SPECIAL REPORT

Inmate Services and Conditions of Custody in Saskatchewan Correctional Centres

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Medical Services

Ombudsman SASKATCHEWAN

Medical Services

Introduction

The Correctional environment creates many challenges for the effective delivery of health care to inmates, including disease control, addictions recovery, and services for inmates with mental and physical disabilities. The incidence of disease among inmates is significantly higher than in the general population, as is the number of inmates with mental disabilities.

Corrections has a duty to accommodate and treat inmates with medical conditions whenever possible. These inmates can also require special management and programming, which is often not available. Of course, all of these issues must be dealt with in an environment where safety and security are of the utmost importance, without compromising the quality of health care provided to the inmate.

Each of the province's four correctional centres has a medical office staffed by nurses and part-time medical professionals working under contract. Corrections has a number of contractual agreements to provide health services to inmates. Some agreements result in the provision of in-house medical services, while others result in services being offered in the community.

The arrangement of these medical services varies from centre to centre, but the services of nurses, a general physician, dentist, optometrist, chiropractor, physiotherapist, psychiatrist, pharmacist and other specialists are available in some form at all centres.

Medical service providers are governed by their own profession's code of conduct. General standards for medical services are set by divisional directives, and each centre creates its own standards within that framework.

Until the formation of the Health Care Review Committee, however, there were no audits to ensure that medical services in the four centres met the same standard or were keeping up with evolving standards in the field of medicine. This is not to say that practices are substandard, but that there has been no coordinated effort to ensure that they are not. This is one of the issues the Health Care Review Committee is currently addressing.

Our review revealed many concerns regarding access to and effective delivery of medical services in the correctional centres. Corrections is aware of these issues and is attempting to address them.

Health Care Review Committee

To address concerns about the provision of medical services, Corrections established a Health Care Review Committee in September 2001. The members of the committee include the Executive Director of Corrections, two nursing supervisors, two nurses, the acting Senior Standards and Inspections Officer, and one centre director.

The committee is examining the medical services presently being offered and identifying immediate and long-term needs in the process. The committee has already addressed some of the issues identified in this report, while others have been brought to its attention during the course of our review. The committee's response to individual issues is acknowledged in the review.

Inmate Rights and Privileges

Inmates' Right to Health Care

Under the Universal Declaration of Human Rights, all persons have a right to a standard of living adequate for their health and well-being, which includes a right to medical care. Inmates retain this right despite having lost their liberty. Corrections, as the inmates' custodian, is legally obligated to provide them with reasonable medical care.[1]

[1] *Oswald* v. *Canada* (Federal Court of Canada, 1997, FCJ 203).

Furthermore, not only do inmates have a right to receive medical care, but the community also has a vested interest in ensuring they get proper medical care. As already noted, the incidence of contagious disease is considerably higher in inmate populations than in the general community. This affects everybody, because contagious diseases don't respect fences, and when sick inmates are released, their diseases are released with them.

Health Insurance Coverage

All inmates in provincial correctional centres are covered under the province's Supplementary Health Program. The program covers chiropractic services, dental services including preventive, restorative, exodontic and prosthetic dentistry and optometric services for basic eyeglasses. In addition, the $1,800 deductible under the province's prescription drug program is waived, so inmates are provided with prescription medication free of charge.

While inmates are entitled to these benefits, some of the inmates we spoke to were unaware of their entitlement and others were misinformed about the rules for acquiring specific benefits under the program. For example, many inmates thought only emergency dental services were provided, and many held a variety of ideas about access to and qualification for prescription eyeglasses.

Corrections is aware of these problems and has agreed to include information on available medical treatment in a handbook for inmates. Since some inmates have limited reading skills in English, Corrections should also provide this information orally.

RECOMMENDATION

+ Ensure inmates are aware of the medical services available to them and how to obtain them.

Inmate Privacy

When inmates are incarcerated they retain the privacy protections afforded by *The Freedom of Information and Protection of Privacy Act*, which establishes a right of access to government documents and, inferentially, privacy rights with respect to personal information held by the government. This means that personal information in inmate admitting, program and medical files is protected and is only available to certain staff members.

For this reason, most corrections workers have no right to obtain the information in an inmate's medical file, and the medical staff does not have an unfettered right to information in the inmate's other files. An exception can be made if information is clearly necessary to protect the mental or physical health or safety of any individual.

In a strictly medical environment, privacy issues are much more straightforward for nurses, doctors and other medical staff: medical information is shared between medical personnel and is used for the purpose it was intended, which is to provide the patient with appropriate treatment.

According to the Canadian Medical Association's Code of Ethics, circumventing patient confidentiality is only permissible when the maintenance of confidentiality would conflict with the doctor's responsibility under the law or when it would result in a significant risk of substantial harm to others or the patient. In these instances, the CMA suggests that all reasonable steps be taken to inform the patient that his or her confidentiality may be waived.

Nurses working in a correctional environment are bound by similar rules of ethics and confidentiality as members of the Saskatchewan Registered Nurses Association and Registered Psychiatric Nurses Association of Saskatchewan, but face some additional challenges.

Corrections nurses have the added responsibility of determining what patient information they can and should share with non-medical staff in the institutional setting. The same rules and exceptions apply, but determining when an exception exists is not always easy.

For example, there are differences of opinion regarding whether medical staff should tell corrections workers which inmates are HIV positive. Corrections' policy is not to disclose this information, but if the inmate's behaviour is such that he is placing others at risk, perhaps it should be disclosed.

One centre clearly shared too much private information by circulating a memo that disclosed to all staff members the specific medical problems of individual inmates without their consent. The same centre was also providing the entire inmate file, including program information, warrants of committal and internal history of charges, to a medical professional in the community, even though only medically relevant information was needed. After we brought our concerns about this practice to the centre's attention, both practices were discontinued.

Corrections has policy addressing the sharing of inmate information, but it does not clearly address the sharing of medical information with corrections workers or the sharing of non-medical information with medical staff.

At the present time, medical personnel have full access to all inmate information on the centres' computer systems. Corrections workers do not have access to the medical files, although some believe they have a right to know about an inmate's medical conditions. Both medical staff and corrections workers have indicated that more clarification is needed.

Privacy issues can also conflict with security concerns. For example, corrections workers are normally present when an inmate receives medical treatment outside the centre, unless the procedure can occur privately without compromising the safety of the medical staff and without the risk of an escape attempt. Some inmates, however, are understandably reluctant to reveal details of their medical conditions to the doctor or nurse with a correctional worker in the room. Consequently, while security concerns cannot be ignored, the presence of the correctional worker might impair the physician's ability to get full information and thereby compromise his or her ability to provide appropriate care and treatment. It would be preferable if security needs could be met without compromising an inmate's right to speak to the physician privately.

