Correctional Service Canada | Service correctionnel Canada

Commissioner | Commissaire
Ottawa, Canada
K1A 0P9

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[Insert Coroner File #]
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OCT 1 1 2022

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

Re: Jury Report into the Death of Benjamin TOUTSAINT at the Regional Psychiatric Centre on May 18, 2019

Dear Mr. Weighill:

The Correctional Service Canada (CSC) thanks you for the Jury Report dated April 7, 2022 and your letter dated April 13, 2022, stemming from the Coroner's Inquest, held from March 21 to 23, 2022, at which CSC was a voluntary participant. While CSC recognizes that the recommendations are not binding, we have given them serious consideration and provide you with the responses below.

Recommendation 1:

Correction Officers shall carry on their person at all times the 911 tool.

The 911 cutting tool is an effective and necessary security instrument when responding to a confirmed medical emergency involving a ligature. However, they do have the potential to be a security and personal safety concern should they be lost or taken from a Correctional Officer or Primary Worker. To mitigate these risks in maximum and medium security environments, CSC ensures that the control posts of inmate-occupied areas are equipped with the 911 tool, and that these tools are properly secured, but accessible when required to respond to a confirmed medical emergency involving a ligature. A CSC Memorandum providing further clarity to this position was disseminated to all institutions in April 2021. Following a significant review, the Security Equipment Manual containing a listing of approved equipment was published in November 2021 and includes an update reinforcing this position. Institutional Post Orders have also been updated to reflect this direction.

Recommendation 2:

Increase the minimum training requirement for Corrections Officers to Standard First Aid – Health Care Provider.

According to the Correctional Service of Canada's National Training Standards, all Correctional Officers (CO), Primary Workers (PW), Older Sisters, Older Brothers require Standard First Aid, Cardiopulmonary resuscitation (CPR) level C and Automated External Defibrillation (AED). Currently, the recertification is every three years and it is consistent with community standards.

With Basic Life Support (BLS) training superseding CPR Health Care Professional training in most jurisdictions, since January 1, 2019, all nurses have been required to complete CPR/AED level BLS recertification every two years according to the service provider's expiration date on the provided certificate.

Extending the BLS training to the CO and PW groups was considered and an analysis was conducted. Various sectors, including Labour Relations, Health Services, Learning & Development, Security and Finance, were consulted and consultations also occurred with provincial jurisdictions and the Canadian Red Cross. A review of previous minutes of National Health & Safety Policy Committee (NHSPC) meetings, briefing materials and Job Hazard Analysis was also completed. It is a commonly shared position within CSC that increasing CPR/AED training to BLS level, similar to that of nurses, is neither necessary nor feasible. COs provide the emergency response until relieved by Health Services staff and/or paramedics. Upon arrival, Health Services staff/paramedics assume the overall management of the health intervention.

Recommendation 3:

Update facility equipment for hanging clothing to a solid state rubber that will collapse under excessive weight or replace with 3M command hooks, or similar product that will only support a maximum weight.

CSC's Facility Planning Standards (FPS) together with Engineering and Maintenance (E&M) will review the status of hooks currently installed at the Regional Psychiatric Centre (RPC). A recommendation will be forthcoming from FPS to Senior Management to have any and all non-conforming hooks (non-pin and ball in socket hook types) removed as soon as possible.

Additionally, CSC is currently undergoing two separate initiatives to update facility equipment. The Suspension Points Reduction Project headed by E&M commenced in the spring of 2018 and is currently in the planning phase of implementation. With a set priority sequence to address issues across CSC facilities, a timeframe of five years has been identified.

The Cell Furniture Review Project headed by FPS is reviewing all medium and maximum-security sites to identify deficiencies with cell furniture and non-conformity with standards. The review will be completed later this year (2022) and, as institutions undergo major alterations and renovations, cells will be retrofitted to the current standards. The two project teams communicate regularly and maintain an awareness of respective activities to ensure alignment and avoid duplication or delays.

