Volume 3
October, 2012

ONTARIO CORRECTIONAL NURSES INTEREST GROUP NEWSLETTER

The goals of the Ontario Correctional Nurses' Interest Group are to empower nurses in correctional settings to:

- **Co-operate professionally**
- **Promote health in incarcerated communities**
- **Promote continued education and professional advancement of Registered Nurses working in corrections**
- **Mentor new and potential nurses**
- **Advocate for the health of nurses working in correctional settings**

Are we succeeding as an interest group?? As your newsletter editor it is my privilege to state that of the 31 RNAO interest groups only eight groups reached their membership targets, As our membership grew from 72 nurses in 2010 to 87 nurses in 2012, the Ontario Correctional Nurses Interest Group was one of those eight groups that achieved their membership target. Congratulations to each of you!

Our member submissions for this issue will speak for themselves. Please give careful reading to the Resolution on Correctional Nurses submitted to and passed by CNA. Consider the articles on thoughts about workplace, as well as work in an overseas mission in rural Uganda – all from experienced correctional nurses. Be inspired by the article on resilience in practice that describes the physical and emotional challenges we may each encounter in Correctional Nursing.

Then please take a minute to send a brief letter to the editor – or a longer article about an issue that concerns you about our profession in Correctional Nursing!

Our first OCNIG Annual Meeting April 28th was held in conjunction with a complimentary continuing education session on Wound Care in Corrections was well received.

During the Wound Care session, we were given an overview of wound anatomy, wound bed types, factors that delay wound healing, best practices for care including boils, blisters, and ulcers on amputated limbs, as well as tips on dressing selection and wound care documentation. We saw Nick's power point presentation picturing various wounds, and finished with a very practical exercise measuring wounds. Thank you to correctional nurse Nick Joachimides for his thoughtful and useful session.

For me personally the OCNIG Meeting was also a time to finally meet other correctional nurses face to face to share our concerns and shared success.

Also for the first time OCNIG had a display on Correctional Nursing at the RNAO AGM. The display focus was correctional nurse issues, research and 1:1 discussion with potential new correctional nurses telling them how to apply to a facility!

Are we succeeding as an interest group? If we consider the goals of the Ontario Correctional Nurses Interest Group, I believe we are not only succeeding, we are actually thriving!

I urge you to contact OCNIG Chair Sheleza Latif with your appreciation for her work representing us at the Fall Assembly meetings, as well as your thoughts about our future.
Email her at: sheleza.latif@ontario.ca

Nancy Elliott-Greenwood, OCNIG Newsletter Editor
To email me: nelliott@hurontel.on.ca

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OCNIG NURSE OBSERVES ANNUAL DAY AT QUEEN'S PARK:

Annette Buzdygan, OCNIG'S Policy and Political Action Officer joined 160 Registered nurses and nursing students at RNAO's Annual Day at Queen's Park.

A set of recommendations guaranteed to deliver better access to health care, improved health outcomes for patients, and cost savings for tax payers was the focus of the all day meeting that took place March 1, 2012.

This article is continued on page three.

Referring to the release of the Drummond Report, RNAO President David McNeil noted 'this is the perfect opportunity to talk about the decisions we need to make as a province to ensure the public gets timely and quality access to health care and how we can strengthen our publicly funded, not-for-profit health care system by taking advantage of the knowledge and skills of the nurses."

Grinspun added: "It is in everyone's best interests to make sure Ontario's nurses are working to their full potential" and noted that "the daylong meeting gives nurses a platform to share their day to day work experiences and the changes they believe will benefit the system and their patients."

Nurses heard speeches and took part in a question and answer session with Ontario's Health Minister Deb Matthews and in small group meetings with 70 MPP's and Cabinet Ministers including the Honourable Madeleine Meilleur, Minister of the Ministry of Community Safety and Correctional Services.

Submitted by Shirley Kennedy, Nurse 3, Hamilton Wentworth Detention Centre

Editor's note: With the eminence of a fall provincial election in Ontario, it is timely for nurses to become involved in the political arena. We need to educate those who run for ALL parties about needs and priorities in health care – including those in correctional nursing!