RECOMMENDATIONS

+ Explain clearly in policy and in workshops under what circumstances corrections workers and medical staff are permitted to share information, and what the limits and rules are.

Corrections has adopted the wellness model, which addresses the social, occupational, spiritual, physical, intellectual and emotional areas of life.

Perspectives on Health Care and Aboriginal Traditions

Whether or not a model of health services delivery is working well is a matter of perspective.

The World Health Organization defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."[2] Corrections has adopted the wellness model, which addresses the social, occupational, spiritual, physical, intellectual and emotional areas of life. The Saskatchewan Federation of Indian Nations' (FSIN) envisions a system that treats the individual as a whole, including the body, mind and spirit.

As can be seen, there is considerable overlap in the three approaches. Even so, incorporating the different perspectives on health care has some challenges.

[2] World Health Organization, "WHO as an Organization."

Requests for traditional aboriginal medicines have raised issues for both Corrections and Elders. Corrections is concerned about the risks involved when inmates mix traditional medicines with mainstream medicines. In addition, some Elders are reluctant to administer traditional medicines or healing methods in a correctional setting, which they believe is spiritually unclean. Neither of these issues has been resolved.

Several aboriginal inmates perceive a problem with counselling services, and believe there are too few counsellors with sufficient knowledge of aboriginal culture to meet their needs. Some also claim that native spirituality, although acknowledged as an integral part of overall health, is not wholly supported or even accepted as part of their rehabilitation.

Aboriginal inmates perceive intolerance and ignorance of traditional native spirituality despite the inclusion of smudges, pipe ceremonies, sweat lodges and other cultural practices in the institutions. Recently, Corrections has agreed to quarterly meetings with the centres' Elders to resolve ongoing issues. We anticipate that these meetings will include discussions about traditional medicine.

Métis inmates share the same perspective on health care, but point out that their loss of cultural identity and the absence of treaties place them at a greater disadvantage than First Nations people. For instance, some First Nations bands receive funding for Elders and can use the funding to provide Elder services to band members in jail. Métis people do not receive this type of funding. Also, there is no spiritual programming geared specifically towards Métis needs at the correctional centres, and there likely won't be until more Elders can be employed.

RECOMMENDATION

+ Consult with aboriginal and Métis groups to determine the most effective way to deliver health care services that respect aboriginal traditions.

Procedures for Accessing Medical Care

Nurses in two of the four centres interview inmates when they are admitted and carry out an examination. In the other two facilities, nurses on staff see an inmate during the admission process only if the inmate answers "yes" to one of a small number of health-related intake questions.

During their incarceration, all inmates may either submit a written request to see a nurse or attempt to speak to a nurse when he or she is dispensing medication in the living units.

Inmates who want to see a doctor or other health service provider must submit a request to the medical unit, which screens out problems that can be attended to by a nurse.

If the centre's doctor determines that the inmate's problem requires the care of a specialist, a referral will be made. After seeing the specialist, the centre's doctor attends to follow-up care.

Inmates who disagree with the care offered by the centre have no means of challenging the decision internally. One option is to complain to the College of Physicians and Surgeons, which will consider the case and, if appropriate, advocate on the patient's behalf to ensure they receive proper treatment. The inmates we spoke to were largely unaware of this.

RECOMMENDATION

+ Inform inmates that they have the right to contact the College of Physicians and Surgeons if they disagree with the medical care they are receiving.

Medical Service Issues

Detoxification

In the community, detoxification services are more comprehensive than those available in the province's correctional facilities. In the community, individuals can enter a detoxification centre either by referral or by simply showing up at the door.

Individuals are assessed according to the kind of substances they are using, and a withdrawal management plan specific to what they are experiencing is adopted to assist their detoxification. The plan adopted depends on the substance, but may include prescriptions for Valium, or in the case of needle users, Clonadine. Needle users will likely receive medication for bone pain and diarrhea.

At the present time, the treatment plan for withdrawal is determined independently by the medical units in each of the four correctional centres. This has inevitably led to inconsistencies, the effects of which are undetermined.

Regardless of the treatment plan used, none of the centres offers addictions counselling support during withdrawal. Using counselling services in the community is not an option, as inmates do not qualify for authorized absences until some time toward the end of their sentence, and they undergo withdrawal at the beginning of their sentence.

Escorting the inmate to a community facility is also impractical. Corrections does not have the resources to escort and monitor inmates at community detoxification facilities, and these facilities do not have the resources to meet custody requirements on their own. Furthermore, community facilities believe the presence of corrections workers would undermine the effectiveness of their detoxification program by adversely affecting the non-judgemental, supportive atmosphere that is provided.

Detoxification is a painful experience. Corrections has an obligation to minimize the suffering inmates experience by providing treatments and supports consistent with what is available in the outside community.

RECOMMENDATION

+ Provide a detoxification program comparable to what is available in the community.

Methadone

In the community, some detoxification centres direct people who are addicted to opiates to a methadone clinic where they may, if appropriate, receive daily doses of methadone to aid withdrawal from these drugs.

Methadone is a narcotic that is effective as an analgesic, but is not addictive. It aids in withdrawal from addictive drugs because it eases both the associated physical pain from withdrawal and the cravings, which are both factors that often drive the patient to return to using drugs if they are not treated properly.

Current correctional policy permits an inmate who is already enrolled and participating in a formal methadone program in the community to continue the program while incarcerated, but does not permit an inmate to start a methadone program during incarceration, except in extraordinary circumstances. Inmates may apply for and enrol in a methadone program, but will not begin

to receive the drug until they are released into the community.

Saskatchewan's policy on methadone use is the same as every other provincial jurisdiction, and so are the reasons, including the risks associated with the presence of a narcotic on the premises and the potential for an unmanageable burden of work for nursing staff.

Nevertheless, restrictions on methadone use may be counterproductive. Opiate-addicted individuals who do not qualify for methadone treatment may well resort to muscling and intimidation to get the drugs they need to help them cope with withdrawal. This not only places other inmates at risk, but also potentially increases the demand for and supply of illicit drugs in the centres.

By not allowing inmates to follow a methadone program while they are incarcerated, Corrections is denying them access to treatment that is available in the community while leaving the inmate without a viable alternative. The result is a lower standard of care than what the individual could access in the community.

RECOMMENDATION

+ Permit inmates who would otherwise be eligible for the methadone program to participate while they are incarcerated.

