



ONTARIO CORRECTIONAL NURSES' Interest Group



Speaking out for correctional nursing.

FALL EDITION 2018

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A MESSAGE FROM THE PRESIDENT...

It's hard to believe that summer is almost over and we are gearing up for a new membership year. I'm very pleased to welcome new executive committee members Vanessa Mesaglio, Harshdeep Hehar and Amanveer Deol to the team! Expect great things in 2018/2019!

This is my last "President's Message", as Angela DiMarco will take over the OCNIG presidency in November. It has been my pleasure to lead OCNIG over the past few years. We have made tremendous progress in the world of correctional nursing in Ontario. Our membership has grown phenomenally. We've achieved recognition as stakeholders, by both community partners and the government. We've witnessed, and contributed to, new legislation that will have a profound impact on correctional healthcare in the future and we have received recognition from RNAO as the 2018 Interest Group of the Year!

Thank you to my executive committee members for their dedication to the work and to the membership for entrusting the leadership role to me. I promise to do my best to support Angela as she picks up the reins!

Best regards,

Shirley

WELCOME TO NEW MEMBERS!

In June of 2018, a call for nominations was sent out in order to attract new members for OCNIG's executive committee. This fall, OCNIG is happy to welcome some new team members, as well as old members taking new postings. We are looking forward to your fresh ideas and involvement with this award-winning interest group!

Policy and Political Action ENO – Advocacy may mean different things to different people. According to the RNAO Toolkit, Introduction to Policy and Political Action:

Some people see advocacy as organizing protests and marches. Others may define advocacy as writing a letter to the editor or talking to your colleague about issues that arise in your practice. Advocacy encompasses all these approaches. RNAO further adds to the World Health Organization's definition that acting WITH individuals who have lived experiences of the consequences of the issue is an important element to balance power inequalities and ensure individuals most impacted by the consequences have a voice.

Many of the skills you have developed as a nurse are directly transferable into the political arena. Nurses are highly skilled in interpersonal communication, assessment and planning. The challenge, then, is learning how to apply these skills in a political context.

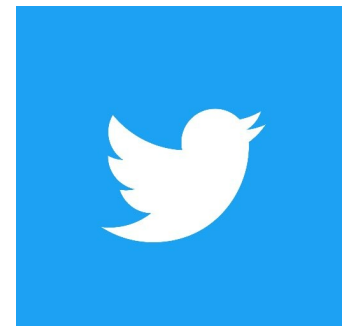
Social Media ENO – Effective public and patient engagement (PPE) can lead to improved health outcomes, more relevant research, better service quality and increased patient safety. It can build trust and communication between organizations and those affected by health-care decisions and resources. The Social Media ENO, in promoting the work of OCNIG, has the potential to not only increase our membership but to showcase the importance of an effective communication strategy in all our nursing initiatives. Social Media is an important factor in meeting our OCNIG Ends.

Members at Large have a unique role in being subject matter experts. They add to the diversity of our Interest group and their role is evolving.

Students continue to be an integral part of OCNIG. Students provide innovative approaches and 'fresh eyes' on new and emerging trends, in any Interest Group. OCNIG has been fortunate in that our students provide opportunities for other students and all members learn and to disseminate evidence-informed knowledge. All members benefit from the student experience, and they add to our diversity.

**Follow us on
Facebook and
Twitter!**

**Click the pictures to see out social
media!**



WELCOME NEW MEMBERS!



Angela Di Marco
President

Angela started her nursing career as a home visiting nurse working with Public health. She worked both in school and workplace settings and with a generalist client caseload that spanned all ages and stages. After 27 years of front line and management roles she returned to university to begin graduate studies which focussed on the social conditions which can shape healthy communities. Interdisciplinary studies provided an excellent landscape to practice using credible evidence during an economy of scant resources for vulnerable populations. In her current role as Health Care Manager in provincial institution the opportunities to provide health care services and advocacy are endless. Recognizing that our most important resource is our nursing workforce, led Angela to ensure that opportunities exist for nurses to develop knowledge and skills in a corrections setting. Angela brings energy and insight about the client population to the role of OCNIG President.



