ONTARIO CORRECTIONAL NURSES' INTEREST GROUP NEWSLETTER

VOLUME 4 WINTER 2014

OCNIG

EXECUTIVE

President: **Evelyn Wilson**

President Elect: **Sonya Gillett**

Past Co-Chair: **Subaida Hanifa**

Policy and Political Action ENO: **Elzar Sipin**

Communication ENO: **Shirley Kennedy**

Membership/Finance ENO: **Christine Bintakies**

Members at Large:

Laurel Fleming (Federal)

Ian Clarke (Provincial)

Maggie Northrup (Youth)

Vacant (Forensics)

Associate Member (Nursing Student):

Ashley Gillett

A Message from the President

As the year marches rapidly to a close, the OCNIG executive can look back on the strides we have made; our accomplishments are significant! Our membership has grown significantly. Over the past 12 months membership has risen by more than 30 percent. Our revised mission statement and by laws have been voted on, accepted, implemented and posted. Elections for the executive committee vacancies were held and I am thrilled to say, with the exception of one vacancy (member at large—community forensics) our executive positions are filled! I look forward to working with our new and returning executive members. The executive held six teleconferences and three face to face meetings in 2014, including our Annual General Meeting (AGM) this November. We also had representation at the RNAO AGM, Queen's Park Day and at three RNAO nursing student events. In early 2014 a practice profile of "a day in the life of a correctional nurse" was accepted by RNAO and we eagerly await its publication on the RNAO website. A resolution put forward to the Canadian Nurses' Association (CNA) in 2012 regarding the quality of care in a correctional setting was followed up on and we are told the findings will be published shortly. We have continued to increase communication with our members via Facebook, email and our quarterly newsletter. In November we endorsed the 2nd Annual National Correctional Services Healthcare Conference in Ottawa and in early December we held our first OCNIG conference "Nursing in Custody" which was very well received. I would like to acknowledge Subaida Hanifa, my co-chair for the past year, for working resolutely on our educational day.

While we have met many of our goals for 2014, I recognize there is still much work to do. In 2015 our energies will be focused on finalizing an achievable strategic plan that will identify the needs of our membership and methods to more effectively engage our members. OCNIG is in the very early stages of having correctional nurses recognized by the CNA, as an interest group. Most importantly we will explore educational opportunities for our members, continue to advocate for nurses in corrections both within RNAO and within their communities and we will continue to reach out to nursing students and interest groups sharing similar interests.

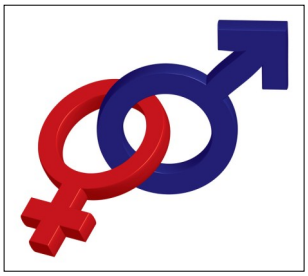
I wish you all a joyous holiday season and a healthy, peaceful new year.

Evelyn Wilson
OCNIG President

Transgendered Inmates: He Said, She Said.

By Lorry Schoenly, PHD, RN

SITUATION: You're working medical screening for new detainees at a large urban jail. Your next case arrives for assessment with make-up and bright female clothing, although you also see male-pattern facial hair and muscle structure. What do you do?



Transgender individuals are over-represented in the inmate population. If you work in corrections, you are likely to come face-to-face with your attitudes and emotions about these individuals. Nursing ethical principles require those of us in the profession to provide nursing care with concern and respect for human dignity, no matter the life choices the individual has made.

Transgenders (also called trans or cross-genders) are individuals with an incongruity between their felt gender and their anatomic gender. The majority are male and can have aDSMIV diagnosis of gender identity disorder (GID). Your inmate-patient may be in the midst of hormonal therapy or have partial or complete sex reassignment surgery (SRS).

