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MAR 29 2021

Mr. Clive Weighill
Chief Coroner
Office of the Chief Coroner
Province of Saskatchewan
1050-2010 12th Avenue
Regina, SK
S4P 0M3

Re: Verdict at Coroner's Inquest into the Death of James SHORT at the Regional Psychiatric Centre, Saskatoon, Saskatchewan, on August 30, 2017

Dear Mr. Weighill:

Thank you for your letter dated November 12, 2020 and the Coroner's Summary Report dated October 29, 2020, stemming from the Inquest held from October 19-20, 2020, into the death of James SHORT at the Regional Psychiatric Centre. While CSC recognizes that the recommendations are not binding, we have given them serious consideration and provide you with the responses below.

Recommendation 1:

All cell checks to be completed in 30 minute cycles versus current 60 minute cycles.

CSC requires that all institutions conduct informal and formal counts, and security patrols, which contribute to our legislated mandate to provide safe and humane custody and supervision of inmates.

CSC's policy, Commissioner's Directive (CD) 566-4, *Counts and Security Patrols*, paragraph 28, stipulates that:

At maximum, medium and multi-level institutions, and both the Secure Units and Structured Living Environment at women's institutions, the security patrols in inmate accommodation areas will be as frequent as possible, but must be at least once every 60 minutes from the beginning of the last patrol. Patrols will be staggered to avoid predictability. [emphasis added]

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While the policy standard is for security patrols to occur at least once every 60 minutes, the aforementioned paragraph also suggests that there is flexibility to have them occur more frequently, should such a need be identified by the institution. All institutions have a Standing Order in place that details the specific procedures, frequency, and minimum number of formal counts, informal counts, stand-to counts and security patrols in inmate accommodation areas and other areas of the institution.

We appreciate that more frequent security patrols, such as at 30 minute intervals, may assist in identifying circumstances of medical distress more quickly; however, it would be operationally difficult to implement. Further, CSC promotes the physical and mental health of inmates by providing, to the greatest extent possible, an undisturbed sleep while also ensuring their well-being and the presence of a live breathing body.

Although, CSC requires the completion of informal and formal counts, and security patrols, Correctional Officers (COs) and Primary Workers (PWs) are physically present on ranges and any other inmate-occupied areas at other times as well.

Recommendation 2:

When conducting cell checks officers must confirm proof of life and conduct rousability checks.

All counts and security patrols are conducted in a manner that respects gender, privacy, and the dignity of individuals.

Commissioner's Directive (CD) 566-4, Counts and Security Patrols, paragraph 7a), Correctional Officers and Primary Workers will ensure the presence of a living, breathing body and verify the well-being of the inmates during all counts and security patrols.

As outlined in paragraph 32 of CD 566-4, if, during a security patrol, staff are unable to ascertain if the inmate is alive and not in distress, they are to interact with the inmate in a manner consistent with CD 560, Dynamic Security and Supervision, to verify their well-being.

Additionally, paragraph 37 of CD 566-4, states that: Where there is a heightened need to observe an inmate, special procedures will be detailed in the unit logbook and will be followed by all staff.

While CSC does not conduct "rousability checks", during the Correctional Training Program for new Correctional Officers and Primary Workers, recruits learn that if they do not see the chest of the inmate rising and falling (i.e.: breathing), or some type of physical movement, they are to examine the situation further. They may use verbal communication with the inmate to elicit physical movement and/or a verbal response, or other actions such as shining their flashlight on the facial area or lightly tapping the cell

door if deemed necessary. Recruits also learn that they should be looking for cues of distress, and take necessary and appropriate actions. As such, these practices have been adopted as part of CSC's daily operations.

Recommendation 3:

In the event of emergency circumstances staff are required to use handheld radios to maximize efficiency of communications.

Under the responsibilities of a Correctional Officer identified within the Regional Psychiatric Center's Post Orders, an "officer shall carry on their person the required CSC approved safety and security equipment".

This includes, but is not limited to, Cardiopulmonary Resuscitation (CPR) mask, handcuffs, Personal Protective Alarm (PPA), and an institutional portable radio. Standing Order 567-2, *Use of and Responding to Alarms*, paragraph 7 also states that "all staff on nights shall wear a radio when doing observation checks".

In addition, existing policies such as Commissioner's Directive (CD) 560, *Dynamic Security and Supervision*, CD 566, *Framework for Safe and Effective Correctional Environments*, CD 843, *Interventions to Preserve Life and Prevent Serious Bodily Harm and Guidelines 800-4, Response to Medical Emergencies*, address staff response to an emergency situation and provide guidance on the use of security equipment, including the use of a handheld radio, to maximize the efficiency of communication.

Recommendation 4:

Personnel working in an area will receive awareness of the location of emergency devices and supplies.

Emergency devices and supplies (i.e. Automated External Defibrillator (AED)) are secured to specific locations within the institution. There is permanent signage that denotes to staff the location of the equipment in each area. Subsequently, there already is an awareness of the location of emergency devices (such as AED).

Recommendation 5:

Training and certification is current and up to date for the position held (re: First Aid).

CSC has National Training Standards (NTS), which are the fundamental learning and development requirements employees need to perform their duties. They reflect the minimum level of training that employees receive and are job classification specific (i.e. for Correctional Officers (COs), Nurses, Parole Officers, managers). The NTS are identified by Content Owner, approved by the Learning Governance Board and are administered through the national Correctional Learning and Development Centres.

Managers have access to regularly updated compliance reports to reflect the training of employees and employees are able to review their training summary via the Human Resource Management System. COs are required to complete the re-certification in First Aid and Cardiopulmonary Resuscitation (CPR) with the Automated External Defibrillator (AED) every three years while nurses are required to complete CPR with the AED annually, the Nursing Clinical Protocol for Emergency Situations every two years, and the Emergency Trauma Care every three years.

Recommendation 6:

If (i.e. Health) issues of concern are identified during intake into Regional Psychiatric Centre, reasonable steps will be taken to secure any records necessary to ensure continuity of care for inmate.

Health Services policy related to the reception and transfer of inmates requires that all inmates who arrive at a federal penitentiary, whether a new federal admission or a transfer from another federal penitentiary, receive a nursing intake assessment within 24 hours of arrival. Inmates who are assessed by the nurse as having health care issues requiring follow up are to be referred to the appropriate practitioner and in a timeframe that reflects their level of need. If additional health information is required from any previous health professional/organization external to the CSC, the inmate is asked to sign a Release of Information form thereby consenting to release of his/her health information by the previous health professional/organization to Health Services at the federal penitentiary. This form is provided to the previous health professional/organization and the required information is requested.

I trust the foregoing information effectively responds to the Inquest recommendations.

Yours sincerely,



Anne Kelly

c.c.: A/Regional Deputy Commissioner, Prairie Region
Director General, Executive Secretariat, NHQ
Executive Director and General Counsel, Legal Services, NHQ
Assistant Commissioner, Correctional Operations and Programs, NHQ
Assistant Commissioner, Health Services, NHQ
Assistant Commissioner, Human Resources Management, NHQ
Warden, Regional Psychiatric Centre, Prairie Region
Director General, Incident Investigations Branch, NHQ
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