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Correctional Service
Canada

Service correctionnel
Canada

Standards
for
Health
Care

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Preface

The Standards for Health Care have been developed as one of the initiatives of the Health Care Review. Senior Management Committee gave final approval to the recommendations of the Health Care Review in June 1988.

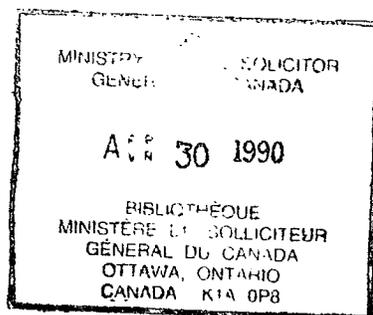
These Principles and Standards for Health Care have been developed to clarify, for all Correctional Service of Canada staff dealing with the welfare of offenders, including Health Care staff, their responsibilities in delivering services to offenders. It is essential that services be provided to offenders in a manner consistent with the attitudes and objectives in the Mission Statement and Core Values promulgated by the Correctional Service of Canada. The Mission Statement supports the current emphasis in Health Services on a more proactive approach to the provision of integrated and holistic health care services to offenders.

The purpose of the Principles and Standards, which are complementary to the Commissioner's Directives, is to delineate for staff the precise expectations of the Correctional Service of Canada regarding the methods of delivering services which will provide offenders with an integrated, comprehensive and nationally consistent health service.

The standards are a reflection of the commonly accepted practice in the community and must be subject to periodic review to ensure that they are current and relevant. A mechanism will be put in place, by the Health Care Branch, to ensure this review.

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Legislative Mandate

The Penitentiary Services Regulations state that:

12. The reception procedure shall include an investigation into the medical, psychological, social, educational and vocational condition and history of the inmate, and the motivation for his offence.

16. Every inmate shall be provided, in accordance with directives, with the essential medical and dental care that he requires;

20.(2) the Commissioner shall, so far as practicable, make available to each inmate who is capable of benefitting therefrom, academic or vocational training, instructive and productive work, religious and recreational activities, and psychiatric, psychological and social counselling.

Correctional Service of Canada Mission Statement

The Correctional Service of Canada (CSC), as part of the criminal justice system, contributes to the protection of society by actively encouraging and assisting offenders to become law-abiding citizens, while exercising reasonable, safe, secure and humane control.

Objective of Health Services

Although the offender has the primary responsibility for his/her own health status, CSC is responsible for ensuring appropriate, equitable and adequate access to professional physical and mental health services. These services contribute to the offenders' adjustment within the institution and assist them to become law-abiding citizens by:

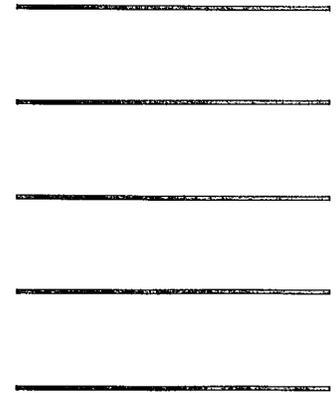
- 1) identifying through assessment/diagnostic services the needs of individual offenders and special categories of offenders amenable to assistance from health services;
- 2) providing services and continuity of care for offenders suffering from physical, psychiatric, emotional, social or behavioral difficulties, at standards of professional quality consistent with those governing the provision of services to the Canadian public in general; and
- 3) providing advice or guidance as subject matter experts for the purpose of strengthening an overall, integrated CSC physical and mental health service.

Principles Governing the Delivery of Health Services by the Correctional Service of Canada

In order to ensure an integrated, comprehensive service from the admission of an offender until his or her release, the following principles are essential to the organization and delivery of health services:

