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ONTARIO CORRECTIONAL NURSES' INTEREST GROUP NEWSLETTER

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A Message from the Co-Chairs

In October OCNIG held a teleconference inviting all members to join in. I wish to express our thanks to all who took time from their busy day to connect with us. Some good things came from that call; a new Communication Executive Network Officer, our Student Liaison, and a Policy and Political Action Officer!

Two consistent questions following the teleconference were: "What can OCNIG do for me?" and "What do I get for my \$30.00 membership fee?" I would like to respond in this forum.

To date we have made strides in improving communications through the planned initiation of a quarterly newsletter which will provide our membership with more timely information.

We are attending universities and colleges to increase nursing student awareness of correctional nursing. We hope this will

help in the recruitment process of your respective employers.

We have increased our collaboration with other RNAO interest groups who have common interests and concerns. This will allow for shared educational opportunities

Over the next 12 months we hope to establish educational initiatives and financial support specific to OCNIG members. We plan to establish cost saving initiatives for new members and conduct a membership drive.

We hope to develop a transition strategy that will strengthen the executive as executive membership transitions from year to year.

We are also working on a strategic plan to ensure the OCNIG objectives reflect what is important to its membership.

With your OCNIG membership and RNAO support we can be more effective in offering you access to tools, education and advocacy; all things that will help you provide optimum health care to individuals in custody.

"We can accomplish more together than we would dream possible accomplishing by ourselves"- Author Unknown



Kudos to Syl App's Nursing Team!

Kinnark Family and Children Services facility, Syl Apps Youth and Treatment Centre (SAYC), is the only facility for adolescents in Canada that is comprised of three secure programs: detention, custody and treatment. The center was accredited as a Children's Mental Health centre in 2003 and has 20 secure treatment beds and 30 beds for secure custody and detention.



Through social marketing, health promotion strategies, and active reminders, SAYC nurses realized success in initiating timely preventative measures during the 2012-2013 flu season.

For years, Ontario's flu vaccination initiative has been at the forefront of primary disease prevention. With recent pandemics (i.e. H1N1, swine flu,

etc.), the Ministry of Health and Long Term Care (MOHLTC) has made efforts to make flu vaccination more accessible to the population of Ontario. As reported by MOHLTC, "influenza activity continues to increase in many areas of the province, however has declined slightly in some areas" (2013).

In December, 2012, a letter to SAYC from the Medical Officer of Health, indicated an up-swing in cases of influenza in Halton Region. The success of a mass flu immunization strategy in Ontario depended on education and immunization of the population.

At SAYC, nurses recognized the many risk factors for

their young clients such as:

1. Challenges and limitations in accessing appropriate health services due to stigma surrounding mental illness and their residency in corrections;
2. Limited access to health education and service availability; and
3. The health risk associated with confined living quarters for clients.

Within a few days of being noti-

fied of the influenza outbreaks by Halton Public Health, the SAYC nurses organized a flu vaccination clinic to be held for their clients. The nurses provided awareness training to assist clients in making informed decisions concerning their health. As a result, many clients of SAYC were vaccinated.

Through streamlined communication, interdisciplinary collaboration, and an action plan for advocacy, the SAYC nurses were able to mobilize the system to meet the needs of these high-risk clients, resulting in no flu outbreak at SAYC during the 2012-2013 flu season.

For information that can help you help your clients make an informed decision about the flu vaccine, visit the MOHLTC website at:

www.health.gov.on.ca/en/pro/programs/publichealth/flu/

Member Voices



In future publications we hope to share our members' voices! Working in the field of correctional nursing often leads to feelings of isolation and disconnection from nursing in general. We hope you will share your stories, your challenges, your successes along with your vision for our interest group!

Please forward your comments to us by email at:
ontariocorrectionalnurses@gmail.com

Krokodil: the New Street Drug

Niagara Regional Police have recently reported two cases of a new street drug in the Niagara area. Desomorphine, known on the street as 'Krokodil' is an extremely addictive injectable opioid. The drug is also known as "Walking Dead" "Krok" and "Zombie Drug".