Conversation

Your first concern is how to address the person. Do you use the term 'He' or 'She'? Though it may seem trivial, your sensitivity in this area will establish needed repoire. Often you can avoid using gender terms or you can clearly see which term to use. For example, the individual above is likely to desire to be referred to as 'she', especially if the clothing involves a dress or skirt. When in doubt, your best option is to ask the individual how they would like to be addressed. Let them be in control of this small issue – control of so much else is gone. Attempt to be as matter-of-fact and non-judgmental as possible in all interactions.

Destination

Unless your system has special facilities for the transgender inmate, such as the new 30-bed transgender Italian prison, administration will need policies in place to determine housing designation. This is a vulnerable population requiring some type of protective housing. The nature of the condition predisposes the inmate to a higher potential of assault or in-custody violence. In addition, those with GID are more likely to be depressed, suicidal or self-injurers. Keep this in mind when assessing these inmates for any health conditions.

Change Management

What if the person is in the midst of hormonal therapy or SRS? What responsibilities are there for maintaining or continuing escalation of therapy? Policies regarding transgender treatment differ among state and county systems. Investigate the policy at your facility before you need to use it. Discuss the situation with your manager and medical director.

In a recent survey of correction system policies about transgender treatment, the majority of responding facilities had policies for the continuation of hormonal therapy, at least at the current level. Abrupt discontinuation of hormonal therapy can lead to physical and psychological side effects and should be avoided. Many facilities will use a 'freeze-frame' approach which continues the current therapy but does not escalate or advance the gender-change process.

Autocastration – Medical Emergency

Be aware that disturbed individuals may resort to autocastration or autopenectomy to reduce testosterone levels. The elasticity of the testicular arteries allows them to retract into the perineum making it very difficult to staunch the flow. Emergency transport, critical care and blood transfusion may be necessary.

OCNIG AGM

OCNIG's Annual General Meeting was held on November 14, 2014 in Burlington, Ontario. Those in attendance enjoyed the dinner, the excellent opportunity to network with peers and shared their concerns during a "Member's Voices" session. Interesting discussion was had, with the hot topic being medication safety/hoarding. Evelyn Wilson presented the 2013/2014 OCNIG Annual Report and Subaida Hanifa shared the strategic planning cycle with the group. OCNIG nurses contributed to the discussion regarding planning for the "Nursing in Custody" Educational Conference and nominees for the vacant positions of President Elect, Member at Large (Youth) and Associate Member/Nursing Student were announced. Many thanks to the OCNIG members that came out for the AGM, making the evening such a pleasant one!

Since the AGM the following OCNIG members have been confirmed as new executive members:

Sonya Gillett—President-Elect

Maggie Northrup—Member at Large (Youth Justice)

Ashley Gillett—Associate Member/Nursing Student

Laurel Fleming—Member at Large (Federal Corrections)

Look to the Spring newsletter for introductory information about our new executive members.

Statutory Committees At CNO

The College is now seeking nurses to join its statutory committees. By putting your name forward for a committee, you can:

- contribute to public confidence in nursing regulation and the nursing profession;
- advance your knowledge of nursing regulation; and
- help make important statutory decisions affecting nurses and those applying to become nurses.

If you are interested, fill out the form on-line before 5 p.m. EST on December 31, 2014. The form can be found at: http://www.cno.org/en/iframes-for-web-apps/committee-volunteer-application/

Inmate Seizures—They Aren't All Fake!

By Lorry Schoenly, PhD, RN

Correctional nurses can get jaded about treating inmate seizure disorders. After all, many perks can be claimed by those diagnosed with the condition including a coveted lower bunk and some real nifty medications. So, it would be easy to think that any inmate coming in with a history of seizures or appearing with seizure activity is merely faking it.

Inmates Have More Seizures

Around 1% of the US adult population will be diagnosed with a seizure disorder (1 in 100). In contrast, 4% of the US inmate population has a seizure disorder (1 in 25). That is a huge disparity and gives greater understanding to the frequency of seizure history or activity in our patient population. This patient community has several risk factors which increase the likelihood of seizure activities.

