 25

1. Everyone has the right to a standard of living adequate for the health and well-being of him/herself and of his/her family. This shall include food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his/her control.

Basic Principles for the Treatment of Prisoners [2]

Principle 9

Prisoners shall have access to the health services available in the country without discrimination on the grounds of their legal situation.

Standard Minimum Rules for the Treatment of Prisoners [3]

Rule 22

1. At every institution the services of at least one qualified medical officer, who should have some knowledge of psychiatry, shall be available. The medical services should be organized in close relation to the general health administration of the community or nation. These services shall include a psychiatric service for the diagnosis, and, in proper cases, the treatment of states of mental abnormality.

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1 General Assembly Resolution 217 A (III) of 10 December 1948.

2 General Assembly Resolution 45/111 of 14 December 1990.

3 First United Nations Congress on the Prevention of Crime and the Treatment of Offenders, Geneva, 1955 and approved by the Economic and Social Council resolution 663 (XXIV) of 31 July 1957 and 2076 (LXII) of 13 May 1977.

Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment [4]

Principle 24

A proper medical examination shall be offered to a detained or imprisoned person as promptly as possible after his/her admission to the place of detention or imprisonment. This medical care and treatment shall be provided whenever necessary and free of charge.

Principle 25

A detained or imprisoned person or his/her counsel shall, subject only to reasonable conditions to ensure security and good order in the place of detention or imprisonment, have the right to request or petition a judicial or other authority for a second medical examination or opinion.

Principle 26

The fact that a detained or imprisoned person underwent a medical examination, the name of the physician and the results of such an examination shall be duly recorded. Access to such records shall be ensured. Modalities therefore shall be in accordance with relevant rules of domestic law.

2. Medical Ethics

Principles of Medical Ethics Relevant to the Role of Health Personnel, Particularly Physicians, in the Protection of Prisoners and Detained Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment [5]

Principle 1

Health personnel, particularly physicians, charged with the medical care of prisoners and detainees have a duty to provide protection of physical and mental health and treatment of disease of the same quality and standard as is afforded to those who are not imprisoned or detained.

Principle 2

It is a gross contravention of medical ethics, as well as an offence under applicable international instruments, for health personnel, particularly physicians, to engage, actively or passively, in acts which constitute participation in, complicity in, incitement to or attempts to commit torture or other cruel, inhuman

4 General Assembly Resolution 43/173 of 9 December 1988.

5 General Assembly Resolution 371194 of 18 December 1982.

or degrading treatment or punishment.

Principle 3

It is a contravention of medical ethics for health personnel, particularly physicians, to be involved in any professional relationship with prisoners or detainees the purpose of which is not solely to evaluate, protect or improve their physical and mental health.

Principle 4

It is a contravention of medical ethics for health personnel, particularly physicians:

> 1. To apply their knowledge and skills in order to assist in the interrogation of prisoners and detainees in a manner that may adversely affect the physical or mental health or condition of such prisoners or detainees and which is not in accordance with the relevant international instruments.
>
> 2. To certify, or to participate in the certification of, the fitness of prisoners or detainees for any form of treatment or punishment that may adversely affect their physical or mental health and which is not in accordance with the relevant international instruments, or to participate in any way in the infliction of any such treatment or punishment which is not in accordance with the relevant international instruments.

Principle 5

It is a contravention of medical ethics for health personnel, particularly physicians, to participate in any procedure for restraining a prisoner or detainee unless such a procedure is determined in accordance with purely medical criteria as being necessary for the protection of the physical or mental health or the safety of the prisoner or detainee him/herself, or his/her fellow prisoners or detainees, or of his/her guardians, and presents no hazard to his/her physical or mental health.

Principle 6

There may be no derogation from the foregoing principles on any ground whatsoever, including public emergency; particularly the Universal Declaration of Human Rights (Resolution 217 A (III), the International Covenants on Human Rights (Resolution 2200 A (XXI), annex), the Declaration on the Protection of all Persons from Being Subjected to Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (resolution 3425 (XXX), annex) and the Standard Minimum Rules for the Treatment of Prisoners (First United Nations Congress on the Prevention of Crime and the Treatment of Offenders: report by the Secretariat,

United Nations publication, Sales No. E. 1956.IV.4.) annex I.A).

Code of Conduct for Law Enforcement Officials [6]

Article 6

Law enforcement officials shall ensure the full protection of the health of persons in their custody and, in particular, shall take immediate action to secure medical attention wherever required.

Commentary:

(i) 'Medical attention', which refers to services rendered by any medical personnel including certified medical practitioners and paramedics, shall be secured when needed or requested.

(ii) While the medical personnel are likely to be attached to the law enforcement operation, law enforcement officials must take into account the judgment of such personnel when they recommend providing the person in custody with appropriate treatment through, or in consultation with, medical personnel from outside the law enforcement operation.

(iii) It is also understood that law enforcement officials shall also secure medical attention for victims of violations of law or of accidents occurring in the course of violations of the law.

3. Medical Officers

Standard Minimum Rules for the Treatment of Prisoners [7]

Rule 24

The medical officer shall see and examine every prisoner as soon as possible after his/her admission and thereafter as necessary, with a view particularly to the discovery of physical or mental illness and the taking of all necessary measures, the segregation of prisoners suspected of infectious or contagious conditions, the noting of physical or mental defects which might hamper rehabilitation, and the determination of the physical capacity of every prisoner for work.

Rule 25

1. The medical officer shall report to the director whenever he/she considers that a prisoner's physical or mental health has been or will be injuriously affected by

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6 General Assembly Resolution 341169 of 17 December 1979.

7 Supra, note

continued imprisonment or by condition of imprisonment.

2. The medical officer shall report to the director whenever he/she considers that a prisoner's physical or mental health has been or will be injuriously affected by continued imprisonment or by any condition of imprisonment.

Rule 26

1. The medical officer shall regularly inspect and advise the director upon:

(a) the quantity, quality, preparation and service of food,
(b) the hygiene and cleanliness of the institution and the prisoners,
(c) the sanitation, heating, lighting and ventilation of the institution,
(d) the suitability and cleanliness of the prisoners' clothing and bedding,
(e) the observance of the rules concerning physical education and sports, in cases where there is no technical personnel in charge of these activities.

2. The director shall take into consideration the reports and advice that the medical officer submits according to Rules 25.2 and 26 and, in case he/she concurs with the recommendations made, shall take immediate steps to give effect to those recommendations. If they are not within his/her competence or if he/she does not concur with them, he/she shall immediately submit his/her own report and the advice of the medical officer to a higher authority.

Rule 52

1. In institutions that are large enough to require the services of one or more full-time medical officers, at least one of them shall reside on the premises of the institution or in its immediate vicinity.

2. In other institutions, the medical officer shall visit daily and shall reside near enough to be able to attend without delay in cases of urgency.

4. Specialist Treatment

Standard Minimum Rules for the Treatment of Prisoners [8]

Rule 22

2. Sick prisoners who require specialist treatment shall be transferred to specialised institutions or to civil hospitals. Where hospital facilities are provided in an institution, their equipment, furnishings and pharmaceutical supplies shall be proper for the medical care and treatment of sick prisoners, and there shall be a staff of suitable trained officers.

8 Supra, note

5. Dental Services

Standard Minimum Rules for the Treatment of Prisoners [9]

Rule 22

3. The services of a qualified dental officer shall be available to every prisoner.

6. Research

Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment [10]

Principle 22

No detained or imprisoned person shall, even with his/her consent, be subjected to any medical or scientific experimentation that may be detrimental to his/her health.

B. ACCOMMODATION AND HYGIENE

1. Accommodation

Standard Minimum Rules for the Treatment of Prisoners

Rule 9

1. Where sleeping accommodation is in individual cells or rooms, each prisoner shall occupy by night a cell or room by him/herself. If for special reasons, such as temporary overcrowding, it becomes necessary for the central prison administration to make an exception to this rule, it is not desirable to have two prisoners in a cell or room.

2. Where dormitories are used, prisoners carefully selected as being suitable to associate with one another in those conditions shall occupy them. There shall be regular supervision by night, in keeping with the nature of the institution.

Rule 10

All accommodation provided for the use of prisoners, and in particular all sleeping accommodation shall meet all requirements of health, with due regard being paid to climatic conditions, particularly to cubic content of air, as well as

9 Supra, note

10 General Assembly Resolution 43/173 of 9 December 1988.

minimum floor space, lighting, heating, and ventilation.

Rule 11

In all places where prisoners are required to live or work,

(a) the windows shall be large enough to enable the prisoners to read or work by natural light, and shall be so constructed that they can allow the entrance of fresh air whether or not there is artificial ventilation, and
(b) artificial light shall be provided sufficient for the prisoner to read or work without injury to eyesight.

Rule 12

The sanitary installations shall be adequate to enable every prisoner to comply with the needs of nature when necessary and in a clean and decent manner.

Rule 13

Adequate bathing and shower installations shall be provided so that every prisoner may be enabled and required to have a bath or shower, at a temperature suitable to the climate, as frequently as necessary for general hygiene according to season and geographical region, but at least once a week in temperate climate.

Rule 14

All parts of an institution used by prisoners shall be properly maintained and kept scrupulously clean at all times.

2. Clothing and Bedding

Standard Minimum Rules for the Treatment of Prisoners [11]

Rule 17

1. Every prisoner who is not allowed to wear his/her own clothing shall be provided with an outfit of clothing suitable for the climate and adequate to keep him in good health. Such clothing shall in no manner be degrading or humiliating.

2. All clothing shall be clean and kept in proper condition. Underclothing shall be changed and washed as often as necessary for the maintenance of hygiene.

3. In exceptional circumstances when prisoners are removed outside the

11 Supra, note

institution for an authorised purpose, they shall be allowed to wear their own clothing or other inconspicuous clothing.

Rule 18

If prisoners are allowed to wear their own clothing, arrangements shall be made on their admission to the institution to ensure that it shall be clean and fit for use.

Rule 19

Every prisoner shall, in accordance with local or national standards, be provided with a separate bed, and with separate and sufficient bedding, which shall be clean when issued, kept in good order and changed often enough to ensure its cleanliness.

3. Personal Hygiene

Standard Minimum Rules for the Treatment of Prisoners [12]

Rule15

Prisoners shall be required to keep their persons clean, and to this end they shall be provided with water and with such toilet articles as are necessary for health and cleanliness.

Rule 16

In order that prisoners may maintain a good appearance compatible with their self-respect, facilities shall be provided for the proper care of the hair and beard, and men shall be enabled to shave regularly.

C. FOOD

1. General

Standard Minimum Rules for the Treatment of Prisoners [13]

Rule 20

1. The administration shall provide prisoners with food of nutritional value adequate for health and strength, of wholesome quality and well prepared and served at usual hours.

12 Supra, note

13 Supra, note

2. Drinking water shall be available to every prisoner whenever he/she needs it.

D. EXERCISE AND SPORT

Standard Minimum Rules for the Treatment of Prisoners [14]

Rule 21

1. Every prisoner who is not employed in outdoor work shall have at least one hour of suitable exercise in the open air daily if the weather permits.

2. Young prisoners, and others of suitable age and physique, shall receive physical and recreational training during the period of exercise. To this end, space, installations and equipment should be provided.

Rule 78

Recreational and cultural activities shall be provided in all institutions for the benefit of the mental and physical health of prisoners.