Krokodil is made with a combination of household chemicals – iodine, gasoline, red phosphorus, lighter fluid and paint thinner. It is mixed with codeine, either in the form of pills or syrup. Then it's usually injected immediately and without any purification, according to the [New York State Office of Alcoholism and Substance Abuse Services](#).

Krokodil is a cheap heroin substi-

tute that can be easily cooked at home and reports say it's highly addictive and short-lasting.

It was given the name Krokodil because using it causes scaly-crocodile-like skin around the injection site. Krokodil is a neurotoxin that can cause damage to the brain and internal organs and can produce severe tissue damage that in some cases has resulted in limb amputation.

Krokodil is a cheaper alternative to heroin at a street price of about \$6 to \$8 per injection. Intravenous drug users take it for its sedative and analgesic effects and

some recent users have reported they thought they were buying and using heroin until noticeable sores started to develop on their body.

It was given the name Krokodil because using it causes scaly-crocodile-like skin around the injection site.

References:

<http://www.bulletnewsniagara.ca/2013/11/14/police-new-dangerous-street-drug-called-krokodil-appearing-in-niagara/>

<http://globalnews.ca/news/982556/krokodil-a-flesh-eating-street-drug-is-in-canada-reports-suggest/>

Nursing Education Opportunities

Opioid Webinar Series

On October 24, 2013 RNAO initiated a free, informative webinar series with the first offering: "Opioids 101: Laying the Foundation". The series continues with the following sessions planned:

- *December 11, 2013 (11:00 a.m.– 12:00 p.m.)* Pregnancy and Substance Involved Clients;
- *January 15, 2014 (11:00 a.m.– 12:00 p.m.)* First Nations/Aboriginal Youth and Opioids; and
- *February 5, 2014 (11:00 a.m.– 12:00 p.m.)* Mental Health, Addictions & Practice Standards

This webinar series is for nurses and other primary care professionals who are working with clients with substance use issues. The objectives of the webinar series are to:

- Increase knowledge about substance use disorders and opioids;
- Decrease the stigma of individuals who are addicted to opioids; and
- Understand the use of opioids among different populations.

Registration details for each webinar will be posted on the following link:

www.intnsa.org/events

Nurses can play a significant role and make a significant difference when it comes to supporting clients with addictions.



RNAO ADDICTIONS E-LEARNING SERIES

When it comes to supporting clients with addictions, nurses can play a significant role and make a significant difference in their care. Use RNAO's e-Learning tool to broaden your understanding of the different factors that affect clients with addictions, so you can better sup-

port these clients.

Register to learn how you can make a difference, use harm reduction principles in your nursing practice and better support patients on methadone maintenance treatment.

The eLearning tool is divided into topic-based modules that can be completed at your own pace. You can log back in

at any time to continue modules you've begun or to start new ones.

Upon successful completion of the eLearning tool modules you will receive an official certificate from RNAO.

And best of all, the course is free! Follow the prompts at this link to register:

<http://addictions.rnao.ca/login.php>

NURSING INSIDE

Oh, the Pain!

Arthritis Management Behind Bars

Arthritis is one of the top five chronic conditions found among our patient population. Yet managing this debilitating condition is difficult in a secure setting. Our patients have limited access to therapeutic modalities and limited control over their daily activities. They are usually expected to walk on concrete floors and sleep on thin mattresses. Housing units stack bunk beds and have stairs-only access to upper tiers. Mobility aids such as canes or wheelchairs may be banned as potential weapons. Yet, with creativity, correctional nurses can develop a plan of care that can maximize patient functionality and minimize arthritis discomfort, even in this challenging environment. Here are some ideas for how to help your patients manage their arthritis while they are 'inside'.

Know the Deal

Healthcare literacy in our patient population is low. There is always room for patient teaching at every patient encounter. Start with the basics of what arthritis is and common principles for reducing pain, protecting current functionality, and increasing mobility. Obesity is an issue for all patient groups so understanding how to maintain a healthy weight on a prison diet is an important teaching plan component. Speaking of diet, if possible, encourage intake of the following nutrients to maximize joint health: Calcium, Vitamin D, Phosphorus, Protein, Zinc. Relaxation and stress reduction also contribute to patient comfort and functionality. What is available at your facility that can be recommended to arthritic patients? Seek out information about all inmate training programs. Some systems have the luxury of yoga classes or art therapy programs. Others must rely on printed sheets of deep breathing exercises. You may be surprised at what is available at your facility. Once you create a list of stress reduction options, work out a specific plan for your patient. Encourage and support ongoing use of the

plan at each healthcare visit. Look for ways to overcome barriers to participation.