Mental Health Services

According to the Canadian Mental Health Association (CMHA), the term "mental illness" refers to a variety of diagnosable mental disorders. These disorders are defined as "health conditions characterized by alterations in thinking, mood, or behaviour (or some combination thereof) associated with distress and/or impaired functioning."[3] The definition is broad and includes problems associated with drug and alcohol addiction, which are common problems for inmates.

The Canadian Mental Health Association estimates that one in five Canadians are, at some point in their lives, affected by a mental illness. In provincial correctional facilities, that number is almost certainly higher.

Correctional Services of Canada found that most inmates in the federal system suffered from one or more mental disorders.[4] In the Alberta correctional system, "a lifetime prevalence rate of 92% for all mental disorders combined (including substance abuse, antisocial personality, and anxiety disorders) was established, a rate twice that expected on the basis of the community rates."[5]

The high number of inmates in provincial correctional facilities who suffer from mental illness clearly establishes the need for appropriate, accessible treatment. In addition, these inmates require special management and programming, which unfortunately is often not available.

Treatment Services and Rehabilitative Programs

The CSC, through the Regional Psychiatric Centre in Saskatoon, provides a psychiatric rehabilitation program in a maximum-security environment. A range of psychiatric services is provided, including the assessment and stabilization of mental disorders.

According to the CSC, treatment methods may include a combination of medication and several cognitive-behaviourally oriented group and individual interventions, including some CSC Core Programs. (Cognitive Living Skills and OSAPP).[6]

Corrections provides programs similar to the Regional Psychiatric Centre's through the North Battleford Hospital's Forensic Unit, but does not offer a maximum-security environment. As a result, the Regional Psychiatric Centre receives most of the acute-care patients from the provincial jails. Once inmates are stabilized at the

[3] Canadian Mental Health Association, "Fast Facts."
[4] John H. Hylton, "Care or Control: Health or Criminal Justice Options for the Long-Term Seriously Mentally Ill in a Canadian Province," *Pergamon* 18.1 (1995), 48.
[5] Health Canada, *The Mentally Ill and the Criminal Justice System: Innovative Community-Based Programs* (1995), 14.
[6] Regional Psychiatric Centre, Saskatoon, "Psychiatric Rehabilitation Program."

Regional Psychiatric Centre, they can be moved to North Battleford for ongoing chronic care.

There are few programs in provincial centres that are designed to address mental health needs. Of the programs that do exist, most do not operate at the same level of intensity as those in the community.

Furthermore, programming available in the federal correctional system and at the Regional Psychiatric Centre is not accessible to provincial inmates unless they are so disruptive or unstable that corrections workers cannot manage them.

Although the community has better treatment programs than the provincial correctional centres, the programs are not necessarily concentrated in one area, which makes access for inmates difficult. Even if access were not difficult, treatment in the community would still not be an option for the majority of inmates because community services do not have the resources or the facilities to provide a secure environment.

Furthermore, Corrections says that it does not have the manpower or the resources to provide the security and control needed to take inmates to community programming. Consequently, access to community mental health programs is limited to the small number of inmates who qualify for some form of early release program near the end of their sentence.

Although assistance for inmates with mental health problems is limited, the correctional centres do provide a core of services that are designed to prevent suicide and maintain the stability of inmates with mental health problems. The following is a brief description of those services.

Nursing Staff: Some of the nurses are Registered Psychiatric Nurses, who are trained to do one-on-one counselling and suicide intervention. In three centres, there is an observation cell in the nursing unit for suicidal inmates. In the other, suicidal inmates are observed by a corrections worker in an observation unit. In all four institutions, nursing services are provided for sixteen hours a day, seven days a week.

General Practitioner(s): Physicians visit the centre one to three times weekly and, in the absence of the psychiatrist, will counsel inmates who present with psychiatric problems. The physician may consult with the psychiatrist, review medication, refer or admit the patient to a hospital or take other appropriate action. The physician is available for telephone consultation when not on-site.

Psychiatrist(s): Psychiatrists visit the institution on average one afternoon per week, and see approximately six patients per visit. The psychiatrist is available to the nursing unit within limited time frames for telephone consultation regarding medication and care. Outside of these hours, all four institutions rely on their local hospitals for emergency psychiatric care. In all of the centres, inmates felt the psychiatrist did not spend sufficient time with them. The psychiatrists, on the other hand, told us they spent at least as much time, if not more, with the inmates than with patients in the community.

Corrections Workers: In some centres, corrections workers conduct suicide risk assessments, primarily on admission. Also, in some centres, corrections workers complete suicide risk assessments as part of the casework that is required when an inmate is placed in the general population.

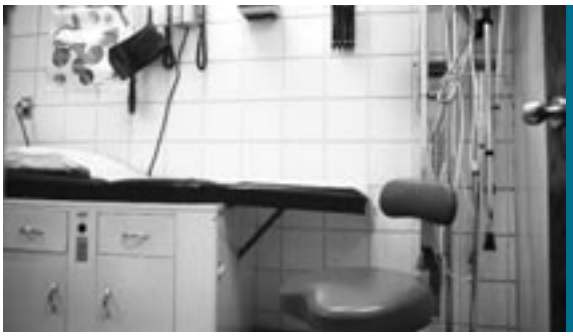
Psychologist: The Saskatoon Correctional Facility is unique in that it provides the services of a full-time, on-site psychologist. Inmates in this facility spoke favourably regarding these services, believing it gave them an alternative to psychiatric care. The psychologist is available for one-on-one counselling, crisis counselling, and psychological assessments. The presence of an on-site psychologist has been something of a pilot project and by all accounts has been very successful. We hope and anticipate that the other centres will eventually follow suit.

Inmates in the Pine Grove facility with mental health problems are referred to Prince Albert Mental Health, but access is slow, with a waiting period of up to one month for an initial assessment and then appointments approximately every two weeks thereafter.

Psychological or professional counselling services are not offered routinely in the men's facilities in Prince Albert or Regina, although the Regina facility is exploring the possibility of hiring a psychologist.

All of the provinces face the challenge of treating inmates with mental health problems and have developed different strategies.

In Ontario, the provincial correctional system is moving toward a medical model of incarceration, where inmates are able to access mental health treatment programs within a separate medical facility.



Inmates in this facility spoke favourably regarding these services, believing it gave them an alternative to psychiatric care.

British Columbia has created a liaison position with its Social Services Department that "has the potential to assist mentally disordered persons to link up with the community programs they need following release."[7] This is an important step in rehabilitation and reintegration that is often neglected, and increases the inmate's chances of success.

Saskatchewan Corrections does not have a comparable program.