E. WORK PROGRAMS

see also II CASE MANAGEMENT and III INMATE RIGHTS AND TREATMENT OF PRISONERS

Standard Minimum Rules for the Treatment of Prisoners [15]

Rule 71

1. Prison work must not be of an afflictive nature.

2. All prisoners under sentence shall be required to work, subject to their physical and mental fitness as determined by the medical officer.

Rule 74

1. The precautions laid down to protect the safety and health of free workmen shall be equally observed in all institutions.

2. Provision shall be made to indemnify prisoners against industrial injury, including occupational disease, on terms not less favourable than those extended by law to free workmen.

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14 Supra, note

15 Supra, note

F. SPECIAL GROUP TREATMENT

1. Insane and Mentally Abnormal Prisoners

Standard Minimum Rules for the Treatment of Prisoners [16]

Rule 82

1. Persons who are found to be insane shall not be detained in prisons and arrangements shall be made to remove them to mental institutions as soon as possible.

2. Prisoners who suffer from other mental diseases or abnormalities shall be observed and treated in specialised institutions under medical management.

3. During their stay in a prison, such prisoners shall be placed under the special supervision of a medical officer.

4. The medical psychiatric service of the penal institutions shall provide for the psychiatric treatment of all other prisoners who are in need of such treatment.

Rule 83

It is desirable that steps should be taken, by arrangement with the appropriate agencies, to ensure, if necessary, the continuation of psychiatric treatment after release and the provision of social-psychiatric after-care.

2. Women's Health Services

Universal Declaration of Human Rights

Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock shall enjoy the same social protection.

Standard Minimum Rules for the Treatment of Prisoners [17]

Rule 23

1. In women's institutions there shall be special accommodations for all necessary pre-natal and post-natal care and treatment. Arrangements shall be made whenever practicable for children to be born in a hospital outside the institution. If a child is born in prison, this fact shall not be mentioned

16 Supra, note

17 Supra, note

in the birth certificate.

2. Where nursing infants are allowed to remain in the institution with their mothers, provision shall be made for a nursery staffed by qualified persons, where the infants shall be placed when they are not in the care of their mothers.

3. Juvenile Health

3.(a) Protection of Juveniles' Health and Well-being

United Nations Rules for the Protection of Juveniles Deprived of Their Liberty [18]

Rule 87

(d) All personnel should ensure the full protection of the physical and mental health of juveniles, including protection from physical abuse, sexual abuse and exploitation, and should take immediate action to secure medical attention wherever required.

3.(b) Right to Protection Against Torture

see III INMATE RIGHTS AND TREATMENT OF PRISONERS

3.(c) Physical Environment and Accommodation

United Nations Rules for the Protection of Juveniles Deprived of Their Liberty [19]

Rule 31

Juveniles deprived of their liberty have the right to facilities and services that meet all the requirements of health and human dignity.

Rule 32

The design of detention facilities for juveniles and the physical environment should be in keeping with the rehabilitative aim of residential treatment, with due regard to the need of the juvenile for privacy, sensory stimuli, opportunities for association with peers and participation in sports, physical exercise and leisure-time activities. The design and structure of juvenile detention facilities should be such as to minimize the risk of fire and to ensure safe evacuation from the premises. There should be an effective alarm system in case of fire, as well as formal and drilled procedures to ensure the safety of the juveniles.

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18 General Assembly Resolution 451113 of December 1990.

19 General Assembly Resolution 451113 of 14 December 1990.

Rule 33

Sleeping accommodations should normally consist of small group dormitories of individual bedrooms, while bearing in mind local standards. During sleeping hours there should be regular, unobtrusive supervision of all sleeping areas, including individual rooms and group dormitories, in order to ensure the protection of each juvenile. Every juvenile should, in accordance with local or national standards, be provided with separate and sufficient bedding, which should be clean when issued, kept in good order and changed often enough to ensure cleanliness. Detention facilities should not be located in areas where there are known health or other hazards or risks.

Rule 34

Sanitary installations should be so located and of a sufficient standard to enable every juvenile to comply, as required, with his/her physical needs in privacy and in a clean and decent manner.

3.(d) Clothing

United Nations Rules for the Protection of Juveniles Deprived of Their Liberty [21]

Rule 36

To the extent possible, juveniles should have the right to use their own clothing. Detention facilities should ensure that each juvenile has personal clothing suitable for the climate and adequate to ensure good health, and which should in no manner be degrading or humiliating. Juveniles removed from or leaving a facility for any purpose should be allowed to wear their own clothing.

3.(e) Food

United Nations Rules for the Protection of Juveniles Deprived of Their Liberty [22]

Rule 37

Each detention facility shall ensure that every juvenile receives food that is suitably prepared and presented at normal meal times and of a quality and quantity that satisfies the standards of dietetics, hygiene and health and, as far as possible,

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20 General Assembly Resolution 217 A (III) of 10 December 1948.

21 General Assembly Resolution 451113 of 14 December 1990.

22 General Assembly Resolution 451113 of 14 December 1990.

religious and cultural requirements. Clean drinking water should be available to every juvenile at any time.

3.(f) Juvenile Medical Care

United Nations Rules for the Protection of Juveniles Deprived of Their Liberty [23]

Rule 49

Every juvenile shall receive adequate medical care, both preventive and remedial, including dental, ophthalmologic and mental health care, as well as pharmaceutical products and special diets as medically indicated. All such medical care should, where possible, be provided to detained juveniles through the appropriate health facilities and services of the community in which the detention facility is located, in order to prevent stigmatization of the juvenile and promote self-respect and integration into the community.

Rule 50

Every juvenile has a right to be examined by a physician immediately upon admission to a detention facility, for the purpose of recording any evidence or prior ill-treatment and identifying any physical or mental condition requiring medical attention.

Rule 51

The medical services provided to juveniles should seek to detect and should treat any physical or mental illness, substance abuse or other condition that may hinder the integration of the juvenile into society. Every detention facility for juveniles should have immediate access to adequate medical facilities and equipment appropriate to the number and requirements of its residents and staff trained in preventive health care and the handling of medical emergencies. Every juvenile who is ill, who complains of illness or who demonstrates symptoms of physical or mental difficulties should be examined promptly by a medical officer.

Rule 52

Any medical officer who has reason to believe that the physical or mental health of a juvenile has been or will be injuriously affected by continued detention, a hunger strike or any condition of detention should report this fact immediately to the director of the detention facility in question and to the independent authority responsible for safeguarding the well-being of the juvenile.

23 General Assembly Resolution 451113 of 14 December 1990.

Rule 53

A juvenile who is suffering from a medical illness should be treated in a specialised institution under independent medical management. Steps should be taken, by arrangement with appropriate agencies, to ensure any necessary continuation of mental health care after release.

Rule 54

Juvenile detention facilities should adopt specialised drug abuse prevention and rehabilitative programs administered by qualified personnel. These programs should be adapted to the age, sex and other requirements of the juveniles concerned. Detoxification facilities and services staffed by trained personnel should be available to drug or alcohol dependent juveniles.

Rule 55

Medicines should be administered only for necessary treatment on medical grounds and, when possible, after having obtained the informed consent of the juvenile concerned. In particular, they must not be administered with a view to eliciting information or a confession, as a punishment or as a means of restraint. Juveniles shall never be tested in the experimental use of drugs and treatment. The administration of any drug should always be authorised and carried out by qualified medical personnel.

3.(g) Recreation and Sport

United Nations Rules for the Protection of Juveniles Deprived of Their Liberty [24]

Rule 47

Every juvenile should have the right to a suitable amount of time for daily free exercise in the open air, whenever weather permits, during which time appropriate recreational and physical training should normally be provided. Adequate space, installations and equipment should be provided for these activities. Every juvenile should have additional time for daily leisure activities, part of which should be devoted, if the juvenile so wishes, to arts and crafts skills development. The detentional facility should ensure that each juvenile is physically able to participate in the available programs of physical education. Remedial physical education and therapy should be offered, under medical supervision to juveniles needing it.

24 General Assembly Resolution 451113 of 14 December 1990.

PART TWO: PROPOSED PRISON POLICY

A. MEDICAL SERVICES

1. Definitions

Health care - medical care, dental care and mental health care, provided by registered health care professionals

Mental health care - the care of a disorder of thought, mood, perception, orientation or memory that significantly impairs judgment, behaviour, the capacity to recognise reality or the ability to meet the ordinary demands of life

Treatment - health care treatment

2. Objectives and Guiding Principles

The prison service shall provide every inmate with:

(a) essential health care; and
(b) reasonable access to non-essential mental health care that will contribute to the inmate's rehabilitation and successful reintegration into the community.

The provision of health care shall conform to professionally acceptable standards.

The prison service shall take into consideration an offender's state of health and health care needs:

(a) in all decisions affecting the offender, including decisions relating to placement, transfer, administrative segregation and disciplinary matters; and
(b) in the preparation of the offender for release and the supervision of the offender.

Discussion:

The primary purpose of health services is to treat illness, injury and disease in order to restore or improve the health of the individual. In fulfilling this goal, the prison's service ensures access by offenders to all levels of care obtainable by the population at large.

3. Informed Consent and the Right of Refusal

3.(a) General

All examinations, treatments, and procedures affected by informed consent standards in the community are likewise to be observed for inmate care. In the case of minors, the informed consent of parent, guardian or legal custodian applies where required by law. Informed consent shall be obtained by the institutional health care professional in all instances defined by the director of health services and standing written policy. The inmate shall have the right to refuse treatment.

> *Discussion:*
>
> Informed consent is the agreement by the patient to a treatment examination or procedure after the patient receives the material facts regarding the nature, consequences, risks and alternatives concerning the proposed treatment, examination or procedure. Medical treatment without consent by an inmate or youth could result in legal complications. In the case of minors, the informed consent of parent, guardian or legal custodian applies when required by law.

3.(b) Unobtainable Consent

All general hospitals have a method for proceeding with emergency treatments when informed consent cannot be obtained. The procedures used by the local general hospital will apply to persons in prison custody.

3.(c) Youth

Where an inmate is below the age at which a person may consent to his/her own medical treatment, the director of the institution, after consultation with the medical officer, provides the needed consent and such consent extends only to preventative care, routine medical care, and emergency first aid care.

Where serious medical procedures are contemplated, parental informed consent will be obtained where possible. A general medical release form signed by a parent or guardian will not be interpreted as extending to serious medical procedures.

When a youth has undergone treatment where consent could not be obtained, the youth's parents or guardians are to be notified as soon as possible with confirmation in writing.

In cases where the parents or guardians refuse medical attention on religious, political, or other grounds, the matter must be referred to the superintendent of child welfare for action.

4. Range of Health Care

4.(a) General

The prison's service shall provide, as necessary, the following levels of care for persons in custody: self-care, first aid, emergency care, clinic care, continuous care and isolation care.

> *Discussion:*
>
> The services may be provided on-site, off-site in the community or at another prison.
>
> Self-care - care for a condition that can be treated by the inmate and may include 'over-the-counter' type medications
>
> First aid - care for a condition that requires immediate assistance from a person trained in first aid procedures
>
> Emergency care - care for an acute illness or unexpected health care need that cannot be deferred until the next scheduled sick call or clinic
>
> Clinic care - non-emergency care provided to an inmate/youth
>
> Continuous care - care for a patient who requires twenty-four hour nursing care under medical supervision. In most situations an individual requiring such care would be placed into a local hospital. It is expected that continuous care in an institution would only occur on rare occasions.
>
> Continuous care area - an area established within a correctional institution where twenty-four hour nursing care under medical supervision may be provided if and when required. Such an area need not be a part of the health centre, and may be used for other functions when not required for patient care.
>
> Isolation care - care for a patient provided in a continuous care area. Such a patient may not require twenty-four hour nursing care.