1. A multi-disciplinary approach to the provision of care to the offender throughout his sentence shall be implemented;
2. The offender retains the primary responsibility for maintaining and improving his/her health status, notwithstanding the constraints inherent to the correctional environment;
3. The offender is entitled to reasonable access to the full range of health services, including prevention, treatment and rehabilitation, in accordance with generally accepted community standards;
4. Health service delivery shall be appropriate to the offender's age, sex and condition and shall respect the individual's religious or cultural values;
5. The offender, who is of sound mind, has the right to refuse health treatment or advice except where otherwise provided by law. The health professional is obligated to provide the necessary information to enable the offender to make an informed decision;
6. The offender has the right to have medical information dealt with in a confidential manner. Standards of confidentiality shall be consistent with professional standards, Commissioner's Directives, the Privacy Act and other federal legislation;
7. Current professional standards promote the obtaining of a second opinion where there is a margin of doubt. CSC shall provide this service upon the request of the physician. However, second opinions initiated by the offender may be permitted at the offender's own expense;
8. The health delivery system within CSC must meet the requirements of existing federal laws and applicable provincial legislation;

9. The health delivery system shall be based on the community health model, with a focus on the health of the prison community as a whole, by intervention at the individual and group level. The curative and preventive services offered shall be coordinated to encourage continuity of care for the duration of the sentence;
10. The health services shall be provided by health professionals/practitioners currently registered/licensed (or eligible for registration/licensing) in Canada and preferably in the province of practice;
11. The range and level of health services available to offenders shall be established in policy and audited on a regular basis; and
12. All research undertaken shall be approved by a research review committee charged with the responsibility to ensure that ethical standards, proper design and supervision are met, and that the full voluntary and informed written consent of the participant is obtained.



Health Standards

General

Health agencies throughout North America have been, and continue to be, concerned with finding the best method of evaluating health services and/or programs. It is generally accepted that standards are required in order to carry out evaluation in the health field.

Medical Services Branch of Health and Welfare Canada is currently engaged in developing national program standards which would enable health professionals, internal or external to the program, to ascertain the level and quality of services offered.

The discussion of standards prepared for Health and Welfare Canada is relevant to the standards prepared for CSC health services.

“A standard is a desired and achievable level of performance corresponding to a criterion.

The most commonly used classification for standard setting in North America is known as the Donabedian framework. This framework describes three criteria or labels which are relevant to the determination of quantity and quality of care which is or should be offered in a health care delivery system.

These three areas are:

Structure criteria;
Process criteria; and,
Outcome criteria.

Standards should be written to deal with these three areas. Within these three areas, they can deal with programs, e.g. tuberculosis control standards, or with professional disciplines, e.g. nursing standards. Further, standards may be broad and national in scope for use by senior managers or detailed and regional for use by regional program managers.

When applied to regions and communities, the standards may be interpreted differently due to factors peculiar to the region or community; however, these interpretations should not result in any deviation from the intent of the standard.

Outcome Criteria/Standards indicate end results or effects of our programs. They are commonly measured through health status indicators and usually refer to the healthiness of patients and include assessments of client satisfaction with services.

Process Criteria/Standards describe what should be done and how it should be carried out to achieve desired goals and set out the required performance.

Structural Criteria/Standards are resource oriented. That is, they deal with the type and amount of resources (human and other) and supports that are required to deliver specific programs.

It should be noted that all three types of standards should be used in order to properly evaluate health services. For example, low outcome measures (health status) imply that services should be upgraded or increased. However, process measures may be high therefore showing that factors outside the regular medical services program area are the cause of the low status.''¹

The CSC Health Care Standards presented in this document include structure and process standards. The nature of the correctional environment and the multiplicity of factors affecting offender behaviour make it difficult to develop health service outcome standards related to client physical or mental health status. Further study of this area is required.

Consideration has been given to the World Health Organization definition of health and the *Standard Minimum Rules for the Treatment of Prisoners* of the United Nations in the development of the standards that follow.

The following Program Components will list the standards for the delivery of Health Care Services to offenders within CSC. These standards must be considered when programs are being developed and delivered.

¹Schnob, Daniel J., *Medical Services Branch National Program Standards* (Internal H & W Canada document) – January 1987.

Standard 101:
Informed Consent and the Right of Refusal

Informed consent of a mentally competent offender shall be obtained before commencing a treatment program and such an offender shall have the right to refuse treatment.

Criteria

The offender shall be provided accurate information on which to base a decision concerning treatment.

Standard 102:
Involuntary Treatment

Involuntary treatment shall be governed by legislative requirements and standards of professional ethics.