Natania Abebe
Policy and Political Action ENO

Natania began her involvement with OCNIG as a student completing her undergraduate degree. Her passion for health equity drives her interest as the new Policy and Political Action Executive Network Officer. She currently works at the Ottawa Hospital.



Amber Mahoney
Social Media ENO

Previously the Communications ENO, now holds the role of Social Media ENO. Amber's main responsibility is managing OCNIG's FaceBook and Twitter accounts. Currently Amber is a Mental Health RN at Ottawa-Carlton Detention Centre.

WELCOME NEW MEMBERS



Vanessa Mesaglio
Forensics Member at Large

Correctional nursing became a passion for Vanessa after beginning her career at the Ottawa Carlton Detention Centre as an RN. Soon thereafter, she pursued a mental health role in the correctional setting, and Forensic nursing at the Royal Ottawa Mental Health Centre. Vanessa is also an active member in the RNAO Region 10 executive.



Nicole Baker
Nursing Student ENO

Nicole holds an Honours Bachelor of Science from the University of Toronto. After volunteering at Toronto Western Hospital, she developed a passion for nursing. Nicole has experience completing a placement at Toronto East Detention Centre, and is currently completing her fourth year at Ryerson, George Brown, Centennial Collaborative Nursing Program.



Amanveer Deol
Nursing Student Member at Large

Amanveer will be joining OCNIG as a student representative from Brampton, Ontario. She is currently in her 4th year of study at University of New Brunswick-Humber College. She has been the student representative for RNAO's Nursing Research Interest Group since 2015 at her school, and continues to be involved in both policy change and nursing research efforts.

Supervised Injection Sites: The Evidence

Does Evidence support Supervised Injection Sites (SIS)?

Currently, the Progressive Conservative Government has left many of these sites in limbo while deciding if scientific evidence backs their use. Supervised Injection Sites are facilities that provide safe areas for people to use injection drugs. Here, there is access to clean supplies, Narcan, registered staff to aid in overdose prevention, as well as access to education and information. These sites assist in decreasing overdose deaths in the surrounding community, as well as provide valuable resources for recovery. Evidence suggests that SIS are “associated with lower overdose mortality, decreased frequency in ambulance calls for treating overdoses, and a decrease in HIV infections” (Ng, Sutherland, & Kolber, 2017). According to RNAO, there is strong evidence that suggests that SIS services are effective in saving lives. According to RNAO, there were at minimum 1,261 deaths across Ontario due to opioid poisoning. This number is increasing yearly. With the activation of SIS across Ontario, this number can be greatly reduced. A Best Practice Guideline was published by RNAO in 2018 regarding the implementation of Supervised Injection Sites. This guideline “supports decision-making around the most effective approaches for delivering supervised injection services (SIS) to people who inject drugs. These approaches promote engagement, support positive health outcomes, and help reduce harms associated with injection drug use”.

The SIS issues is an excellent example of how evidence informs healthy public policy, which is part of OGNIG’s mandate.



[Click to go to the BPG!](#)

The Role of Nurses in SIS

Nurses working within SIS provide vital health and social services and are ideally positioned to engage with people who inject drugs, particularly those at high risk for injection-related harm (e.g., females and people requiring assisted injection) (8). The care provided is within the registered nurse’s scope of practice and aligns with the Canadian Nurses Association Code of Ethics (6, 9). The Code of Ethics involves:

- providing safe, compassionate, competent, and ethical care;
- promoting health and well-being;
- promoting and respecting informed decision making;
- preserving dignity;
- maintaining privacy and confidentiality;
- promoting justice; and
- being accountable (10).

Coroner's Inquest at Hamilton-Wentworth Detention Centre

On April 9th, 2018, the inquest into the deaths of 8 inmates at Hamilton Wentworth Detention Centre commenced. The inquest was completed by the Coroner for Ontario, Dr. Reuven Jhira. The inquest was completed May 18th, 2018, and investigated deaths spanning from 2012-2016. The inquest jury made recommendations regarding:

- admitting security,
- search and surveillance procedures,
- training and professional development,
- harm reduction and health promotion,
- health care services,
- addressing opioid dependency and overdose response, and
- recognizing the social determinants of health

