



RECEIVED

AUG 13 2014

CHIEF CORONER

Your file / Votre référence

2011:0216:0252 / Our file / Notre référence

1410-2-2011-33

JUL 31 2014

Lisa Lapointe
Chief Coroner
Metrotower II Suite 800 - 4720 Kingsway
Burnaby, B.C.
V5H 4N2

Re: Death of Torben Timothy CAMPBELL at Matsqui Institution on September 12, 2011

Dear Ms. Lapointe:

Thank you for your report dated December 11th, 2013 stemming from the Inquest held on December 9th to 11th, 2013 into the death of the above-captioned inmate at Matsqui Institution. I would like to inform you of the measures that the Correctional Service of Canada (CSC) has in place to address the recommendations listed hereunder.

Recommendation #1:

Consideration be given to the development of policy that inmates on transfer with known anaphalaxis or allergy related concerns be referred to and assessed by an allergist and then re-assessed to address any changes in their condition or continued exposure concerns.

CSC recognizes that food allergy is a serious health care concern and in order to establish a consistent national approach for inmates reporting food allergies, a protocol was developed in December 2012. This protocol was developed in consultation with the Canadian Society of Allergy and Clinical Immunology, and outlines the process within CSC for referral, testing and dietary considerations. Consistent with community practice, most referrals are managed by the CSC primary care physician and referrals to specialists are made as medically indicated.

With respect to transfers, CSC's Commissioner's Directive (CD) 710-2 - Transfer of Inmates addresses this recommendation in that the policy ensures that inmates' health and mental health concerns are considered and communicated to staff with the need to know,

.../2

as well as staff who are directly involved in the transfer decision process and in the care and custody of inmates throughout the transfer operation. More specifically, paragraph 9d. of this *Transfer of Inmates* policy requires that *"the inmate's state of health and/or health care needs, as identified by a health care professional, are considered in all decisions relating to transfers, and that this information is documented in every inmate's final transfer decision pursuant to section 87 of the Corrections and Conditional Release Act"*.

In addition, prior to any inmate transfer, a Health Services Transfer Summary form (CSC/SCC 0377-01) is required for each inmate, even if no concerns are recorded. This form includes a specific section dedicated to listing of any allergies inmates may have, as well as indicating the substance and severity of the symptoms should contact occur. If an inmate is required to stay overnight at an institution in transit to his/her final destination, the Health Services Transfer Summary is also available to health care staff at that particular institution. These forms are transmitted by fax in anticipation of the stay over.

As well the Health Services Transfer Summary is available to the escorting staff on board an aircraft during an inter-regional transfer, which also includes the presence of an onboard nurse. The nurse is available to assess the inmate and to re-assess their condition when on the aircraft and on the tarmac. As standard material, a health care suitcase which accompanies the inmate on the aircraft includes medication to treat any allergic reaction. Furthermore, while CSC uses a catering company and provides standard meals onboard the aircraft, the staff responsible for the transfer ensure that the necessary arrangements are made to accommodate the inmate's needs should there be allergies or special dietary requirements.

Also, additional precautions are taken for inmates with an identified allergy in that where an inmate is on a special diet the necessary arrangements are made to accommodate the needs of the inmate, EpiPens® are available for inmates where allergies have been identified, and finally, at any point in an inmate's incarceration, the need for a referral to a specialist, such as an allergist, is at the discretion of the institutional physician based on the results of individual patient assessment.

Recommendation #2:

Consider that Chief of Health Services or designate be placed on an email distribution list for all medical related communications/memos and that a copy of all medical related communications be added to the inmate's permanent medical record.

Within an institution, it is expected and important that any correspondence related to the health of an inmate would be shared with the Chief, Health Services or other members of the Health Services team in order that they be aware of relevant health care information such as new medical information, medical alerts, policy changes etc. Within CSC, this

information is communicated by email; and through in-person briefing by nursing staff or health care managers.

As well, implementation of a distribution list can be performed at the institutional level upon request by the Chief of Health Services for general medical communications only (excluding inmate private medical information). Of note, it would not be appropriate to circulate inmate health information (or any information requiring audit and privacy controls) via e-mail.