COMMENDATION

+ To Saskatoon Correctional Centre for its decision to have an on-site psychologist.

RECOMMENDATIONS

+ Improve inmate access to mental health professionals.

+ Enhance programming designed to meet the mental health needs of the inmate population while they are incarcerated and after they are released.

SUGGESTION

+ Examine Saskatoon's experience with a psychologist and consider whether an on-site psychologist would be appropriate in all centres.

Disease Management

Inmates live and work in close quarters. In any population, this raises the risk of disease transmission. This is especially true for a population of incarcerated inmates, where the incidence of disease is significantly higher than in the general population.

This presents a serious challenge to Corrections, which must not only protect the health of inmates and staff, but must also minimize the risk of inmates returning to their communities with a communicable disease.

Public Health has established protocols for the management of communicable diseases and correctional centre health care providers consult with Public Health on these issues. Until the Health Care Review Committee was formed, there was no coordinated approach internally to determine the presence of communicable diseases. The committee is presently working on this issue.

[7] Hylton 57.

Current Policy and Practice

In an environment where large numbers of people live and work in close proximity, effective disease management practices are essential.
In all centres except Prince Albert, the management of communicable diseases relies heavily on inmates reporting to the medical unit. Mandatory testing of inmates when they are admitted would provide useful information for the management of communicable disease. This is not done in Saskatchewan, nor is it done in other provinces, although some provinces have mandatory testing for tuberculosis.

Interestingly, the inmates we spoke to favoured mandatory testing. Mandatory testing is expensive, which is a deterrent. Nevertheless, it is not only the health of inmates and staff that are potentially at risk, but also the health of the community into which inmates will eventually return. Such testing should be considered.

Corrections' policy for the management of inmates with communicable diseases recommends universal precautions and provides instructions on when to glove, gown or mask. It also provides information on proper ventilation, when to isolate inmates with certain diseases, and how to properly dispose of infectious garbage and equipment. In other words, there are policies and procedures for minimizing the spread of disease. However, policy provides no guidelines for the medical management of either an inmate's health or the disease. This is left up to the medical staff and contracted physicians.

In Saskatchewan's correctional centres, the medical management of communicable diseases is shared by Correction's central office, which establishes general policy, and each centre's medical unit supervisor and contracted physician. There is no formal organization of these three groups, and consequently there is no Corrections employee with the required knowledge of medical and public health issues in a position of sufficient authority to oversee medical policy and practice in the correctional centres. This has presented a few problems.

+ Despite the high numbers of inmates with communicable diseases, all four facilities reported the absence of a unified policy to address their health needs. Inmates were frequently transferred from one institution to another and back again without consultation with nursing staff and without regard for the presence of communicable disease or medication needs. (This is an issue that is currently being addressed by the Health Care Review Committee.) A unified policy would provide consistency of service between centres and would also minimize the risk to inmates who are moved from one centre to another without critical medication or medical health information.
+ Provincial policy indicates that all staff members should receive four hours of basic training and annual refresher courses in the management of inmates with communicable diseases. Aside from the induction training received by corrections workers, no follow-up training is provided to any staff members, including nurses.
+ Proper sterilization and disinfectant procedures are often not being followed in the cleaning of the correctional centres. For example, when we asked inmates employed as cleaners about effective cleaning methods, they indicated that they were given bleach, but not instructed on proper sanitization methods or universal precautions. In fact, most had no idea what universal precautions were or that such a thing even existed.
+ There are no audits to ensure that medical staff, corrections workers and inmates are complying with established medical practice and procedures.
+ There is a shortage of data collection regarding the prevalence of disease in the centres and no means of forecasting medical supply and service delivery needs. For example, when Supplementary Health stopped providing glucose monitors to every diabetic inmate, twelve diabetic inmates ended up sharing two glucose monitors. Had Corrections known the average number of inmates in the institution with diabetes beforehand, it could have asked Supplementary Health to provide more monitors and avoided the complications and health risks resulting from having too few.

RECOMMENDATIONS

+ Establish a single authority with the required expertise to oversee the delivery of medical services.

+ Create detailed provincial guidelines for the treatment and management of communicable disease.
+ Ensure that all inmate transfers include consultation with nursing staff so that medical needs are addressed and communicated to the receiving centre.
+ Provide all staff members with regular refresher courses on the management of inmates with communicable diseases.
+ Perform regular audits to ensure compliance with medical policy.

SUGGESTION

+ Explore the possibility of implementing mandatory testing for communicable diseases.

Disease Prevention Education

Provincial policy states that inmates must receive the same information as staff regarding communicable diseases. Despite this, none of the centres provides written information to inmates, although nurses will talk to an inmate about communicable diseases on request. In addition, a public health nurse attends the centres weekly and is available for one-on-one counselling.

Even so, the absence of written information combined with the relatively short sentence length of the average inmate has resulted in some being uninformed.

In our review, we came across one method of disseminating information about disease transmission that deserves mention. In both Prince Albert centres, a native drama group called Kamanakus performed a play about living with Hepatitis C. The drama was the first of its kind at the centres and provided a non-defensive means for inmates to obtain needed information without placing them at risk for exposure. Inmates enjoyed the presentation, and because of its widespread acceptance the nursing unit planned to have the group perform at the centre more often.

COMMENDATION

+ To the Pine Grove and Prince Albert correctional centres for their creative approach to disseminating information about disease transmission.

RECOMMENDATION

+ Provide all inmates with both written and verbal information about communicable diseases.

Hepatitis C, HIV/AIDS, and Tuberculosis

Only two Correctional facilities, Prince Albert and Pine Grove, keep statistical data on the number of inmates with Hepatitis C. They reported that the average number of inmates infected with Hepatitis C is about 32% of the total inmate population. This number is significantly higher among female inmates: out of approximately 50 inmates in Pine Grove, between 70% and 85% were infected.

In Prince Albert, inmates with Hepatitis C are assigned to the caseload of a specific nurse, who meets regularly with each inmate to follow the course of his disease. In addition to providing education and advice, the nurse facilitates access to a doctor and ensures that prescribed or recommended treatment is provided and that all diagnostic testing, including biopsies, are carried out as scheduled.

Prince Albert has plans to follow the same protocol for all communicable diseases. Not surprisingly, inmates in this centre seemed generally better informed about medical services and complaints were fewer.

With regard to HIV/AIDS, the number of known infected individuals is nominal but our findings were otherwise the same; there is no written standard of medical care or procedure to address the specific health needs of inmates with this disease.

Tuberculosis presents its own problems. All centres will provide a test for tuberculosis when an inmate requests it. This is problematic because inmates do not necessarily know when they have been exposed to the disease and require testing.

