Office of the Chief Coroner
Bureau du coroner en chef

Verdict of Coroner's Jury
Verdict du jury du coroner

The *Coroners Act* – Province of Ontario
Loi sur les coroners – Province de l'Ontario

We the undersigned / Nous soussignés,

_____ of / de London
_____ of / de London
_____ of / de London
_____ of / de London
_____ of / de London

the jury serving on the inquest into the death(s) of / membres dûment assermentés du jury à l'enquête sur le décès de :

Surname / Nom de famile	Given Names / Prénoms
Deleary	Floyd Sinclair

aged / à l'âge de 39 held at / tenue à 6675 Burtwistle Ln, London **, Ontario**

from the / du 24th day of February to the / au 16th day of March 20 20

By / Par Dr. / Dr David Eden Coroner for Ontario / coroner pour l'Ontario

having been duly sworn/affirmed, have inquired into and determined the following:
avons fait enquête dans l'affaire et avons conclu ce qui suit :

Name of Deceased / Nom du défunt
Floyd Sinclair Deleary

Date and Time of Death / Date et heure du décès
August 23rd, 2015 8:46 p. m.

Place of Death / Lieu du décès
Victoria Hospital, 800 Commissioners Rd E, London, ON

Cause of Death / Cause du décès
Acute fentanyl toxicity

By what means / Circonstances du décès
Undetermined

_____ _____
Original signed by: Foreman / Original signé par : Président du jury

_____
_____
_____
_____
Original signed by jurors / Original signé par les jurés

The verdict was received on the / Ce verdict a été reçu le 16th (Day / Jour) day of / March (Month / Mois) 20 20

Coroner's Name (Please print) / Nom du coroner (en lettres moulées)	Date Signed (yyyy/mm/dd) / Date de la signature (aaaa/mm/dd)
Dr. David Eden	

_____
Coroner's Signature / Signature du coroner

We, the jury, wish to make the following recommendations: (see page 2)
Nous, membres du jury, formulons les recommandations suivantes : (voir page 2)

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Inquest into the death of:
Enquête sur le décès de :

Floyd Sinclair Deleary and Justin William Thompson

JURY RECOMMENDATIONS
RECOMMANDATIONS DU JURY

To the Ministry of the Solicitor General

1. The Ministry should consider replacing Elgin-Middlesex Detention Centre with a new, modern facility designed to adequately accommodate, with dignity, the inmate population and to provide an environment with suitable space in which inmates may achieve rehabilitation and reintegration through training, treatment and services designed to afford them opportunities for successful personal and social adjustment in the community.

2. The Ministry should include with the planning of a new facility an infirmary within the new institution.

3.The Ministry of the Solicitor General (the Ministry) should consider implementation of the Direct Observation model currently established in Unit 4 in all other general population units at Elgin Middlesex Detention Centre (EMDC) with consideration to improving audio monitoring capabilities in the Correctional Officer module within the unit.

4. The Ministry should continue to explore the installation of electronic devices capable of monitoring vital signs and alerting staff and healthcare personnel when inmates' vital signs indicate medical distress.

5. The Ministry should continuously monitor opportunities to purchase updated scanning equipment.

6. The Ministry should ensure that all staff who may be required to initiate a medical alert be equipped with functioning radios.

7. The Ministry should consider installing over-head netting above the outside yard area to prevent contraband from being dropped into the yard

8. The Ministry should amend Ministry policy and EMDC Standing Orders to require that correctional staff conduct security checks more than twice per hour and at irregular intervals.

9. The Ministry should amend Ministry policy and EMDC standing orders to require that correctional staff,during their security checks, also scan the floor areas and remove all sources of contraband substances.

10.The Ministry should ensure that correctional and health care staff at EMDC sign off on having reviewed new policies, procedures and standing orders.

11. In order to ensure compliance with written policies regarding security checks, inmate supervision, cell searches and other security and safety requirements, the Ministry should ensure that regular audits, including review of video recordings, be undertaken on a regular and frequent basis by senior institutional staff at EMDC, with appropriate follow-up for corrective action. Quarterly reports will be sent to the Ministry.

12. In order to detect high-risk situations that may involve the presence or use of contraband, the Ministry should evaluate the feasibility of upgrading video monitoring capability within EMDC to reflect more modern and comprehensive coverage, including: Real-time active monitoring of all living units by trained personnel, improved monitors with high resolution at all staff stations and in a central monitoring location, and capability of equipment and training of staff to isolate or zoom in on areas where activity is detected that may involve the transfer of contraband.

