



ONTARIO CORRECTIONAL NURSES' Interest Group



Speaking out for correctional nursing.

SPRING EDITION 2016

A MESSAGE FROM THE PRESIDENT

It is with great sadness we announce the unexpected loss of Ingrid Ricketts; a valued member of OCNIG and an integral part of the nursing team at Vanier Centre for Women. Kudos to the correctional nurses from other institutions that covered shifts the day of Ingrid's *Celebration of Life* affording all of Vanier's nurses the opportunity to say farewell. You are a shining example of what nursing is all about!

The past three months have been an extremely busy time for the OCNIG executive as you will see by the articles within. We've utilized our Facebook page to communicate with members; sharing articles about substance use, Zika virus, and OCNIG activities. If you are not following us on Facebook, you should be. It's the quickest way to stay informed.

In January, OCNIG collaborated with RNAO in a formal consultation with the Ministry of Community Safety and Correctional Services with the resulting recommendations forming the foundation for huge transformation in correctional nursing in Ontario. Additionally, I had the pleasure of meeting Ontario's new Provincial Chief Nursing Officer, Kaiyan Fu and hope it will be the first of many productive meetings.

To continue the great work that we are doing we need more from you, our membership! I encourage all of you to attend our AGM in May and I encourage all of you to recruit just one new OCNIG member! What better way to double our membership; to grow our group in strength and in numbers. I believe that the next few years will be pivotal for correctional nursing in Ontario and we need your voice, your support and your commitment.

Shirley Kennedy RN, President

THE OCNIG EXECUTIVE

Shirley Kennedy
President

Evelyn Wilson
Past President

Christine Bintakies
Finance and Membership ENO

Ian Clarke
Provincial MAL

Laurel Fleming
Federal MAL

Maggie Northrup
Youth Justice MAL

Vacant
Communications ENO

Vacant
Policy and Political Action ENO

Vacant
Community Forensics MAL

Vacant
Associate MAL, Nursing Student

"Transforming Ontario's Correctional Services: Starting, But Not Stopping, With Segregation"

With a segregation review underway by the Ministry of Community Safety and Correctional Services (MCSCS), RNAO is speaking out against segregation and its harmful impact on individuals. According to experts, segregation -- the physical isolation of individuals confined to their cells for 22 to 24 hours per day -- can have long-term effects on individuals including depression, confusion, phobias, impaired memory and personality changes. It may also increase the risk of self-harm and suicide.

The Ontario Correctional Nurses' Interest Group was pleased to join RNAO and the Mental Health Nurses' Interest Group to participate in this consultation. RNAO has responded to the MCSCS with a list of recommendations that include:

- abolishing indefinite segregation;
- increasing the capacity of current primary care, mental health and other required health services, including consideration of transitioning governance of health services from the Ministry of Community Safety and Correctional Services to the Ministry of Health and Long-Term Care;
- strengthening recruitment and retention of the correctional nursing workforce by addressing compensation disparities with other sectors; and
- creating a comprehensive mental health strategy for correctional services that provincial facilities must comply with.

The full submission including all recommendations can be found on line at : http://rnao.ca/sites/rnao-ca/files/RNAO_submission_MCSCS_segregation_Feb_22_2016.pdf



ONTARIO
CORRECTIONAL NURSES'
Interest Group

Annual General Meeting

SATURDAY MAY 7, 2016

8:30AM - 12:30PM

HILTON HOTEL, 145 RICHMOND STREET, TORONTO



AGENDA

Breakfast (no cost to members)

Greetings and Introductions

OCNIG Annual Report of the Executive Committee

Greetings from the Ministry of Community Safety and Correctional Services; Linda Ogilvie RN, Manager, Corporate Health (To Be Confirmed)

Work of the Prison Health Program Committee; Dr. Fiona Kouyoumdjian and Dr. Peg Robinson

Compassionate Fatigue; Romney Pierog RN

Networking Session



TO REGISTER:

Login to MyRNAO, register for RNAO's Annual General Meeting and choose the OCNIG Meeting under Saturday's options.

PRE-REGISTRATION IS NEEDED TO ENSURE WE HAVE ENOUGH FOOD AND MEETING SPACE.