Regarding medical-related communications that are to be permanently added to an inmate's medical record, all information determined to have value by Health Services because it supports and is relevant to the process of providing health services to a specific inmate, the correspondence (in any format) can be placed on the Health Care Record. However, the necessity of having all communications added to an inmate's medical record will be assessed by the record holder, due to the fact that once information is placed in an inmate's Medical Record, this information may no longer be accessible to Correctional Staff. That being said, as indicated above, appropriate information can be placed on the file at this time.

Recommendation #3:

Develop and implement refresher training for correctional staff that manage inmates with allergies. Consider that this training include information on types of allergens, cross contamination issues, typical and atypical presentations, Epi Pen usage and a review of correctional policies regarding medical treatment of persons experiencing an allergic reaction or acute medical emergency.

CSC provides First Aid training to correctional staff in order for them to be able to appropriately respond to emergency situations, including allergic reactions. In fact, First Aid and CPR/AED training is a condition of employment for all Correctional Officers and Primary Workers and is National Training Standard for recertification every three years. The First Aid training curriculum that is offered must adhere to the *Canada Occupational Health and Safety Regulations*, Part XVI - First Aid and Schedule V – Subjects to be Included in the Courses (Part XVI). CSC ensures that First Aid training is given by a qualified person who holds valid certification from an approved organization in any province or territory. First Aid training that includes the identification of anaphylaxis and the use of the EpiPen® auto-injector that delivers a single dose of medication. For both the basic one-day and the standard two-day First Aid training programs, there is a requirement that the First Aid provider cover “medical emergencies”. This topic includes allergic reactions (including severe allergic reactions or anaphylaxis). Under the “Treatment” requirement, providers must, by using an auto-injector trainer, demonstrate how they are used and let students practice with the trainers. St. John Ambulance has confirmed that the causes, signs and symptoms and treatment must be covered.

In addition to First Aid CPR/AED training, the Correctional Officer Training Program although not specific to managing inmates with allergies, covers medical emergencies in general. This training covers CD 567, *Security Incidents*, which defines a Medical Emergency as “*an injury or condition that poses an immediate threat to a person's health or life which requires medical intervention*”.

With respect to refresher training, it should be noted that, according to *Canada Labour Code Part II Regulation 16.12(9)*, First Aid training certification is valid for a maximum of three years, starting on the date of issue. CSC's First Aid and Cardio Pulmonary Resuscitation/Automated External Defibrillator National Training Standard adheres to this regulation.

Finally, as a result of the Board of Investigation into this incident, the *Medication Distribution and Administration* guidelines were amended April 2013 to ensure compliance with the First Aid training curriculum: Section 5.1. *Response to Allergic Episodes requiring EpiPen®* indicates that correctional officers/primary workers will administer the EpiPen® in accordance with their training. Section 5.2 *Education of All Staff on EpiPen®* states that non-Health Services staff should refer to First Aid course reference materials and consult Health Services staff to answer questions regarding the use of an EpiPen®.

Recommendation #4:

Consider implementing the use of an electronic medical records system that provides clinicians the ability to view a patient's complete medical history in a timely manner to assist them in their clinical decision making. Or, if not practical, to consider the implementation of a policy to ensure that inmates being transferred to an outside hospital for an acute or emergent medical event have their medical chart made available to send to the outside hospital emergency department or intensive care unit (as applicable) for review.

As CSC's Health Services remains a paper based file system, policy requires that Form CSC/SCC 0377-01, *Health Services Transfer Summary* be completed and provided to the community hospital. This completed form includes, amongst others, critical medical information, details of the medical emergency, special requirements, major physical health problems and current medication. Information from the Health Care Record is used to complete this form but the actual Health Care Record is not sent with the inmate. If the community hospital requires more information than CSC provided, this information may be requested at any time.

CSC agrees that having access to relevant medical information during an emergency response is ideal. However, as is the case in the community, during an emergency response, detailed medical information often is not immediately available to ambulance

personnel or hospital emergency department. The latter is equivalent to CSC's response to medical emergencies after hours.

During working hours when health care staff are available, the protocol is to provide the necessary medical information (details of the medical emergency, special requirements, major physical health problems and current medication) in the form of a transfer summary to the receiving hospital; and subsequently provide additional medical information as requested by the receiving hospital.

