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COMMISSIONER'S DIRECTIVE 800		In Effect: 2015-04-27 Last Review: 2011-04-18 Due for Review: 2017-04-27
Health Services		
PROGRAM ALIGNMENT	Custody, Community Supervision	
OFFICE(S) OF PRIMARY INTEREST	Health Services Sector	
ONLINE @	<ul style="list-style-type: none"> • http://infonet/cds/cds/800-cd-eng.pdf • http://infonet/cds/cds/800-cd-fra.pdf • http://www.csc-scc.gc.ca/text/plcy/cdshtm/800-cde-eng.shtml • http://www.csc-scc.gc.ca/text/plcy/cdshtm/800-cde-fra.shtml 	
AUTHORITIES	<ul style="list-style-type: none"> • Corrections and Conditional Release Act (CCRA), sections 3, 3.1, 4, 36, 69, 70 and 85-89 • Corrections and Conditional Release Regulations (CCRR), section 83.1 • Controlled Drugs and Substances Act 	
PURPOSE	<ul style="list-style-type: none"> • To provide offenders with efficient, effective health services that encourage individual responsibility, promote healthy reintegration and contribute to safe communities 	
APPLICATION	Applies to all staff, as relevant	
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RESPONSIBILITIES

1. The Assistant Commissioner, Health Services, and/or Health Services Directors General are authorized to establish direction that must be adhered to by all health care professionals and other applicable staff, as outlined in [Annex B](#).
2. The Regional Director, Health Services, will ensure:
 - a. the provision of [health services](#) to offenders in Correctional Service of Canada (CSC) institutions and in the community, in accordance with relevant legislation, professionally accepted standards, CSC policies and practice directives
 - b. implementation of procedures to monitor and evaluate the quality and timeliness of health services and in a manner that promotes patient safety and quality improvement.
3. The Institutional Head will ensure that:
 - a. appropriate space is available for the provision of confidential health services
 - b. a process is in place to allow offenders to submit in confidence a request for health services and to facilitate access to these services
 - c. a process is in place for the ordering, handling and/or distribution of over-the-counter drugs available through the inmate canteen or those that must be ordered through the inmate purchasing process

- d. the relevant health services chief(s) are included in management discussions and decisions to ensure the consideration of health services issues
 - e. a process is in place for non-health care professionals to provide access to medication that cannot be issued to inmates for self-administration when no health care professional is on site, in accordance with CSC's [Medication Distribution and Administration Guidelines](#)
 - f. approved infection control and harm reduction items (such as non-lubricated, non-spermicidal latex condoms, water-based lubricants, individually packaged dental dams and bleach) are purchased and provided. These items will be discreetly accessible to inmates at a minimum of three locations in CSC institutions, as well as in all private family visiting units, so that no inmate is required to make a request to a staff member
 - g. cells are available to meet the health care needs of inmates, as determined by a health care professional. An inmate in an observation cell for health care reasons, however, will not be considered to have an administrative segregation status if the only reason for placement in administrative segregation is by virtue of where the cell is located.
4. The District Director will ensure that:
- a. appropriate space is available for the provision of confidential health services
 - b. in Community Correctional Centres, that narcotics and controlled drugs are stored in a CSC-approved safe in a secure area
 - c. access to medications is provided in accordance with [CD 714 – Community Correctional Centre Standards](#).
5. The Manager, Clinical Services, and/or the Manager, Institutional Mental Health, will ensure that processes are in place for:
- a. informing the Institutional Head of the type of accommodation an offender requires, as determined by a health care professional
 - b. the sharing of risk-related health information with relevant operations staff, particularly if there is a likelihood for significant impairment in the offender's functioning within the institution, and/or impact successful reintegration
 - c. the facilitation of [interdisciplinary health team](#) meetings, as required, in collaboration with the Institutional Head.