Correctional Nurse Dilemma: Compassion or Cynicism

By Lorry Schoenly RN PhD

“Compassion becomes real when we recognize our shared humanity” – Pema Chodron

One of the many advantages of working behind bars is the amazingly appreciative patient population. Not only are our patients delighted with our services, but they only access health care when absolutely necessary. This is because, as a rule, correctional patients avoid drugs and have healthy lifestyles. Oh, that this were true! Unfortunately, the correctional patient population, instead, can be unappreciative, have extremely unhealthy lifestyles, and difficult personalities.

Regrettably, cynicism has a way of creeping into our minds and hearts as we spend time in the specialty. Let's face it, our patients want something from us; and it is not always based on a health need. There are several logical reasons for this.

Looking for Some Comfort

Our patients live in an exceedingly controlled environment that is not arranged for their comfort. Seeking comfort and ease is a very human pursuit that is not peculiar to prisoners. Whether a favorite



easy chair, a contoured pillow, or organic gala apples; we organize our lives to be comfortable and accommodating to our desires. Our patients are not different in that respect.

However, many of our patients have spent much of their lives controlling their environment through manipulation and deceit. They bring this poison with them into healthcare transactions. So, it is reasonable to be skeptical about patient requests, as special treatment can bring:

1. **Status in the prison culture:** special food, special shoes, or desired medi-

cations for barter or trade.

2. **Safety:** An inmate may wish to be in special housing or in the infirmary to avoid being hassled or threatened in the general population.
3. **A Way Out:** An outside trip to a specialist or the hospital can provide a break from the stress and monotony of incarceration.

Objectively Caring

The challenge, then, is to remain objectively caring in our patient interactions.

- ◆ This means really listening to the patient's symptoms, making objective assessments, and documenting fully.
- ◆ Because many in our patient population can use healthcare as a tool for other gain, we may need to seek out corroborating evidence to confirm their symptoms.
- ◆ But most importantly, we need to keep from making assumptions about the patient's situation.

Why should we avoid developing a jaded and cynical attitude toward our patients? One reason is because the consequences are so high. Missing a real diagnosis, by routinely dismissing patient complaints as 'faking it' or 'manipulation' can be a career stopper. Just as important is the corrosive nature of cynicism when we forfeit our professional values in this way.

Just Like Me

Considering our shared humanity can encourage compassion for our difficult patient population. When dealing with a trying patient, consider these statements*:

- ◆ Just like me, this person is seeking happiness in his/her life.
- ◆ Just like me, this person is trying to avoid suffering in his/her life.
- ◆ Just like me, this person has known sadness, loneliness and despair.
- ◆ Just like me, this person is seeking to fill his/her needs.
- ◆ Just like me, this person is learning about life.

Yes, there are numerous ways in which our patients are not like us. Many have not had the advantages of family and safety. Many were not born into a life situation with the resources or support to finish school or attend college. Some have made poor choices and continue to make them. Yet, in fundamental ways we have much in common. Remembering this commonality can help keep your correctional nursing practice compassionate, rather than cynical.

BUDGET TALKS

In January, while the province was formulating a new budget for 2016/17, OCNIG took advantage of the opportunity to make a submission to “talks.Ontario”, a public forum for sharing budget ideas. OCNIG’s submission titled “Healthcare Improvement in Provincial Correctional Facilities” advocated for increased funding to support prison healthcare as an important priority for Ontario’s next budget.



Addressing the issues of staffing complements, heavy workloads, limited control over practice and scope of practice, limited resources and challenging workplace relationships can result in improved patient care, but all of that requires a financial investment in our health care units. OCNIG’s submission spoke to the need for clients to have better access to treatment for Hepatitis C, treatment programs for substance use disorders in all facilities and the need

to increase funding for housing specific to the needs of individuals with mental illness. We know that not every idea can be realized in an annual budget but we believe that every nursing voice matters and we shared ours in hopes of securing additional funding to support the healthcare of those incarcerated in Ontario provincial correctional facilities.

STAY INFORMED WITH FACEBOOK!

