

1.16.2. Definition

Contraband is defined as:

“(a) an intoxicant;*

(b) if possessed without prior authorization, a weapon, any component of a weapon or ammunition for a weapon, or anything that is designed to kill, injure or disable or is altered so as to be capable of killing, injuring or disabling;

(c) an explosive or bomb, or any component of an explosive or bomb;

(d) if possessed without prior authorization, any currency;

(e) if possessed without prior authorization, tobacco leaves or any products produced from tobacco in any form or for any use;

(f) if possessed without prior authorization, any other object or substance that, in the opinion of an authorized person, may threaten the management, operation, discipline or security of, or safety of persons in, the correctional centre;”

** Refer to section 1 “definitions” Correction Act Regulation, which defines an intoxicant as “a substance that, if taken into the body, has the potential to impair or alter judgment, behaviour or the capacity to recognize reality or to meet the ordinary demands of life, but does not include caffeine, nicotine or any authorized medication used in accordance with the directions given by a staff member or health care professional”.*

3.5.4. Recording and storage of medications upon admission

1. Records staff ensure that all medications belonging to a newly admitted inmate are forwarded immediately to the intake nurse during the admission process.
2. The intake nurse records the inmate's medications in the Primary Assessment and Care (PAC) inmate health information system. Once documented, records staff ensure that the medications are placed in the inmate's personal effects and recorded by description only (e.g. prescription medication: bottle, white pills) in the Effects Intake screen in CORNET. Medications are not recorded by name in the effects screens in CORNET.

4.3.11. Special alerts

1. CORNET enables staff to enter the following special alerts:

- Contact concerns;
- Double-bunking risks;
- No contact orders (community orders);
- Risk of self-harm;
- Medication requirements;
- Current sex offender;
- Peer victimization; and
- Other.

2. These alerts are entered in CORNET when staff identify a category relating in any way to an inmate, and/or there is a potential risk to the inmate if circumstances change.

9.1.2. Health care requirements

1. Health care services, provided by qualified personnel, are available to all inmates.
2. Health care services, including medication distribution, are not withheld for punitive reasons or to modify behaviour. Correctional staff assist when inmates engage in difficult behaviour.
3. Prior to an inmate receiving health care services (e.g. medication, medical tests, treatment discussions and results), correctional staff and health care staff independently verify the inmate's identity.
4. Correctional staff and health care staff confirm the identity of the inmate against at minimum two identifiers (e.g. the photograph from CORNET, the C.S. number, surname and given names, birth date).
5. Correctional staff distribute medication in accordance with section 9.6, Medication Distribution Guidelines and the *Handbook of Medication Distribution for Sheriffs and Officers*. Unless an inmate refuses medication, correctional staff do not withhold medication unless directed to do so by health care staff. The reason for doing so is documented in the CORNET Client Log.

9.1.10. First aid certification/ medical distribution

1. The Workers' Compensation Board of British Columbia certifies occupational first aid providers.
2. Individuals other than health care professionals, whose job description requires them to distribute medication, sign a form acknowledging orientation in the *Handbook of Medication Distribution for Sheriffs and Officers*.

9.6. Medication Distribution Guidelines (revised: May-16)

9.6.1. Medication distribution

1. Medication is distributed by a nurse or qualified personnel only. “Qualified personnel” means Corrections Branch personnel who have completed medication distribution orientation.
2. Medication is not withheld for punitive reasons or to modify behaviour.
3. Prior to the patient receiving medication, correctional staff and health care staff independently verify the inmate’s identity.
4. Correctional staff facilitate requests by health care staff to make direct in-person contact with the patient regarding the administration of priority medication. Refer to section 7.2, *Health Care Services Manual*.
5. Correctional staff distribute medication in accordance with section 9.6, Medication Distribution Guidelines and the *Handbook of Medication Distribution for Sheriffs and Officers*. Unless an inmate refuses medication, correctional staff do not withhold medication unless directed to do so by health care staff. The reason for doing so is documented in the CORNET Client Log.
6. Refer to section 7, *Health Care Services Manual*, for more information regarding medication distribution.

9.6.2. Medication label

1. All medication prescribed by a practitioner is labelled.
2. The prescription label is typed or machine printed.

9.6.3. Over-the-counter medication

Qualified personnel only distribute over-the-counter medications to inmates.

9.6.4. Medication record

All medications, including contingency and over-the-counter medications, administered by a nurse or qualified personnel, are signed for and entered on the medication administration record.

9.6.5. Orientation

1. Orientation of qualified personnel is conducted by a pharmacist, physician, nurse practitioner or nurse.
2. Qualified personnel sign a form acknowledging orientation.