Recommendation 4:

Develop a formal facility audit process to be implemented by all Corrections Canada psychiatric hospitals across Canada. Audit process shall review day-to-day operations, processes, and policies with the intent of addressing any gaps in communication, areas for improvement, staff concerns, and increasing current standards to industry best practices if they supersede the standard set by Corrections Canada.

CSC voluntarily undergoes Health Services Accreditation with assistance from Accreditation Canada. All sites providing Health Services (including Regional Treatment Centres) are assessed through the Accreditation Canada Qmentum program. As an organization, CSC achieved an award of Health Services Accreditation and has maintained that status since 2008.

The four-year Accreditation cycle compares CSC's health services practices to community standards of excellence for areas of focus such as communication, documentation, training of staff, population needs, access to care, and evaluation of services provided. Mental Health standards further review aspects of care in a hospital or mental health facility including de-escalation of situations, reducing stigma of Mental Health, capacity for informed consent, recovery-oriented care, and a holistic approach with an integrated, multidisciplinary team. The accreditation process involves an ongoing internal review of CSC's practices with feedback from staff and patients and an external review conducted by Accreditation Surveyors to validate the quality and safety of CSC's health services. Health Services staff works on the resulting recommendations with internal and external stakeholders to develop improvements to address any identified gaps and continuously ensures the best care possible.

In addition to Health Services Accreditation, the Health Services Sector at CSC is continually reviewing trends through Board of Investigation and Quality Assurance Committee processes to enable necessary policy changes in response to incidents and works to ensure practices are in-line with community standards, legislation, and best practice standards.

Recommendation 5:

Review and update the technical standards of permissible equipment in a patient/inmate cell more frequently.

CSC's Technical Criteria Document (TCD) for institutions (2015) is currently in the process of being updated and is in the finalizing stage of acquiring consultant services to lead the 18 to 24 month initiative. The TCD specifies that at medium and maximum-security sites, cells have hooks of a type with a pin and ball in socket to rotate down with weight and to prevent snagging or catching a line. Unfortunately, not all units are identical since most were built well before the latest version of the Technical Criteria was issued. As is the case with most national building codes, the changes to the Technical Criteria are not applied retroactively. Nevertheless, specific adjustments are made periodically to address pertinent issues. These changes are communicated via national memoranda or bulletins. Changes are only required in new construction, major alterations and renovations of existing buildings. It is anticipated moving forward that the TCD will be updated approximately every five years.

Recommendation 6:

Senior Corrections Officers should be present at all Health Briefings, meetings, and have access to select relevant health information in medical charts. Meeting minutes shall be recorded and disceminated [sic] to all attendees.

CSC promotes an interdisciplinary approach to mental health issues and continually updates its policies and works to ensure that information-sharing practices are in-line with community standards, legislation, and best practice standards. Relevant health information in medical charts, shared with operational staff is provided in accordance with the *Guidelines for Sharing Personal Health Information*, which articulates the "need to know" principle. CSC is currently reviewing information-sharing practices, including obtaining inmate consent in the sharing of health information. This review will clarify the types of information that can be shared to ensure the most appropriate person centred approach is taken, while respecting the inmate/patient's privacy rights and also includes professional education sessions for front-line health care staff.

In accordance with the *Integrated Mental Health Guidelines* (2020): "Interdisciplinary Mental Health Teams are established to coordinate the provision of mental health services to inmates and facilitate interdisciplinary case consultation. They are responsible for identifying needs and service requirements, prioritizing services, discussing current clinical, operational and case management issues/concerns, short and long-term goals, roles and responsibilities of all staff intervening with inmates presenting high needs, and emergent mental health issues."

Each inmate/patient has an Interdisciplinary Team consisting of a Correctional Officer (CO), Parole Officer (PO), and Clinical Case Coordinator (CCC), supported by the unit management team, Security Intelligence Officer (SIO), the Clinical Division and senior management of the institution. Interdisciplinary Team Meetings (IDTMs) occur on the units weekly and individual Case Conferences follow a schedule to review case specific needs. During IDTMs, teams discuss patients identified as having serious mental illness with significant impairment, patients being monitored with enhanced observation, as well as team member observations of patients in regards to well-being, behaviour and engagement in interventions. IDTMs allow discussions to occur between regularly scheduled case conferences, and provide an opportunity to trigger further individualized focus if required. The information discussed is documented and saved on a shared drive and the minutes distributed to unit staff via email. Senior management in operations and health services are able to review the minutes and follow up with any areas of concerns.