Head Trauma

The incarcerated have a background with greater violence and traumatic injury than the general population. In fact, recent studies indicate that 25-87% of inmates report having experienced a head injury or traumatic brain injury (TBI) as compared to 8.5% in a general population reporting a history of TBI. Head trauma increases the potential for seizure disorders.

Drug and Alcohol Withdrawal

Drug and especially alcohol withdrawal can lead to seizures. These seizures are not chronic in nature and require a specific treatment regimen. Seizure activity in withdrawal can be intensified if the inmate already has a background of epilepsy or TBI. Alcohol withdrawal can increase inmate seizure activity, especially in jails. The Federal Bureau of Prisons recently released revised Detoxification Guidelines.

Domestic, Child and Sexual Abuse

Past traumatic psychological stresses such as domestic, child or sexual abuse can produce a seizure disorder known as psychogenic seizures. These seizures have been described as a physical manifestation of a psychological disturbance and have received increased attention recently. Up to 1/3rd of patients sent for EEG-video diagnostics for seizures are diagnosed with the disorder. These seizures are of psychologic rather than physical origin; however, they are not being faked. Like other stress-induced conditions such as stuttering or fainting, psychogenic seizures are a physical response with only minor controllability from the individual. Psychogenic seizures do not respond well to epileptic medications, but rather to counseling and other psychotropics.

Treat all Seizures as Real

As healthcare professionals, correctional nurses must treat all seizures as valid until proven otherwise. If a witnessed event seems questionable, there are a few easy maneuvers to take in the post-seizure period including raising a arm over the chest and letting it drop (The non-seizing person will guard/the true seizing person will not) or using smelling salts (not effective for true seizing person). It is not recommended to do a sterna rub as this can cause unnecessary injury.

2nd Annual National Correctional Services Healthcare Conference

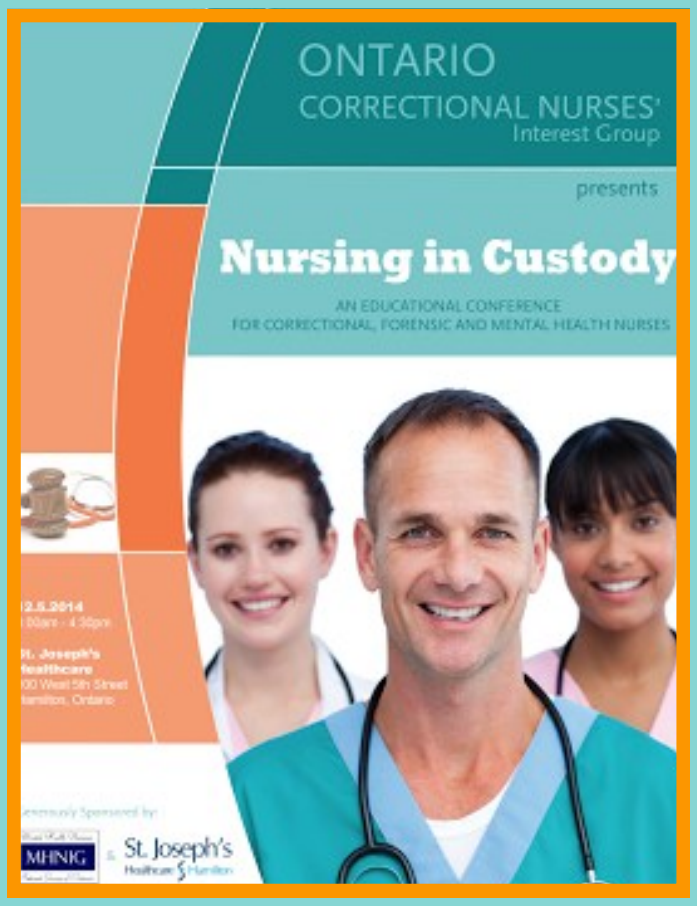
OCNIG was proud to officially endorse the 2nd Annual National Correctional Services Healthcare Conference held November 27-28, 2014 in Ottawa. Speakers from across the country, across the continent and across "the pond" contributed tremendously towards the success of the comprehensive two day program. Howard Sapers, the Correctional Investigator of Canada, spoke of the priority concerns for federal corrections; mental health, preventing deaths and the special needs of Aboriginal offenders, aging offenders and women.