CSC is also currently exploring the use of an Electronic Medical Records (EMR) system across the Service as the importance of such a system is recognized. To this end CSC is actively pursuing a Standardized Medication Management Solution with an Electronic Medication Administration Record (eMAR) as an initial component of an EMR, in order to continue to ensure that safe, effective and efficient health care services are provided.

Recommendation #5:

Review current practices regarding staffing and access to medical information after hours (1900-0700 hours) and consider that Health Services establish an after hours contact number so that correctional staff are able to reach a medical professional in the case of an emergency. Additionally, consider that Correctional Managers have access to the health unit to retrieve a medical chart in the event of a medical emergency that occurs after hours.

CSC's policy CD 800, *Health Services*, paragraph 10 requires that "Access by inmates to health services shall be available on a 24-hour basis. Access can be provided through on-site coverage, on an on-call basis, or through other Correctional Service of Canada (CSC) institutions or other community services." As such, Correctional Officers with First Aid/CPR training are the first responders after hours, followed by paramedics via a 911 call. In non-urgent medical situations after hours, Correctional Officers have access by telephone to nurses in CSC's 24 hour inpatient hospital. The access to the health unit by the Correctional Managers in order to retrieve a medical chart in the event of a medical emergency that occurs after hours may be inconsistent with the present existing provincial legislations pertaining to the delivery of medical services and the interpretation of medical information as Correctional Managers are not medical professionals. However, across the Pacific region, protocols have been put in place to ensure that medical professionals are reachable after hours, such as ensuring that contact numbers of medical professionals are included within Institutional Contingency Plans in order to ensure accessibility by Institutional Heads at all times. As an example, Matsqui Institutions's Correctional Managers are tasked with completing emergency medical checklists and updating the contact information in the contingency plans bi-annually.

Recommendation #6:

Review current practices for food preparation and consider the option of providing a peanut free facility. Or, if not practical, consider the implementation of a common food preparation area on the range in the living quarters to be peanut/allergen free and that maintenance of these areas follow strict decontamination/cleaning protocols. Consider that this food area is only accessible to only those inmates with allergen concerns and that this is strictly monitored and enforced. If not practical, to adopt this in all institutions Canada wide, designate a few facilities across Canada that can have allergen free zones where inmates with severe allergies can be housed.

Food Services have preparation procedures and practices in place to prevent cross contamination such as designated areas, cookware and utensils not only for allergens but also for food preparation related to religious requirements i.e. vegetarian, pork-free, Halal diets. The Food Services managers have the responsibility to develop, implement and enforce a Quality Assurance program that includes food safety practices dealing with cross-contamination prevention and to provide allergen free diets. Additionally, Food safety training provided across the Service includes basic knowledge of cross-contamination prevention. However, inmates have an individual responsibility to mitigate their risk of consuming food that can potentially trigger any kind of allergic reaction, especially when they access food through other means.

Additionally, although incidents of individual reactions to known allergens are difficult to predict, mitigate or prevent, CSC has undertaken initiatives to positively affect the ability to mitigate some of the risks that may arise from institutional kitchen preparations. These initiatives include the introduction of a "Cook Chill" Program, wherein a centralized production centre servicing multiple sites within each region will limit the amount of food preparation that will occur at individual sites. This will allow for a decrease in the number of menu items prepared on site which will reduce the potential for cross-contamination. Further initiatives include the implementation of a National Menu and introduction of a Food Services Information Management System (FSIMS) which will allow for the standardization of recipes. This National Menu will ensure that all sites are serving the same menu for which the FSIMS will retain all recipes in an electronic repository. The implementation of standardization and electronic records keeping will better serve Food Services and Health Professionals in ensuring that the presence of any potential allergens in CSC prepared food is known and documented.

Finally, providing a peanut-free facility or unit is not considered as a feasible option for CSC at this point in time. Effectively, considering the fact that Foods containing peanuts can be brought into the institutions for canteen purchases, from employees bringing their lunch to work, etc, this would require the implementation of a strict peanut-free policy with control measures that could be very challenging and difficult to enforce in a correctional environment. That being said, CSC has not faced a situation similar to this in the past, and as such, is taking the circumstances surrounding this mortality very

seriously. We truly believe that the solutions proposed above will mitigate future risk of such an incident occurring in one of our facilities.

