

Chapter: Health Care Classification: Public Document

Subject: Access Health Care

For: All Custody

Authorized by the Executive Director

Policy

Sections 25 and 26 of the *Correctional Services Act* provides that the delivery of health services to individuals in custody is the responsibility of the Minister of Health, who designates the Nova Scotia Health (NSH) to deliver the services for adults in custody and designate the IWK Health Centre to deliver the services for young persons in custody.

2 Correctional Services will coordinate with the Nova Scotia Health (NSH) and the IWK Youth Clinical and Forensic Services for the provision of medical, mental health and dental health care in adult facilities and youth centres in accordance with their policies.

Access to Health Care

- 3 All individuals will have access to health care staff. During health care's schedules hours, correctional staff will communicate to health care staff when an individual requires immediate medical attention.
- In correctional facilities where twenty-four (24) hour access to health care is not available, and an individual requires immediate medical attention, correctional staff will
 - (a) contact Emergency Health Services (EHS) to attend the facility, or
 - (b) arrange for the transport of the individual requiring immediate medical attention to the local emergency room

Provincial 811 HealthLink Service

- In Correctional facilities without twenty-four (24) hour access to healthcare coverage, staff may call the provincial 811 Service when health care is not on site to assess non urgent health concerns.
- 6 Each facility will have a
 - (a) secure fax line for receipt of confidential health advice and information from the 811 service
 - (b) speaker equipped telephone to allow the phone conversation to be heard by the individual and manager

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- The superintendent, youth custody manager, or designate, in consultation with health care services, may ensure that over the counter (OTC) medical supplies are available and are secured in a locked box or cabinet clearly marked as "811 medication" to address the following
 - (a) inflammation/pain
 - (b) cold/flu symptoms
 - (c) allergic reactions
 - (d) rash
 - (e) constipation
 - (f) nasal congestion
 - (g) dry eyes
 - (h) nausea
 - (i) blood thinner i..., ASA 81mg
- An inventory of the 811-medication locked box or cabinet will be conducted monthly by designated correctional staff. The 811 Medication Box Inventory Record Form (46.00.00-A) will be forwarded to the superintendent, youth custody manager or designate at the end of each month. Expired medications will be disposed of, and low supplies will be replenished during the inventory process.
- 9 Contact with the 811 service will be facilitated by the on-duty manager in the presence of the individual requiring assistance. The manager will
 - (a) identify to the 811 service the facility they are calling from
 - (b) complete the NS 811 Correctional Services Initial Contact Record (46.00.00-B)
 - (c) when medication is recommended, complete and witness the Individual Self Administration Medication Consent and Waiver of Liability Form (46.00.00-C)
- 10 The 811 service will
 - (a) record medication administration advice or recommendations provided to the manager on a Service Encounter Report
 - (b) fax the report to the manager's attention

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(c) not provide a report if the call is immediately transferred to 911

- 11 When medication is recommended to be administered to the individual, the manager will
 - (a) complete and witness an Individual Self Administration Medication Consent and Waiver of Liability Form (46.00.00-C)
 - (b) have the individual sign the form before the medication is provided
 - (c) complete an information report detaining
 - i. the reason for contacting 811
 - ii. advice provided
 - iii. medication provided
 - iv. incident outcome
 - (d) forward to facility health care the
 - i. information report
 - ii. NS 811 Correctional Services Initial Contact Record (46.00.00-B)
 - iii. Individual Self Administration Medication Consent and Waiver of Liability (46.00.00-C)

Confinement for Medical Reasons

- 12 Individuals in adult facilities requiring close supervision and/or ongoing treatment for medical reasons may be confined to a cell at the request of health care. When an individual is confined for medical reasons, the
 - (a) superintendent, youth custody manager or delegate will request health care staff provide documentation on the Correctional Health Services Communication Form to support the individual's ongoing confinement
 - (b) the Correctional Health Services Communication Form will be affixed outside the individual's cell
 - (c) individual will not be moved without the consent of health care
 - (d) the individual will receive programs and privileges in accordance with

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i. Policy and Procedures, Subject No. 43.00.00, <u>Administrative and Disciplinary Close confinement</u>, regarding Programs and Privileges

ii. the medical treatment plan

- An individual in custody who presents signs and symptoms of infectious disease, as described on the Health Information Transfer Form, will be placed in isolation under medical confinement as a precaution to prevent the spread of suspected disease until cleared by health care staff, see Policy and Procedures, Subject No.
 - (a) 46.06.00, <u>Health Information Upon Admission</u>
 - (b) 6.11.00, Pandemic Situations

Outside Medical Appointments

- 14 Referrals to outside medical agencies may be made if deemed necessary by health care staff.
- 15 Correctional Services will coordinate with health care staff on all scheduled appointments to determine transportation requirements.
- 16 Correctional Services staff escorting individuals on outside medical appointments will ensure the treatment provider is given any Outside Agency Referral documentation as provided by the IWK Youth Clinical and Forensic Services or Nova Scotia Health.
- 17 The completed Outside Agency Referral documentation will be given to the escorting officer in a sealed envelope addressed to the health professional with whom the individual has an appointment.
- 18 Escorting staff will ensure they retrieve the Outside Agency Referral documentation from the treatment provider in a sealed envelope and return it to the correctional facility after the individual has been seen.
- In facilities with twenty-four (24) hours per day, seven (7) days per week health care coverage, the Outside Agency Referral documentation is to be taken to the health care unit upon return to the facility. In facilities where health care staff is not available, the Outside Agency Referral documentation will be

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(a) returned to the manager upon return to the facility

- (b) placed in the health care folder for review during health care staff's next scheduled shift
- (c) accessed by Correctional staff if the individual requires a subsequent medical escort before the health care staff's next scheduled shift

Ambulance Services

Fees associated ambulance services will be paid for by Correctional Services through proceeds from the trust account.

Refusal of Medical Treatment

- When an individual refuses to attend an outside medical appointment or a local emergency room, the individual is required to complete a Refusal of Medical Treatment Form (46.00.00-D). If the individual refuses to complete the form, the manager will complete the form.
- The manager requesting the individual to complete the form will ensure that the original form
 - (a) is placed uploaded to the individual's file on JEIN
 - (b) copied and forwarded to health care
 - (c) Standard Operating Procedures (SOP)
- The superintendent or youth custody manager is required to consult with health care staff and develop SOP to identify the
 - (a) procedure for accessing urgent health care
 - (b) process for an individual in custody to request health care
 - (c) secure fax line for the sharing of information with the 811 service
 - (d) the secure location of the fax machine to ensure confidentiality of information
 - (e) correctional staff responsible for the 811-medication inventory
 - (f) process for communicating Correctional Health Services Communication form in adult facilities

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(g) any additional requirements regarding the documentation of refusal oof medical treatment

(h) designation of responsibility for coordinating outside medical escorts with health care