An inmate/youth with an illness that requires health care beyond the resources available in the facility, shall be removed to a facility where appropriate care is available on the advice of the health care professional in consultation with the warden.

Discussion:

On occasion, an inmate or youth will require movement to a health care facility to deal with acute illness or reportable diseases which require isolation that an institution cannot accommodate, such as day care surgery, severe heart disease, or dental emergency.

4.(b) Specialist Treatment

Where a special medical program is required for an inmate/youth, the responsible physician shall develop and record an individualized treatment plan in the inmate/youth's medical file.

Discussion:

Special medical programs are the special measures required to address specific health problems which necessitate close medical supervision. These include seizure disorders, diabetes, potential suicide, chemical dependency, and psychosis.

In these cases, the facility must respond by providing a program directed to these medical needs. This direction may include special instruction to health care and other personnel regarding their role and responsibilities in the care and supervision of the patient.

4.(c) Dental Services

Basic dental services shall be provided to all inmates/youths.

Discussion:

Basic dental services include:

(i) Fillings
(ii) Extractions
(iii) Other work necessary to attain or maintain the oral health and functioning dentition of inmates/youths

Reconstructive and cosmetic work will not be undertaken.

4.(d) Emergency Care

Twenty-four hour emergency health care shall be available to all inmates/youths. Plans to facilitate this shall provide for the following:

(i) Emergency evacuation for the inmate from within the facility

(ii) Use of an emergency vehicle
(iii) Use of one or more designated hospital/emergency departments or other appropriate health facilities, either on or off site
(iv) Emergency on-call physician and dental services when an emergency health facility is not located in a nearby community or where, in the opinion of the director of the institution, such on-call services are required
(v) Security procedures that provide for the immediate transfer of inmates/youths, when appropriate

5. Medical Examinations

All inmates upon initial acceptance into the custody of the prison's service shall have a health assessment.

A repeat assessment by a physician, or a registered nurse, acting under the direction of a medical practitioner, is not required unless ordered by a physician.

Where a physician orders a transfer health assessment, it may be completed by a physician or a registered nurse.

> *Discussion*:
>
> The initial health assessment provides a process of structured inquiry and observation designed to identify any threat to health or safety that may present a problem to the inmate/youth or to the institution. It also provides a process whereby inmates/youths may receive immediate medical attention as required.

6. Private Clinician Visits

6.(a) Interviews

An inmate in a prison may be visited and interviewed by a private medical, psychiatric, or psychological clinician who is not on staff or otherwise retained by the prison's service.

6.(a)(i) Medical Officer

When an interview is requested, the clinician is to be referred to the prison's medical officer and asked to provide the following information:

1. The name of the person who will conduct the interview.

2. The name of the inmate who is to be interviewed.

3. The purpose of the interview.

4. The preferred time for the interview.

5. The expected length of the interview.

6.(b) Security Clearance

The prison warden, or designate, shall also be contacted in order to:

(a) confirm that the inmate is in the prison and will be available at the requested time, and
(b) authorise clearance for the clinician to enter the correctional centre at the time specified.

6.(c) Exceptional Requests

If the request for a visit involves anything beyond an ordinary interview, the clinician must review the specifics involved with:

(a) the prison's medical officer, if the request relates to a medical/psychiatric matter, or
(b) the prison's psychologist, if the request relates to a non-medical (psychological) mental health matter.

6.(d) Private Clinicians

The fees and expenses of a private clinician are the responsibility of the inmate, not the prison's service.

Private clinicians may be billed by the prison's service for any extraordinary costs incurred by the branch as a result of exceptional requests for non-routine interviews.

Any program of treatment of an inmate advocated by a private clinician shall not be undertaken until:

(a) the treatment program has been approved by the prison's medical officer with regard to non-medical, mental health issues; and
(b) consent in writing has been given by the inmate or his/her parents or guardian in the case of minors.

7. Infection Control

7.(a) Introduction

Staff and inmates in prisons are recognised as being at risk for the transmission of certain infectious or transmissible diseases including tuberculosis, hepatitis and AIDS; therefore, all inmates should be considered as potentially infectious.

7.(b) Educational Program

It is acknowledged that understanding and appropriate action are possible primarily through education. Therefore, a comprehensive educational program for staff and inmates shall be developed in all centres.

All prison wardens shall implement the program in conjunction with local health professionals. The corrections academy will, as part of recruit training, provide complimentary information on transmission control and preventive measures.

Educational programs shall be developed that discuss communicable diseases generally and individual diseases specifically (i.e. AIDS and Hepatitis)

At the minimum, the educational program shall provide:

(a) an information package to inmates at intake, or as soon as practical thereafter, providing information on transmission control and precautions to minimize transmission of infectious disease;
(b) as part of the orientation package provided to staff (including recruit training), information on transmission control and precautions to minimize transmission of the infection;
(c) instruction on the proper use of items used for infection control (i.e. condoms, lubricants and bleach); and
(d) opportunities for periodic updates to ensure staff and inmates are kept informed of current information.

7.(c) Institutional Placement/Classification

The institutional physician shall advise the warden on the appropriate handling/treatment of inmates with infectious diseases.

Housing assignments shall be consistent with normal security and/or special needs classification.

A physician will only consider special/separate housing related to infectious disease on the basis of a recommendation.

7.(d) Vaccinations

Inmates wishing to receive pre- or post-exposure vaccinations should consult with the health care professional.

7.(e) Blood and Body Fluids

Procedure:

The body fluids of all inmates shall be treated as potentially infectious.

When handling body fluids the following precautions shall be taken:

1. Wear disposable latex gloves.

2. Establish 'self help barrier' by keeping all cuts and open wounds covered with clean bandages.

3. Wear coveralls where exposure is extreme (e.g. copious bleeding).

4. Face masks shall be worn in case of gross body fluid contamination.

5. Wash hands thoroughly with soap and water after removal of gloves.

6. Clean up any spills of blood or body fluids promptly and thoroughly, using appropriate materials that shall be readily available.

7. Place all possibly contaminated clothing and other items in clearly identified, impervious plastic bags for disposal or separate cleaning.

7.(f) Protective Items

All prison staff shall be provided with, and shall carry on their person while on duty, disposable latex gloves contained in a belt-worn pouch.

Where available, one-valve face masks (anti-reflux) shall be used whenever mouth-to-mouth resuscitation is required. Such resuscitation should not be denied if there are no masks available, since the risk of infection transmission is minimal.

The following currently approved items, identified as an infection control kit, shall be available in all centres:

(i) Face masks
(ii) Eye shields
(iii) Standard issue coveralls
(iv) Cleaning materials
(v) Disposable latex gloves
(vi) One-way valve (anti-reflux)

8. Condoms

8.(a) General

The prison's service recognises a duty to attempt to reduce the risk of sexually transmitted diseases amongst inmates. In meeting this responsibility, all adult prisons shall ensure that condoms are made available to inmates in their custody.

8.(b) Definition

A condom is a prophylactic used to prevent the transmission of infectious diseases. For the purpose of this policy the term condom shall include latex rubber condoms for male inmates or latex dental dams for female inmates.

8.(c) Confidentiality

Staff shall ensure that confidentiality is maintained to respect the privacy of inmates who request or are found to be in possession of condoms.

8.(d) Distribution

Condom distribution methods shall be:

(a) available in the health care unit; and
(b) freely available in the dorms/living units.

Condoms shall be distributed to inmates free of charge.

All condoms distributed shall be latex condoms as medical research indicates this is the most effective material to prevent the transmission of infectious disease.

One-time-use packages of water-soluble lubricants (i.e. K.Y. Jelly or Lubafax) shall be supplied with condoms at the point of distribution to ensure maximum protection for users.

8.(e) Education

Education in the use of condoms shall be provided to all inmates in accordance with infection control policy.

8.(f) Contraband

Staff who discover unopened condoms or lubricant packages in an inmate's possession shall not confiscate these articles. Inmates suspected of using condoms to smuggle contraband shall be dealt with through the normal disciplinary process.

9. Testing- Communicable Diseases

9.(a) Introduction

Upon admission to a prison facility, testing for communicable diseases will be offered to each inmate by the intake nurse. Testing will be made available on request to each inmate both at intake and at any time thereafter while in custody.

9.(b) Voluntary Testing- Inmates

All testing will be voluntary. Inmates wishing to be tested for a communicable disease should make their requests known to the health centre nurse or physician.

9.(c) Voluntary Testing- Staff

Staff wishing to be tested should consult their family physician or local health unit. If the reason for the test is the result of an on-the-job incident, the appropriate compensation forms must be submitted.

9.(d) Inmate Counselling

Pre- and post-test counselling will be given to inmates requesting HIV testing. Ongoing counselling and support for those testing HIV positive will be provided at the health centre.

10. Medical personnel

10.(a) Professional Qualifications

Local licensure, certification or registration requirements and restrictions shall apply to health personnel who provide services to inmates/youths. The warden shall place verification of current credentials on file in the facility, and a copy shall be forwarded to the office of the director of health services.

The warden shall ensure that all health professionals employed or under contract, within six months of assuming their responsibilities, receive requisite orientation including:

(a) institutional security and control,
(b) local institutional procedures, and
(c) structure and organisation of the prison's service and the state justice system.

Discussion:

The purpose of this standard is to give orientation to those categories of employees who would otherwise not receive in-service training. All

> persons in the service of the organisation have a need to be conversant with institutional security, control, and procedure, as well as the structure of the organisation and its purpose.

The prison's service shall ensure that infection control information and training is available to all institutional staff of the service.

10.(b) Nursing Services

Nursing staff will hold five clinics per week. These will take place daily, Monday - Friday at 0700 hours until all cases are dealt with.

If there are insufficient staff to provide this service on the set days, a clinic will be held on Saturdays and Sundays from (time to be announced).

Nursing services are available on an emergency basis, twenty-four hours per day.

> *Discussion:*
>
> Such processing decreases the potential of delay when serious health problems exist. Although some prisons may not have daily health care services, this does not preclude the daily forwarding of personal health requests to the institutional health practitioner.

10.(c) Volunteers

There shall be written policies and procedures established for the selection, training and use of volunteers in health services.

Criteria:

1. Policies shall state, specifically, the purpose of the use of volunteers and the criteria for selection.

2. Training and orientation manuals shall be prepared for each purpose.

3. A monitoring system shall be established to evaluate the effectiveness of the activity and the volunteers.

4. Appropriate recognition shall be provided on a regular basis.

B. ADMINISTRATION

1. Manual

There shall be a manual of written policies and defined procedures for the delivery of health care services approved by the director of health services.

> *Discussion:*
>
> The establishment of written policies and procedures is an important component for the provision of consistent health services delivery. These policies and procedures should undergo regular review to ensure that they incorporate periodic changes in practice.

2. Formulary

In accordance with local and state regulations, there shall be a formulary.

> *Discussion:*
>
> A formulary is a written list of prescribed and non-prescribed medications used within a prison facility. This does not restrict the prescribing of medications generated by outside community health care providers.