Nursing in the Federal Correctional System:

by Robert Knell, RN Staff Nurse at Warkworth Institution, Correctional Service of Canada

Canadian society has been haunted by problems surrounding care and control of the socially unwanted, the criminal, the dangerous, and the mentally ill. In the early 1800's the "lunatic asylums" for mentally ill criminals emerged in Canada. Unfortunately the mentally ill - whether criminal or not - were frequently incarcerated.

These issues continue to haunt our society today as the criminalisation of the mentally ill continues today. This is the sad but true reality.

In 2007 the federal health care system was granted self-governance allowing health care professional to set the standards, requirements, policies and procedures to care for our diverse population. This re-structuring allowed for health care professionals to raise the standard of care provided to the offender population.

As the federally incarcerated offender is now calling one of our 53 institutions home for a lengthy period of time. Health care has to provide a spectrum of essential health services.

This makes the correctional Registered Nurse a true holistic practitioner. These nurses need a skills set to care for both the physical as well as the mental wellbeing of the offender population.

Nurses working in this environment, in order to be successful, require the ability to communicate, work independently, and within a structured team environment, possess good assessment skills for both physical and mental health concerns. Essential attributes include professionalism, confidence, and decisiveness. Correctional nurses also need personal characteristics like assertiveness, integrity, stability and maturity.

On a personal note, in June of this year I will have been nursing for 30 years with 20 plus years working in the hospital environment. I always found that something was missing when I worked in the hospital. I never saw the whole story, and was left wondering: "*How did the individual do after their operation?*"

When I joined the federal health care team in 2004, I found my calling to be able to work with individual offenders over a period of time. This for me is very satisfying. Couple this with the diverse multi-disciplines the correctional nurse is required to work through: from an emergency room one minute to a doctor's office the next, to a public health clinic or an addiction clinic.

Dilemmas facing the nurse in this environment include security of self and peers, security of the institutional community versus the offence committed by the individual. These challenge the individual nurse's own ethical and moral compass on a daily basis.

Former warden Tom Epp told the Whig Standard, in an interview, that Corrections bosses would have developed a plan to ensure Williams' safety.

"***The worst thing you can do I think in a prison is believe that somehow you're the agent of the punishment that's been meted out by the courts, or more importantly, you're the agent for the meting out of the punishment that the society wants you to mete out***," Epp said.

I believe from this that our offenders are living their punishment, and it is not our place to compound it by our actions.

Nurses must at all times hold themselves to the highest standards of our profession.

The goal of nursing is to restore, maintain and advance the health of individuals, groups or entire communities. It is a science and an art.

The science is the application of nursing knowledge and the technical aspects of our practice.

The art is the establishment of a caring relationship through which the nurse applies nursing knowledge, skills and judgement in a compassionate manner. Both focus on the whole person, not just a particular health problem.

Rob Knell is a staff nurse in the federal system at Warkworth Institution, Correctional Services of Canada.

Resilience in Practice:

Anyone working in the field of correctional nursing knows the day to day challenges that correctional nurses face. That's not to say there are no rewards, there are - but this piece for the newsletter is about psychological resilience – a trait I have witnessed in many of the nurses I have met in my 23 year career in Correctional Nursing. Wikipedia defines psychological resilience as "referring to the idea of an individual's tendency to cope with stress and adversity. This coping may result in the individual bouncing back to a previous state of normal functioning or using the experience of exposure to adversity to produce a steeling effect and function better than expected. It is much like an inoculation that gives one the capacity to cope well with future exposure to disease." If you have a resilient disposition, you are better able to maintain poise and a healthy level of physical and psychological wellness in the face of life's challenges. If you're less resilient, you are more likely to dwell on problems, feel overwhelmed, use unhealthy coping tactics to handle stress, and develop anxiety and depression.

Working in a practice setting that tends to be negative, with clients (and sometimes staff) that can be verbally abusive, can wear on you. Resilience is not the solution, but it IS the key! You can develop resilience by training your attention so that you are more aware of the present moment. By using purposeful, trained focus on the present moment, you can develop resiliency.