Dan Woods, the Alberta Health Services Director, Correctional Health Services spoke of the transition undertaken to alter the model of health care delivery in Alberta's correctional facilities; from a correctional management model to a health management model. Now that Alberta has followed in Nova Scotia's steps and British Columbia is doing the same, one wonders just how far behind Ontario will be. Dr. Mark Totten spoke of caring for gang members and Dr. Ruth Elwood Martin spoke of B.C.'s model for mother-infant care behind bars. And that's just the tip of the iceberg; in total, there were 27 speakers

If you haven't been to this conference before, plan to attend next year. It is one of the best conferences for correctional nurses!

Subaida Hanifa, OCNIG Past Co-Chair (left) and Shirley Kennedy, OCNIG Communications Executive Network Officer (right) with Howard Sapers, Correctional Investigator of Canada.

OCNIG members from left to right: Leslie Wight (Algoma Treatment Centre), Shirley Kennedy (HWDC), Kayla Leneve (Sarnia Jail), Marion Giesler (Thunder Bay CC) and Subaida Hanifa (OCNIG Past Co-Chair)



On December 5, 2014 OCNIG held its first educational conference, "Nursing in Custody" at St. Joseph's Healthcare Hamilton.

Rhonda Seidman-Carlson was passionate in her discussion of bullying in the workplace, Mary-Lou Martin shared the benefits of trauma informed care in custody and the consumer panel that shared their lived experience as individuals with anoxeria, mental health issues while incarcerated and addiction and homelessness left the audience speechless.

It was a wonderful opportunity to network with correctional nurses, forensic nurses and mental health nurses from around the province. The speakers and workshop leads shared strategies for improving the quality of work-life for nurses and clients. Nurses chose from 10 workshop sessions; all very different allowing each nurse to focus on opportunities that were most relevant to their practice and professional development and the feedback was very positive!

See the positive feedback on the next page….

Excellent day...more are needed! ...excellent speakers on lived experience!

The first OCNIG conference, aptly named "Nursing in Custody" provided a packed agenda that accurately represented the complex issues that we all face with this population. I plan to strongly encourage my Correctional colleagues and those with an interest in Correctional Nursing to attend any future OCNIG conferences as the information and opportunity to network is extremely valuable. Great job OCNIG committee on pulling off an amazing educational opportunity!

It was a very worthwhile day of learning. Thank you very much!

I gained knowledge in the correctional field of nursing and definitely learned a few more communication techniques that I can apply to future clinical placements in my BScN studies.

Excellent learning and networking opportunity for correctional/forensic nurses.

I wanted to express how much we all enjoyed the Nursing in Custody Conference held on December 5th. This unique educational conference provided us with an opportunity to connect with our peers, and to build on the specialized knowledge and skills we require in Correctional Nursing. Topics were interesting, informative and relevant, and stimulated much thoughtful conversation. We really enjoyed the sessions on "Bullying in the Workplace", and "Talking with the CNO", and we look forward to additional educational opportunities with the OCNIG. A big thank-you to all of those involved in providing us with this exceptional day!

Relevant topics! Great conference and much needed info!

Very informative presentations. Inspiring panel discussions!