3. Health Records

Health records shall be established in a prescribed format for each inmate/youth and shall be maintained at the health centre nearest to where the inmate/youth is housed.

> *Discussion:*
>
> The method of recording file entries will form part of medical policies and procedures. Files are to be housed in the institutional health medical office nearest where the inmate/youth resides. Uniformity of practice is imperative for facilitating the smooth movement of files between institutions when inmates/youths are transferred.

4. Quality Assurance Program

The prison’s service shall describe and implement a quality assurance program to monitor the quality of health care and ensure that acceptable standards are attained and maintained.

Discussion:

It is expected that the director of health services will monitor institutional practices based on a standard of current medical practices.

5. Confidentiality

5.(a) General

All information obtained in the course of treatment shall be confidential with the only exceptions being:

(a) the legal and ethical obligations in response to a clear and present danger of grave injury to self or others, or
(b) a threat to the security of an institution, or
(c) medical information necessary to security staff for the safe management of an inmate.

The health professional shall, in all cases, explain the limits of confidentiality to the patient.

Discussion:

The principle of confidentiality protects the patient from disclosure of confidences entrusted to a health professional during the course of treatment. The law recognises both an ethical and civil liability to ensure confidentiality. The active health record is to be maintained separately from the correctional centre record.

This does not affect the health professional's ability to advise of an inmate/youths' ability to work, nor does it affect his/her ability to advise on issues related to institutional security.

5.(b) Psychiatric Reports

Psychiatric reports may be made available to authorised persons when:

(i) The author of the report gives consent
(ii) The author of the report is not available
(iii) The senior medical officer's opinion is that the information contained in the report requires the appropriate authorities to be advised of its contents in order to protect the public or the inmate

Informed consent of an inmate is necessary before providing health record information to any third party, unless the release of the information is otherwise authorised or required by law.

6. Control of Medication

6.(a) Procedure

The policy objective is to ensure that all medication and medical supplies are adequately stored, controlled, managed and administered by the health care centre, and thus within accepted management and pharmaceutical practices.

All stock of medication shall be kept in the pharmacy area of the health services centre.

All controlled medications in use are to be stored under double lock in a designated narcotic cupboard in the pharmacy of the health services centre.

All controlled medications not in use are to be kept locked in the pharmacy safe at all times. These items are to be counted on a monthly basis by the designated nurse in charge of the pharmacy and the contract pharmacist.

A formal log is to be kept in the health services pharmacy and reviewed on a monthly basis by the chief of health services. Any discrepancies are to be immediately brought to the attention of the chief of health services for appropriate action.

All narcotics and controlled drugs shall be counted by the nurse on duty in the presence of the relieving nurse, and shall be recorded and signed for by both nurses at each change of shift. Any discrepancies in the count are to be immediately identified to the chief of health services and an incident report shall be completed.

6.(b) Medication Distribution Guidelines

6.(b)(i) Definitions

For the purpose of this policy,

Centre means a prison.

Certified trainer means a nurse who has been certified by an appropriate government agency.

Director, health services means the director of health services of the prison’s service.

Inmate means any person under the supervision of the prison’s service.

Nurse means a registered nurse or registered psychiatric nurse either employed or under contract with the prison’s service.

Practitioner means a physician, dentist, psychiatrist or dermatologist either employed or under contract with the prison's service.

Pharmacist means a pharmacist either employed or under contract with the prison's service.

Qualified personnel means those personnel of the prison's service having completed mediation distribution training by a pharmacist, physician or nurse certified as a trainer.

6.(b)(ii) Distribution Procedure

Medication shall be distributed by a nurse or qualified personnel only.

All medication prescribed by a practitioner shall be labelled.

The prescription label shall be typed or machine printed, and shall include the following information:

(i) Name, address and phone number of the pharmacy
(ii) Prescription number
(iii) Dispensing date
(iv) Name and C.S. number of inmate for whom the drug is dispensed
(v) Name of the practitioner
(vi) Brand name of the drug, or generic name of the drug followed by the manufacturer of the drug and identification number
(vii) Quantity and strength of the drug
(viii) Dispensing pharmacist's initials
(ix) Location of the inmate
(x) Practitioner's directions for use
(xi) Any other information required by good pharmacy practice

Making changes on any prescription label is not allowed. A practitioner shall order a new prescription if changes in dosage or administration time are required.

6.(b)(iii) Over-the-Counter Medication

Standing orders authorised by the physician(s) of each centre shall be followed if distribution for over-the-counter medication to inmates is done by nurses or qualified personnel.

6.(b)(iv) Medication Records

All prescription and over-the-counter medications administered by nurse-qualified personnel shall be signed for and entered on the medication administration record.

6.(b)(v) Contingency Medication

The pharmacist may supply contingency medications to the correctional facility to permit the commencement of therapy upon receipt of an order from a dentist or physician and to continue the regimen until the prescription supply arrives from the pharmacy. The contingency medication is to be used only until the new prescription arrives from the pharmacy.

Contingency medications shall be stored in a locked cabinet in the health care centre.

The pharmacist should review the contents of the contingency supply every three months to ensure:

(a) only the medications on the contingency medication list are stocked;
(b) the amount of medication administered matches the contingency medication records;
(c) there are no expired medications;
(d) the cards are being used for contingency doses only and not for an entire regimen; and
(e) all staff members are aware of the purpose and the use of the supply, and the fact that all doses must be administered only on the authorisation of the dentist or physician.

6.(b)(vi) Label Information

The contingency medication list shall be available in the health care centre, and any change of medication on the list must be reviewed and approved by the pharmacy and therapeutics committee.

Any use of contingency medications must be charted in the contingency medication records. The contingency medication record, which is kept in the nursing station, must include:

(i) A label from the pharmacy which includes the name of the correctional centre and pharmacy, as well as the quantity, name, strength, lot number and expire date of medication
(ii) The date and time the medication was used
(iii) The name of the inmate for whom it was prescribed
(iv) The name of the physician or dentist who prescribe the medication
(v) The quantity of medication given, and the blister number if using blister pack
(vi) The signature of the nurse who administered the medication

6.(b)(vii) Guideline Review

The pharmacy and therapeutics committee shall review the medication distribution guidelines once a year.

6.(c) Drugs

6.(c)(i) Policy Objective

To ensure health services staff are aware of their responsibilities for the care, control, recording and issuing of drugs.

6.(c)(ii) Responsibilities

The chief of health services and the institutional contract pharmacist shall be responsible for the procurement, stock keeping, safekeeping and issue of drugs.

6.(c)(iii) Control

Controlled drugs as well as drugs of a perishable nature shall be purchased whenever possible by local purchase order as and when required.

Barbiturates and narcotics shall only be stocked when necessary. They shall be under lock and stored in the safe at all times.

The nurse shall maintain a special register for narcotic drugs where the receipts are compulsory and audited regularly by inspectors from the department of health and welfare.

6.(c)(iv) Issue of Controlled Drugs

Controlled drugs shall be strictly controlled by the nurse and issued only upon prescription of the physician.

6.(c)(v) Issue of Non-Controlled Drugs

Non-controlled over the counter drugs may be dispensed by the health care nursing staff in a daily dose during medication parade. Inmates suspected of abusing such drugs are to be referred to the institutional physician for assessment. Appropriate action is to be initiated by the health care nursing staff.

Non-controlled prescription medications are to be issued to the inmate from the health services centre either by unit dose blister cards and/or daily dose and/or single dose issue. The dispensing practice will be dictated by currently accepted pharmaceutical practices.

Inmates admitted to the health services centre for observation are to turn in all their blister packs to the health services staff for single dose dispensing by the health services nurse.

The officer in charge of health care shall decide the potential of abuse of antibiotics, anti-inflammatory drugs and other drugs, in conjunction with the pharmacist. Drugs with no

potential of abuse shall be issued on a unit dose card which inmates shall keep in their cell/unit and take as prescribed.

A drug for which there is potential for abuse shall be broken down into single doses by health care staff.

Inmates requiring renewal of their medical shall turn in the empty card to the health care centre.

6.(c)(vi) Institutional Staff Members Use

Staff members shall not be allowed to purchase drugs from the dispensary. Staff members on duty, however, may be issued a small amount of medication (the amount and the category of medication issued shall be determined by the chief, health services or his/her delegate) under the following circumstances:

(i) During an emergency
(ii) When an issue of a small amount of medication will enable a staff member to remain on duty when he/she would not otherwise be able to do so

6.(d) Self-Administration of Medication

6.(d)(i) Definitions

For the purpose of this instruction,

Nurse means a registered nurse or registered and psychiatric nurse, either employed or under contract with the prison's service.

Physician means a medical doctor either employed or under contract with the prison's service.

6.(d)(ii) Objectives

The objectives of the self-administration of medication are:

1. To reduce staff workload with respect to distributing medication to inmates.

2. To enhance inmate responsibility and accountability for his/her own health care.

3. To further the goal of a normalized environment within adult prisons.

6.(d)(iii) Approved Medications

Only those medications approved by the director, health services may be inmate self-administered.

6.(d)(iv) Role of Director, Health Services

The director of health services will:

> (a) maintain a list of approved medication and dosage forms for self-administration, and
> (b) be responsible for revising the list as necessary and appropriate in consultation with the pharmacy and therapeutics committee and the corrections health care advisory committee, as appropriate.

6.(d)(v) Changes to Approved Medications

Health care of corrections staff may request a medication be added to or deleted from the self-administration list on the approved form.

6.(d)(vi) Blister Pack Procedures

Medication shall only be ordered by a physician and dispensed by a pharmacist in the form of a 'blister pack' except where dosage form prohibits such packaging. Blister packs will have instructions for self-administration on the label. The prescribing physician is ultimately responsible for advising inmates on potential side effects of medication and providing instructions for self-administration.

Medication shall be administered in solid, unaltered dosage form, where possible. Such medication must be packaged in blister packs with paper foil backing. The pharmacist will identify blister packs that are self-administered with a green 'for self-administration' label. Blister packs without this green label are not to be self-administered.

6.(d)(vii) Non-Compliance by Inmate

A nurse may prohibit any inmate from self-administering medication if there is evidence of non-compliance or abuse. Prison staff may also prohibit inmate self-administration, subject to review by a nurse. In such instances, medication will continue to be administered in accordance with procedures for distributing non-self-administered medication.

6.(d)(viii) Contraband

Loose or non-issued medications, or tampered packaging, shall be considered contraband.

6.(d)(ix) Inmate on Temporary Absence

Inmates on temporary absence will take their issued medication and will present packages for inspection upon return to the centre.

6.(d)(x) Expensive Medication

Prescriptions for expensive medication may be only partially filled, at the discretion of the pharmacist, in order to reduce costs for those inmates who are in custody only a few days or who are unable to finish the medication due to uncomfortable side effects.

6.(d)(xi) Refilling Prescriptions

Partially filled prescriptions will be identified with a red dot on the blister pack. Inmates are responsible for alerting health care staff when their prescription requires refilling.

6.(d)(xii) Record Keeping

Health care centres shall keep a record of all self-administered medications issued which will include documentation that inmates have received and understand instructions for self-administration. The drug profile sheet in the health care file will be used to record the medication type and dosage and will be amended to include the inmate's signature.

All medication start and stop dates will be recorded by health care centres. Inmates must return all empty or unfinished blister packages to the nurse by the medication stop date.

