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Our File: 37064-87

Your File: Staples

July 31, 2023

VIA EMAIL

Alberta Justice and Solicitor General
Legal Service Division
9th Floor, Peace Hills Trust Tower
10011 - 109 Street
Edmonton, AB T5J 3S8

Attention: Abid Mavani
Fatality Inquiry Coordinator

Dear Sir:

**Re: Fatality Inquiry of Michael Staples
Response to Recommendations of Judge R.R.M. Cochard**

My clients have now had the opportunity to review the report and recommendations of Judge Cochard dated February 10, 2023 in the above noted inquiry. Below please find the response of the Custody Operations Branch ("COB") to the same.

On July 14, 2019, 38 year-old Michael Staples was discovered unresponsive in his cell at the Edmonton Remand Centre (ERC). On site, Alberta Health Services (AHS) members and correctional peace officers (CPOs) provided medical assistance until Emergency Medical Services personnel arrived. Mr. Staples was transported by Emergency Medical Services to the Sturgeon Community Hospital where he was pronounced deceased. The medical cause of death was methadone toxicity.

A response from the Custody Operations Branch (COB) has been requested for five recommendations made by Judge Cochard.

Recommendation 1:

In view of the high number of persons entering Edmonton Remand Centre with addictions issues (50 per cent), all Correctional Officers should receive training on the use and administration of Narcan as well as the signs of a possible overdose.

COB response to recommendation 1:

At present, provincial policy directs centre directors to identify the level of staff required to complete this training, while at minimum ensuring correctional supervisors and managers are trained. This will be adjusted to reflect CPOs, correctional supervisors and managers. This policy adjustment and training, in the use of Naloxone (Narcan) will be completed as part of this fiscal year's training requirements.

COB accepts this recommendation.

Recommendation 2:

Narcan should be readily available and accessible on each pod at all times, including nighttime to allow for rapid administration in emergencies.

COB response to recommendation 2:

During the fatality inquiry it was communicated that the supervisor carries nasal spray Naloxone. If it was not clear to Judge Cochard during the hearing of the evidence, the current policy is that Naloxone is available in each supervisor's office, which is located on each pod. This location is accessible to all ERC staff, at all times of the day.

For consistency in access, the location of nasal spray Naloxone will be reviewed at all centres to ensure easy availability for all housing units.

COB accepts this recommendation.

Recommendation 3:

Although the Health Information Act contains restrictions on the sharing of information by AHS to Correctional Officers, in view of the inherent dangers of methadone, Correctional Officers should be allowed access to information that an inmate is on methadone so that behaviours and symptoms can both be monitored more closely.

COB response to recommendation 3:

Methadone Maintenance Therapy at ERC is delivered by AHS with operational support from CPOs. At the ERC, CPOs must escort methadone prescribed individuals from their living unit to the ERC medical clinic. CPO responsibilities include that they be present during the administration of methadone to monitor, supervise and search the individuals. Supervision in the clinic continues past the time of methadone consumption (30 minutes), and any indication of excessive sedation or unusual changes to physical or mental health is required to be reported to AHS staff.

Individuals prescribed to receive Methadone Maintenance Therapy are supervised by ERC personnel during the administration of the therapy as operational support is required due to the nature of the prescription. Providing CPOs direct access to information protected by the Health Information Act is not required to meet the intent of the recommendation. All CPOs are trained to provide effective supervision of the incarcerated population, which includes noting unusual or uncharacteristic changes to any behaviour or presentation and reporting to a direct supervisor, or AHS staff when appropriate.

Operational measures are in place which support the intent of the recommendation.

Recommendation 4:

The updated Opioid Withdrawal Management Procedure be implemented as soon as it is completed. This will provide AHS staff and prescribers as well as Correctional Officers with an update on the best practices to treat opiate withdrawal.

COB response to recommendation 4:

AHS will respond to this recommendation given their responsibility for health care services and treatment. COB maintains a strong commitment to supporting AHS staff and process in all

provincial correctional centres and, should procedures be updated, would collaborate with AHS on information sharing and implementation.

Recommendation 5:

Any individual on the methadone program should be seen and interviewed by a nurse practitioner on a daily basis to monitor for any behavioural and health changes, particularly where the inmate has pre-existing health concerns such as cardiac issues.

COB response to recommendation 5:

AHS will respond to this recommendation given their responsibility for health care services and treatment. COB provides safety, security and operational procedural support to AHS, and facilitates any inmate requiring to be seen by AHS.

My client and I would like to thank Judge Cochard and the participants in this inquiry for their work and diligence on this inquiry.

Regards,

FIELD LLP

Original Signed

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Partner

CJP/dt

cc. Crystal Wierl

Ian Lalonde