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Commissioner
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Commissaire

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Your file Votre référence

2014-0378-0055

Our file Notre référence

1410-2-2014-15

CHIEF CORONER

Ms. Lisa Lapointe
Chief Coroner
Province of British Columbia
Metrotower II, Suite 800
4720 Kingsway
Burnaby, B.C.
V5H 4N2

Re: Verdict at Coroner's Jury into the Death of Roman William REZANOWICZ at Pacific Institution in the Psychiatric Hospital on April 30, 2014

Dear Ms. Lapointe,

Thank you for your report dated February 24, 2016 stemming from the Inquest held on December 7-8, 2015 into the tragic death of Roman William REZANOWICZ at Pacific Institution in the Psychiatric Hospital. As a voluntary participant in the Inquest, the Correctional Service of Canada (CSC) thanks you for your Verdict. While we recognize that the recommendations are not binding on CSC as a federal organization, we have nevertheless taken them under consideration and provide you with the following responses:

Recommendation #1:

Research appropriate technology that can be provided to all Corrections Officers on duty to enable them to request immediate assistance, including during overlapping staff changeover times. (One radio per staff member, but not limited to just this. Consider the possibility of microphones or audio available to compliment the video in the hallways.)

Current CSC policy (Commissioner's Directive (CD) 566-4, *Counts and Security Patrols*) outlines the standards for security patrols within CSC institutions and requires that during patrols, Correctional Officers, Primary Workers and/or Correctional Managers are provided, and use, means of communication with other staff.

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Examples of “means of communication” include, but are not limited to Personal Portable Alarms (PPA) which, if/when activated by a staff member, a Correctional Officer located at the Main Communication and Control Post must acknowledge the alarm and request that additional Correctional Officers respond immediately to the specific location from which the alarm emanated. Another means of communication, when officers are physically amongst inmates, is to have another officer monitor the situation and have ready access to a radio to call for assistance if required. Inmate cells are also equipped with cell call alarms or nurse call systems which enable staff in the control post to be alerted when assistance, medical or otherwise, is required. When an officer is alone, which only occurs in specific and controlled situations, the officer is equipped with a PPA and radio.

With respect to the use of microphones or audio to complement videos, this poses technical challenges as employees would be required to monitor multiple streams of audio concurrently. However, CSC is currently researching technologies using artificial intelligence to monitor multiple streams of video concurrently. This initiative, if successful, could increase CSC’s monitoring capacity.

Recommendation #2:

Provide regular (at least once a year) practical, scenario based training in first aid including CPR to all frontline prison staff. This would be a mandatory requirement, and not just if the staff member happened to be on shift.

The possession of first aid skills are a mandatory employment requirement for all Correctional Officers, Primary Workers and Correctional Managers at medium, maximum, multi-level (including women’s institutions and Treatment Centres) and clustered institutions. It is also a fundamental requirement of the persons in those positions to respond safely to medical emergencies as part of their First Aid Attendant designation. Standard First Aid and Cardiopulmonary Resuscitation level C / Automated External Defibrillator training is provided to those staff every three years pursuant to *Canada Occupational Health and Safety Regulations*.

CSC policy supports the practical application of these training requirements through the mandatory completion of on-site simulations of medical emergencies four times per year. These practical, scenario-based exercises are completed in collaboration with the Chiefs of Health Services and the Wardens in order to allow staff to practice and remain current in their skills.

Recommendation #3:

Inmate checks should be conducted at random intervals, not on a completely predictable basis.

CSC is in agreement with this recommendation and current policy (CD 566-4, *Counts and Security Patrols*) is written to ensure patrols are not predictable. Patrols are to be conducted as frequently as possible but must be at least every 60 minutes from the beginning of the last patrol and must be staggered to avoid predictability. Further, an additional patrol must be conducted during the midnight hours at a randomly selected time which is also intended to offset the patrols and therefore predictability.

It is also noted that CSC has partnered with the Privy Council of Canada Innovation Hub in seeking their assistance to explore behavioural insights pilots that can assist in improving our results in this area.

