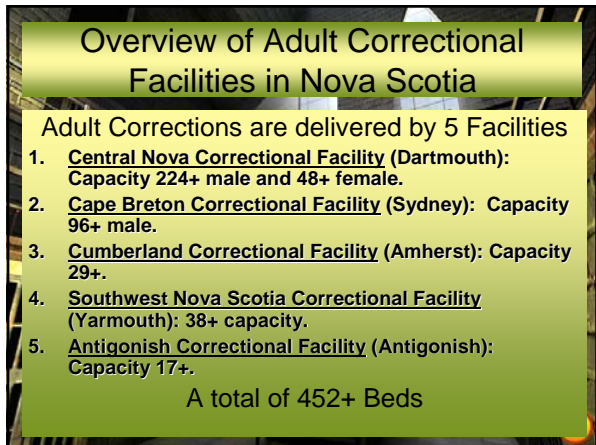


**Offender Health and Infection
Prevention and Control
May 2009**

**The Challenges and Triumphs of this Unique
Endeavor**

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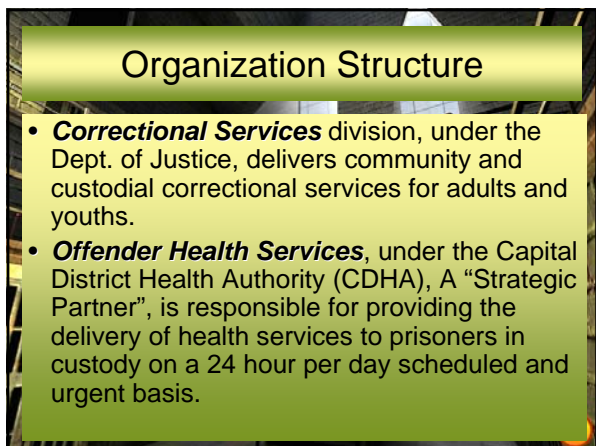


**Overview of Adult Correctional
Facilities in Nova Scotia**

Adult Corrections are delivered by 5 Facilities

1. **Central Nova Correctional Facility (Dartmouth):** Capacity 224+ male and 48+ female.
2. **Cape Breton Correctional Facility (Sydney):** Capacity 96+ male.
3. **Cumberland Correctional Facility (Amherst):** Capacity 29+.
4. **Southwest Nova Scotia Correctional Facility (Yarmouth):** 38+ capacity.
5. **Antigonish Correctional Facility (Antigonish):** Capacity 17+.

A total of 452+ Beds



Organization Structure

- **Correctional Services** division, under the Dept. of Justice, delivers community and custodial correctional services for adults and youths.
- **Offender Health Services**, under the Capital District Health Authority (CDHA), A "Strategic Partner", is responsible for providing the delivery of health services to prisoners in custody on a 24 hour per day scheduled and urgent basis.

Offender Health Services

- Completes a health assessment and provides health care for every offender admitted to all NS Correctional Facilities.
- In 2008, Offender Health admitted _____ offenders.
- Provincially, Offender health are staffed by _____ personnel.
- In NS, offender admissions has increased 111% since Apr 2006 (124% at Central Nova).

Offender Health Infection Prevention and Control

- Since late 2005, CDHA has provided 0.5 FTE Infection Control Practitioner (ICP) position for the Offender Health program provincially.
- The Offender Health ICP is accountable to the manager of the Infection Control department.
- ICP office located at the largest facility (Central Nova) Dartmouth.

Offender Population

- Risk associated behaviors
 - (Poly) Substance Abuse: Injection Drugs use (IDU).
 - Impaired judgment: needle sharing, unprotected sex.
 - Blood borne illness (HBV,HCV,HIV).
 - HIV/AIDS, Tuberculosis, Hepatitis A.
- Offender health related infections include:
 - STIs, Blood-borne, AROs, Parasitic, Tuberculosis etc.
- Homelessness/shelters
 - Personal hygiene, poor nutrition or exposure to the elements
 - Lice, scabies, skin diseases, TB, MRSA, VRE,

The Challenge

- Develop a sustainable, manageable and fiscally responsible Infection Prevention and Control program utilizing existing resources in such a way so that it may be employed at every Correctional facility throughout the province.

In the Beginning

- No existing official policies regarding Offender Infection Control.
- Surveillance problems: No traditional charting system. All logged as Clinic visits.
- ICP received no admission, lab or anti-infective reports of any form.
- No NS specific bench marking data.
- Little or no infection screening on admission was being conducted. No electronic admission data base.
- Multiple facilities utilizing multiple hospital facilities for diagnostic activities non of which communicated with one another.

Other Challenges

- Multiple bureaucracies.
- Ever increasing large volumes of admissions.
- Increasing work load on existing nursing staff.
- Custodial nature of the environment.
- Staffing shortages (Corrections and CDHA).
- Lack of infrastructure (IT).
- Unavailability of IT resources.
- Geographic challenges (distance).
- Lack of Offender Infection Control colleague support.
- Infection Control not considered a priority. (Corrections is a non health care agency).

Accomplishments

- Development of a Offender Health Infection Prevention and Control Manual
- Policies guiding: (Offender Specific)
 - Admission Screening
 - Additional Precautions
 - Correctional Notification
 - Offender segregation
- Blood borne pathogen exposure

Other Accomplishments

- Offender Health Admission Screening Pilot Project
- First known successful attempt in NS correctional system.
- Demonstrated feasibility of such a utility.
- Data has prompted further initiatives (Public Health and CDC).
- Will become template for province wide data base (interconnected throughout the province).

Accomplishments

- Now receive daily admission reports and able to identify flagged MRSA admissions.
- Now receive weekly anti-infective reports for surveillance purposes. (pharmacy)
- Now receive positive microbiology reports directly to ICP at facility.
- Established a outbreak management regimen. (ie. Positive relationship with Corrections).
- Nurses now more focused on assessing infections via admission risk assessment. (Increased reporting).
- Facility Infection Control Audits: Reports and Recommendations.
- Collection of Offender MRSA days at Central Nova Facility.

The Future

- Expand utilization of existing resources (CDC, Infectious Disease Clinics)
- Improvement of interfacility data exchange
- Improve knowledge base of correctional officers provincially.
- Blood Borne Pathogen Program (identification, treatment and continuing care)
- Increase resources.

Questions?