Prison staff who seize medication or packages past the stop date must ensure they are returned to the nurse.

Health care staff must return unused medication to the pharmacy. Once inmates have handled medication it cannot be reused.

6.(d)(xiii) Transfer Procedures

When inmates transfer from one centre to another, it is the their responsibility to ensure self-administered medication is transferred along with the other personal effects.

A nurse at the receiving centre will review all self-administered medication accompanying an inmate.

If medication is lost in transit, the inmate is responsible for advising the nurse at the receiving centre.

With respect to non self-administered medication, the normal provisions for transfer will apply.

6.(e) Model- Medication and Treatment Times

The following hours shall be set in the health services section for the issue of drugs and therapeutic treatments:

Weekdays
Screening: 0745-0815 hours
Monday, Tuesday, Wednesday, Friday
Treatments: 1300-1400 hours
Sick Passes: 0715-0745 hours
1215-1300 hours

The hours for morning issue on weekends and holidays are as follows:

Medication: 0800-0830 hours
Treatments: 1330-1430 hours

Medication:
Morning: 0745-0815 hours
Noon: 1215-1300 hours
Supper: 1700-1800 hours
Night: 2100-2130 hours

Weekends & Holidays

No Screening - Emergencies only
Treatments only if indicated
Sick passes only at medication times

Medications:
Morning: 0800-0900 hours
Noon: 1215-1300 hours
Supper: 1700-1800 hours
Night: 2100-2130 hours

All other appointments by written request only.

7. Supplies and Materials

The prison's service shall have a clearly defined policy for each correctional institution to determine and meet the needs of adequate health care space, equipment, supplies and materials.

The prison's service shall make infection control kits available in designated areas of each correctional centre/youth facility. The director of health services shall approve contents of such kits.

7.(a) First Aid Kits

7.(a)(i) Policy Objective

To ensure that first aid kits are available in designated areas of the institution based on need.

7.(a)(ii) Responsibilities

The following areas of the institution shall maintain first aid kits:

(i) All living units
(ii) All industrial shops
(iii) All maintenance shops
(iv) Main control
(v) Principal entrance
(vi) All vehicles
(vii) Gymnasium
(viii) Rifle ranges
(ix) Agribusiness
(x) Kitchen
(xi) Stores
(xii) Administration building
(xiii) Chapel

7.(a)(iii) Contents- Model 1

Each first aid kit shall contain the following items:

(i) Roller gauze
(ii) Sponges, surgical
(iii) Triangle bandage
(iv) Adhesive tape
(v) Adhesive bandages
(vi) Dressing, shell, sterile
(vii) Gloves

7.(a)(iv) Contents- Model 2

Each first aid kit is required to contain the following:

(i) Roller gauze
(ii) Sponges, surgical
(iii) Triangle bandage
(iv) Adhesive tape
(v) Adhesive bandages
(vi) Dressing, shell, sterile

7.(a)(v) *Upkeep*

The health services centre shall ensure that all designated areas are supplied with first aid kits. The supervisor of each area shall be responsible for checking the first aid kits in his/her area monthly and ensuring that each kit is adequately stocked.

The health services centre will be available to restock first aid kits.

8. Research

Any research involving review of inmate/youth's records shall comply with provincial and federal legal guidelines and shall be approved by the director of health services and the director of psychological services.

> *Discussion:*
>
> Research involving the statistical analysis of characteristics of inmates/youths but not involving the administration of tests, procedures, drugs or any other outside influence, shall be dealt with as above.
>
> Any research involving intervention into an inmate/youth's life must be approved by the above-noted individuals and prison's service management in order to ensure that said research is being carried out in a manner that does not jeopardise the rights of the individual or the integrity of the prison's service. The inmate/youth's informed consent must be obtained in all cases.

9. Restraints

When the health of an inmate/youth is in jeopardy and restraints are considered as a necessary part of treatment, this information shall be forwarded immediately by the health practitioner to the local health director for consideration and, where necessary, consultation with the physician. The request and decision shall be appropriately documented. Where restraints are deemed necessary as a part of treatment, the final decision regarding restraints rests with the local director or his/her designate, who will then advise the director of health services. The health care staff shall not participate in the disciplinary restraint of inmates/youths.

> *Discussion:*
>
> This standard applies to those situations where the safety of the individual is at risk and where restraints may be a necessary part of a health care plan. The same kinds of restraints that would be medically appropriate for the general population within the jurisdiction are likewise to be used for the medically restrained incarcerated

individual. Written policy should identify authorisation requirements as well as when, where, and how restraints may be used.

10. Educational Programs

Where resources are available, the prison's service shall develop educational programs that address health issues of the inmate/youth population.

Discussion:

Many inmates/youths in custodial facilities have special needs or educational deficits which can be addressed through specific planning.

Occasions may arise where special services are required to address the educational needs of physically or mentally impaired youth. Additionally, in order to assist inmates and youths in avoiding disease and limiting the risk factors associated with their lifestyle and the corrections environment, it may be necessary to provide educational programming which will give the inmates/youths the information needed to alter and/or manage the risk factors associated with their lifestyles.

11. Injuries

11.(a) Staff Injury and Industrial Disease Reports

11.(a)(i) General

When an employee is involved in an accident, is injured, or is afflicted with a disabling industrial disease while at work and/or while on the employer's premises and which:

(a) results in death or critical condition with serious risk of death,
(b) requires treatment by a registered medical practitioner,
(c) results in absence from work, or
(d) did not involve injury, but had a potential for causing serious injury,

the employer is responsible for reporting and investigating the accident/incident in compliance with local compensation acts and health and safety regulation.

11.(a)(ii) Reporting Procedures

Minor and major injuries are to be entered in the institution's medical treatment book and the appropriate forms are to be filled out.

1. <u>Application for Compensation</u>

It is the employee's responsibility to complete and forward the form as soon as possible after being injured or disabled by industrial disease.

The form is mailed to the employee by the local compensation board office whence the completed form is being returned.

This form is used by the injured employee (or, in case of death, by the dependent) to file claim for compensation.

2. <u>Employer's Report of Injury or Industrial Disease</u>

It is the responsibility of the injured employee's immediate supervisor to complete a form and submit it to the local compensation board within three days of the employee's injury.

Copies of the completed form are to be distributed to:

(i) Ministry safety and training officer
(ii) Local corrections' payroll centre
(iii) Institutional personnel officer, or regional personnel officer
(iv) Institutional first aid attendant, nurse or medical officer
(v) Local occupational health and safety committee chairman

Serious injuries to staff: The regional director, or his/her designate, the commissioner of prisons, and the director of inspection and standards shall be notified by telephone immediately in the case of serious assaults and no later than the commencement of the next working day in the case of serious injuries to staff.

Serious injury is defined as one requiring hospitalisation rather than first aid treatment.

Staff fatalities: When an employee dies while on duty, immediate notification by telephone shall be given to the following:

(i) Regional director or his/her designate
(ii) Commissioner of corrections
(iii) Director, inspection and standards
(iv) Ministry safety and training officer
(v) Local compensation board, accident prevention branch
(vi) Public service commission

This immediate notification is to be followed by the completion of the usual compensation board forms in those fatalities caused by accident or industrial disease.

3. First Aid Report

This form is to be completed by the first aid attendant, nurse, medical officer or other personnel who treated the employee at the time of injury.

4. Statement of Employer

This form is to be completed by the immediate supervisor of the injured employee as soon as the employee returns to work.

This form is used to terminate compensation payments to the employee.

11.(a)(iii) Investigating Procedures

When an employee is afflicted with a disabling industrial disease, is injured, or is involved in an accident, even though the accident did not involve injury but had a potential for causing serious injury, the accident/incident is to be investigated by a joint union/management team.

This team is comprised of a minimum of two members of the local occupational health and safety committee, one bargaining agent, and one management representative, all of whom are knowledgeable in the type of work involved.

The purpose of the investigation is to identify the causative factors and circumstances of an accident/incident and recommend how such occurrences might be prevented.

The immediate supervisor of the employee involved in the accident/incident is responsible for following up on the occurrence and assisting the investigating team in making recommendations.

The team's findings and recommendations shall be recorded on a joint union-management accident/incident investigation report which shall be distributed to:

1. Ministry safety and training officer

2. Local worker's compensation board office

3. Regional personnel officer

4. Bargaining agent

5. Local occupational health and safety committee

11.(b) Inmate Injury Reports

11.(b)(i) Injury Report

In the event of an injury to an inmate, the officer supervising the inmate shall complete a report which shall include a signed statement by the inmate on the back of the form, and shall submit it to the senior officer in charge of the unit on any given shift.

11.(b)(ii) Details of Injury

The supervising officer shall write a brief narrative report covering details of the injury and how it occurred. The 'unit' referred to should indicate the name of the institution where the injury took place. The 'nature of injury' should describe the injuries sustained by the inmate as accurately as possible.

11.(b)(iii) Comments of Senior and Medical Officer

The senior officer in charge of the unit and the medical officer in attendance shall add their comments to the medical report, indicating extent of injury and treatment given and/or proposed and forward the report to the prison warden within twenty-four hours of the injury.

11.(b)(iv) Warden's Comments

The warden shall add his/her comments and indicate whether a board of inquiry is recommended.

11.(b)(v) Distribution of Report

Upon completion, a copy of the injury report shall be forwarded to:

1. Warden
2. District director
3. Ministry safety and training officer
4. Medical office file

11.(b)(vi) Notification

The regional director, or designate, the prison's commissioner and the director, inspection and standards shall be immediately notified by telephone in the case of inmate deaths and serious injuries. This verbal communication is to be followed by the usual report of inmate/youth injury completed by all involved on-duty staff and distributed in the usual manner with additional copies being sent to those notified verbally.

Serious injury is defined as one requiring hospitalisation rather than first aid treatment.

11.(c) Board of Inquiry- Inmate Injuries

11.(c)(i) *Members*

The members of a board of inquiry shall consist of the prison warden or deputy warden as chairperson and two or three senior staff members.

11.(c)(ii) Mandatory Inquiry

Following an injury to an inmate, a board of inquiry shall be held within one week of the injury, when:

(a) the injury is likely to result in a permanent disability or handicap to the inmate,
(b) an inmate dies, or
(c) there is a possibility that procedures have not been followed, or that they are inadequate, or there is negligence.

11.(c)(iii) Medical Prognosis

The board of inquiry will be held even though the final medical prognosis may not be completed and the final report may have to wait until the medical report is available.

11.(c)(iv) Inmate Statement

A signed and dated statement, giving the inmate's version of the accident and treatment administered, shall be obtained as soon after the accident as the condition of the inmate will allow.

11.(c)(v) Witnesses

A signed and dated statement shall be obtained from all staff and inmate witnesses as soon after the accident as possible.

11.(d) Proceeding of Board of Inquiry

A record of the board of inquiry's proceedings is to be forwarded to the regional director and the prison's commissioner.

11.(d)(i) *Record*

A complete record will consist of the following:

1. Injury report carefully and accurately filled out within twenty-four hours of the injury. All comments and narratives dated and signed.

2. Complete record of the hearing, which may be transcribed if necessary.

3. Statements from the injured inmate, staff witnesses and inmate witnesses.

4. A dated and signed statement from the medical officer attending the injury, giving the prognosis, plus copies of laboratory reports, X-ray reports etc., if these services are used.