Criteria

Involuntary treatment must meet the requirements of the provincial health legislation under which the health facility is designated.

Standard 103:
Confidentiality

Health care records shall be confidential and access controlled by the appropriate senior health professional.

Criteria

- 1) The approval of the author of a report shall be obtained before disclosure, wherever possible.
- 2) Where such approval cannot be obtained, the responsible senior health professional shall consult with a professional peer of the author.

Standard 104:
Consent to Release Information

Informed consent by the inmate is necessary before providing health record information to any third party, unless otherwise provided for by law.

Criteria

- 1) The offender shall be made aware of the content of the report which is requested by a third party.
- 2) A written consent shall be obtained from the offender before information is released.

Standard 105:
Information for Case Managers

Information judged necessary to the case management function shall be communicated by the appropriate health professional, preferably during a case conference.

Criteria

Information regarding conditions affecting correctional management and strategies to ensure consistency of approach shall be added to the case management record.

Standard 106:
Exceptions to Confidentiality

All information obtained in the course of treatment shall be confidential, with the only exceptions being the legal and ethical obligations to respond to a clear and present danger of grave injury to self or others, or with respect to a threat to the security of an institution.

Criteria

- 1) The health professional shall explain the limits of confidentiality.
- 2) The exceptional disclosure of information shall be documented on a protected file.

Standard 107:
Professional Qualifications

As required, health professionals shall be appropriately registered/licensed or be eligible for registration/licensing with a Canadian provincial authority, preferably in the province of practice.

Criteria

Personnel files shall contain documentation to verify current registration/licensing.

Standard 108:
Offender Employment

Offenders shall not provide direct or indirect patient care or be in a position to determine the access of other offenders to health care services.

Standard 109:
Volunteers

There shall be written policies and procedures established for the selection, training and use of volunteers in health care services.

Criteria

- 1) Policies shall state, specifically, the purpose for the use of volunteers and the criteria for selection.
- 2) Training and orientation manuals shall be prepared for each purpose.
- 3) A monitoring system shall be established to evaluate the effectiveness of the program and the individuals serving the program.

Standard 110:
Research

Any research which involves offenders as subjects, shall be approved by a research review committee. This committee shall ensure that all research meets the highest ethical standards and has proper design and supervision. Offender participation shall be contingent upon voluntary and informed written consent.

Criteria

As per Commissioner's Directive – Research 009.

Program Components

200 Accessibility to Health Services *Index*

Standard 201 – Levels of Service

Standard 202 – Therapeutic Treatment Programs

Standard 203 – Access to Services

Standard 204 – Primary Care

Standard 205 – Intermediate Care

Standard 206 – Tertiary Care

Standard 207 – Tertiary Psychiatric Care

Standard 208 – Referrals

Standard 201:
Levels of Service

The Correctional Service of Canada shall ensure the provision of a range of health services for offenders including mental health and general health care. Services shall be available at a primary, intermediate and intensive or tertiary service level.

Criteria

- 1) Primary level of service shall be provided on an ambulatory basis to offenders who remain in general population.
- 2) Intermediate level of service shall be a specialized program delivered in a dedicated living space within a regular institutional setting.
- 3) Intensive/tertiary level of service refers to in-patient beds in a facility designated under mental health legislation or to in-patient beds in a general hospital.

Standard 202:
Therapeutic Treatment Programs

Programs shall be designed and implemented to meet the needs of a significant number of offenders with similar treatment requirements.

Standard 203:
Access to Services

Offenders shall have access to health services on a 24-hour basis.

Criteria

- 1) Clustering of all services, where proximity of institutions allows for cost effective use of it, shall be implemented.
- 2) Where 24-hour nursing coverage is not provided on-site, staff with basic first aid and cardio-pulmonary resuscitation (CPR) training will be on duty.
- 3) Nursing services shall be provided 24 hours per day in institutions where in-patients are cared for (Intermediate level).

Standard 204:
Primary Care

Primary mental health/general health services shall be provided on an ambulatory basis.