OCNIG regularly communicates with members through Facebook posts. In the past quarter, OCNIG has posted several updates and the following articles:

- Attention All RAO Members Working in Correctional facilities;
- Correctional Workers’ Union reaches deal with province;
- Zika Virus: What You Need to Know;
- Ontario’s correctional services must change;
- Wound Care Institute—Bridging the Gap;
- Panel recommends FDA approve implant to treat opiate addiction;
- Prison needle programs touted to reduce HIV and Hep C;
- Nurses visit Queen’s Park to discuss health system improvements;
- Babies need their mothers, even when mom’s in jail;
- Ontario human rights chief calls for end to prison solitary confinement;
- What Can One Person DO? Ask Lillian Wald and Dorthea Dix;
- Ottawa jail criticized for ‘shocking’ use of solitary confinement; and
- Gabapentin New Drug of Abuse?
- Naloxone Prescribed with Every Opioid?
- Transforming Ontario’s Correctional Services



Stay apprised of what is happening in correctional nursing! If you have not checked out our Facebook page, please do. We can be found at <https://www.facebook.com/OCNIG>

STRATEGY FOR A SAFER ONTARIO

Far too often we read media reports detailing conflict between police and mentally ill individuals, lawyers advocating for inquests into fatal shootings, recommendations for police dealing with the mentally ill and articles speaking about crisis in mental health. In an endeavour to serve the public better, Toronto has implemented mobile crisis intervention teams. These collaborative partnerships between participating hospitals and police services partner a mental health nurse and a specially trained officer to respond to 911 emergency and police dispatch calls involving individuals experiencing a mental health crisis.

The Ministry of Community Safety and Correctional Services is currently seeking help as they work on a new provincial plan for policing called "Strategy for a Safer Ontario". The Ministry is open to ideas on a range of measures to improve community safety and one of the areas they are seeking feedback on is how to improve interactions between the police and people with mental health and/or addiction challenges. What can nurses do? We can help by sharing our voices; advocating for the population that we serve. Correctional nurses are in a key position to provide feedback to police on how best to work with these individuals. There are a number of ways that you can participate.

You can complete the online survey - open until April 8, 2016 at:

<https://www.ontario.ca/form/police-police-services-and-community-safety-survey?amp%3Bqid=16637844>

You can participate in person at one of the in-person sessions taking place across the province by registering at: <https://www.ontario.ca/form/rsvp-police-police-services-and-community-safety-person-consultations?amp%3Bqid=16637844>

Please take advantage of this opportunity to share your expertise in support of the well-being of the population we serve!



NURSING INSIDE

Dealing with Inmate Food Allergies

By Lorry Schoenly RN PhD

Food allergies can be a real challenge for correctional nurses. It is important to document these allergies during intake screenings and put safeguards in place to avoid allergic reactions behind bars. However, inmates can report food allergies that are really preferences (I'm allergic to bologna sandwiches) or food intolerances (I'm allergic to onions). How can true allergies be sorted out from among the many reported?



I recently interviewed Dr. Jeff Keller, correctional physician from Idaho Falls, ID, about the issue on the [Correctional Nursing Today Radio Show](#). This episode is full of interesting and important information for correctional nurses. I highly recommend you download or live stream the 30 minute program. Here are some important points from my notes of the session:

- There are IgE mediated and non-IgE mediated allergic reactions. The medical concern is with IgE mediated allergies, which involve immune system mast cells that respond violently to contact with the allergen.
- Peanuts make up 85% of food allergies. The remaining 15% are from tree nuts and shellfish. Other food allergies such as fish or strawberries are rare.
- Almost all food allergy deaths happen to teenagers and those in their early 20's.
- Allergic reactions include hives, angioedema and asthma/wheezing.
- Ways to test for true allergy include a food confrontation test and skin prick testing. There is also a fairly inexpensive blood test for IgE circulating levels.
- Epinephrine is the main treatment for a life-threatening food allergic reaction.



Managing Food Allergies Behind Bars

If an inmate is determined to have a peanut allergy, a peanut-free diet is needed. However, precautions do not end here. Cellmate assignment and work detail must also be considered. This inmate may not be able to be housed with other inmates who have peanut products in their possession. For example, peanut butter and peanut butter products such as sandwich crackers may be available in the commissary. A peanut-allergic inmate may not be able to be assigned kitchen duty if peanut products are present. Shellfish and tree nuts are fairly easy to deal with as pecan-crusting shrimp are rarely on the menu. However, peanut butter is an inexpensive protein source in frequent use in corrections.

