



Received March 28, 2019
Saskatchewan Coroners Service

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March 28, 2019

Clive Weighill, Chief Coroner
Office of the Chief Coroner
1050 – 2010 12th Ave
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Dear Mr. Weighill:

Further to the letter sent to you dated October 17, 2018 acknowledging the Shauna Wolf inquest summary/findings and jury recommendations, our response to the jury recommendations are:

Name of Deceased: Shauna Wolf
Date of Death: December 27, 2015 between 9:45pm-10:45pm
Place of Death: Pine Grove Correctional Centre (PGCC)
Cause of Death: Unknown
By What Means: Undetermined

Recommendation #1: To consider expanding the number of beds in the medical unit. All cells being used as medical units should have call buttons and video monitoring to nurses as well as correctional officers.

Response: The present infrastructure in the medical unit does not allow for additional medical cells; however, there are two additional medical cells located within the secure unit that may be utilized. All medical cells have been equipped with audio call buttons to compliment the existing video monitoring. The monitoring of the video and audio call buttons from the medical cells is performed by correctional officers who will direct any required response to the nursing unit accordingly.

Recommendation #2: Develop and implement formal medical follow up policies and procedures for prisoners who have been discharged from the medical unit. PGCC should review and develop best practices for all staff regarding an understanding of continuity of care and communication.

Response: Policy on *Medical Observation Cells* has been updated to include the follow-up care of an offender that has been discharged from medical cells with reference to continuity of care and communication.

Recommendation #3: Develop a ministry policy framework that addresses a consistent emergency response that identifies: requirements including, but limited to, staff training, necessary equipment and supplies, regular mock codes, regular monitoring, maintenance and documentation of equipment, staff deployment that supports one team approach and continuous improvement.

Response: PGCC has a *Rapid Response* policy which includes several code responses; one of which being a medical code response. Protocols within the response included mock training, staff deployment, appropriate medical equipment and response reviews.

Recommendation #4: PGCC should implement mandatory ongoing and meaningful training for correctional officers and non-medical staff with respect to the supervision of inmates with medical health issues including but not limited to addictions, alcohol and drug withdrawal and the urgent and/or emergent presentations requiring medical attention.

Response: All new correctional officers receive health related training associated with mental health, suicide awareness, general offender health, drug/alcohol abuse and withdrawal. Also, although not annual, all staff receive naloxone training which outlines the basic signs of drug use including suspected signs for opioid and stimulant drug overdose. In that training, all nurses are oriented in the deployment of both the naloxone injectable or nasal spray, whereas correctional officers are oriented in the deployment of the nasal spray.

Recommendation #5: That consideration be given to ensure that all nurses should receive international trauma life support training to better be able to provide a more comprehensive emergency response.

Response: Correctional facility medical units are not equipped nor operate to the same extent as a hospital emergency room; therefore, this recommendation cannot be implemented at this time but will remain on the medical services work-plan as a continued consideration.

Recommendation #6: Develop and implement a standard screening and treatment policy and protocol to treat clients for opiate and alcohol withdrawal upon admission.

Response: A standardized assessment for opiate and alcohol withdrawal has been implemented at PGCC.

Recommendation #7: Ensure that there are sufficient supplies on hand to be able to restock the emergency bag immediately after use.

Response: A new inventory control system has been implemented.

Recommendation #8: Establish a consistent practice that requires each nurse charts their individual actions in the medical file, or at the minimum each signs a single entry when more than one nurse is providing care in an emergency situation.

Response: Policy has been updated to utilize the Saskatchewan Registered Nurses Association documentation guidelines to reflect this expectation.

Recommendation #9: Implement more effective screening of clients admitted with a history of drug use to prevent drugs from being smuggled into the centre.

Response: Ion Scanners have been installed in all secure adult correctional facilities which allow for drug testing and identification. Also, Full Body Imaging Scanners are being introduced into the secure adult facilities.

Recommendation #10: That all nurses date and sign all initial health assessment forms.

Response: The expectation is that all initial health assessment forms are signed and dated.

Recommendation #11: Consider the potential for the creation of a detox unit or the addition of nurses (or other professionals) specializing in the addiction treatment to increase the level of care and oversight to clients going through withdrawal.

Response: A *Dedicated Substance Abuse Treatment Unit* program is planned for incarcerated adult women in the 2019-20 fiscal year.

Recommendation #12: Offer Critical Incident Stress Management debriefing (CISM) to all staff involved including managers.

Response: CISM debriefing is offered and available to all staff regardless of scope.

Recommendation #13: Increase access to Methadone Therapy for clients with history of opioid use.

Response: Upon admission into a provincial facility, policy is in place to support and continue offenders already established in a community Methadone/Suboxone program which includes physician approvals for new prescriptions for pregnant offenders.

Recommendation #14: That nurses observe clients during medication rounds, consistent with expectations for correctional staff, when administering medications, consistent with community practice and best practice. Ensure that this is developed in policy.

Response: *Medication Administration* policy is currently under development and includes visual and verbal acknowledgement for refusals when administering medication.

Recommendation #15: Policies should be reviewed as to sealing the cell once an offender has been removed in emergency situations.

Response: Completed and identified in policy; *Continuity of Evidence*.

Recommendation #16: When offering either prescribed or non-prescribed medication in an event of a "non-response" the nurse and guard should confer and agree that there is a living breathing person.

Response: *Medication Administration* policy is currently under development and includes visual and verbal acknowledgement for refusals when administering medication.

Recommendation #17: Implement urine dip stick testing for all new admissions.

Response: Although both urine and saliva based tests have been trialed, Corrections will not be implementing at this time until further review and validations can take place.

Once again thank you for allowing us the opportunity to respond to the jury recommendations. Please accept our responses as complete. Should you have any further questions on this file please feel free to contact my office.

Sincerely,



Dale Larsen
A/Deputy Minister of Corrections and Policing

cc: Heather Sriver, Assistant Deputy Minister, Custody, Supervision and Rehabilitation Services
Mark McFadyen, Executive Director, Custody Services
Doris Schnell, Executive Director, Offender Services
Drew Wilby, Executive Director, Communications
Bryce de Jong, Director, Adult Custody Services