Criteria

- 1) Clinic hours will not normally exceed 12 hours per day.
- 2) Assessments and prescribed treatment/tests shall be provided by appointment, during clinic hours.
- 3) Ambulatory services, after clinic hours, shall be provided for first aid or minor emergency services.
- 4) Inmates may be self-referred, or referred by staff to the mental health team. Services provided shall include diagnosis, follow-up and emergency services (see Standard 208).

Standard 205:
Intermediate Care

Arrangements shall exist within each region for the provision of an institutional based intermediate level of health care service. Offenders who are recuperating from surgery, suffering infectious disease or significant physical handicap require in-patient care which provides more nursing service than that available on an ambulatory basis. Chronically mentally ill offenders or those exhibiting some type of behavioural disorder may appropriately be treated in similar specialized units.

Criteria

- 1) Dedicated program space and accommodation shall be provided for those offenders requiring intermediate level health services.
- 2) Where appropriate, general in-patient care shall be provided in the Health Care Centre (see Standard 203, Clustering arrangements).
- 3) Admissions shall be determined by health professionals based on medical need, not for administrative expediency.
- 4) Programs, designed specifically for the identified needs of the offender, shall exist.
- 5) Individual treatment plans shall exist for each offender in the unit.

Standard 206:
Tertiary Care

Offenders shall be transferred to health care facilities, when the condition warrants and as determined by the physician/psychiatrist/psychologist.

Standard 207:
Tertiary Psychiatric Care

There shall be in-patient psychiatric beds providing an intensive level of service available in each region. Such a facility shall be designated under mental health legislation so that involuntary treatment may be provided, when necessary, with proper legal and ethical safeguards.

Criteria

These facilities shall normally maintain accreditation status with the Canadian Council on Hospital Accreditation or other appropriate accrediting body.

Standard 208:
Referrals

Referrals to outside agencies for consultation, treatment and surgery shall be for essential services. Essential services can be categorized as emergency, urgent or non-urgent.

Criteria

The categories shall be defined as:

- 1) **Emergency:** a case where delay will endanger the life of the offender.
- 2) **Urgent:** the condition is likely to deteriorate to an emergency or it is interfering with the offender's ability to carry out his or her activities of daily living.
- 3) **Non-urgent:** the condition is not affecting the offender's activities of daily living now, but may in the future.

Program Components

300 Assessment Services

Index

Standard 301 – Admission Assessment

Standard 302 – Admission Mental Health Assessment

Standard 303 – Routine Assessment

Standard 304 – Physician Services

Standard 305 – Discharge Screening

Standard 301:
Admission Assessment

Assessment of all offenders' health status shall be completed on admission.

Criteria

- 1) All offenders shall have their records reviewed by a nurse within 24 hours of admission to determine major health problems requiring immediate attention.
- 2) All new-to-CSC offenders shall receive an assessment by a nurse, to determine that they are free from obvious infection within two working days after admission.
- 3) A nursing history and physical/mental health assessment of all new-to-CSC offenders shall be carried out by a nurse within 10 days of admission. This assessment will provide a routine fitness for work evaluation.
- 4) An offender who may not be fit for work or who has chronic or current health problems shall be referred to the physician.
- 5) A medical examination, including medical history, examination of all body systems, and inmates' mental state shall be carried out by the physician within 14 days of admission.

Standard 302:
Admission Mental Health Assessment

All newly admitted offenders shall be assessed to identify the presence of a mental disorder. When such a concern is identified, the offender shall be referred to the health service. A comprehensive evaluation shall be conducted by a psychologist or psychiatrist within 14 days.

Criteria

On admission, the offender shall be seen by a nurse and physician for the purpose of a history and physical/mental health assessment. The offender will also be interviewed by the Case Management officer, and other staff, as required.

Standard 303:
Routine Assessment

While incarcerated, all inmates' health concerns shall be addressed.

Criteria

-
- 1) Requests for services shall be reviewed and prioritized by the nurse on receipt of same.
 - 2) Assessment and screening shall be completed by the nurse within five days of request submission.
 - 3) Concerns which cannot be treated by the nurse shall be referred to the appropriate health professional.
 - 4) These concerns shall be prioritized and notification to the physician will be made in accordance with Standard 304.
-

Standard 304:
Physician Services

Access to physician services shall be provided.