Take Control

Pain control is a primary factor in arthritis management. Besides increasing comfort and well-being, manageable pain levels improve mobility and functionality. Work with physician colleagues to develop a pain control plan that includes both prescriptive and OTC remedies. Explore commissary options and consider expanding the commissary list, if needed, to include low-dose acetaminophen and ibuprofen. Be sure to monitor the combined effects of prescription and non-prescription medications to reduce the chances for overdose liver and/or kidney damage. Non-prescription topical treatments such as capsaicin cream, BenGay ©, or Tiger Balm© can provide local relief to a painful joint.

There are also non-pharmacologic pain management options that nurses can initiate. Collaboration with custody may allow incorporation into the security environment.

Weight and nutritional management, discussed above, can have a significant effect on joint pain.

Hot and cold therapy should not be overlooked. Hot water or ice can be difficult items to obtain, but seek out the options.

A wet towel warmed (carefully) in a unit's microwave can serve as a heating pad....and don't under-estimate the effect of a hot (or even warm) shower.

Creating a mild morning stretching routine can also help reduce the effect of morning stiffness. There are many simple stretch routines available on the internet such as: <http://www.arthritisselfmanagement.com/health/exercise-and-physical-therapy/stretchches>

Maximize Function

Having arthritis pain at manageable levels helps encourage the activities needed to maximize functionality. Collaborate with

correctional colleagues to initiate these ideas at your facility.

Besides stretching, non-weight bearing exercise such as a stationary bike or mild weight-bearing exercise such as walking should be encouraged.

Create a specific exercise plan with the patient based on their security and housing status.

Even in-cell exercises such as in-place walking and stretching can be helpful if the patient is in a segregated status.

Determine what assistive devices are allowable in your facility.

Restrictions vary widely. A physical therapy consult can result in cane, walker, or splinting devices to assist with functionality.

Managing arthritis in a secure setting requires a creative and resourceful nursing

practice. It may, at first, seem impossible to initiate therapies that are common-place in traditional practice settings. However, you probably have unknown resources at your disposal and you may be able to advocate for environmental modifications that will improve therapeutic options.

Article courtesy of Lorry Schoenly as posted on CorrectionalNurse.net

Managing arthritis in a secure setting requires a creative and resourceful nursing practice.



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

- Collaborate 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; and
- Continued professional development through education and advocacy.



Calendar of Upcoming Events

December 4, 2013

RNAO Best Practice Champions Workshop-Addiction Specific (Thunder Bay)

December 4, 2013

CNO Teleconference - Delegation: New requirements for nurses. To register for the teleconference go to: <http://www.cno.org/en/learn-about-standards-guidelines/educational-tools/teleconferences/>

December 5, 2013

Deadline for nominations for CNO Council elections in the Eastern, Northeastern or Northwestern electoral districts. Learn more about nominations, elections and the role of Council at: <http://www.cno.org/en/what-is-cno/councils-and-committees/elections-appointments/elections/council-election-nominations/>

This is an excellent opportunity for correctional nurses to bring the correctional nursing perspective to CNO!

December 31, 2013

Deadline for renewal of CNO registration! (<http://www.cno.org/en/maintain-your-membership/>)

February 27, 2014

Queen's Park Day

March 2-7, 2014

Minding the Gap - Best Practices in Wound Care Institute in Niagara Falls. To register go to: <http://rnao.ca/events/best-practices-wound-care-institute-minding-gap-0>

May 2, 2014

RNAO Annual General Meeting (AGM)



HOLIDAY GREETINGS FROM THE OCNIG EXECUTIVE

With the holiday season fast approaching, we would like to take this opportunity to express our appreciation to our membership for your support and involvement over the past year!

From the OCNIG executive team, we wish you and your families Happy Holidays and a Happy, Healthy New Year!