Recommendations were made to Hamilton Wentworth Detention Centre, Hamilton Public Health, Hamilton Health Sciences, Ontario Provincial Police, the Ministry of Community Safety and Correctional Services, and Ministry of Health and Long-Term Care. The recommendations included the creation of an electronic health care record that could be accessed by all members of the health care team, as well as proposals for increased confidentiality practices within the institution. It was also suggested that the provision of health care services be transferred to the Ministry of Health and Long-Term Care. This would allow for the implementation of community health services within the institution, as well as better transfer of care of inmates upon release. The focus of incarceration from a health care perspective would be rehabilitation and seen as an opportunity to address drug dependency and mental health issues. This would require increased communication among members of the health care team to ensure consistency of care. Inmates who are identified as drug-dependant are recommended to attend mandatory meetings to discuss their plan of care and progress. The management of opioid withdrawal should be conducted as per the revised Methadone Maintenance Treatment and Opioid Withdrawal Management Policies (April 2018). It was also recommended that education be provided to inmates regarding the signs/risk of overdose and loss of tolerance, as well as access to appropriate drug dependency programming.

A snapshot of the recommendations pertaining to harm reduction, health, opioid dependence, and social determinants of health are as follows:

Harm Reduction from a Health Care/Health Promotion Perspective

Admission Procedures

To: The Hamilton-Wentworth Detention Centre

30. In order to ensure complete and accurate health information at the time of admission for all inmates, within 6 months of this verdict, develop a strategy to introduce an internal electronic health record at the Hamilton-Wentworth Detention Centre, with a view to implementation as soon as possible.

In order to respect the dignity of all inmates and promote the disclosure of personal health care information at the time of admission, including information relating to drug dependencies or substance misuse, conduct the Part A health assessment in a manner that maintains the confidentiality of that health care information. Unless a specific request has been made by health care staff or the inmate, the health care interview at admission should be conducted in the absence of correctional staff or with correctional staff maintaining a distance that allows for privacy.

32. In order to assist health care staff in assessing the health care needs of inmates and develop plans of care, the health care team (i.e. nurses, physicians, social workers) should have access at the time of the Part A assessment to the medical and legal history of the inmate particularly with respect to drug abuse and other mental health issues.

Coroner's Inquest at Hamilton-Wentworth Detention Centre

33. In order to identify needs and enhance the well-being of inmates during their period of detention, all inmates should be assessed by the Social Work department within 48 hours of admission. The Social Work department should have access to the medical and legal history of the inmate.

34. In order to ensure continuity of care and to establish a plan of care that is compatible with health care services offered in the community, all inmates should be assessed by a physician within 24 hours of admission.

III. In-Custody Health Care Services

To: The Ministry of Community Safety and Correctional Services and the Ministry of Health and Long Term Care

38. In order to increase accountability and ensure that health care services for in-custody individuals are similar to those offered in the community, commit to the transfer of provision of health care and delivery of public health programs in correctional remand facilities from MCSCS to MOHLTC. Develop a timeline for this transfer.

Addressing Opioid Dependency and Response to Opioid Overdoses

To: The Ministry of Community Safety and Correctional Services and the Hamilton Wentworth Detention Centre

43. In order to assess and monitor inmates with identified drug dependencies, those inmates should be required to attend mandatory meetings with health care staff within 24 hours of admission to develop plans of care and thereafter on a weekly or bi-weekly basis to track progress and ongoing issues. Meetings should include discussions about treatment, "triggers" and ongoing medication.

44. Opioid Agonist Therapy (OAT) initiation should not be contingent on first identifying a community OAT prescriber.

In order to manage opioid withdrawal in a consistent manner and to address the community opioid crisis, the April 17, 2018, policy in regard to the revised Methadone Maintenance Treatment and Opioid Withdrawal Management Policies should be communicated to all health care staff, correctional staff and inmates and should be immediately implemented.

46. In order to reduce the risks associated with substance use while in custody and to reduce harm associated with opioid overdoses while in custody and shortly after discharge:

i. provide inmate education and programs to raise awareness regarding the risk of opioid intoxication and overdose; preventing overdose; signs of overdose; and response to suspected opioid overdoses

47. In order to enhance inmate education regarding drug dependency and abuse, programs and other initiatives to address drug dependency and abuse should be encouraged, prioritized and promoted by posters or other means in prominent places throughout the facility where they are likely to come to the attention of inmates. Consideration should be given to additional poster space inside each unit and/or immediately outside the unit where it can be read by inmates. Consideration of streaming short video clips or other helpful information via the television screens on each living unit should also be given.

