

**DEPARTMENT OF JUSTICE
INCIDENT REVIEW SUMMARY
Introduction**

This review focused on the circumstances surrounding the death of an offender while housed at the Cape Breton Correctional Facility (CBCF) on January 31, 2016 at approximately 2:45 AM.

Considerations

- The review considered the following:
 - The events leading up to the incident
 - The actions taken in response to the incident
 - Whether policies and procedures were followed

Issue

- At approximately 2:30 AM, during a routine round of the facility an offender was found unresponsive in their cell.

Facts

- The offender was admitted to the facility at 1:14 PM January 30, 2016 on a Warrant of Apprehension and Suspension. The offender did not appear impaired at the time of admission to the facility.
- No information was provided at the time of the offender's admission that indicated any health concerns or that drugs had been consumed prior to admission.
- Between 1:44 and 2:11 PM the offender appears to have consumed contraband drugs which had been smuggled into the facility by the offender.
- The offender was seen by health care staff at 3:43 PM for an admission health care assessment.
- The offender was re-examined by health care staff at approximately 6:33 PM.
- The offender was observed to have fallen asleep during the 7:44 PM check by staff.
- He was observed to be asleep at all rounds between 7:44 PM and 2:01 AM.
- Between 2:07 and 2:14 the offender appears to have trouble breathing, and at times appears to stop breathing.
- A CO found the offender unresponsive at 2:30 AM during a routine check.
- Between 2:33 and 2:41 AM correctional officers attempted to resuscitate the

offender using cardio pulmonary resuscitation (CPR), artificial respiration and a defibrillator.

- Emergency Health Services (EHS) personnel arrived at the cell at 2:43 AM
- The offender was pronounced dead by EHS personnel at 2:45 AM.

Findings

- Contraband was not found on the offender during the admission process.
- The contraband drugs consumed by the offender were most likely concealed inside a body cavity of the offender's at the time of admission. (Note: Legislation does not permit internal searches of offenders by correctional officers.)
- Following placement in a cell the offender retrieved contraband from on or within their person and ingested or inhaled them.
- CBCF staff did not follow all approved procedures. Staff did not:
 - Obtain, at the time of admission, the required Health Information Transfer form or an explanation as to its absence from escorting officers
 - Follow all steps in the strip search process
 - Complete all their rounds at standard intervals
 - Complete proper documentation

Additional Information

- Correctional Services was advised by the Nova Scotia Health Authority that the *Personal Health Information Act* prevented health care staff participation in the investigation or access to health records by Correctional Services. (Note: Correctional Services does not have access to health records at any time.)
- No recommendation or advice was received from healthcare for special precautions, special watch of the offender, or that the offender should be transported to the hospital.

Follow-up Action

- Correctional Services will
 - Consult with health care professionals to consider appropriate intervention options to reduce risk associated with drug overdose.
 - Conduct a cross-jurisdictional research to review best practice standards in response to drug overdose in correctional facilities.
 - Follow-up with staff including discussions on ways to reduce the risk of similar deaths in the future.
 - Continue follow-up critical incident and stress management work with staff as required.

- Failures to meet the standards established in policy will be addressed through disciplinary action, where appropriate, and through coaching