5. The regular form for boards of inquiry, listing members, evidence of witnesses, treatment given and conclusions of the board of inquiry.

11.(d)(ii) Chairperson

The chairperson of the board of inquiry is responsible for presenting an accurate, consistent and fully documented account of how the injury occurred, the treatment administered or planned for the future, and what precautions can be taken to prevent similar injuries from occurring again.

C. ACCOMMODATION & HYGIENE

1. General

The service shall take all reasonable steps to ensure that prisons, the prison environment, the living and working conditions of inmates and the working conditions of staff members are safe, healthful and free of practices that undermine a person's sense of personal dignity.

2. Cells

Cells/secure sleeping rooms shall contain a minimum, utilisable floor area of 8 square metres.

Every cell/secure sleeping room in a correctional centre shall be equipped, at a minimum, with the following:

(i) Continuously available hot and cold water, servicing a fixed basin
(ii) Toilet designed for the mechanical elimination of human waste
(iii) Artificial light source which is both occupant and centrally controlled
(iv) A bed frame elevated at least 3 metres from the floor at the top of the mattress
(v) A mattress designed in specific recognition of fire dangers in secure settings
(vi) A table and chair designed to compliment each other
(vii) 0.3 square metres of fixed shelf space

(viii) Three fixed clothing hooks
(ix) Direct natural light source
(x) All furnishings and fixtures utilised in cells or security rooms used specifically for special security containment shall be designed and installed in a manner to prevent user suicide and to provide safety measures to all individuals

Toilets, urinals, sinks and showers, where communal, exist in ratio of one of each device for every ten prisoners.

3. Bedding - Working Model for bedding exchange

Once each week, all sheets and pillowcases shall be exchanged for freshly laundered items. On Tuesdays in units 1, 2 and 3 and on Thursdays in units 4, 5 and dissociation. Each inmate shall leave his/her bedding on the floor inside his/her cell door, and the laundry manager shall arrange to have them replaced with clean ones on a one-for-one basis.

Blankets shall be exchanged for clean ones once every five weeks. One unit's blankets shall be exchanged each week, along with that unit's sheets. The laundry manager will ensure all concerned are notified of the schedule.

4. Bleach

As a continuum of the prison's service policies regarding the control of infectious diseases, all adult prisons shall ensure that filtered household bleach is available and accessible for inmate use.

4.(a) Purpose

This policy provides guidelines for the distribution of filtered bleach in adult correctional centres.

4.(b) Strength

To be fully effective in reducing the spread of infectious disease, bleach used as a disinfecting agent must be full strength.

4.(c) Distribution

Filtered bleach shall be distributed to inmates in secure centres in 30ml bottles. Open custody centres may provide larger quantities.

Each prison shall establish a policy that details the method of bleach distribution based upon the following principles:

1. Freely available- in secure centres filtered bleach shall be available in the living units and may also be available through health care. Replacement supplies shall be checked on a daily basis and restocked as required. A minimum of five bottles shall be available in each living unit. In open centres, filtered bleach can be in a centrally located, easily accessible location.

2. Readily accessible- there shall be a designated location in each secure living unit or open custody centre (e.g. ablutions, laundry, kitchen area, etc) where replacement supplies are kept for exchange. Where health care is involved bottles of filtered bleach for distribution shall be available at all medication distribution times, during regular visits to the health care centre and during unit rounds.

3. Replacement basis- filtered bleach shall be available in the designated distribution areas where inmates can return empties and obtain full bottles.

4. Ensures anonymity- the distribution (exchange) location should be located in such a manner as to afford maximum anonymity and not require the inmate to approach a correctional officer to obtain bleach.

5. Minimises risk of injury- filtered bleach for distribution to inmates in secure centres shall be in the prescribed 30ml bottles. All bottles shall be labelled to indicate that they contain filtered bleach and shall include the date of decanting. If the option of self-decanting is used in open centres, eye protection funnels and proper pouring decanters should be employed to minimise spills. Rubber gloves should be provided to protect against skin contact.

4.(d) Education

Education in the use of filtered bleach as a disinfectant shall be provided to all inmates.

Information regarding the proper methods of using filtered bleach as a disinfectant shall be provided by health care staff and posted in each unit.

4.(e) Contraband

A single 30ml bottle of filtered bleach shall not be considered as contraband. Inmates in possession of larger quantities (more than one portion of the amount distributed) shall be considered to be in possession of contraband.

Although some items commonly subject to disinfecting with bleach are contraband (i.e. hypodermic needles, syringes, tattoo kits, etc.), the fact that an inmate is using bleach does not provide a prima facie case to establish drug usage or other unacceptable activities.

4.(f) First Aid

The following first aid steps should be used in the event that anyone is splashed with bleach:

1. Skin - remove any contaminated clothing and wash contacted areas thoroughly.

2. Eyes - flush thoroughly with water for fifteen minutes while holding eyelids open.

3. Ingested - drink warm water; do not induce vomiting.

Health care should be immediately advised of any incidents involving injuries related to bleach.

4.(g) Central Supply

All filtered bleach for distribution to inmates in secure centres shall be obtained from the designated central supplier. This will ensure province-wide consistency in the concentration, the bottle size and style as well as its application of appropriate labelling.

Bottles and caps will be of a style to reduce the ability to squirt the contents by squeezing the bottle.

4.(h) Posted Notices

Each centre will ensure that a notice is posted in each living unit that clearly indicates that bleach is a corrosive and that caution should be taken to avoid contact with eyes and skin. The posting shall also indicate that bleach should not be ingested or mixed with any other substance except water.

D. FOOD SERVICES

1. Quality of Food

Each correctional centre shall have a program of food services that exceed dietary allowance specified in the food guide to ensure that the food served programs offer meals which are attractive, palatable, nutritionally adequate and prepared under sanitary conditions.

Food products that are produced within the prisons for institutional consumption shall be of good quality and delivered in a condition suitable for optimum food service.

Three meals shall be served in a twenty-four hour period at times recognised as normal, and at least two of these meals shall include hot food.

Food shall be prepared and served so that flavour, texture, temperature, appearance and palatability are considered.

2. Meal Planning

The prison's service shall have policy and procedures to govern menu planning and approval. The policy addresses:

(a) minimum prior time for presentation of planned menus to the branch manager responsible for the food service program;
(b) responsibility for approval of planned menu;
(c) posting of approved menu; and
(d) substitution(s).

3. Youths in Confinement

During confinement apart from the general population, an inmate or youth shall receive meals at the times and of the type normally received by the inmates and/or youths in the general population of the institution.

4. Food Service Personnel

Meals shall be prepared in accordance with instructions provided by qualified food service personnel.

5. Dining Area

Each prison shall provide one or more suitable areas for the consumption of food. Meals will only be consumed in cells, rooms or other personal living spaces where security, control or discipline require that an inmate or youth not join the general population during meals.

6. Inspections

A provincial medical health officer or a public health inspector shall inspect all food service areas, at least annually.

7. Sanitary Measures

All food service programs shall provide for the elimination of vermin and pests.

All food service personnel, including inmates assigned to food services work, shall be trained in proper sanitation procedures. Further, every food handler shall:

(a) observe good personal hygiene,

(b) wear clean garments and clean footwear, and
(c) wash his/her hands thoroughly before commencing duty and after using the toilet.

As well, people with open infected wounds or who are not otherwise in good health should not be part of the food service program.

A comprehensive program shall be in place to maintain the level of sanitation of all food service facilities and equipment.

8. Fire and Safety Requirements

Food service program facilities and equipment in each correctional centre shall meet local fire and safety requirements.

9. Inmate Meals

Inmates from the living units shall eat their meals in association in the dining halls.

It shall be the responsibility of the food services supervisor and his/her assistants to provide food for the inmates from well-balanced meals.

Meals served in the dining rooms shall be inspected by the officer in charge of the institution or his/her delegate, and on an irregular basis by the senior duty officer and the institution physician. Inspecting officers shall record their assessment of the quality and quantity of the meal on the form provided for this purpose.

9.(a) Working Model- Meal Times

Breakfast Times

0800 hours - 0845 hours
0845 hours - dining halls cleared

Lunch Times

1200 hours - 1245 hours
1300 hours - dining halls cleared

Supper Times

1630 hours - 1745 hours
1800 hours - dining halls cleared

10. Officers' Meals

Meals will be provided to staff only in accordance with existing collective agreements, or when authorised by the director, for security and program requirements.

Prison service employees will only be given a meal if they are required to be on duty without an unpaid meal period for the full duration of their shift.

A noon meal shall not be served to an officer unless his/her working hours span the noon hour. Meals, other than at noon, may be authorised for officers working overtime by the officer authorizing the work.

11. Sanitary Control

The food services supervisor shall ensure that clean and sanitary conditions exist in the dining and food preparation areas at all times. As part of the process, refrigerator and dishwasher temperatures shall be checked daily to ensure that they meet health standards. These temperatures shall be recorded in a daily log to allow for inspection.

12. Inspections

12.(a) Daily Inspections

The food service officer shall conduct, between 0800 and 1600 hours, daily quality assurance and inventory inspections of each residence by:

(i) Checking proper storage and inventory levels or rations
(ii) Checking cleanliness and condition of refrigerators, dishwasher, stoves and small kitchen appliances
(iii) Checking the overall cleanliness of the kitchen work area and dining room
(iv) Checking for damage of all food service property caused through intentional abuse
(v) Conduct follow up inspections to ensure compliance and correct any deficiencies

12.(b) Annual Inspections

A provincial medical health officer or a public health inspector shall inspect all food service areas, at least annually.

13. Staff Responsibilities

13.(a) Orientation Programs

The prison's service shall ensure that workers engaged in food service programs receive, prior to or at least at the outset of service, an orientation designed to familiarize participants with:

> (a) the operations and responsibilities of the prison's service;
> (b) measures designed to safeguard the safety, security and discipline of prison's service facilities, including the prevention of the presence and elimination of contraband; and
> (c) the respective roles and responsibilities of the prison's service employees and the employees of food service contractors.

13.(b) Evening Staff

The staff working on the evening shift shall ensure all food preparation knives are returned to the knife storage rack.

14. Inmate Fasting

14.(a) Definition

For the purposes of this policy a 'fast' is defined as a complete and voluntary abstinence from nourishment, by an inmate acting on the basis of unimpaired and rational judgment concerning the consequences of such action.

14.(b) Right to Fast

Even though prison staff are charged with providing 'necessities of life' and the safekeeping of inmates within the correctional centre, inmates do have the right to fast, even to the point of their own death.

Provided the inmate is:

> (a) of the age at which a person may consent to his/her own medical treatment,
> (b) mentally competent, and
> (c) conscious,

staff shall not interfere with an inmate's exercise of this right.

14.(c) Authority

Prison policy regarding inmate fasting shall be based upon relevant provisions of the charter and the criminal code, as well as:

(i) The general consent standards for medical practice
(ii) The position taken by college of physicians and surgeons regarding forced feeding

Local example

1. One cannot treat a person against his/her will, other than under court order and the requirement of consent is an over-riding consideration.

2. One cannot feed against the will of a person, but as a precautionary measure, the most that can be done is to place food and water available to the person and ensure the person is made aware of the consequences of his/her action.