9.6.6. Opioid agonist treatment (OAT): Suboxone and methadone distribution

1. Administration of OAT is monitored so as to limit the opportunity for diversion.
2. Administration of OAT is directly observed by a health care professional.
3. Inmates receiving methadone are frisk searched prior to the distribution of methadone for gloves, condoms, cotton balls, tissue, or any other items that may be used to receive and contain regurgitated methadone.
4. Inmates are directly monitored for a minimum of 20 minutes by correctional staff following the ingestion of methadone to prevent diversion.
5. Suboxone is delivered and administered by a health care professional. There is no requirement for subsequent monitoring.

6. Correctional centres maintain procedures that ensure compliance and consistency of practice regarding the distribution of OAT according to provincial policy. Refer to section 10, *Health Care Services Manual* for more information regarding OAT.

9.6.7. Self-administration

Inmate self-administration of medication—refer to Self-Administration of Medication, section 9.7.

9.6.8. Theft of controlled substance

1. Any loss, theft, or forgery of a controlled substance as defined in the *Controlled Drugs and Substances Act* is reported to the deputy warden of programs.
2. In accordance with Health Canada guidelines, loss, theft, or forgery of a controlled substance as defined in the *Controlled Drugs and Substances Act* is reported to the:
 - Local police immediately; and
 - Health Canada, Office of Controlled Substances no later than 10 days after its discovery.
3. The deputy warden of programs notifies the authorities identified in paragraph 2 above. Health Canada, Office of Controlled Substances is notified according to the following procedures:
 - To report loss or theft of a controlled substance, print, complete, and submit the *Loss or Theft Report Form for Controlled Substances and Precursors*.
 - To report a forged prescription for a controlled substance to Health Canada, print, complete, and submit the *Forgery Report Form for Controlled Substances*.

9.7. Self-Administration of Medication (revised: Mar-13)

9.7.1. Definitions

For the purpose of this manual:

- “Nurse” means a registered nurse or registered psychiatric nurse, employed or under contract with the B.C. Corrections Branch;
- “Nurse Practitioner” means a registered nurse practitioner, employed or under contract with the B.C. Corrections Branch;
- “Physician” means a medical doctor, employed or under contract with the B.C. Corrections Branch;
- “Pharmacist” means a pharmacist, employed or under contract with the B.C. Corrections Branch.

9.7.2. Approved medications

Inmates may only self-administer medications approved by the Medication and Therapeutics Committee.

9.7.3. Changes to approved medications

Health care or Corrections Branch staff may request that a medication be added or deleted from the self-administration list on the approved form.

9.7.4. Blister pack procedures

1. Medication is only ordered by a physician, nurse practitioner or dentist and dispensed by a pharmacist in a blister pack except when the dosage form prohibits such packaging.
2. Blister packs have instructions for self-administration on the label.
3. Medication is administered in solid, unaltered dosage form, when possible.
4. Such medication is packaged in blister packs with paper foil backing.
5. The pharmacist identifies blister packs that are self-administered with a green “for self-administration” label.
6. Blister packs without this green label must not be self-administered.

9.7.5. Non-compliance by inmate

1. A nurse may prohibit an inmate from self-administering medication if there is evidence of non-compliance or abuse.
2. Correctional staff may prohibit inmate self-administration, subject to review by a nurse. In such instances, medication continues to be administered in accordance with procedures for distributing non self-administered medication.

9.7.6. Contraband

Loose or non-issued medications, or tampered packaging, is considered contraband.

9.7.7. Inmate on temporary absence

Inmates on temporary absence take their issued medication and present the packages for inspection upon return to the centre.

9.7.8. Record keeping

1. Health care centres keep a record of self-administered medications issued. Documentation is included that inmates have received and understand instructions for self-administration.
2. Inmates must return empty or unfinished blister packages to the nurse by the medication stop date.
3. Correctional staff who seize expired medication or packages must ensure they are returned to the nurse.
4. Health care staff must return unused medication to the pharmacy. Once inmates have handled medication, it cannot be reused.

9.7.9. Transfer procedures

1. When inmates transfer from one centre to another, it is the inmate's responsibility to ensure self-administered medication is transferred along with other personal effects.
2. A nurse at the receiving centre reviews self-administered medication accompanying an inmate.
3. If medication is lost in transit, the inmate is responsible for advising the nurse at the receiving centre. With respect to non self-administered medication, the normal provisions for transfer apply.