Forming a resilient disposition includes:
Fostering acceptance of others/situations that you can't control;
Finding greater meaning in life or the job at hand;
Developing gratitude;
Building strong relationships with friends, family, and community;
Reflecting and learning from negative experiences in order to

STAY TUNED! In the next newsletter Shirley Kennedy, RN, of the Hamilton Wentworth Detention Center will offer tips on how to do this.

RESOLUTION:	Improving Health & Health Care in Correctional Facilities

This Resolution passed by the Canadian Nurses Association in June:

BE IT RESOLVED THAT the Canadian Nurses Association (CNA) commission a discussion paper to review evidence of how other jurisdictions have sought to improve health and health care in correctional settings by implementing governance structures and other structural supports that enable nurses and other regulated health professionals to meet professional standards of care.

BE IT FURTHER RESOLVED THAT the CNA will use this discussion paper to spark a dialogue with interested nurses, nursing groups, and other stakeholders on how best to operationalize the report's recommendations and build political will for a transformed health care system within correctional settings.

Submitted by the Registered Nurses' Association of Ontario[i]

Rationale:

> **It is my experience that prison populations disproportionately include the more impoverished, poorly-educated, addicted and the mentally ill among us. A walk through a federal penitentiary in this country reveals that current criminal justice policy captures a high number of the most marginalized and distressed within our communities, including the socially disadvantaged, Aboriginal peoples, the aged and the infirmed. Who we incarcerate and how they are treated inside prisons speaks to the kind of society we are and the values we affirm as a nation.[ii]**
>
> **Howard Sapers, Correctional Investigator of Canada, 2011**

Canada's incarceration rate of 117 per 100,000 population, a total of 39,098 people incarcerated nationally in 2008/2009, is higher than that of most western European countries.[iii] First Nations, Métis, and Inuit comprise less than 4 per cent of the Canadian population but comprise 20 per cent of the total federal prison population.[iv] Aboriginal women comprise 33 per cent of the total female federal inmate population, a growth by almost 90 per cent in the last decade.[v] In 2010, 86 per cent of women offenders reported histories of physical abuse and 68 per cent reported a history of sexual abuse at some point in their lives.[vi] Psychiatric disorders are up to three times as prevalent among federal inmates compared with the general Canadian population.[vii]

Not only are those who are marginalized from society more likely to be incarcerated but once there, their health is further challenged by living in crowded circumstances, forced inactivity, and poor diet.[viii] Discrimination, including racism, which exists in broader Canadian culture is also evident within correctional facilities resulting in some sub-groups experiencing increased stress, aggression, and violence. A study of deaths in custody over a decade in Ontario found violent deaths

by overdose being 50 and 20 times more common in the federal and provincial inmate populations, respectively, than in the general male population.[ix] The rate of suicide by strangulation was 10 times higher for federal inmates and 4.5 times higher for provincial inmates than the national average.[x] Being incarcerated places people at increased risk of exposure and "is itself a likely mode of infection."[xi] The prevalence of HIV may be as much as 10 times higher and Hepatitis C virus as much as 20 times higher in correctional facilities compared with the general Canadian population.[xii] Infections acquired in prison can impact the wider community when prisoners are released. It is estimated, for example, that one in eleven tuberculosis cases in the general population in high-income countries was attributable to within-prison spread of TB.[xiii]

People who are imprisoned are entitled to a standard of health care that is equivalent to that provided in the broader community.[xiv] [1] The preventable deaths of Ashley Smith[2] and many others [3] [4] in custody highlights deficiencies such as: response to medical emergencies; management of mentally ill offenders; monitoring of suicide pre-indicators; sharing of information between clinical and front-line staff; quality/frequency of security patrols, rounds and counts; and quality of internal investigative reports and processes.[5] The Correctional Investigator and multiple inquests have made the recommendation many times to have 24 hours per day health care coverage/ 24 hour nursing coverage.[6] [7]