3. The International Covenant on Civil and Political Rights adopted by the General Assembly of the United Nations, which in Article 10.1 states:

> " . . . all persons deprived of their liberty shall be treated with humanity and with respect for the inherent dignity of the human person" which is interpreted to mean that a person, while of sound mind has the right to refuse medical intervention and has the right to fast, even to the point of his/her own death;

4. The Guidelines for Medical Doctors concerning Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment in relation to Detention and Imprisonment adopted by the 29th Medical Assembly, Tokyo, Japan in October 1975, which includes the following declaration:

> "Where a prisoner refuses nourishment and is considered by the doctor as capable of forming an unimpaired and rational judgment concerning the consequences of such a voluntary refusal of nourishment, he or she shall not be fed artificially. The decision as to the capacity of the prisoner to form such a judgment should be confirmed by at least one other independent doctor. The consequences of the refusal of nourishment shall be explained by the doctor to the prisoner."

14.(d) Notification

When it becomes known that an inmate is fasting, it is the responsibility of prison staff to ensure notification is given to:

(a) the prison warden, and
(b) the clinician responsible for the health care of the inmates in the correctional centre,

either immediately if the inmate has already been fasting for twenty-four hours or more or within twenty-four hours if the inmate has just commenced fasting.

Within twenty-four hours of receiving notification, the warden shall ensure close family members, friends, or relatives of the inmate are contacted and apprised of the situation.

Furthermore, the commissioner shall be notified of fasting inmates as soon as the fast:

(a) becomes a matter of public information,
(b) seriously disrupts the management of the prison, or
(c) reaches the tenth day;

whichever occurs first.

14.(e) Surveillance

While the inmate continues to fast, prison staff shall:

1. Place food and water where it is available to the inmate at all times.

2. Keep the inmate under close observation, maintain frequent communication with the inmate and encourage the inmate to eat.

3. Encourage frequent visits and discussions with close family members, friends or relatives who may assist in persuading the inmate to break his/her fast.

4. Inform medical staff immediately of any deterioration in the inmate's state of health, especially loss of consciousness.

14.(f) **Transfer**

Where an inmate becomes unconscious, or where the clinician determines that there exists an imminent threat to the life of an inmate, the prison warden on the advice of the clinician shall transfer the inmate to a hospital facility by way of an emergency medical absence.

14.(g) Record Keeping

While an inmate is fasting, prison staff shall keep a record including:

(i) All meals missed or refused by the inmate
(ii) The inmate's stated purpose of his or her fast
(iii) The names and telephone numbers of close family members, friends or relatives who may assist in persuading the inmate to break his/her fast
(iv) The inmate's response to encouragement by staff, and other persons in contact with the inmate
(v) The inmate's general appearance and condition

The purpose of these records is twofold:

1. To provide the clinician with relevant information to assist him/her in managing the health of the fasting inmate.

2. To ensure there is a detailed and accurate record of how the case was handled.

E. RECREATION & SPORT

1. Physical Plant

Secure prisons shall incorporate, within the security perimeter, an all purpose, outdoor athletic field for use in team sports. The field should be primarily landscaped with grass and be adequate for soccer and football.

Secure prisons shall incorporate, within the security perimeter, an outdoor activity area or areas to facilitate both passive and active recreational opportunities. These areas may also be designated fire refuge areas and shall be sufficiently large to contain the entire inmate population at any one time allowing at least 3.7 square metres per person.

Secure custody centres shall incorporate an indoor gymnasium.

F. SPECIAL GROUP TREATMENT

1. Insane and Mentally Disordered Prisoners

1.(a) Policy Objective

To provide guidelines regarding action taken for housing of the identified mentally ill and/or mentally challenged offenders within the institution.

1.(b) Consultation

There shall be joint consultation between senior prison officials and relevant health care personnel prior to taking action regarding the identified mentally ill and/or mentally challenged offenders in the following areas:

- (i) Housing assignments
- (ii) Program assignments
- (iii) Disciplinary measures
- (iv) Transfers to other institutions

1.(c) Action to be Taken

This consultation is essential so that all concerned groups are able to make sound decisions concerning housing arrangements, work assignments and disciplinary management for offenders identified as having special needs.

1.(d) Transfers

Arrangements are to be made as soon as possible to transfer acutely ill offenders to an appropriate facility if they can not be adequately stabilized in the institution in a reasonable period of time.

When it is necessary to transfer an inmate to a mental health facility, the prison warden in consultation with a clinician upon the written approval of the district director, may effect the transfer as follows:

1. Sentenced Inmates

(a) By preparing the following documents and sending them to the director of a provincial mental health facility:
(i) Two certificates completed by two physicians
(ii) An application for admission

Upon receipt of the above documents, the director of the mental health facility may admit the inmate to the facility for treatment.

Where application is made directly to the director of a mental health facility, and the inmate is accepted for admission, the correctional centre making the application shall release the inmate by way of an emergency or non-emergency medical temporary absence authorisation permit.

Where the inmate is not well by the time his/her sentence expires, the director of the provincial mental health facility will re-certify him/her and retain him/her under the mental health act. In due course, when the inmate is recovered, he/she will be released directly from the mental health facility. It is for this reason that the personal effects should always accompany any inmate transferred to a mental health facility.

2. Remanded Inmates

Where the behaviour of an inmate on remand is indicative of mental illness, the services of a medical doctor should be obtained so that he/she can form an opinion as to whether the inmate is in need of psychiatric care. Depending upon circumstances, crown counsel may decide to return the inmate to court:

(a) to enter a stay of proceedings and have the inmate committed,
(b) to seek a thirty day remand for a psychiatric assessment, or
(c) for a finding of unfit to stand trial.

In the event of (a) or (b) having occurred, the inmate would be escorted to the forensic psychiatric institute.

1.(e) Mental Health Committee

1.(e)(i) Policy Objective

To provide guidelines covering the procedures of the mental health committee.

1.(e)(ii) Responsibilities

The mental health committee shall be comprised of the following members:

(i) Coordinator, case management
(ii) Chief, psychological services
(iii) Coordinator of mental health or mental health therapist
(iv) Senior prison official

1.(e)(iii) Meetings

Meetings will be held at a minimum of once a month.

1.(e)(iv) Purpose

To make recommendation for the utilisation of and the prioritisation of both internal and external resources for mental health.

Administrative tasks reviewing the efficiency and effectiveness of current systems.

Review and recommend new internal and external mental health programs.

Provide information to institutional staff regarding criteria and appropriateness of referrals.

1.(e)(v) Evaluation

The committee shall also be the final recommendation stage for any mental health program before submission to senior policy committee.

The committee may also be called upon, for specially referred inmates to evaluate proposed management/treatment plans.

2. Transsexual Inmates

2.(a) Introduction

Transsexuals are persons genetically of one gender with a psychological urge to belong to the other gender. These persons are characterized by their feeling of discomfort and inappropriateness about their anatomical gender and by persistent behaviour generally

associated with the other gender. There is usually a desire on the part of the individual to alter his or her sex organs in order to function as a member of the other gender.

After a psychological, psychiatric, physical and social assessment, a transsexual living in the community in a stable environment would normally progress through a treatment program as follows:

1. Psychological/psychiatric evaluation to assess the degree of the person's transsexuality.

2. The person lives as a member of the other gender (e.g. dress, hairstyle, etc.) for a period of time (e.g. a few years).

3. Hormonal therapy is initiated (causing changes in facial and body hair growth, breast structure, etc.).

4. Surgical removal of sex organs (e.g. castration- removal of testes or ovaries, hysterectomy-removal of uterus, etc.).

5. Surgical reconstruction of sex organs (e.g. penis, vaginal cavity, etc.).

6. Application is made to the courts and vital statistics branch of the ministry of health for official sex change on birth certificate.

2.(b) New Admissions

Inmates claiming to be transsexuals, who are admitted to prison without previous medical assessment, may request a medical assessment in order to determine:

(a) the validity of a claim of transsexualism, and
(b) appropriate placement in a male or female prison.

Correctional centre staff may also request such assessment.

2.(c) Re-admissions

On re-admission, where a previous medical assessment had been carried out, a reassessment shall be performed to determine the extent of the inmate's progress in the treatment program.

2.(d) Treatment

As the required levels of personal support may not be present in a prison setting, it is not expected that progression in the treatment program will occur while the inmate is in custody. However, the inmate will be maintained at the current level of treatment (e.g. if

the inmate was taking hormones in the community, the medication will be continued in custody).

2.(e) Refusal to Consent to Medical Assessment

If an inmate refuses to consent to a medical assessment, the inmate shall be placed in a male or female prison according to the best judgement of medical staff based on the extent of the inmate's apparent progress in the treatment program.

2.(f) Procedure for Medical Assessment

Upon request for a medical assessment, the nurse shall be informed and arrangement shall be made for the inmate to be assessed by a medical doctor and psychologist and/or psychiatrist as soon as possible.

While awaiting such assessment, the inmate shall be held separate from the general population in the prison to which the inmate was admitted.

Following the assessment, the medical doctor shall inform the correctional centre director of the recommended appropriate placement.

Treatment of those confirmed as transsexuals shall follow established medical practice.

2.(g) Placement Criteria

Transsexuals who have not progressed beyond Step 3 in the process shall be placed in a correctional centre consistent with their originating genders.

3. Potential Suicide and Para-Suicidal Inmates

3.(a) Policy Objective

To provide guidance and procedures to staff for the detection of potential suicide and para-suicidal inmates.

To ensure that prompt action is taken in the event of an inmate self-inflicted injury and/or suicide attempt.

Set forth the post incident actions to be completed after each self inflicted injury and/or suicide attempt.

3.(b) Preamble

A principle of prison's service policy focuses on providing safe custody for all inmates in prisons. The purpose of this policy is to assist prison staff in preventing inmates from attempting and committing suicide by providing guidelines and procedures for:

1. Identification of suicidal inmates.

2. Assigning responsibilities to staff.

3. Indicating preventative measures to be taken.

3.(c) Identification of Suicidal Inmates

Research indicates that suicides and attempts at suicide in prisons may occur at any time; however, several general principles do provide a focus:

1. The probability of self-destructive behaviours in proportion to the level of security with the greatest number of suicides and suicide attempts occurring in secure settings.

2. The greatest number of suicides occurs in general population cells, however, protective custody, observation and segregation areas have the highest suicide rates (in proportion to the number of inmates contained). Thus these areas require greater attention from a suicide prevention point of view.

3. Most suicides do not occur at the time of admission or shortly thereafter, but later and usually among the remand population as court appearances approach or trials begin, especially on serious offences.

4. Sentenced inmates may become suicidal at any time in their sentence through any number of developments ranging from the separation of a wife/husband (girl/boyfriend), loss of a significant community resource, inmate pressure, illness, or other factors that impact on the inmate's adjustment to imprisonment.

The key to inmate suicide prevention is the noting and reporting of abnormal behaviour, social withdrawal, verbal references to self-harm, depression, and reaction to setbacks.

3.(d) Inmates at Risk

The following guideline may help identify potentially suicidal inmates.

1. Have previous suicide attempts.

2. Have recently lost wife, girlfriend, husband or significant friend.

3. Have previous psychiatric history and are currently depressed.

4. Begin verbalizing about self-harm or suicide to staff or inmates.

5. Are remanded awaiting trial facing serious charges.

6. Have no community resources (transients, no visitors, and no supports).

7. Are contesting deportation and face severing current relationships and possible consequences in home countries.

8. Begin giving away their personal effects.

9. Have normally been involved socially with other inmates and institutional programs, then suddenly, for no apparent reason, turn inward and discontinue this association with others.