6. The Manager, Clinical Services, will ensure that processes are in place for:
 - a. the storing of narcotics and controlled drugs in a CSC approved safe in the medication room
 - b. the review and annual signature of medical directives by the Physician, and the keeping of originals in an administrative file
 - c. discharge planning for offenders with complex health needs
 - d. the delegation of medical acts to health care professionals, consistent with the standards of regulatory bodies of the province or territory of practice.
7. The Manager, Institutional Mental Health, will ensure the provision of comprehensive mental health services to support rehabilitation and successful reintegration.
8. The Manager, Institutional Mental Health, and/or Chief Psychologist (community) will ensure processes are in place for the completion of psychological risk assessments, in accordance with relevant policies.
9. The Manager, Community Mental Health, will ensure the provision of:
 - a. clinical discharge planning for offenders with major mental disorders or moderate to severe impairment from mental disorders in order to assist in their release planning and transition to the community
 - b. mental health services at select sites in the community to support rehabilitation and successful reintegration, including psychological services pursuant to Parole Board of Canada conditions.
10. Health care professionals, including those providing services under contract, will:
 - a. provide health services to offenders consistent with relevant provincial/territorial and federal legislation, the provincial/territorial regulatory body's professional practice standards, as well as CSC policies and practice directives
 - b. ensure health services are sensitive to the needs of Aboriginal and women offenders, and offenders with special needs. To the extent possible and with the offender's prior consent, health professionals providing services to Aboriginal offenders will consult with Elders to gain an Aboriginal perspective on the impact of the offender's social history in order to deliver culturally relevant health services

- c. provide emergency first aid and cardiopulmonary resuscitation (CPR), according to their certification, to visitors, children who are participating in the Mother-Child Program and staff until external emergency services are available.
11. All institutional staff/contractors (including those in Community Correctional Centres) will:
- a. inform a health care professional of the condition of any offender who appears to have a physical or mental health concern, whether or not the offender identifies a health concern
 - b. relay an offender's request for health services to a health care professional in a timely manner.
12. Should an offender appear to require immediate medical attention, institutional staff/contractors' response will be consistent with that of a [medical emergency](#) and in accordance with [GL 800-4 – Response to Medical Emergencies](#).

PROCEDURES

Health Service Delivery

13. Health services will be provided by:
- a. health care professionals who operate within their scope of practice and competence, registered or licensed for practice in Canada and preferably in the province of practice. The Chief Psychologist, however, must always be registered in the province of practice
 - b. non-registered and/or unregulated health care providers in collaboration with, and as assigned by, a registered or licensed health care professional
 - c. unlicensed mental health care providers under the supervision of a licensed mental health professional.
14. Health services will be available to offenders through:
- a. CSC Health Services, or
 - b. access to external community services.

Reception

15. Upon admission to federal custody, offenders will be offered an assessment of their health care needs, in accordance with applicable policies as outlined in Annexes A and B.

16. Medications found in offenders' personal property at admission must be sent to the Regional Pharmacy for disposal.

Medical Emergency Situations

17. All staff and contractors (including non-health) will respond to [medical emergencies](#). The primary goal is the preservation of life while ensuring the personal safety of staff and other individuals. Once on the scene, the health care professional or the ambulance service assumes responsibility for the medical response, as appropriate.

18. For medical emergency situations where the offender is not able to provide consent to treatment, Guidelines on Consent to Health Service Assessment, Treatment and Release of Information will be followed.

Involuntary Admission and Treatment

19. Involuntary admission to a CSC Regional Treatment Centre for mental health needs, and involuntary treatment in either a Regional Treatment Centre or CSC mainstream institution, will be in accordance with relevant federal and provincial/territorial legislation and Guidelines on Consent to Health Service Assessment, Treatment and Release of Information.

Pregnant Offenders

20. For pregnant offenders, Health Services will ensure arrangements for childbirth are made at an outside hospital.

ENQUIRIES

21. Strategic Policy Division
National Headquarters
Email: Gen-NHQPolicy-Politi@csc-scc.gc.ca

Commissioner,

Original signed by:
Don Head

ANNEX A

CROSS-REFERENCES AND DEFINITIONS

CROSS-REFERENCES

[ISD 318-7 – Environmental Management of Waste](#)

[CD 566-12 – Personal Property of Offenders](#)

[CD 567-1 – Use of Force](#)

[CD 567-3 – Use of Restraint Equipment for Security Purposes](#)

[CD 567-4 – Use of Chemical and Inflammatory Agents](#)

[CD 700 – Correctional Interventions](#)

[CD 701 – Information Sharing](#)

[CD 705-3 – Immediate Needs Identification and Admission Interviews](#)

[CD 705-5 – Supplementary Intake Assessments](#)

[CD 708 – Special Handling Unit](#)

[CD 709 – Administrative Segregation](#)

[CD 710-2 – Transfer of Inmates](#)

[GL 710-2-3 – Inmate Transfer Processes](#)

[CD 710-6 - Review of Inmate Security Classification](#)

[CD 712 – Case Preparation and Pre-Release Framework](#)

[CD 712-1 – Pre-Release Decision Making](#)

[CD 712-2 - Detention](#)

[CD 712-4 – Release Process](#)