Given the well-documented deficiencies of the current system,[8] [9] [10] growing health care needs of aging inmates,[11] [12] and the unique challenges faced by nurses to meet the demands of both correctional and health care systems,[13] it is critical that nursing knowledge, skills, and experience be fully engaged and utilized in the transformation process. In addition to challenges presented by inadequate staffing combined with heavy workloads, limited control over practice and scope of practice,

and constrained resources, nurses working in corrections often face role confusion and ethical conflict between clinical and security agendas.[14] [15] [16]
In order to address concerns about human rights, quality of health care for prisoners, threats to the professional role of health staff, and problems with health staff recruitment and retention, some countries have transferred jurisdiction for prisoners' health care to the Ministry of Health rather than whichever Ministry was responsible for prisons.[17] These countries include Norway, France, New South Wales in Australia, England and Wales in the United Kingdom.[18] While acknowledging the specific governance challenges in Canada due to shared health care responsibilities among federal, provincial, and territorial governments, the Standing Committee on Public Safety and National Security urged governments to explore transferring responsibility for the delivery of health care within the correctional system to the provincial and territorial health administrations.[19] The recently released Mental Health Strategy for Canada includes a recommendation to "increase the role of the 'civil' mental health system in providing services, treatment, and supports to individuals in the criminal justice system."[20]
Relevance to CNA: This resolution will further CNA's mission of advancing the practice of nursing, improving the quality of health care services, and serving public interest by improving health outcomes. It is a means to advocate for healthy public policy and it has the potential to strengthen nursing practice in the challenging correctional environment which serves highly vulnerable populations.
Key stakeholders: Correctional and mental health nurses associated with the Canadian Nurses Association, provincial and territorial associations, including the following interest group members of the Registered Nurses' Association of Ontario: Ontario Correctional Nurses' Interest Group, Mental Health Nursing Interest Group, Nurse Practitioners' Association of Ontario, and Community Health Nurses' Initiatives Group
Expected Outcomes: A discussion paper similar in nature to CNA's Harm Reduction and Currently Illegal Drugs,[xv] combined with targeted outreach, would provide insight, animate dialogue, and prompt action on preferred governance and structural supports to ensure equitable health care and healthy work environments in correctional settings.

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Editor's Note:

If you missed the research study published in a previous OCNIG newsletter on Exploring Worklife Issues in Provincial Correctional Settings that was funded by the Nursing Secretariat, Ontario Ministry of Health and Long-Term Care, note that the full report and a series of five fact sheets highlighting key findings of that 2010 study can be found on the following website: www.nhsru.com

The authors of this above mentioned research study are: Almost, J., Doran, D. Ogilvie, L., Miller, C., Kennedy, S., Timmings, C., Rose, D., Squires, M., Lee, C., & Bookey-Bassett, S.

An Ontario Correctional Nurse in Uganda Africa

by Ruth Ann Day

Editor's Note: The following narrative article was written by an experienced RN who works in an adult correctional facility in Ontario. She describes a third world mission trip she took in 2011.

I believe nursing is more than a profession. It is an adventure of the heart and an expression of the passion for life that burns within. It is who I am, not what I do. It's like the mansion that has many doors to walk through – or I can stay in one room and be happy. The opportunities are vast and varied. My choices and dreams create my adventure. Many great leaders like Martin Luther King and Walt Disney have talked extensively about "dreams". I believe they are visions

to someday become our reality. When I was eight years old, I had a dream to become a missionary in Africa. At 69 years of age, I saw those dreams become a reality. Since preparation time is often longer than wanted or planned for, many people forfeit their dreams.

In January 2011 I met a pastor from Uganda who invited me to come and be a part of his growing mission. He said they had orphanages, a prison ministry, and a college medical outreach program. I felt strongly to answer this call. There was a lot of preparation including immunizations, getting proper clothing, and researching the place and peoples I was to serve. It was a very exciting time for me. I also wanted to take some medical supplies on the mission trip as I knew the availability of supplies was very limited where we were going. Although I had collected some things as a community nurse, I also asked for donations of supplies I currently work in correctional nursing and my staff blessed me with much needed supplies to take with me.