Criteria

- 1) Offenders shall be seen within seven days of referral for non-urgent complaints.
- 2) Offenders shall be assessed on the same day of an urgent complaint.
- 3) Offenders shall be seen within three hours for emergencies.

Standard 305:
Discharge Screening

Pre-transfer and pre-release health screening shall be provided.

Criteria

- 1) This health screening shall be carried out by the nurse.
 - 2) Offenders with chronic illnesses or current health problems shall be referred to the physician/psychiatrist/psychologist for examination.
-

Program Components

400 Diagnostic and Treatment Services *Index*

Standard 401 – Program Objectives

Standard 402 – Program Admission Criteria

Standard 403 – Diagnostic Services

Standard 404 – Health Education and Promotion

Standard 405 – Multi-disciplinary Team

Standard 406 – Treatment Plan

Standard 407 – Transfers

Standard 408 – Emergency Services

Standard 409 – Community Mental Health Services

Standard 410 – Post-Release Health Services

Standard 411 – Dental Services

Standard 412 – Optometric Services

Standard 413 – Pharmaceutical Services

Standard 414 – Medication

Standard 415 – Discipline

Standard 401:
Program Objectives

Therapeutic treatment programs shall have specific written objectives to allow evaluation of the program.

Standard 402:
Program Admission Criteria

Therapeutic treatment programs shall have written admission criteria.

Criteria

- 1) The admission criteria and the program objectives should enhance appropriate referral to specialized programs.

Standard 403:
Diagnostic Services

Necessary diagnostic and treatment services shall be made available to all offenders.

Criteria

- 1) Diagnostic/treatment and consultative services shall be ordered by the physician.
- 2) Offenders shall receive consultative services, laboratory tests, x-rays, or other diagnostic tests and treatments as prescribed by the physician.
- 3) Services not available within the institution shall be provided through community resources.

Standard 404:

Health Education and Promotion

Offenders shall have access to health education and promotion programs.

Criteria

- 1) Educational programs shall be provided which meet the identified health needs of specific offender groups.
- 2) Orientation for offenders shall include presentations by health professionals listing available health services and procedures for accessing these services.
- 3) Preventive programs, such as the provision of immunization, shall be made available according to CSC policy, as prescribed by the physician.
- 4) Individualized, written health teaching plans shall be developed for those offenders with acute or chronic health needs.

Standard 405:

Multi-disciplinary Team

Each major institution shall have a multi-disciplinary team, coordinated by the chief, Health Services, to prioritize mental health services.

Criteria

- 1) The team shall be comprised of the psychiatrist, psychologist, a nurse, a case management officer and ad hoc members as appropriate, and will serve as a coordinating body for services to those inmates in need of mental health services.
- 2) Functions of the team include prioritization for mental health services, identifying needs and program requirements, monitoring the implementation of treatment plans, evaluating effectiveness at appropriate intervals (minimum quarterly).
- 3) There shall be close communication between the Treatment Services Team and the Unit Team to provide for effective referrals, treatment and follow-up services.

Standard 406:
Treatment Plan

Each offender undergoing therapeutic intervention by a psychologist/psychiatrist shall have, as part of the health care record, a written treatment plan with regular progress reports. Each offender participating in group therapy shall have a written record of participation and relevant clinical data. Recording should be done expeditiously and must be completed within 30 days.

Standard 407:
Transfers

Offenders who require mental health care beyond the resources available in the facility shall be considered for transfer or committal to a facility where appropriate care is available.

Criteria

- 1) Each case shall be prioritized according to need.
- 2) Offenders requiring emergency tertiary/intensive level of care shall be transferred within seven (7) days.
- 3) Where intermediate care needs have been identified, the offender shall be transferred within ninety (90) days.
- 4) A function of the Treatment Services Team will be to monitor the identification, prioritization and referral process.

Standard 408:
Emergency Services

Every institution shall make provisions for an appropriate response to offenders exhibiting signs of serious mental illness.

Criteria

- 1) Offenders exhibiting signs of serious mental illness shall be placed under close observation of trained correctional staff (see Standard 503).
- 2) Within three(3) hours, such offenders shall be assessed by a health professional who shall ensure appropriate follow-up services are provided.
- 3) A physician and a psychologist shall be on call and able to be consulted at all times.
- 4) There shall be provision for immediate transfer to an appropriate health care facility where deemed necessary.
- 5) Emergency mental health services shall be available on a 24-hour basis.