Recommendation #4:

Information sharing – all departments should have access to relevant information, and possibly medical records when it could pose a risk to other inmates or staff. This information sharing should be mandatory for frontline staff to be aware of, rather than just optional. Frontline staff should have as much information as possible to provide the best treatment and safety to all staff and inmates.

CSC acknowledges the critical role of appropriately sharing relevant information amongst staff in order to provide the best treatment to inmates and ensure the safety of staff and inmates alike. CSC supports and promotes the sharing of information through a number of interlinked policies (CDs¹), guidelines² and use of electronic inmate information systems (i.e., Offender Management System (OMS)).

Information sharing is one of CSC's most important strategies to promote the safety and security of inmates, staff and members of the public. Critical information is shared on a need to know basis between internal sectors such as Operations and Health Services as well as with external partners and stakeholders. The sharing of information is carried out in a way that upholds an inmate's rights to privacy and confidentiality, while still ensuring that relevant parties have access to appropriate information in order to address the risks and needs of the inmate.

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¹ CD 700, *Correctional Interventions*; CD 701, *Information Sharing*; CD 710-1, *Progress Against the Correctional Plan*; CD 712, *Case Preparation and Pre-Release Framework*; and, CD 800-3, *Consent to Health Services Assessment, Treatment and Release of Information*

² Guidelines for Sharing Personal Health Information (November 2015)

Staff who have regular and meaningful interactions with inmates are expected to report and record in OMS significant observations relating to individual inmate behaviour. OMS contains much of the critical information which assists staff in decision making, in determining appropriate actions and in providing the best treatment to mitigate risk to individual inmates or others.

With respect to medical or health-related information, CD 800-3, *Consent to Health Services Assessment, Treatment and Release of Information*, applies to staff involved in the sharing of inmate information with respect to their health. Department heads (including the Chief of Health Services) meet every day to exchange information relevant to the wellbeing of the inmates and/or the secure functioning of the institutions, on a need to know basis. While different sectors, such as Health Services and Operations, have safeguards in place to ensure inmate rights to privacy and confidentiality are respected, there is a clear expectation that information that is pertinent and necessary to an individual performing his/her duties must be shared. CSC is committed to quality improvement and will continue to monitor and support efforts to improve appropriate sharing of relevant information.

Recommendation #5:

Transition between institutions should be improved. Proper documentation of inmate profiles from previous institutions should be read and considered by new staff at the receiving institution. Parole officers should add proper notes and documentation to the system, especially the staff that interact with the inmate the most, or have the best knowledge. Parole applications should be evaluated by someone with all of the information, including the history.

CSC takes steps to ensure that staff adhere to current CSC policies, which are created while keeping in mind the safety and security of the public, the staff and the inmates. As such, CSC policies include provisions in view of the nature, the timing, the means and the level of staff required to be involved in the communication of critical information for the management of inmates.

Current CSC policies require that staff complete and enter reports and other documentation into OMS, including inmate profiles from previous institutions. This information must be read and considered by staff at the receiving institution.

CD 710-2, *Transfer of Inmates*, requires that information regarding an inmate's state of health and/or health care needs be documented in every inmate's final transfer decision pursuant to Section 87 of the *Corrections and Conditional Release Act*.

Guidelines 710-2-3, *Inmate Transfer Process*, Annex C also requires the Parole Officer to complete a comprehensive Assessment for Decision report that provides, but is not limited to, a reassessment of the inmate's security requirements – including a consultation with the Security Intelligence Officer, an update of the inmate's progress, the required programming, and an analysis of the inmate's risk factors specific to the offence cycle outlined in the Correctional Plan. In addition, an analysis of the security level assessment also needs to be embedded within this report. This overall assessment incorporates various elements to prepare the receiving institution for the inmate's transfer.

CD 705-3, *Immediate Needs Identification and Admission Interviews*, prescribes that within 24 hours of the inmate's arrival at the receiving institution, staff responsible for the immediate needs identification will conduct an interview with the inmate in order to gather information such as additional security needs, information required for cell assignment, Alerts and/or Flags for mental health, suicide risk, Security Threat Group affiliation, etc., as well as to provide the inmate with a brief orientation of the institutional operating procedures.