Inmates' privacy rights prevent nursing staff from disclosing tuberculosis test results to other inmates, so other than self-declaration, inmates have no way of knowing if an infectious inmate is on their unit or in the facility. Even if an inmate were frequently in close contact with an infec-

tious inmate, he or she would not necessarily know to ask for a tuberculosis test.

We understand that the risk of infection is normally not a great concern unless someone has a compromised immune system. In such cases, precautionary measures are essential, yet to our knowledge none exist.

RECOMMENDATION

+ Address the conflict that exists between inmates' needs to protect themselves from contagious disease, such as tuberculosis, and the individual inmate's right to privacy.

Dental Services

The most serious issue regarding the provision of dental services is the waiting time for inmates to see a dentist. We learned from the College of Dental Surgeons of Saskatchewan that, excluding emergency and preventive dental procedures, the average wait for dental services in the community is one to seven days. In the case of an emergency, patients are usually seen the same day. Not surprisingly, waiting time in each of the four centres is much longer.

At Pine Grove, inmates are taken to a dentist in the community. In the years prior to our review, the Pine Grove facility had considerable difficulty retaining a dentist. The result was a waiting time that was sometimes as long as six weeks. Matters have improved recently, and inmates are currently waiting about three weeks for an appointment.

At the Prince Albert, Saskatoon and Regina Correctional Centres, a dentist provides services in the centre. Between 1997 and the summer of 2001, the Prince Albert Correctional Centre did not have a dentist. Emergencies, usually abscesses, were sent to dentists in the community while non-emergency cases waited.

When the centre finally engaged a dentist in the summer of 2001, approximately seventy inmates were on the waiting list and had been waiting for an estimated six to eight weeks. To reduce the wait, the new dentist frequently offered more time than the contract called for and the centre added

additional hours to the contract. By the fall of 2001, the number of inmates on the waiting list declined to fifty.

In the spring of 2002, the dentist went on leave and lost his dental assistant, leaving the centre without dental services yet again and forty-seven inmates on the waiting list. To address the problem, the centre was taking inmates into the community for dental services, but was only able to arrange two or three appointments per week.

Saskatoon is also having problems. The number of inmates on the waiting list jumped from twenty-eight in the summer of 2001 to seventy by the spring of 2002. Waiting time has correspondingly increased from 3 to 4 weeks to 2 to 4 months. There are also some problems with the age and serviceability of the dental equipment in this facility. The centre has not upgraded its equipment since it was purchased second-hand in the latter part of the 1980s.

Regina had the best record. In 2001, there was no waiting list, and inmates could see a dentist within one to two weeks. By the spring of 2002, the centre was booking appointments within three weeks and there was still no waiting list. However, upgrades totalling approximately $35,000 are needed to continue providing in-house dental care in Regina. As of May 2002, it

was not known whether dental care would continue to be provided in the centre, or if inmates would be transported to the community.

RECOMMENDATION
+ Take steps to reduce the waiting time for dental treatment to something close to the waiting time in the general community.

Pain Management Issues

An important issue that is relevant to both dental services and overall health care is effective pain management. A common complaint we heard from inmates in all of the centres was an inability to access adequate pain medication prior to or after receiving dental treatment. Some inmates reported experiencing extreme pain resulting from dry sockets, surgical dental procedures or abscesses and getting only OraGel, oil of cloves, Tylenol or Motrin.

Inmates also told us that problems with pain medication were not limited to dental procedures. They claimed that nothing stronger then Motrin was provided even for pain resulting from broken bones, dislocations, or surgery.

The general physician's contracts may be part of what is creating the problem. These contracts contain either a detailed list of restricted narcotic, psychotropic, hallucinogenic or addictive prescription medications or the phrase "minimize the use of narcotic drugs." Physicians we consulted thought that the clauses limited the prescription of drugs on the list to exceptional circumstances where absolutely no alternative was available.

A similar situation exists for dentists even though their contracts do not impose or imply restrictions on prescription drugs. Dentists can, and sometimes do, prescribe narcotics. However, nurses in at least one centre told us that when this happened, they would ask the centre's physician to replace the prescription with a non-narcotic. For this reason, dentists do not have much control over pain management. After a dental procedure the care of the inmate, pain management in particular, is taken over by the centre's attending physician.

Corrections' desire to limit the use of certain prescription drugs in the correctional centres is understandable. Nevertheless, expecting physicians to modify their treatment to accommodate security concerns may not be appropriate.

The College of Physicians and Surgeons told us that Corrections' policy regarding certain medications was at odds with the duty of the physician. According to the College, a physician in the community deals with the same issues of drug dependency as might be seen in a patient in a correctional facility, and determining medication needs should be no different.

The College acknowledges the centre's need and obligation to control the presence of certain drugs in the centre, but does not agree that it is reasonable to place responsibility for the centre's drug handling, storage and security issues on the shoulders of the physician. The College said that doing so required the physician to consider non-medical factors and impeded the doctor's ability to treat the patient.

After conducting an extensive investigation, our Ombudsman colleagues in Nebraska found that a similar situation existed in that jurisdiction regarding pain medication:

> *Administering pain medications in a corrections environment is a difficult task that must give some consideration to patients' history of drug abuse, and also to the possibility that the drugs in question may somehow end up being sold or bartered in the institution's underground market, rather than being used as prescribed. However, it is also clear that to fail to provide adequate medication for pain is both morally inhumane and con-*

[8] Nebraska Legislature, Ombudsman's Report, *Examination of the Medical Services System of the Nebraska Department of Correctional Services* (November 1999), 43.

stitutionally violative of protections against 'cruel and unusual punishment.[8]

Physicians and dentists must be free to practise as the circumstances and need of their patient requires; the safety and the security of the institution is a responsibility of Corrections and is a matter that must be managed with consideration of appropriate medical care.

RECOMMENDATION
+ Remove restrictions, explicit or implied, on the drugs that physicians and dentists can prescribe.

Accommodations for Inmates with Physical Disabilities

Corrections acknowledges its obligation to accommodate inmates with physical disabilities. We could not determine the types of disabilities inmates have brought to the centres and how many inmates are disabled because Corrections does not record this information.

Nurses at Pine Grove and the Prince Albert Correctional Centre screen all admissions for disabilities and recommend appropriate cell placements. In Saskatoon and Regina, the onus is on the inmate to disclose his or her disability. This could present problems, as some disabilities are not obvious, and the need to provide special accommodations may not become apparent until a problem arises.

Inmate privacy rights can also present problems. If an inmate's disability isn't obvious, and he or she doesn't consent to disclosure, it can be awkward explaining to staff and other inmates why he or she needs accommodation.