10. Display an unusual 'apparent calm' which is inappropriate given current circumstances.

The coordinator of case management will make available to the mental health coordinator a list of individuals being transferred.

The reception officer or the assigned case management officer shall review all new inmate case management files to determine potential suicide and/or self inflicted injury cases.

The coordinator of mental health or his/her delegate will review the inmate's medical files.

The coordinator correctional operations shall attempt to determine if inmates being transferred in have a history of suicide attempts.

The reception officer will closely monitor reception inmates and report any unusual behaviour to the appropriate area (psychology, case management, health care etc.).

All staff are responsible for monitoring and reporting on inmates identified as suicidal/self-injury cases and those inmates exhibiting unusual behaviour. The reporting of such cases must be immediate so intervention may be initiated with the goal of preserving life.

3.(e) Information Sources

It is important to identify suicidal inmates as soon as possible through Branch information systems and coordinated staff communication.

The following are sources of information to help identify potentially suicidal inmates:

1. Admission

(Advice from police or sheriffs, admission interview, staff knowledge of the inmate, previous progress logs, and provincial case file C.A.R.E. system comment screen)

2. Probation file
   (Pre-sentence reports- community reports)

3. Current observations
   (Progress log- behaviour)

4. Medical file
   (Psychiatric reports- report of self-harm)

5. Mail/phone calls
   ('Dear John/Jane letters'- talking of suicide)

6. Court decisions
   (Found guilty, lengthy sentence, deportation, divorce, child custody, transfer)

7. Family history
   (Previous suicides among family or friends and warnings from family or visitors)

8. Inmates
   (Inmates often tip staff on suicide risks)

3.(f) Staff Responsibilities

Staff members shall discuss their concerns regarding any inmate they feel may be self-destructive, or any information coming to their attention regarding self-destructive or unusual behaviour, with the director or officer in charge. These observations and discussions are entered on the inmate's progress log.

3.(g) Officer in Charge Responsibilities

The officer in charge of the shift shall coordinate information on 'at risk' inmates and is responsible for:

(a) making the determination as to the identification of the inmate as 'being at risk',
(b) advising medical/psychiatric services,
(c) taking steps to increase surveillance of the inmate and/or move the inmate to a location where surveillance is facilitated,
(d) tagging the file, as 'possible suicidal' (manipulative or not), and

(e) entering the inmate's name on the unit's 'at risk list' and posting for staff to note at shift commencement.

The officer in charge will thus advise his/her staff on shift, of those inmates requiring special attention and those identified as 'at risk'. In the course of time, the director, in consultation with his/her staff and medical/psychiatric personnel, will decide when and if the 'at risk' designation should be removed.

Where an inmate's 'at risk' designation is removed, the comment screen or progress log should note 'at risk' history for future reference.

3.(h) Notification

Inmates identified from file information as having previously attempted suicide or self-injury shall be brought to the attention of:

(i) Warden/deputy warden
(ii) Coordinator correctional operations
(iii) Coordinator of mental health or designate
(iv) Psychology department
(v) Case management officer
(vi) Duty unit manager who shall ensure that the information is disseminated at morning meetings and shift briefings

3.(i) Intervention

Any staff member becoming aware of or observing self-injurious behaviour on the part of an inmate shall immediately notify the chief of health services, psychologist and the duty manager or supervisor on duty by telephone, with follow-up written documentation.

The duty manager or supervisor shall ensure that staff are informed of the situation.

A review of active risk cases by the chief of health services, psychologist, and the case management officer will be completed and a plan of action established indicating areas of concern and monitoring required. A memorandum will be sent to the deputy warden and a copy placed on the inmate's medical file.

In cases of significant suicidal risk, the mental health services or duty nurse or the psychologist shall interview the inmate within one working day, sooner if necessary, and determine the level of monitoring and intervention required and consult with the duty manager or supervisor in charge.

The psychologist or mental health coordinator shall complete a written report indicating level of monitoring, cause of behaviour, medication and its effects, possibility of future attempts and past history of attempts.

The duty manager or supervisor in charge shall ensure that segregation staff are fully briefed when suicide watch is established in dissociation or hospital observation cells. The warden or delegate will be advised of any self-inflicted injury that occurs during off-hours.

3.(j) Follow-up/Tracking

The mental health nurse or duty nurses shall ensure that the inmate is interviewed daily to reassess immediate suicide factors.

The termination of the suicide watch shall be at the discretion of the psychologist/ psychiatrist or mental health coordinator or designate initiating the watch, in consultation with the duty manager or supervisor in charge. The psychologist or health care officer shall complete a memorandum outlining the rational for termination and follow-up treatment. A copy of this report shall be placed on the offender's medical file with a copy given to the deputy warden.

Relevant resource persons may be contacted and utilised as necessary during the critical period while the inmate remains suicidal. The duty manager or delegate will be responsible for coordinating the services of these resource personnel.

All inmates showing active risk shall be brought forward at the segregation review committee and at the mental health committee meeting where treatment strategies shall be established and monitored.

The training of staff in the recognition of potentially suicidal inmates shall be on-going and shall be the responsibility of the staff training officer of the prison.

Prior to the completion of their shifts, all staff involved with the incident shall complete a report. The correctional supervisor in charge and/or duty manager shall review all reports and ensure that all information is available prior to the completion of their shifts.

3.(k) Preventative Action

Once an inmate is brought to the attention of staff members as being potentially self-destructive, efforts should be made to increase communication with the inmate at risk. Merely increasing surveillance may not solve the problem or prevent suicide.

Similarly, reliance on mechanical surveillance, (e.g. television monitoring) and/or removal of all materials that could be utilised in suicide attempts, will not be as effective as personal contact.

An option staff may wish to consider, is placing the inmate in a dormitory setting to increase his/her contact with other inmates if they might represent support.

Moving the 'at risk' inmate to a special observation or a health care unit, if available, may be appropriate if other strategies are ruled out or are deemed ineffective.

3.(l) Transfer 'At Risk' Inmates

When an at risk inmate is transferred within the prison system,

> (a) the receiving institution should be informed by a telephone call (the sending institution providing as much detail as possible to ensure adequate care is provided at destination), and
> (b) a classification alert (C.A.) should be added to the case file.

3.(m) Release Procedures for Suicidal Inmates

When an inmate has been listed as a suicide risk during his/her period of incarceration and particularly when he/she remains 'at risk' at time of discharge, liaison staff should alert community resources.

Staff filing inmate release forms provide information regarding suicide and 'at risk' potential to local police.

Other forms similarly alert probation supervisors in the case of those being released have probation orders to follow incarceration.

In cases of serious risk, local 'suicide watch' or suicide follow-up groups could be advised of the offender's release.

The 'at risk' inmate should be provided with information and telephone numbers of local suicide assistance groups.

3.(n) Contingency Plans

Upon discovery of a suicide attempt, timing and mobilisation of resources are of critical importance. In this regard, it is important for each local director to have contingency plans, preferably in the form of checklists, to assist his/her staff in responding to all forms of emergencies, including suicides.

> 1. Prison wardens should ensure their staff are aware of contingency plans and readily available with shift operations and principal officers.
>
> 2. Every secure unit shall provide staff training and ready access to a Brooke Airway in the event of emergency. Similarly, all secure units shall provide staff's access to scissors or knives to be used in the event an inmate must be cut down if he/she attempts hanging.

3. Correctional staff are the first line of defense in saving lives and should take immediate action to remove hazards. Staff will turn over life-saving efforts to medical personnel upon their arrival but should remain to assist as directed.

4. As soon as is practically possible, the victim's cell should be secured for the preservation of evidence. Staff efforts to save his/her life should necessarily take first priority. However, staff should be observant in situations in the event foul play is later suspected and/or to assist in a coroner's inquiry or police investigation.

5. Each staff member who has knowledge of any circumstances surrounding the attempt or the suicide, or participated in the activities surrounding these, shall immediately prepare a written report covering all those circumstances.

3.(o) Emergency Procedures Re: Hanging

As hanging is the most lethal method of attempting suicide, focus is placed on prevention, discovery, cutting down and resuscitation procedures.

1. While speed is of the essence in cutting down a hanging inmate, it is nevertheless important to be able to ensure that the inmate (often unconscious) does not further injure him/herself by falling after being cut down. Ideally, two staff members should conduct this procedure with one staff holding the victim and the other cutting the hanging device (usually bedding, towel or clothing).

2. It is essential that staff finding the victim immediately remove the device from the neck of the victim, clear the airway and commence mouth to mouth resuscitation/CPR procedures without waiting for the arrival of specialised personnel.

3.(p) Emergency Procedures Re: Slashing

Slashing, the most frequent method of 'attempting suicide' and the method most often associated with attention-getting or manipulation, is nevertheless serious when deep wounds are inflicted or arteries severed.

Staff finding a serious slashing attempt should first call for backup and medical assistance, then apply first aid procedures to stop the flow of blood.

3.(q) Emergency Procedures Re: Poisoning

To combat one of the rarer methods of suicide, the ingestion of corrosives or poisons, it has been found valuable for medical staff to compile a list of antidotes and treatment regimens for each of the chemicals, cleansers or solvents inmates might gain access to in a prison.

Provision of a list of antidotes available can save valuable time when treating apparent poisonings.

3.(r) Community Medical Services

In the case of a serious attempt requiring community medical attention, immediately removing the inmate to the hospital under escort should be arranged.

4. Women's Health Services

A pregnancy test shall be carried out on all females of childbearing age before any immunisations are given.

> *Discussion:*
>
> The use of immunisations on pregnant women can cause negative complications for the pregnancy.

5. Juvenile Health

Health care services provided by qualified health personnel shall be available to each inmate/youth.

> *Discussion:*
>
> The primary purpose of health services is to treat illness, injury and disease in order to restore or improve the health of the individual. In fulfilling this goal, the prison's service ensures access by offenders to all levels of care obtainable by the population at large.

Informed consent shall be obtained by the institutional health care professional in all instances defined by the director of health services and standing written policy. The inmate shall have the right to refuse treatment.

> *Discussion:*
>
> Informed consent is the agreement by the patient to a treatment examination or procedures after the patient receives the material facts regarding the nature, consequences, risks and alternatives concerning the proposed treatment, examination, or procedure. Medical treatment without consent by an inmate or youth could result in legal complications. In the case of minors, the informed consent of parent, guardian or legal custodian applies when required by law.

All information obtained in the course of treatment shall be confidential with the only exceptions being:

(a) the legal and ethical obligations in response to a clear and present danger of grave injury to self or others,
(b) with respect to a threat to the security of an institution, or
(c) medical information necessary to security staff for the safe management of an inmate.

The health professional shall, in all cases, explain the limits of confidentiality to the patient.

Discussion:

The principle of confidentiality protects the patient from disclosure of confidences entrusted to a health professional during the course of treatment. The law recognises both an ethical and civil liability to ensure confidentiality. The active health record is to be maintained separately from the prison record.

This does not affect the health professionals' ability to advise of an inmate/youth's ability to work, nor does it affect his/her ability to advise on issues related to institutional security.

Upon admission, youths shall be provided with warm, clean clothing of a suitable size, appropriate to the climate, program and circumstances.

In instances where youths being discharged from residential programs lack appropriate non-institutional clothing, the program shall ensure the youth is provided with clothing appropriate to the climate and circumstances.