[CD 714 – Community Correctional Centre Standards](#)

[CD 715-1 – Community Supervision](#)

[CD 715-2 – Post-Release Decision Process](#)

[CD 843 – Management of Inmate Self-Injurious and Suicidal Behaviour](#)

[CD 860 – Offender’s Money](#) and [Policy Bulletin 199](#) (2005-12-23) “Clarification regarding the purchase of dietary supplements and alternate therapies”

[CD 890 – Inmate Owned Canteens](#)

DEFINITIONS

Health services: physical and mental health services, which include health promotion, disease prevention, health maintenance, patient education, diagnosis and treatment of illnesses, in accordance with the [National Essential Health Services Framework](#).

Interdisciplinary Health Team (IHT): a team chaired by the Chief Psychologist or Chief, Health Services, or delegate, with team members that may include health care professionals (physical or mental health), Parole Officers, Correctional Managers, Elders, and ad hoc members as required. The IHT discusses current clinical, operational and case management issues/concerns, short-term/long-term goals, and the roles and responsibilities of all staff intervening with the offender, in order to respond effectively, as well as provide advice and support to the offender.

Medical emergency: an injury or condition that poses an immediate threat to a person's health or life which requires medical intervention.

National Essential Health Services Framework: a structure that clarifies and defines essential health services in the areas of clinical services, mental health and public health as per the CCRA requirement to “provide every inmate with essential health care and reasonable access to non essential mental health care”.

ANNEX B**PRACTICE DIRECTIVES**

It is mandatory that the following practice directives (e.g. tools, user guides, manuals, guidelines, frameworks, etc.) be adhered to by all health care professionals and other staff, as applicable.

[GL 800-1 – Hunger Strike: Managing an Inmate's Health](#)

[GL 800-2 – Physical Restraints for Medical Purposes](#)

[GL 800-3 – Consent to Health Service Assessment, Treatment and Release of Information](#)

[GL 800-4 – Response to Medical Emergencies](#)

[GL 800-5 – Gender Dysphoria](#)

[GL 800-6 – Bleach Distribution](#)

[GL 800-7 – Cleaning Blood and/or Other Body Fluid Spills](#)

[GL 800-8 – Post-Exposure Prophylaxis Protocol for Managing Significant Exposure to Blood and/or Other Body Fluids](#)

[Adverse Events Guidelines](#)

[CSC National Formulary](#)

[Discharge Planning and Transfer Guidelines](#)

[Documentation for Health Services Professionals](#)

[Emergency Drug Box User's Guide](#)

[Emergency Medical Directives User's Guide](#)

[Guidelines for Sharing Personal Health Information](#)

[High Alert Medications Guidelines](#)

[Hospice Palliative Care Guidelines for Correctional Service Canada](#)

[Infection Prevention and Control Guidelines](#)

[Medication Distribution and Administration Guidelines](#)

[Medication Reconciliation Guidelines](#)

[National Essential Health Services Framework](#)

[Pandemic Influenza – A Guiding Framework for Health Services in the Correctional Service of Canada](#)

[Regional Pharmacy Services – Operations and Standards Manual](#)

[Safe Handling, Packaging, Transport and Storage of Hazardous Drugs](#)

[Specific Guidelines for the Treatment of Opiate Dependence \(Methadone/Suboxone®\)](#)

[Vaccine/Refrigerated Medication Storage and Handling Guidelines](#)

The following are under review, with the objective of integration and/or streamlining:

[Adapted Calgary Interagency Pain Assessment Tool](#)

[Community Mental Health Service Delivery Guidelines](#)

[Computerized Mental Health Intake Screening System National Guidelines](#)

[Health Care Requirements on Reception and Transfer](#)

[Institutional Mental Health Services Guidelines](#)

[Management of Viral Hepatitis Guidelines](#)

[Medical Device Maintenance Program](#)

[Psychological Services Manual](#)

[Regional Pharmacy/Institutional Medication Storage Areas Self-Audit Process](#)

[Regional Treatment Centre Guidelines](#)

- Assessment, Treatment Planning, and Progress Monitoring Guidelines
- Compilation of RTC Standardized Guidelines
- Mental Health Need Scale and Associated Guidelines
- Regional Treatment Centre Standardized Discharge Guidelines
- Treatment Centre Admission and Discharge Guidelines

[Sexually Transmitted Infections Guidelines](#)

[Tuberculosis Prevention and Control Guidelines for Federal Correctional Institutions](#)

[Use of Medication Delivery Devices – User Guide](#)