Fortunately, according to the nurses and inmates we spoke to, there does not appear to be any reluctance on the part of disabled inmates to disclose the nature of their disability.

Corrections not only has a duty to accommodate inmates with disabilities, but the accommodation must also be comparable to what would be available in the general community. This has presented some difficult challenges.

In the area of programming, inmates with learning disabilities are entitled to accommodation, yet nothing is in place for inmates in these circumstances.

RECOMMENDATIONS
+ Ask all inmates during the admission process whether they require accommodation for a disability.
+ Examine the accommodations for disabilities presently provided to ensure that they comply with the duty to accommodate under *The Saskatchewan Human Rights Code*.

Fetal Alcohol Syndrome / Effects

Inmates with FAS/FAE are of special concern. Fetal Alcohol Syndrome (FAS) is a diagnosis describing a certain set of birth defects caused by drinking alcohol during pregnancy, while more subtle forms of FAS are termed Fetal Alcohol Effects (FAE).[9]

The present estimate of the world incidence of FAS is 1.9 cases per 1000, and there is currently no national data for Canadian estimates.[10]

While there is an absence of data to gauge the extent of the problem in correctional centres, corrections workers and nursing staff in all four provincial correctional centres believe the incidence of FAS/FAE is very high.

Corrections staff told us they are seeing more inmates with low functioning capacity, a higher propensity for violence, little conscience, no sense of belonging and no connection to the community. All of these could be symptoms of FAS/FAE according to the findings of current research. A study conducted by the CSC in July of 1998 states:

[9] Alberta Alcohol and Drug Abuse Commission, "Fetal Alcohol Syndrome and Other Alcohol-related Birth Defects" (February 2000).
[10] Fred J. Boland et al, *Fetal Alcohol Syndrome: Implications for Correctional Service* (Correctional Service of Canada, 1998).
[11] Boland 4.

In adolescence and adulthood the primary difficulties are memory impairments, problems with judgment and abstract reasoning and poor adaptive functioning. Some common secondary disabilities characteristic of adolescents and adults with FAS/FAE include being easily victimized, unfocused and distractible, difficulty handling money, problems learning from experience, trouble understanding consequences and perceiving social cues, poor frustration tolerance, inappropriate sexual behaviours, substance abuse, mental health problems and trouble with the law.[11]

Relatively little is known about FAS/FAE. It is very difficult to diagnose, and effective treatment is unclear. Under these circumstances, designing programming for inmates affected by FAS/FAE presents enormous challenges for Corrections.

Corrections is aware of the problems and the challenges inmates with FAS/FAE present and has been communicating with mental health service providers to find ways to meet the needs of these inmates. Until recently, nursing and corrections staff lacked training in the management of FAS/FAE. To remedy this, Corrections has trained eleven staff who, in turn, will train other staff and new recruits on how to meet the unique needs of these inmates.

COMMENDATION

+ For Corrections' efforts to address the needs of inmates with FAS/FAE.

Staffing of Medical Units

The recruitment and retention of medical professionals to work in correctional centres is not easy. Corrections informed us that it has difficulty getting medical professionals to work in the centres. Professionals are not attracted to the work because patients have a multiplicity of health problems that are time-consuming and make for a heavy load.

Nurses

Each correctional facility has a nursing unit where inmates are examined and treated. This unit and its nursing staff are on the front line of health care in the correctional centres. All of the nursing units except Regina's have a nursing supervisor who is also an active line nurse. The nursing supervisor, who reports to the director or deputy director, is generally available from 7:30 am to 3:30 pm, weekdays.

Regina has two nurses on duty per shift. At Saskatoon, Prince Albert and Pine Grove there is one nurse on duty for the morning shift and two for the afternoon shift. Nursing services at all four centres are provided for 16 hours every day, from 7:00 am until 11:00 pm.

The on-duty Assistant Deputy Director (ADD), who is not medically qualified other than first aid/CPR certification, handles medical problems that arise during the night. The ADD deals with emergencies by transporting the inmate to a local hospital. Non-emergencies wait until a nurse arrives in the morning.

Nursing units in the four centres reported problems filling absences when colleagues were sick or on holidays. Permanent staff occasionally

[11] Boland 4.

completed double shifts because temporary nurses were unavailable when needed. This arose because many part-time or casual nurses had other part-time work that conflicted with the centre's needs.

Furthermore, the irregularity and infrequency of shifts offered at the centres is unattractive. Even when part-time nurses are available, some permanent nursing staff noted the time spent training and re-orientating a part-time nurse negated the benefit.

While the staffing issues are difficult for nurses, we are unaware of any evidence that these issues negatively affect the delivery of medical services to inmates.

The Health Care Review Committee is aware of these problems and will be making recommendations for improvement.

RECOMMENDATION
+ Take steps to address the staffing problems reported by the nursing units.

Training and Continuing Education

Unlike nurses working in obstetrics, surgery or emergency, nurses who work in a correctional facility have not received any specialized training. Anything they learn about working in a correctional centre is learned on the job, and formal training on the job is limited.

All nurses attend recertification for first aid and CPR, and in 2001, some nurses received restraint training and some attended a conference on custody and care. Three of the four centres offer nurses some modules of the Correction Workers Induction Training, but the wait to take the modules was more than two years in some cases.

Aside from these opportunities for training, nurses reported almost no opportunity for continuing education in their field. Some feared they were losing touch with technological and scientific advancement in their field and that the services they were providing were becoming outdated.

The field of nursing is undergoing significant changes due to technological advances and modifications in treatment methodology. Nurses need to keep up with these changes through constant upgrading.

Furthermore, since nurses work closely with inmates, it is important that they receive timely training specific to this role. Making the relevant modules in the Induction Training course more readily available to nurses would help them work more effectively and safely with inmates.

RECOMMENDATION
+ Provide nurses with more opportunities for continuing education in both nursing and corrections.

Physicians

Physicians working in a correctional centre face challenges that do not exist to the same extent - or at all - in private practice. Some examples of these challenges include:

+ Learning about and knowing how to treat violent and unpredictable inmates;
+ Dealing with drug-seeking behaviour including the motivation (threats from other inmates) behind requests for certain prescription drugs;
+ Managing a higher-than-normal presence of communicable disease;
+ Ensuring inmates living in close quarters are educated and aware of harm reduction techniques so that transmission of these diseases is minimized; and
+ Pre- and postnatal care that is complicated by the mother's drug dependence.

Physicians must also become familiar with the rules and regimen of a correctional centre. To meet some of these challenges, the physicians we spoke to said they need support from colleagues with experience treating patients in a correctional centre.