Case Conferences are opportunities for each assigned team member (CO, CCC, PO) and unit managers (Correctional Manager (CM) and Chief of Health Services (CHS) or Chief of Mental Health Services (CMHS) to meet with the patient and discuss relevant health/mental health concerns, behaviour and engagement in interventions/treatment plan. The SIO is also included to share relevant security related information with the team.

In addition to Case Conferences and IDTMs, units utilize a shift report to document observations and interventions throughout a 24-hour period. At the beginning of each shift, nursing staff, after attending the shift briefing, are expected to speak with their colleagues to obtain status updates on patients in their respective units while referring to the shift report. The CM and Clinical Team Lead review unit concerns and individual cases requiring specific attention on a daily basis. A daily operational briefing is also held by the CM in charge of the institution where any unit or individual concerns are raised for awareness. Follow-up is ensured by the Assistant Warden Operations and CHS or CMHS.

Recommendation 7:

Development of formal communication plan for all levels between health and security side of Regional Psychiatric Centre.

In addition to the unit based Interdisciplinary Team Meetings and Case Conferences, other platforms for communication between Health Services and Security operations include morning minutes, shift briefings (attended by health services and security staff), unit white boards, log books, shift reports and Statement Observation Reports (SORs).

Since the noted incident, the construction renovations to the unit have been completed. Correctional staff and nurses are now co-located in the same control post, enhancing unit information sharing and awareness of unit activities, similar to the rest of the units in the institution.

The Deputy Warden has established regular meetings with the Manager of Health and the unit management team to ensure an interdisciplinary approach to improve communications, overall operations and treatment within the institution.

The above collaborative efforts, between Health Services and operational staff, with respect to patient care and treatment occurs daily. Shared workspaces for all disciplines create opportunities for increased levels of interaction between the nurses and correctional staff.

Additionally, the Health Services Sector has implemented the *Clinical Framework for Identification, Management, and intervention for Offenders with Suicide/Self-Injury Vulnerabilities.* The Clinical Framework (CF) emphasizes interdisciplinary communication as a fundamental aspect of working with inmates vulnerable to suicide and self-injury as all staff play a role in the intervention plans for suicide and self-injury. All targeted staff have been trained and are required to complete three hour continuous development training annually. CF concepts are woven into the Suicide and Self-Injury Intervention Continuous Development Training and information for offenders is included in the Inmate Suicide Awareness and Prevention Workshop (updated October 2020) to support communication and framework concepts.

Staff are reminded to complete SORs, record and share information among the disciplines as part of daily interactions. Following an incident, the Engagement and Intervention Model principles are reviewed and incorporated into regular training sessions to reinforce the routine sharing of information and involving stakeholders in addressing the needs of the inmate/patient population.

The Engagement and Intervention Model training is 3.5 hours in class and is mandatory for all nurses, all other licensed Health Care Professionals (including terms and casuals) with direct interaction with offenders (psychologists, social workers, occupational therapists) and any other health professional designated by the Chief of Health Services or the Chief Mental Health Services, Correctional Officers and Correctional Managers. The Model's goal is to bring Health Services and Operational staff together to train as one team and to practice in the application of the new model, which allows for the development of skills through skills-based practice and judgement-based exercises, during which trainer support and feedback is provided.

Recommendation 8:

Regional Psychiatric Centre shall develop and implement Standard Operating Procedures for Correction Officers and Health Care workers for start of shift duties.

The Regional Psychiatric Centre (RPC) has procedures in place for start of shift duties consisting of formal in person shift briefings for Correctional Officers and nurses occurring on a daily basis at 0645 hrs and 1815 hrs.