Nursing Inside

Clinical Judgment: A Vital Correctional Nurse Competency

By Lorry Schoenly, PhD, RN

Rhonda has been called to the booking area to medically screen a 44 year old man brought by the police on charges of driving a stolen vehicle and drinking while driving. On the way to jail he hit his head on the window of the squad car. Approaching the area she sees an obese white male, hands cuffed behind his back, leaning facedown on the booking counter, propped up by two police. The man is yelling that he is going to faint and can't breathe. A chair is brought so he can sit and Rhonda notes that he is diaphoretic and flushed in the face. He reports that he has prescriptions for two inhalers but otherwise has no medical problems. His voice tone is belligerent and he is dressed in shorts, a t-shirt and sandals; inappropriate for the winter weather. Rhonda can see that his legs and feet are mottled and swollen. He also has a swollen area over his eyebrow on the right side and the eye on that side is swollen shut. There are four policemen waiting for the nurse to screen the arrestee and another six custody officers waiting to proceed with booking.

Christine Tanner, a nurse researcher, has studied expert nurses to determine components of clinical judgment and when it is most specifically needed. She found that clinical judgment skills were particularly important when:

- The clinical problem or concern is undetermined;
- The presenting data is ambiguous; and
- When the situation presents conflicts among individuals with competing interests

Our case above has all three elements. Rhonda has a problem to solve and she needs to do it quickly amidst competing interests – the patient's, the police, and the correctional officers. The patient condition is undetermined at the moment. Rhonda cannot merely review the patient's medical record for a list of diagnoses. His presenting data is ambiguous and non-specific. The clock is ticking and the pressure is on.

Tanner reviewed 200 studies on clinical judgment in nursing practice. From this review she concluded that nursing clinical judgment involved the following components:

- Gaining a grasp of the situation holistically;
- Seeking an understanding of the situation which is beyond just the objective findings on assessment;
- Considering factors contributing to the presentation;
- Attending to the patient's response to the nurse;
- Deciding an appropriate course of action; and
- Reviewing outcomes and making changes as needed.

What clinical judgment do you think Rhonda made in this situation? Even though there was pressure to book the man, she was concerned about a concussion and his respiratory condition. She did not approve him medically for booking and he was sent on to the hospital emergency room. There it was discovered that, although he was intoxicated, he did have a mild concussion, and, more importantly, was discovered to have moderate congestive heart failure. He was in the hospital for over a week.

Calendar of Events

January 25-30, 2015 *Primary Care Institute* (Toronto). To register go to: http://rnao.ca/events/primary-care-institute-2

March 1-6, 2015 *Best Practices in Wound Care Institute*; *Minding the Gap (*Foundational) (Niagara Falls). To register go to: http://rnao.ca/events/best-practices-wound-care-institute-minding-gap-foundational-0

March 3– 6, 2015 *Best Practices in Wound Care Institute; Minding the Gap (Advanced)* (Niagara Falls). *http://rnao.ca/events/best-practices-wound-care-institute-minding-gap-advanced-0*

March 26-27, 2015 *The Nursing Leadership Network of Ontario's 2015 Annual Conference for Health Care Leaders* (Toronto).

March 30, 2015 *DBT Skills Part One: Mindfulness and Distress Tolerance (Toronto).* To register, go to: http://www.nursinglinks.ca/frameset_workshops.html

March 31, 2015 *DBT Skills Part One: Mindfulness and Distress Tolerance (London)* To register, go to: http://www.nursinglinks.ca/frameset_workshops.html

April 16, 2015 RNAO Annual General Meeting—Stakeholder Reception and Opening Ceremonies (Toronto).

April 17, 2014 RNAO Annual General Meeting (Toronto).

April 27, 2015 *Leg Ulcers: Assessment & Management* (Toronto). To register, go to: http://www.nursinglinks.ca/frameset_workshops.html

April 28, 2015 *Leg Ulcers: Assessment & Management* (London). To register, go to: http://www.nursinglinks.ca/frameset_workshops.html

The OCNIG Executive Committee wishes to acknowledge and thank you for your tireless efforts to care for our incarcerated population.

Together, we do make a difference.

At this festive time of year we extend our best wishes to you for happy holidays and a very happy, healthy new year!

Evelyn Elzar Shirley Christine Laurel

Ian Christine Maggie Ashley Sonya Subaida