V. Recognizing and Improving Social Determinants of Health

To: The Ministry of Community Safety and Correctional Services

In order to transform the way that health care is delivered in correctional facilities and to recognize and meet the complexity of health care needs of the inmate population, continue consultation with community service providers regarding the integration of community resources pre- and post-discharge and how correctional facilities can define and measure progress in meeting the health care needs of incarcerated persons improvement of health outcomes.

This article provides a summary of recommendations; some change and improvements are already in progress. The findings and recommendations, when implemented, provide opportunities for Correctional Nurses to develop new knowledge and skills to improve outcomes. This work aligns with our OCNIG Ends.

Coroner's Inquest at Hamilton-Wentworth Detention Centre

To: The Ministry of Community Safety and Correctional Services and the Hamilton-Wentworth Detention Centre

59. In order to address unhealthy living conditions associated with overcrowding, lack of fresh air and lack of recreational activities, within 6 months of this verdict, provide the necessary resources to hire four (4) recreational staff and allow access to the gymnasium for physical activities.

In order to improve outcomes upon release from custody, in the weeks and months prior to release, inmates should be given information and opportunity to connect with programs, community resources, and any other agencies that can assist in reintegration in the community, including: Drug Dependency Programs, Counseling Services, Job Help/Resume writing, and Assistance in finding Living Arrangements.

To read the full set of recommendations from the jury, click here:



Institutional Violence in Ontario: Report

On September 19, 2018 the Ministry of Community Safety and Correctional Services released Howard Sapers' interim report on *Institutional Violence in Ontario*. This interim report offers a glimpse into understanding the increased reported incidents of inmate-on-staff violence in Ontario's correctional facilities.

The preliminary analysis explores the relationship between staff experiences, policy limitations, data anomalies, and broader systemic concerns linked to institutional violence. The report notes that correctional work environments are unique in that they directly impact — and determine — the safety of clients, employees, and the public. Past Ontario Public Service (OPS) staff surveys corroborate the Independent Review Team's findings on institutional climate, and suggests that the ministry needs to strongly consider how these findings impact staff morale, agency, and their engagement with inmates.

While a final report was expected to elaborate on the initial findings and present concrete recommendations to the ministry to increase safety in Ontario's correctional facilities, it is unclear if this will occur. On September 4, 2018, The Star reported that several high-profile liberal appointees were removed by the Ford government. That included Howard Sapers, the well-regarded special advisor, whose contract was terminated early.

For the full interim report click here:



How to Perform a Psychiatric Nursing Assessment

by Lorry Schoenly

Serious mental illness affects at least one in four incarcerated individuals in the US according to a 2015 study by the Urban Institute. More than half of our patients have symptoms of a mental disorder. Correctional nurses, then, are mental health nurses in most settings. Here are just a few examples of situations that can require a psychiatric nursing assessment.

- A homeless man is brought into booking for accosting a couple strolling the city streets on a Sunday afternoon. His erratic behavior escalates and he appears to be talking to someone who is not there.
- Officers call the medical unit about an inmate in the housing unit who is exhibiting bizarre behavior in the TV room.
- During rounds in the segregation unit, the nurse finds one of the men disoriented and sitting on the floor in a pool of urine.
- A medical nurse is floated to the mental health unit. The assignment includes documenting on any improvements or decline in the mental status of assigned patients.

There are two basic components to a psychiatric nursing assessment; the biopsychosocial assessment and the mental status exam.

Biopsychosocial Assessment

The biopsychosocial assessment includes a thorough review of the patient's current and past history. This information provides a background for the current assessment of symptoms and behaviors.

The main components of a thorough biopsychosocial history include:

- Identifying data
- Chief complaint
- History of present illness
- Psychiatric history
- History of alcohol and substance abuse
- Medical history
- Family history
- Developmental history
- Social history
- Occupational and educational history
- Culture
- Spirituality and values
- Coping skills

When conducting the interview the nurse should be in an environment that is safe and conducive to the sharing of sensitive information. This can be challenging in many correctional settings as the need for safety always comes first. Nurses should do everything possible to increase the confidentiality of the conversation to promote truthfulness and accuracy of the information provided. Failure to acquire accurate information can lead to delays in treatment and inaccurate diagnosis.