Additionally, for Health Services staff, all units utilize a shift report to document the observations and interventions of the day between shifts. The unit management team is able to engage with staff to ensure the sharing of information has occurred by facilitating dialogue with staff and confirming entries in the logbooks and shift reports are completed.

Recommendation 9:

Increase staff to Security Inteligence [sic] Officer Unit. Develop protocol to identify key word use or key behaviours that shall be immediately sent to appropriate health care professional for review and action. A tracking system should be in place to ensure all reports are addressed and/or followed up on.

The current process for ensuring that health information requiring urgent follow-up is shared with a health care professional is for the information to be reported immediately and directly to a health care professional. This responsibility is included in Commissioner's Directive (CD) 800, *Health Services,* paragraph 11, requiring that all institutional staff/contractors to inform a health care professional of the condition of any offender who appears to have a physical or mental health concern, whether or not the offender identifies a health concern. In addition, policies for more specific situations such as, but not limited to, suicide and self-injury and responding to medical emergencies, also apply.

In addition to sharing information directly with a health care professional, all disciplines have various mechanisms/obligations for documentation (i.e. Log Books, Shift Reports, Casework Records, and the Electronic Medical Record (EMR)). Staff are aware of their obligations for documenting interactions in accordance to their standards of practice of their respective disciplines. As all members of the treatment team are able to and expected to submit independent SORs when they are involved in a security-related incident, reporting inmate activities/behaviours, or reporting other notable concerns, this documentation format ensures a full assessment, a coordinated response and appropriate reporting regarding the documented information.

In reference to a protocol for identification of key words or key behaviours, all completed SORs are reviewed by a Correctional Manager (CM) who identifies and ensures any information of a health nature is immediately reported to the appropriate health care professional for follow up. In addition, the SOR information is recorded in briefing materials for the next shift briefing or morning meeting. SORs received by the Security Intelligence Office (SIO) containing imminent health information of concern are reviewed and shared with the CM for follow up with the appropriate healthcare provider. The Assistant Warden Operations (AWO) along with the Chief of Mental Health Services ensures follow up on items raised in the morning meeting.

Information obtained through interviews conducted by the SIO office is documented and appropriately shared with the treatment team, with urgent intelligence being shared with the AWO and Deputy Warden. The operations/health services manager is responsible for ensuring the follow-up occurs.

The existing system of review of completed reports by the CM and subsequent contact with Health Services has proven effective since its implementation.

Following the incident related to these recommendations, the importance of contemporaneous reporting has been reviewed with staff highlighting matters of safety and wellbeing in order to ensure that an appropriate response is provided (i.e. alerting a health professional verbally immediately in addition to the completion of a SOR to ensure the information is received and can be acted on appropriately).

Recommendation 10:

Corrections Officers have annual professional development with a focus on care for persons with mental health conditions.

Correctional Officers (COs) participate in various training related to working with offenders who have mental health conditions. This includes Fundamentals of Mental Health (FMH), a two-day training providing the knowledge and understanding of various mental health issues, as well as their individual role in interacting with and assisting offenders with mental disorders. In addition, COs receive Suicide and Self-Injury Intervention training, which provides staff with additional skills to detect and respond to behaviours that may be indicative of increased risk of self-injury or suicide in the offender population. Recruits also take this course initially as a part of the Correctional Officer Training Program (CTP), and on a refresher basis every two years once they have graduated.

As part of the annual Correctional Officer Continuous Development Training (CXCD), Decision Based Training will periodically include scenarios that focus on managing offenders with mental health concerns. The focus is to de-escalate offenders, as appropriate, by using verbal intervention and by leveraging available partners (e.g. Health Services staff, Elders, Chaplains, etc.). Scenarios with content relating to Mental Health have been included annually in CXCD training since 2018. The focus of the scenario training for operational staff is revised annually based on input from CSC's National Advisory Committee on Security-Related Training. Inmate mental health crises, self-harm, suicide, older persons in custody, and altered levels of consciousness are examples of issues that have been addressed in scenario-based training for CXCD in recent years

CSC's Engagement and Intervention Model (EIM) was introduced to both CTP and CXCD training in 2017. It employs a 'person centered' approach that focuses on the impact interventions have on the individual's physical and mental health needs, as well as the overall wellbeing of responding staff. Ultimately, this focus meets the spirit of our Mission Statement, and serves to address mental health issues by way of dynamic

security, verbal intervention and de-escalation techniques, and by engaging partners. The EIM was developed to include all staff working with offenders, and highlights the role that everyone plays in ensuring the health needs of offenders are recognized and appropriately responded to.