Preparing for an Allergic Reaction

A coordinated response to food allergies is needed in every facility. Dr. Keller recommended a protocol be developed addressing the actions that custody and medical staff will take to respond to true food allergies.

Besides diet, housing and work detail issues, a coordinated emergency response to a reaction is needed. Epi-Pens are the standard mechanism for emergency treatment of an allergic reaction. Inmates are not able to carry needles on their person so the location and accountability for Epi-Pens should be considered. Housing officers may need to have pens available and know how to use them. Correctional nurses may need to provide information and demonstration of Epi-Pen use. Officers are also likely to be the first responders in an allergy emergency. They need to know the signs of allergic reaction so that they can act quickly to summon assistance and administer epinephrine.

EDUCATIONAL OPPORTUNITIES

LONDON: [Addiction: A Modern Perspective](#) (April 4, 2016)
[Renal Update](#) (April 25, 2016)
[Anxiety & Depression](#) (May 9, 2016)
[Geriatric Gems: Beyond The Basics](#) (May 17, 2016)

OTTAWA: [Addiction: A Modern Perspective](#) (April 5, 2016)
[Renal Update](#) (April 26, 2016)
[Geriatric Gems: Beyond The Basics](#) (May 24, 2016)

TORONTO: [Renal Update](#) (April 18, 2016)
[Anxiety & Depression](#) (May 2, 2016)
[Geriatric Gems: Beyond The Basics](#) (May 16, 2016)



Queen's Park Day 2016

On February 25th OCNIG joined 175 registered nurses and nurse practitioners at Queen's Park to discuss health system improvements. High on the list of priorities was the issue of RN scope of practice in a number of areas. RNAO called for an immediate moratorium on the replacement of registered nurses in hospitals; called for the province to develop a plan that would align population needs with the full scope of practice of all regulated health professionals; and spoke out for independent RN prescribing. Several nurses brought forward the need for an effective carbon pricing system to protect Ontario's environment, the need to expanded the mandate of local health integration networks to include local health system planning, the need for a plan to end chronic homelessness and the need for a national pharmacare program.

During a breakfast meeting with MPP Robert Bailey and MPP Toby Barrett, OCNIG President, Shirley Kennedy, joined Lori Jennings from the Nursing Leadership Network to speak about the dangers of reducing the RN workforce in hospitals and the challenges that creates including the long term impact it has on recruitment and retention of nurses in the province.



In an afternoon meeting, Dr. Eric Hoskins, Minister of Health and Long Term Care, hinted at the possibility of improvement in NP compensation; a hint turned truth when the budget was announced later in the day. Nurses also heard from MPP Jeff Yurek, the PC Health Critic and from NDP MPPs Jagmeet Singh and Cindy Forrester. The day ended when Bonnie Lysyk, the Auditor General of Ontario shared the results of an audit of the Community Care Access Centres (CCACs) in Ontario; a very informative presentation!



THANK YOU FOR MAKING VANIER YOUR CHOICE!

“Thank you for making Vanier your choice” was often the expression Ingrid Ricketts used to end a conversation with a co-worker. She was a great advocate of correctional nursing and extremely supportive of her fellow nurses. Ingrid passed away unexpectedly on February 13, 2016 at the young age of 38 and it is with heavy hearts that we acknowledge our loss.

A valued member of OCNIG, Ingrid began her career as a Registered Nurse in 2001 and joined the correctional nursing team at Vanier Centre for Women (VCW) in Milton, Ontario in 2003. Ingrid spent six years as a general duty nurse before moving into a team lead role in 2009. She was enthusiastic, helpful and dedicated to her work. Ingrid’s colleagues knew her to be cheerful, full of life, quick to smile with an infectious laugh and a joy to work with. She will be deeply missed by the nurses and staff at VCW and by her colleagues throughout the province.



We are going to miss you Ingrid. Thank you for making correctional nursing your choice of profession!

**Feedback regarding the newsletter is always appreciated.
Please share your thoughts at:
ontariocorrectionalnurses@gmail.com**