NURSING INSIDE

Mental Status Exam

One of the most important components of the psychiatric nursing assessment is the mental status exam. The mental status is to the psychiatric assessment what vital signs are to the medical assessment – it helps you to assess the current state of the patient’s mental capacities.

The components of a mental status exam include:

- Appearance
- Behavior
- Cognition
- Speech and Language
- Mood
- Affect
- Thought Process/Form
- Thought Content
- Insight and Judgment
- Intellectual Functioning

Words Matter

Documentation of your observations is very important. If you are not experienced in mental health nursing, you may not feel comfortable using words like echolalia (echoing own or other’s speech) or neologism (new word formations). Instead simply document what you observe and leave the fancy words to others. For example, you might document that a patient is continually repeating the same words or ideas (perseveration) or is stringing words together that do not make any sense (word salad).

Cooperation not Required

As opposed to medical assessments, the patients’ full cooperation is not required to assess their mental status. The nurse must be observant of the patients’ behavior, actions and response to questions. A description of these observations and responses must then be thoroughly documented in the record.

Forms and Format

When developing or adopting psychiatric nursing assessment forms, Brenda recommends that the form include prompts to remind nurses to assess and document those indicators which are critical to measuring the patients’ current mental status. This ensures that necessary assessment data is included and is especially helpful for nurses who do not perform this type of assessment regularly.

Speciality certification for Mental Health Nursing can be attained through the Canadian Nurses Association, which provides a nationally recognized accreditation. Programs are available through various colleges/universities throughout the province. For more information, [click here](#):



EDUCATIONAL OPPORTUNITIES

National Conference on Correctional Health Care »

PRECONFERENCE SEMINARS OCTOBER 20-21 • CONFERENCE
OCTOBER 22-24 • EXHIBITS OCTOBER 21-23
PARIS HOTEL • 3655 S. LAS VEGAS BLVD, • LAS VEGAS, NV 89109

They say Las Vegas is the brightest place on earth, and it will light up even more when the brightest minds in correctional health care gather for four days of education, networking and camaraderie. The National Conference on Correctional Health Care returns to the Paris Hotel in Las Vegas, one of NCCHC's favorite gathering spots, where cobblestone streets, quaint cafes and luxurious accommodations offer visitors a taste of France within the Entertainment Capital of the World. Las Vegas has something for everyone, from fine dining and spectacular shows to its famed nightlife and casinos. Don't miss it!



[Click for more information](#)



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Barrie:
The Therapeutic Use of Medical Cannabis (October 16, 2018)

London:
The Therapeutic Use of Medical Cannabis (October 22, 2018)
Mood and Mental Disorders Update (November 5, 2018)
Anxiety and Depression (November 26, 2018)

Ottawa:
The Therapeutic Use of Medical Cannabis (October 15, 2018)
Anxiety and Depression (November 19, 2018)

Toronto:
Anxiety and Depression (October 22, 2018)
Mood and Mental Disorders Update (October 29, 2018)



EDUCATIONAL OPPORTUNITIES

Upcoming Events

October 20, 2018

8:30 am - 4:30 pm

[Addressing Substance Use Advanced \(Level 2\) Champion Workshop - St. Clair College & RNAO Chatham-Kent Chapter](#)

November 23, 2018

8:30 am - 4:30 pm

[Addressing Substance Use - Level 1 Champion Workshop - Vanier Centre for Women](#)

November 2, 2018

8:30 am - 4:30 pm

[Addressing Substance Use \(Level 1\) Champion Workshop - St. Joseph's Care Group](#)

October 26, 2018

8:30 am - 4:30 pm

[Addressing Substance Use \(Level 1\) Champion Workshop - Southwestern Public Health](#)

September 28, 2018

8:30 am - 4:30 pm

[Addressing Substance Use \(Level 2\) Champion Workshop - KFL&A Public Health](#)

To register for upcoming Addressing Substance Use Level 1 workshops, click the image below:



Save the Date



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October 23 - 25, 2019

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Sheraton Cavalier**

Saskatoon, Saskatchewan, Canada

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