The Correctional Services of Canada (CSC) has an inmate health care system that offers much more support to its physicians than the provincial system. In Saskatchewan, this is partly due to the existence of the federal Regional Psychiatric Centre (RPC) that provides general physicians

working in the federal penitentiary access to medical treatment teams, a pharmacy committee, and a clinical advisory committee.

Physicians working at CSC facilities in Saskatchewan also have access to colleagues at other CSC facilities nationwide. To help physicians and other medical staff familiarize themselves with the correctional environment, the CSC has started providing three out of the six weeks of its Corrections Worker Induction Program to all new contracted medical personnel.

Unfortunately, the provincial system cannot offer comparable support. At present, physicians working in the provincial system do not have access to the medical expertise at the Regional Psychiatric Centre or within the federal penitentiaries. Consequently, when they need help with a medical issue they have to rely on support from other physicians in the community. Locating this support is sometimes difficult as there are not many physicians who are knowledgeable about medical issues in a correctional environment.

To address some of the issues they face, some physicians told us they would like to see training and resources similar to those in the federal correctional system or access to a senior medical director for guidance. These physicians would also prefer to have written protocols that would address such matters as standard treatment and testing for various diseases, data collection and forecasting, and other medical issues unique to the correctional environment. Some said that opportunities for case conferencing and access to a shared medical resource base would also help.

The physicians' requests seem reasonable enough. We understand, however, that Corrections has placed the onus on the physicians for securing training and access to medical support. We trust that the door is not closed on this. CSC has told us they are open to discussions with provincial Corrections about the possibility of including provincial medical professionals in the federal medical services information sharing pool. We believe this is an option that should be explored.

Another approach to the issue of training physicians for working in a correctional environment is to include a rotation in correctional facilities as part of the intern's training. In the United States, negotiations with the medical colleges resulted in the inclusion of correctional facilities in the intern's rotation. Residencies or fellowships were also offered.

In Canada, medical colleges do not require interns to complete a rotation at a correctional facility and no specific training is offered during medical school to afford new physicians an understanding of the practice of medicine in a corrections environment.

A further obstacle to this idea is the fact that none of the medical units within the four provincial correctional facilities is accredited. According to the College of Medicine at the University of Saskatchewan, any medical facility offering a rotation must be accredited or the College of Physicians and Surgeons will not recognize the rotation.

RECOMMENDATION

+ Offer contracted medical professionals training to familiarize them with the challenges they will face practicing medicine in a correctional environment.

SUGGESTIONS

+ Explore the possibility of entering into a medical information sharing agreement with CSC.
+ Investigate the possibility of meeting the requirements necessary for the accreditation of the medical units so interns could complete a rotation at the correctional centres.

Medical Standards and Resources

Standards of Medical Care and Compliance

The need for high standards of medical care in a correctional centre is especially important because, as discussed above, there is a very high incidence of disease in the inmate population, due mainly to high-risk behaviour associated with drug and alcohol use.[12] This high incidence of disease is coupled with close living and working conditions that increase the risk of contagion.

Because inmates will one day return to the community, it is essential to the overall health of the people of Saskatchewan that standards of medical care in the centres are high.

The system presently in place to monitor the delivery of medical services includes provisions in the contracts that require the provider to give direction, advice and training to the centre director and/or nursing staff. This includes making recommendations and participating in the evaluative process of health care services at the correctional centre.

We discovered that although there was no scheduled evaluative process for health care issues, service providers reported ample opportunity to discuss concerns with centre directors.

Despite ongoing communication with the directors, who by all reports were providing positive feedback, there are many medical needs outstanding. Service providers told us they were unable to make progress where recommended changes involved additional expenditure and resource utilization. This was also the experience of the nurses, who told us they encountered problems maintaining and upgrading equipment.

Nurses also told us that they required access to the Internet, a shared client database, video training materials, educational leaflets and pharmaceutical compendiums. These tools would assist nurses in treating inmates and educating them about the importance of matters such as taking prescription drugs properly, the benefits of maintaining a diabetic diet, proper hygiene, and harm reduction strategies for communicable diseases.

Medicine is a complex and dynamic area prone to rapid change resulting from scientific advancement. In this climate, it is difficult for medical service providers to maintain high standards and keep policies up to date without assistance.

Fortunately, organizations like the Canadian Medical Association, the World Health Organization, Public Health, and private accreditation firms exist to fill this need.

Correctional Service Canada, which faces challenges similar to Corrections' in its efforts to maintain high standards in its delivery of medical care, is working with a private accreditation firm to adapt national health care standards to the correctional environment. This is an option that Saskatchewan Corrections may want to consider.

SUGGESTION

+ Take steps to ensure that the medical services provided in the correctional centres meet standards established by the CMA, WHO, Public Health or recognized health service accreditation firms.

Pharmaceutical Contracts

Pharmacies are contracted to supply correctional centres with necessary prescription medications. In all four centres, nursing staff prepare prescription orders and submit them to the pharmacy according to specific instructions set out in the pharmaceutical contract. The pharmacy is bound by the contract to fill the orders and ship them to the correctional centre within certain time frames. There are provisions in each contract for prescriptions that require filling on an emergency basis.

[12] Both the Regina and Prince Albert health districts have conducted studies showing a significantly higher-than-normal presence of Hepatitis C infection in the inmate population.

Throughout our consultations, the comments in relation to pharmacies had little to do with the pharmacies themselves, and were mostly concerning the methods of dispensing medications and unfamiliarity with provisions in the pharmaceutical contracts.

Following are some of the problems identified:
+ Nursing units in all centres indicated that they spent an inordinate amount of time ordering, returning and chasing medication histories and prescriptions between centres and far too much time cataloguing and preparing medications prior to dispensing. One centre had four different methods of dispensing medications, which the nurses found cumbersome.
+ The dispensing procedures in place presented problems for some inmates who disliked receiving medication from nursing staff who were not wearing surgical gloves, dispensed pills from open paper caps or split bubble packs in their presence with their fingernail. For their part, nursing staff reported difficulty with the repetition involved in separating and opening hundreds of bubble packs daily.
+ Inmates in all of the institutions stated they did not receive written information regarding the prescription medication they received. Many said they were not aware what the medication was, what the medication was intended to treat or how long they would be taking it.
+ With the exception of the Prince Albert Correctional Centre, none of the pharmacies provided client information leaflets with the prescriptions, even though these were routinely provided to patients in the community. Nurses said they did not have the time or the required resource material to resolve the information shortfall.
+ The Pharmaceutics and Therapeutics Committee may no longer be functioning in at least one centre; the physician at this centre did not know what the Committee was nor had he been called to a meeting. (The Committee deals with new drugs, drug interactions and issues of provincial concern, like bubble packaging. Members include the centre physician, pharmacist, and a representative from the Department of Health.)