Within the prescribed timeframes pursuant to CD 712-1, *Pre-Release Decision-Making*, Parole Officers are required to process inmate applications and legislated reviews for conditional release. This process consists of a thorough analysis of the inmate's risk to society, required programming and proposed release plan, in addition to recommendations for the Parole Board of Canada in regards to special conditions required to mitigate risk upon the inmate's return to the community.

While most information is documented in OMS, and is available for both the sending and receiving institution/region before, during and after the transfer, a review of our current transfer policies and guidelines is ongoing, and adjustments will be made to address any gaps that may exist.

Recommendation #6:

Ensure that Critical Incident Stress Management is available to staff after a stressful incident. Follow-up should be done with staff. (Staff is clearly still affected by this incident and perhaps follow-up needs to occur).

Critical Incident Stress Management (CISM) is a joint management-labour program designed primarily for employees who are likely to be involved in critical incidents. There are both preventative and support elements to the program. The policy framework is outlined in CD 253, *Employee Assistance Program*, and Guidelines 253-2, *Critical Incident Stress Management*. Appropriate support will be provided by peer-support persons and mental health professionals who have been trained in CISM intervention as approved by CSC.

The policy supports identification of needs and subsequent provision of CISM interventions in an ongoing manner both during and after a critical incident. The policy and practice supports the management team in ongoing identification of needs in this specific instance. The institutional management team is encouraged to contact the regional CISM coordinator and provide the CISM team with the support necessary to fulfill their obligations. In addition, CD 253 and Guidelines 253-2 will be reviewed in fiscal year 2016-2017 which will allow for reinforcement of the prevention and ongoing elements of support offered across the organisation.

Recommendation #7:

Regular meetings, proper documentation, and information sharing between departments needs to occur so no one falls through the cracks.

CSC acknowledges the importance of regular meetings, proper documentation, and sharing of information between internal sectors. As noted in the response to Recommendation 4, Operations and Health Services have policies and guidelines that mandate and facilitate appropriate sharing of relevant information. Many of the latter documents contain direction on documentation requirements.

Case Management Teams within the institutions are expected to report and record in OMS significant observations relating to individual inmate behaviour. With respect to sharing information between institutions and community supervision sites, CSC policy³ requires that the Manager Assessment and Interventions, the Manager Intensive Intervention Strategy, and the Parole Officer Supervisor conduct ongoing and regular case conferences to identify and confirm the most effective correctional interventions. In addition, CSC policy⁴ also requires the Parole Officer and other members of the Case Management Team to document all interactions, interventions, observations and assessments of inmates under their supervision as well as to share the information through Case Conferences and document this information using Casework Records in OMS.

Consistent with Recommendation 7, CSC also supports regular meetings within (for example, Case Management Team meetings) and between internal sectors (for example, Health Services and Operations meetings) to share relevant information, identify issues and concerns related to specific inmates, and plan interventions. One of the key meetings that has proven to be useful is the daily meeting between Health Services and Operations, chaired by the Warden. CSC will pursue opportunities to continue to improve effective communication amongst staff.

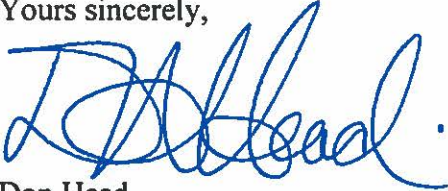
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³ CD 712, *Case Preparation and Pre-Release Framework*

⁴ CD 710-1, *Progress Against the Correctional Plan*

On behalf of CSC, I thank you for your contribution as we improve our efforts to protect the safety of those under our charge.

Yours sincerely,



Don Head

c.c.: Regional Deputy Commissioner, Pacific Region
Executive Director and General Counsel, Legal Services, National Headquarters (NHQ)
Assistant Commissioner, Correctional Operations and Programs, NHQ
Assistant Commissioner, Health Services, NHQ
Assistant Commissioner, Human Resource Management, NHQ
Assistant Commissioner, Corporate Services, NHQ
A/Director General, Incident Investigations Branch, NHQ
Office of the Correctional Investigator