Commencing in April 2023, CSC will be implementing a scenario in CTP for CO recruits that will demonstrate effective responses to offenders experiencing mental health needs, particularly at off-peak times when Health Care Professionals are not available.

Additionally, the Health Services Sector has implemented the *Clinical Framework for Identification, Management, and intervention for Offenders with Suicide/Self-Injury Vulnerabilities.* All targeted staff have been trained and are required to complete 3-hour continuous development training annually. This framework emphasizes interdisciplinary communication as a fundamental aspect of working with inmates vulnerable to suicide and self-injury as all staff will have a role in the intervention plans for suicide and self-injury. CF concepts are woven into the Suicide and Self-Injury Intervention Continuous Development Training and information for offenders is included in the Inmate Suicide Awareness and Prevention Workshop (updated October 2020) to support communication and framework concepts.

Recommendation 11:

Immediate development of a handheld bed board by Regional Psychiatric Centre management, to be utilized by Correction Officers. Development of bed boards, procedures for use, and procedure of updating master board, unit board, and bed boards should include consultation of best practices from other correctional psychiatric centres. Investigation into an electronic tablet system should be done to replace a paper copy in the future to allow for real time updates.

The practice of a physical bed board used at other facilities by Correctional Officers (CO) during a formal count is an additional tool that can be used to facilitate the process. The Regional Psychiatric Centre (RPC) is developing a procedure to pilot the use of a physical bed board at the site to assess the effectiveness of this tool used by correctional officers during formal counts. The use of the physical bed board would be in addition to established methods of accounting for cell accommodations on the unit. In addition, in July 2022, RPC began testing an electronic count board in the Bow unit to determine the effectiveness and transferability. Testing in other units will commence in September 2022. If deemed successful, full implementation is set for the end of November 2022.

All RPC units use whiteboards to identify cell assignments and support the formal count process. COs are required to update the whiteboard anytime a change is made. The officer in Main Communications and Control Post is also advised of changes who then updates the Master Count Board accordingly.

Recommendation 12:

If a patient is not able to or unwilling to participate in group therapy or counselling programs, every effort shall be made to offer and encourage participation in individual therapy and/or counselling sessions until such time that a patient may transition to group sessions.

While the recommendation wording relates to group therapy and counselling programs, we believe from reviewing this particular case, it is understood that this recommendation is specific to his participation in programs. With this in mind, all offenders under CSC supervision undergo an extensive intake assessment process during which the individual risk and needs are identified. CSC offers a range of correctional interventions to meet the risks and needs of offenders, including health interventions, education, and rehabilitation and reintegration programs. Offenders are referred to interventions and services based on their individualized assessment. Correctional programs are provided to offenders who are higher risk and identified as eligible. These are structured programs designed to target those factors directly related to criminal behaviour. While correctional programs are usually delivered in group sessions, in certain instances correctional programs may be offered individually. Individual program delivery is provided to offenders who are unable to participate in and benefit from a traditional correctional program environment (i.e. cognitive or medical conditions). Additionally, as a part of correctional program model, supplementary sessions for extra support, motivational or make up sessions are offered to offenders on need basis to assist them and facilitate their transition back to group sessions.

Upon an inmate's admission to the Regional Psychiatric Centre (RPC) the Parole Officer (PO) is required to submit the appropriate program referral as identified in the inmate's Correctional Plan. If an inmate refuses to participate in the Integrated Correctional Program Model (ICPM) programming, the inmate may be assigned to the Motivational Module, which is a program designed to engage offenders to help them successfully complete an ICPM program. The RPC Correctional Program Officers work closely with the POs and treatment team to address responsivity challenges with respect to engagement in programming. In addition, POs meet with their assigned inmates approximately every 30 days to discuss the importance of programming and continually reiterate the benefits of attending programming and what role programming plays in progressing with their Correctional Plan.