Standard 409:
Community Mental Health Services

Offenders in the community phase of their sentence shall be made aware of, and given the opportunity to benefit from, mental health services available to other citizens in the community.

Criteria

- 1) Institutional staff shall make community services aware of the identified needs of the offender.
- 2) Community Operations shall have an updated list of community resources.
- 3) Community Operations shall ensure that the identified treatment needs are communicated to the appropriate service resources in the community.
- 4) If the required services are not provided by community resources, CSC will make a reasonable effort to arrange for their provision.

Standard 410:
Post-Release Health Services

Where deemed appropriate and necessary, arrangements shall be made for continuing service to offenders after their release to the termination of CSC's legal responsibility.

Standard 411:
Dental Services

Dental services shall be made available to assist the offender in attaining or maintaining oral health and functioning dentition.

Criteria

- 1) Dental screening shall be part of the initial nursing assessment upon admission to CSC.
- 2) Offenders identified as requiring dental work shall be referred to the dentist for further assessment.
- 3) Dental assessment shall be provided within sixty (60) days for non-urgent cases.
- 4) Dental emergencies shall be assessed by the nurse on the same day and referrals made as appropriate.
- 5) Basic dental services shall include fillings, extractions and partial/full dentures.

Standard 412:
Optometric Services

Basic optometric services shall be made available to all offenders.

Criteria

- 1) All referrals processed through health care shall be seen within sixty (60) days.
- 2) The provision of glasses may be authorized once every three years unless there is a change in the offender's prescription.

Standard 413:
Pharmaceutical Services

All prescribed medications shall be dispensed/administered in an efficient and effective manner by qualified professionals in accordance with relevant legislation.

Criteria

- 1) Pharmacy services shall be provided to all institutions by pharmacists.
- 2) Prescription medications shall be provided in unit dose format.
- 3) Selected over-the-counter medications shall be made available for purchase through the inmate canteen.
- 4) Documentation of all dispensed/administered medication shall be evident.

Standard 414:
Medication

Psychotropic medication shall be prescribed in accordance with generally accepted standards of good medical practice.

Criteria

- 1) Psychotropic medication shall be prescribed only when clinically indicated and shall never be used for disciplinary or control purposes.
- 2) Psychotropic medication shall be prescribed only by a licensed physician.
- 3) Medications shall be administered only by qualified and licensed health professionals.
- 4) Minor tranquilizers and hypnotics normally will not be included in the institutional formularies.

Standard 415:
Discipline

Before imposing any disciplinary action on an offender identified as having a serious mental disorder, consultation shall take place with the appropriate mental health professional.

Program Components

500 Physical Plant and Human Resources *Index*

Standard 501 – Physical Plant

Standard 502 – Human Resources

Standard 503 – Staff Training

Standard 501:
Physical Plant

There shall be adequate space, equipment, supplies and materials for health services with appropriate regard for security and confidentiality.

Criteria

- 1) Interview, group meeting and program rooms shall be readily available to meet program needs, with provision for proper ventilation, security and confidentiality.
- 2) Medical surgical equipment shall be made available, as appropriate.
- 3) In-patient care units shall be designated, (a) to achieve efficient and safe use of resources; (b) to enhance the effective delivery of health services; and (c) to provide suitable facilities for clinical experience for health care students.

Standard 502:
Human Resources

All institutional health care centres shall have designated clerical assistance/support.

Standard 503:
Staff Training

All correctional staff, working with offenders, shall receive training in the recognition of signs of significant mental disorders. Staff assigned to units offering an intermediate level of mental health care shall receive training commensurate with the skills required to work on such a unit.

Criteria

- 1) Correctional Officer Recruitment Program training shall include a component addressing the recognition of mental disorders, suicidal tendencies and methods of handling offenders who have a propensity to self-mutilate.
- 2) This content shall be reviewed in refresher training programs.
- 3) All correctional staff who work in intermediate level care units shall be provided specialized training designed to adequately prepare them for such a work assignment.