After reviewing the pharmaceutical contracts, we discovered they already contained the means through which resolution of several of the problems presented could be achieved. For example:
+ General clauses exist in all contracts requiring the pharmacies to give advice to the centre director regarding supply, storage and distribution of medications at the centre.
+ In three contracts, a representative from the pharmacy is to sit on the Centre's Pharmaceutics and Therapeutics Committee.
+ In one contract, a representative from the pharmacy is to be a member of the centre's Health Care Services Committee and attend regular monthly meetings.
+ One contract requires the pharmacy is to provide two copies of the most recent Compendium of Pharmaceuticals, which is a resource book containing details about prescription medications.

RECOMMENDATION
+ That all centres ensure the Pharmaceutics and Therapeutics Committee is operating and that the provisions for services in the pharmaceutical contracts are utilized.

Technology and Equipment

Many inmates need to take medication at regular intervals or have medical problems that require special assistance. As mentioned previously, serious problems can arise when an inmate is transferred without consideration of his or her medical needs. A shared, comprehensive med-

ical database would help minimize this risk and also reduce duplication of records and treatment efforts, thereby making the health care provided to inmates more consistent.

The Health Care Review Committee is filling some communication needs, but the work of the medical units would be enhanced by up-to-date computer technology. Until the medical units are equipped with the necessary computer technology, communication between the nursing units, which we understand is limited, should be encouraged and supported.

Keeping medical equipment up to date is important to the centres' ability to deliver proper medical services. We discovered that medical instruments, examining tables, dental equipment, secure drug storage, filing cabinets and resource materials such as medical dictionaries and compendiums of pharmaceuticals were either absent or out of date. This can result in delays while equipment is being repaired and increase medical risks in general. For example, in one centre, the autoclave is often in need of repair, resulting in treatment delays and potentially improper sterilization.

Medical staff we spoke to told us that it was often difficult to explain to administrators unfamiliar with medical technology why certain medical equipment was needed. Because of the potential health risks associated with the use of out-of-date equipment, it would be best if Corrections obtained the guidance of a professional familiar with medical technology when determining the equipment needs of the medical units.

There is provision in policy for a review of medical services by a multi-disciplinary team, which could include such a person, but such reviews have not been done.

RECOMMENDATIONS

+ Establish a comprehensive, province-wide medical database that could be shared by medical staff in the four correctional centres.
+ Obtain professional advice on the state and suitability of existing medical equipment.

Conclusion

Our review of medical services took us outside the realm of our normal work and challenged us to grasp and work with unfamiliar concepts. We are grateful for the cooperation and generous support we received from the medical personnel and the Health Care Review Committee, without whom this would have been a much more difficult task.

As this section shows, there are many areas in the delivery of medical services that need improvement. We are encouraged by the formation of the Health Care Review Committee and anticipate that medical issues will be addressed in a timely and appropriate manner.

COMMENDATION

+ To the Health Care Review Committee for identifying and addressing problems in the delivery of medical services.

Inmate Services and Conditions of Custody in Saskatchewan Correctional Centres
October 2002

Medical Services

SPECIAL REPORT

RECOMMENDATIONS

+ Ensure inmates are aware of the medical services available to them and how to obtain them.
+ Explain clearly in policy and in workshops under what circumstances corrections workers and medical staff are permitted to share information, and what the limits and rules are.
+ Consult with aboriginal and Métis groups to determine the most effective way to deliver health care services that respect aboriginal traditions.
+ Inform inmates that they have the right to contact the College of Physicians and Surgeons if they disagree with the medical care they are receiving.
+ Provide a detoxification program comparable to what is available in the community.
+ Permit inmates who would otherwise be eligible for the methadone program to participate while they are incarcerated.
+ Improve inmate access to mental health professionals.
+ Enhance programming designed to meet the mental health needs of the inmate population while they are incarcerate and after they are released.
+ Establish a single authority with the required expertise to oversee the delivery of medical services.
+ Create detailed provincial guidelines for the treatment and management of communicable disease.
+ Ensure that all inmate transfers include consultation with nursing staff so that medical needs are addressed and communicated to the receiving centre.
+ Provide all staff members with regular refresher courses on the management of inmates with communicable diseases.
+ Perform regular audits to ensure compliance with medical policy.
+ Provide all inmates with both written and verbal information about communicable diseases.
+ Address the conflict that exists between inmates' needs to protect themselves from contagious disease, such as tuberculosis, and the individual inmate's right to privacy.
+ Take steps to reduce the waiting time for dental treatment to something close to the waiting time in the general community.
+ Remove restrictions, explicit or implied, on the drugs that physicians and dentists can prescribe.
+ Ask all inmates during the admission process whether they require accommodation for a disability.
+ Examine the accommodations for disabilities presently provided to ensure that they comply with the duty to accommodate under *The Saskatchewan Human Rights Code*.
+ Take steps to address the staffing problems reported by the nursing units.
+ Provide nurses with more opportunities for continuing education in both nursing and corrections.
+ Offer contracted medical professionals training to familiarize them with the challenges they will face practicing medicine in a correctional environment.
+ That all centres ensure the Pharmaceutics and Therapeutics Committee is operating and that the provisions for services in the pharmaceutical contracts are utilized.
+ Establish a comprehensive, province-wide medical database that could be shared by medical staff in the four correctional centres.
+ Obtain professional advice on the state and suitability of existing medical equipment.

SUGGESTIONS

+ Examine Saskatoon's experience with a psychologist and consider whether an on-site psychologist would be appropriate in all centres.
+ Explore the possibility of implementing mandatory testing for communicable diseases.
+ Explore the possibility of entering into a medical information sharing agreement with CSC.
+ Investigate the possibility of meeting the requirements necessary for the accreditation of the medical units so interns could complete a rotation at the correctional centres.
+ Take steps to ensure that the medical services provided in the correctional centres meet standards established by the CMA, WHO, Public Health or recognized health service accreditation firms.

Medical Services

SPECIAL REPORT

COMMENDATIONS

+ To Saskatoon Correctional Centre for its decision to have an on-site psychologist.
+ To the Pine Grove and Prince Albert correctional centres for their creative approach to disseminating information about disease transmission.
+ For Corrections' efforts to address the needs of inmates with FAS/FAE.
+ To the Health Care Review Committee for identifying and addressing problems in the delivery of medical services