Each inmate is assigned a Clinical Case Coordinator (CCC) and a Most Responsible Provider. They meet regularly with the inmate according to their level of health need, in order to monitor their health status and engagement in interventions, as well as support their attention and work in respect to their treatment domains, outlined by their treatment plan. The CCC provides patients with ongoing one to one support and encouragement as far as their efforts and engagement is concerned.

Every member of the health services team (Social Workers, Mental Health Officers, Care Aids, Therapists, Psychologists, Psychiatrists, etc.), including the assigned CCC, work together to offer and encourage participation in individual therapy and/or counselling sessions if the inmate is unable to attend group sessions.

With respect to Health Services programming, all members of the interdisciplinary treatment team engage the inmate to advise of the benefits of program participation. The inmate does have the right to refuse participation in health services programs or counselling (individual or group) as these are on a voluntary basis. A continued refusal can result in discharge for not being treatment ready.

Recommendation 13:

Development of a standard process for formal counts.

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

CSC's CD 566-4, *Counts and Security Patrols*, paragraph 28, stipulates:

> *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]*

While the policy standard is for security patrols to occur at least once every 60 minutes, the aforementioned paragraph allows flexibility for them to take place more frequently should such a need be identified by the institution.

A minimum of four formal counts during each 24-hour period must be conducted at all institutions, Additionally, institutions are required to 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.

In addition to informal and formal counts, and security patrols, Correctional Officers (CO) and Primary Workers (PW) are physically present in living units and in other inmate-occupied areas throughout the day and evening times. Through a combination of counts and patrols, communication between health care and security staff, and by following dynamic security practices, COs and PWs verify and monitor the well-being of inmates.

Since the incident, staff have been reminded of the process outlined in the standing order; as well, a Correctional Manager (CM) conducts regular quality reviews of rounds and counts to ensure effectiveness of rounds. The CM will follow up and address any non-conformance with the process. The quality review results and any corrective actions taken are then summarized and provided to the Assistant Warden Operations and Deputy Warden, who address with staff when further actions are required.

Recommendation 14:

Increase minimum staff for health care and security personnel per ward to reduce the ratio of staff to patient/inmate responsibility.

CSC is currently conducting a review of select correctional operational activities. This initiative will increase the staffing resources at sites experiencing greater need and includes Regional Treatment Centres (RTCs). The review is expected to be completed by the end of September 2022 and implemented in April of 2023.

An Act *to amend the Corrections and Conditional Release Act* received royal assent on June 21, 2019, which included significant new funding for RTCs in CSC. As of July 2022, 109.5 of the 190.5 resources have been allocated to RTCs as part of Bill C-83 – Transforming Federal Corrections. With this in mind, CSC continues to work towards the completion of a seven-year plan, initiated in Fiscal Year 2019-20, to increase nursing staff presence at each RTC to be consistent with community psychiatric hospital staffing, including the Prairie Region Regional Psychiatric Centre.

Recommendation 15:

Implement a daily inventory control system for all common or shared space.

To maintain control and account for items used by the inmate population post orders and inventory controls are in place to ensure materials and equipment are returned after use. The supervisors of respective areas ensure materials and equipment are accounted for. Standing order entitled "504- SO 573 *Control of Items to the Security and Safety of RPC*", provides guidance and measures to be taken to control access to items and provides an inventory control system.

Common areas and shared spaces have limited items that would be subject to inventory controls, any equipment or tools that require control measures are accounted for in existing standing orders and tool control systems.

In addition to common and shared space inventory controls, Commissioner's Directive 566-9– *Searching of Cells/Rooms, Vehicles and Other Areas*, authorizes the RPC to incorporate into the Search Plan a thorough, systematic cell search to ensure the area is free of unauthorized items or contraband. The requirement of frequency for routine cell searches is to occur at least once every 30 days.

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

Yours sincerely,

Anne Kelly

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