9.8. Over-the-Counter Medication (revised: Jul-11)

9.8.1. Purpose

1. To promote inmate responsibility for personal health by allowing inmates to purchase certain over-the-counter preparations through canteens.
2. Inmates do not require health care approval to purchase these medications.
3. Inmates pay for these preparations, recommended by a doctor or nurse.

9.8.2. Approved list

1. The Corrections Branch approves a list of over-the-counter medications and preparations that are distributed.
2. Possession of these items does not constitute contraband.
3. Items on the list are not distributed by correctional staff or through health care.

9.8.3. Tylenol

1. The purchase of Tylenol is limited to two blister cards of 10 per card per week. Inmates must not have more than two cards in their possession at any time.
2. A blister card of Tylenol is available through a supervisor or in the control area of each centre. Inmates without money to purchase Tylenol may request it from the shift supervisor.
3. Inmates who urgently need Tylenol are referred to the nurse if they cannot access it through other means.

9.8.4. Cautions

1. Canteen access to over-the-counter medications must not be given to individuals at known current risk of self-harm or in instances when health care or corrections staff believe that the inmate cannot safely self-administer over-the-counter medications.
2. Inmates found hoarding Tylenol are denied access to this medication. In these cases, correctional staff consult with health care and alternatives are arranged.

9.20.4. Distribution

1. Filtered bleach is distributed to inmates in secure centres in 30 ml bottles.
2. Each centre establishes a policy that details the method of bleach distribution based upon the following principles:
 - Freely available—in secure centres, filtered bleach is available in living units and may also be available through health care. Replacement supplies are checked on a daily basis and restocked as required. A minimum of five bottles is available in each living unit. In medium centres, filtered bleach can be in a centrally located, easily accessible location.
 - Readily accessible—there is a designated location in each secure living unit or open custody centre (e.g. washing-up areas, laundry, kitchen area) where replacement supplies are kept for exchange.
 - Replacement—filtered bleach is available in designated distribution areas where inmates can return empties and obtain full bottles.
 - Anonymity—the distribution (exchange) location provides maximum anonymity and does not require the inmate to approach a correctional officer to obtain bleach.
 - When health care is involved, bottles of filtered bleach for distribution are available at medication distribution times, during regular visits to the health care centre, and unit rounds.
 - Minimizes risk of injury—filtered bleach for distribution to inmates in secure centres is in prescribed 30 ml bottles. Bottles are labelled to indicate that they contain filtered bleach and the date of decanting. If the option of self-decanting is used in medium centres, eye protection, funnels and pouring decanters are employed to minimize spills. Rubber gloves are provided to protect the skin.

9.21.Use of Epipen (revised: May-16)

9.21.1. Authority to administer

1. Health care personnel dispense medication on the order of a physician or nurse practitioner if it is determined that an inmate has serious allergic reactions that require the use of an Epipen.
2. When health care personnel are unavailable, correctional staff administer Epipen pending the arrival of Emergency Health Services personnel.

9.21.2. Self-administration

An inmate who is subject to severe allergic reactions is provided with an Epipen for self-administration when:

- Residing in a camp facility;
- Working away from the correctional centre; or
- On a temporary absence.

9.21.3. Staff orientation

Correctional staff are oriented in the administration of Epipen to respond when an inmate is unable to self-administer the medication.

9.21.4. Information to staff

Correctional staff are aware of an inmate's allergies, medication that is to be self-administered, and response in an emergency, whenever escorting an inmate outside of the correctional centre.

9.21.5. Advise Health Care Services

When an inmate self-administers Epipen, or correctional staff assist an inmate by administering Epipen, Health Care Services or Emergency Health Services personnel are contacted to respond on an emergency basis.

If someone is suspected of diversion, they *MAY* be placed in separate confinement because they are jeopardizing the management, operation, or security of the correctional centre (Correction Act Regulation s. 17(1)(a)(iii)) and s. 1.23 of ACP would apply.

1.23. Separate Confinement (revised: Oct-19)

1.23.1. Authority

Authority for the separate confinement of inmates is contained in section 33(2)(d) of the *Correction Act* and sections 17 to 20 of the *Correction Act Regulation*.

1.23.4. Circumstances for separate confinement

The warden or person in charge can place an inmate apart from some or all inmates, by authority of section 17 of the *Correction Act Regulation* when the inmate:

1. Is endangering him/herself or is likely to endanger him/herself;
2. Is endangering or is likely to endanger another person;
3. Is or is likely to jeopardize the management, operation or security of the correctional centre;
4. Must be confined separately for medical reasons;
5. Is at risk of serious harm from other inmates due to certain factors (e.g. nature of offence, mental or emotional incapacity, known informer); or
6. May have contraband hidden in his or her body.