I left Canada on August 8 2011 with the intent of meeting a team from Seattle in Amsterdam. Airplane malfunction in Detroit changed that - while they repaired the plane's brakes! I learned how to function in adversity in nursing school years ago but two days before departure, I broke my foot. As the old saying goes, the show must go on. I wasn't turning back from my dream.

Finally arriving in Entebbe, Uganda late at night, I was met by wonderful people who took me to "the guest house" of World Outreach Ministries. The road to this

house began my culture shock as we NEEDED a four wheel drive vehicle to get there! Getting in bed at 1 am we were told we must leave by 6 am to get to the medical mission which was several hours away. I was beginning my adventure!

We drove for several hours observing the African countryside and a lifestyle so different from my own. My native driver was a wealth of knowledge and helpful cultural issues to be aware of. As we approached the top of the mountain, I was told that this whole area was controlled by the "witch doctor". When he said "We're here." I thought to myself, "What do you mean – there is nothing here but a red clay road!" Then my driver pointed to a yellow piece of paper nailed to a tree that said "MEDICAL". It stood near a small building with a mud floor. That was my introduction to medical missionary work. We were at the top of a hill that was difficult to access even by a vehicle, so how will people get here? My driver told me "They will come." By the end of the day, we had seen 250 people who came for medical help! There was only myself, a new native nurse, and a pharmacist. Sick people walked many miles barefooted to see the nurse. I realized how much more I wish I knew to be of even greater help. Those supplies I brought sure came in handy as they were the ONLY supplies available. One little girl had never seen "a white woman" and she was so sweet as I let her touch my arm. I thought days like this only happened in National Geographic magazine. There were some root issues like the lack of hygiene I noticed. I was not there long enough to meet all the needs of the people, but I did one on one teaching as I nursed each patient.

Then we drove 13 hours to an orphanage on the Kenyan border. We spent four days there at Usuk, Uganda giving some medical help to staff and local people.

Our team also painted a house for orphans. Many of these children had lost their families to AIDS. I saw one beggar man who had a large foul smelling wound on his foot and ankle. Again, the supplies brought from Canada were a "gift from heaven". I learned after I left, that the wound started to heal and the man, who had no shoes, was now walking with "a spark in his step." The beautiful children were so receptive to our love and care. Only 15% of Ugandans have running water and electricity. This orphanage was not one of the 15%. I did get to see the most beautiful African sky with shooting stars here in this remote area.

After an amazing safari, my next and most favorite time in Africa was a nursing visit to a prison.

I have worked for years in correctional facilities and I think it is my niche. This prison was so different from my place of employment. The cell had no bed. It had a hole in the cement in the corner for washroom needs. The inmates sleep and eat on the floor. There were no blankets or pillows. They work daily at hard labour and get one meal a day of cornmeal mush. This meal must be paid for from funds from their labour.

Prison security is not as tight as we have it here. Medical assistance is not often available. The nurse I visited with only visits once or twice a month as they do 90 prisons per month. While I was there, I often

thought of my job in corrections back home, as the supplies my colleagues sent with me were used in abundance on the prison clinic day. I was happy to relieve some of their pain and infections with medications. The prisoners themselves asked me to come back and take care of them. It was part of a wonderful experience. The doors of mercy that nursing opens are moments of the heart. They will always remain with me. I know I touched hearts and the people I met certainly touched mine. This trip was worth waiting 61 years to fulfill. Don't be afraid to dream, and don't give up on your dreams. They can be tomorrow's reality. Watch both the things that interest you and those things that you spend time on because they are preparation for your future tomorrows.

Ruth Ann Day, RN

The photo on the left is Ruth Ann Day with a young friend after a clinic visit. Top and bottom right photos are an outdoor clinic at a prison in rural Uganda.The middle photo shows a rural mountain clinic site. Note the yellow paper sign "Medical" inviting patients to a full day clinic where she saw 250 patients.