Recommendation #7:

All inmate request forms addressed to Health Services are to be read and signed by the Chief of Health Services or designate and a response sent to the inmate in a timely manner.

Currently, CSC maintains policy within which this process is covered. The Service's CD 800, *Health Services*, paragraphs 14 and 15 require that (14) "Inmate requests for routine health services shall be screened by a Nurse or other health care professional and referred to a Clinician as appropriate" and (15) "All inmate requests (form CSC/SCC 1122) must be dated and a signed response must be provided to the inmate within 15 days", which we believe speaks to the recommendation above.

Recommendation #8:

Consider that institution physicians review current prescribing practices for the Epi Pen and in circumstances where medically appropriate that a second Epi Pen be available.

To ensure that the Service operates in the most efficient way possible, CSC policy includes *Medication Distribution and Administration* guidelines, within which Section 5 *Specific Responsibilities Regarding EpiPen®* includes an assessment by a physician to determine the need for an EpiPen®. Based on the results of an individualized threat-risk assessment, for those inmates who are not permitted to carry an EpiPen® on their person, CSC ensures that EpiPens® are available in institutional First Aid kits found throughout the institution. Therefore more than one dose is available at any given time. The guidelines also provide direction that a repeat dose can be administered if the first dose is not effective after 20 minutes.

Recommendation #9:

Consider that policy be developed to ensure that correctional staff are reviewing all email communications in a timely manner. This might be accomplished by having correction employees sign off on important memos pertaining to health and safety that are personally or electronically presented to them.

CSC recognizes the importance of timely documentation and communication of critical information to staff pertaining to health and safety to ensure the safe management of offenders, however, due to the daily reality of operations within institutions, it presents operational challenges for some correctional staff to review emails in a timely manner because of the work rosters and inaccessibility to electronic work stations on certain

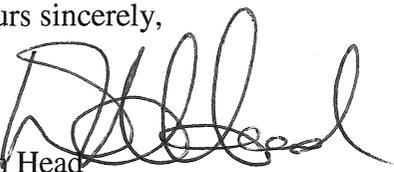
posts. In order to maintain information sharing between staff, CSC has developed various ways to keep staff apprised and ensure an effective way to convey information to staff: the use of Security Bulletins and shift debriefs remain the most effective way to convey information to correctional staff. Guidelines 005-1 *Institutional Management Structure: Roles and Responsibilities* provides details regarding the crucial nature of institutional daily shift briefings; outlining that these debriefs are the most appropriate forum to ensure critical information is communicated to correctional staff and case management teams. As well, another policy requirement CSC has in place to ensure the intent of the recommendation (ensuring health and safety information is relayed to staff and documented in a timely manner) is met is the posting of communiqués in designated locations at sites where employees do not have regular access to computers/e-mail, when dissemination of specific information to all staff is required and conducted electronically.

In addition, CD 700, Correctional Interventions, requires that staff document offender interactions (for example, in the log book, or in Statement/Observation Reports) as soon as possible, to ensure that relevant information necessary for the management of offenders is always accessible. Furthermore, depending on the nature of the information, case conferences are held to immediately communicate information to correctional staff and members of the Case Management Team to ensure critical details are provided and received in a timely manner and, where required, necessary actions to be taken are determined.

Overall, it is an expectation that institutional staff will keep up to date with new memos, guidelines, policies, etc. As noted above, CSC continues to ensure that there are several ways though in which this can be accomplished.

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

Yours sincerely,



Don Head

c.c.: Regional Deputy Commissioner, Pacific Region
Warden, Matsqui Institution, Pacific Region
Executive Director and General Counsel, Legal Services, National Headquarters
Assistant Commissioner, Correctional Operations and Programs, National Headquarters
Assistant Commissioner, Health Services, National Headquarters
Assistant Commissioner, Corporate Services, National Headquarters
Assistant Commissioner, Human Resources, National Headquarters
Chief Information Officer, Information Management Services
A/Director General, Incident Investigations Branch, National Headquarters
Office of the Correctional Investigator