Deaths In Custody Death Review Committee

On October 20, 2025, the Deaths in Custody Review Committee provided the Minister of Justice with a review report. The report included the following advice and recommendations:

RECOMMENDATIONS RELATED TO PREVENTING A SIMILAR DEATH IN THE FUTURE

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Recommendations related to primary care:

- **The Province of Nova Scotia should fulfill its previously stated commitment to a one-patient, one-record system.**

- **The Nova Scotia Health Authority should ensure that primary care practitioners be better connected to the other components of the healthcare system specifically, mental health and addictions care. The primary care needs (a family doctor or nurse practitioner) of vulnerable people should be prioritized.** We note that virtual care options are now widely available and suggest themselves as part of the solution to this problem.

Recommendations related to the collection and retention of records:

- **Correctional Services should review and revise their existing policies on evidence retention (written, video, and electronic) pertaining to the death of a person in custody, to ensure that this evidence is preserved, as soon as possible after the death occurs.** This will permit the evaluation of clinical and other forms of decision making, thus contributing to system improvement and a reduced chance of adverse outcomes including death.

- **Correctional Services should adopt a policy that outlines that any photographs taken of persons in custody be considered part of an official record and made available for disclosure to this Committee or other relevant parties**.

- **Correctional Services should adopt a uniform policy on the retention of video evidence.** Specifically, this policy should describe a responsibility on the part of the Superintendent to preserve video evidence that pertains to the death of a person in custody for a longer period of time than is now current.

- **Correctional Services should consider supplying correctional officers with body cams.** This would allow the Department of Justice and others to more easily evaluate the actions of Correctional Services staff and others, contributing to system improvement and a reduced chance of adverse outcomes.

Recommendation related to the medical history collection of persons in care:

- **Correctional Health Services should routinely seek the medical history of a person in custody at their intake and also seek the health records of the person in custody at their intake**.

Recommendation related to information sharing:

- **Nova Scotia Health Authority should ensure that information sharing practices are brought in line with existing legislation.** Section 38 (e) in the Personal Health Information Act, authorizes health care professionals to exchange health information with Correctional Services employees. However, the committee heard that this does not actually occur.

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Recommendations related to quality improvement of health records:

- **Nova Scotia Health Authority in conjunction with Correctional Services should develop guidelines on the quality of health records that address timely, thorough documentation.** Timely and thorough documentation will reduce the chance for medical error and thus the chance for adverse outcomes, including death.

- **Nova Scotia Health Authority in conjunction with Correctional Services should implement a policy to ensure that a separate medical history intake process is administered by healthcare staff in correctional facilities.**

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Recommendations related to standards of care:

- **Nova Scotia Health Authority should formulate standards of care with respect to history taking, objective assessment, and management.** These standards should be informed by the expertise of certified addiction medicine practitioners, given the high prevalence of substance use disorders amongst people who are incarcerated. This can prevent deaths by ensuring consistent, evidence-based care that addresses underlying health needs early and effectively. These standards should establish clear protocols for screening, treatment, monitoring, and crisis response, reducing the risk of untreated mental illness, substance withdrawal, suicide, or medical neglect within custody settings.

- **Nova Scotia Health Authority should formulate standards of care with respect to the timeliness and frequency of clinical assessments of persons in custody.** Such clinical assessments should be patient centred, culturally informed, and trauma informed.

- **All aspects of the governance of biomedical health care provision (as opposed to psychiatric care) should be managed by clinical leaders, such as physicians, general practitioners, emergency medicine or infectious disease specialists who are trained and credentialed in biomedical care, not psychiatric care. Furthermore, ensure biomedical care in custody settings can prevent future deaths by addressing physical health concerns early,**

continuously, and thoroughly.[1] Having equivalent and continuous biomedical health care available to persons in custody to reduce gaps in chronic disease management, emergency responses, infectious disease screening and withdrawal management is critical.

- **Nova Scotia Health Authority in conjunction with Correctional Services should implement a policy to ensure that a medical staff person with addictions expertise is either present in correctional facilities, or on call, to ensure timely accurate diagnosis and response to persons in custody.** Treatment of substance use disorders should be informed by the expertise and knowledge base of addiction medicine. Addiction is a medical condition and withdrawal from substances like alcohol, opioids or benzodiazepines can be life-threatening without proper assessment and treatment.

- **Nova Scotia Health Authority should develop standards of care related to the acquisition, quality, and dissemination of clinical information, including the drug information system, the use of alcometry in the assessment of alcohol use disorder, the use of point of care drug testing, and the diagnosis and management of withdrawal symptoms.** These tools can prevent these deaths by enabling proper medication reconciliation with drug information systems; point-of-care drug testing reduce clinical guesswork preventing missed care needs; and guide immediate medical attention monitoring with alcometry.

- **Nova Scotia Health Authority should re-examine the policies and procedures related to the transfer of a patient between facilities with the aim to increase the accuracy of the information that is transmitted during this critical time period.** The transfer of patients between facilities is a potential point of risk.

Recommendation related to training:

- **Nova Scotia Health Authority in conjunction with Correctional Services should ensure that clinical staff in correctional facilities have specific training in the assessment of substance use disorders, unconscious biases, and stigma**.

The Committee makes note of the fact that all recommendations are underpinned by the assumption that the system that delivers them is adequately resourced and staffed. We heard during the course of our deliberations that this assumption is not true much of the time, and that critical areas of our justice system are frequently precariously staffed. We recognize that this is a large and complex issue that is not amenable to recommendations in the context of this report, but we respectfully call the Minister's attention to this as an ongoing issue.

[1] 4 'Texas correctional managed health care system', a collaboration between the criminal justice system, healthcare teams and medical schools involving using standard disease management guidelines, patient and clinician education, chronic care clinics, telemedicine and electronic medical records to deliver care in prisons [69]. The system increased overall clinical performance measures for six chronic diseases from 40.1% to 96.8%. Hewson, T., Minchin, M., Lee, K. *et al.* Interventions for the detection, monitoring, and management of chronic non-communicable diseases in the prison population: an international systematic review. *BMC Public Health* **24**, 292 (2024). https://doi.org/10.1186/s12889-024-17715-7