13. In order to reduce the risk of contraband entering EMDC, the Ministry should consider ways of preventing staff and other visitors from bringing in contraband, including limiting staff from bringing anything but approved items into the secure areas of the institution. Random searches of staff and others should also be considered where necessary and in compliance with applicable law. A standing policy is to be implemented for staff to address all activities directly and/or indirectly related to smoking on the living units.

HEALTH CARE

Equivalency

14. The Ministry should review all operational policies and procedures to ensure adherence to the principle of equivalency (entitling people in detention to have access to a standard of healthcare equivalent to that available outside prison and conforming to professionally accepted standards).

15. The Ministry should conduct an assessment with respect to the health care needs of the inmate population to ensure that there is adequate physician and nursing staff to meet those needs. The Ministry should increase the complement of full time physicians, nurse practitioners, and registered nurses in accordance with the needs assessment.

16.The Ministry should abandon zero-tolerance policy with respect to drug use, recognizing that such policies stigmatize and punish people for behaviours that stem from underlying medical issues.

17.The Ministry should take a non-punitive, harm reduction approach to the treatment of inmates who misuse substances. Stabilization and harm reduction opportunities for inmates who misuse substances should be the first approach in providing health care and rehabilitation. Substance misuse should be recognized as a chronic relapsing illness where relapse is common. Alternatives should be available to those who are not able to achieve abstinence.

Admission

18. The Ministry should implement an enhanced admission screening form for individuals who disclose the use of street drugs during the admission process. This form will require an admissions nurse to identify: type(s) of drugs used; frequency of use; dosage; means of administration; number of consecutive days used prior to incarceration; and other information. This is to be used together with other assessment tools to determine a health care plan for the patient including suitability for suboxone, methadone, or slow release oral morphine.

19. The Ministry will consult with the Ministry of Health to ensure that no patient in custody is denied health care on the basis that they do not have immediate accesss to their health card.

20. The Ministry will approve the present addiction nurse pilot project at EMDC as a full time program with access for individuals seven days per week with administrative support five days per week.

Opioid Agonist Therapy (OAT)

21.The Ministry should ensure that all people in detention who meet criteria for evidence-based OAT (including methadone, Suboxone, and slow release oral morphine) and who consent to receiving treatment are offered, and have access to, opioid agonist therapy without delay.

Offer OAT to all who meet criteria

22. The Ministry should ensure that all people receiving OAT in the community are able to continue, without interruption, an appropriate OAT upon admission to detention.

23. The Ministry should connect anyone receiving OAT in detention to community-based addiction treatment to ensure uninterrupted continuity of care on release. Preparations for this transition should be started well before the release when possible date so all partners are aware and the transition is seamless.

24. The Ministry should encourage all physicians and care teams practicing at correction facilities to have or to obtain the necessary qualifications to prescribe OAT medications. A detained person who is who is eligible for OAT should not be denied treatment on the basis that there is a lack of credentialed staff.

25. The Ministry should update its policies concerning Methadone Maintenance Treatment (MMT) and Suboxone to ensure conformity with best practices, including:
a) to prefer initiation of Suboxone over methadone as a first-line therapy, where a patient meets clinical criteria for initiation of Suboxone;
b) include slow-release oral morphine as a third line therapy option;
c)to confirm that withdrawal management from opioids should never be offered as a first-line therapy;
d) to reflect recent regulatory changes that now allow all physicians to prescribe MMT without a federal exemption under the Controlled Drugs and Substances Act;
e) while identifying a community OAT prescriber to assume care of a patient upon release remains a priority, OAT initiation should not be contingent on first identifying a community OAT prescriber (in which cases it will be necessary to work to align the patient with community treatment program after OAT initiation); and
f) to confirm that patients are never to be disqualified from OAT for behavioural management or as a disciplinary tool, or for security reasons, and continually evaluate and update these policies in consideration of evolving realities, research and practices.

26. The Ministry should update policy to allow and encourage incoming inmates who meet the clinical criteria to be initiated on Suboxone immediately (within 24 hours) of admission, and that treatment should not be delayed on the basis that a physician assessment is unavailable.

27. The Ministry should update policy and standing orders to encourage the introduction of suboxone to persons in detention who have already gone through withdrawal (micro-dosing). Guidelines around this should be developed in consultation with experts who are currently using this approach.

28. The Ministry should ensure that any treatment for substance misuse such as Suboxone or Methadone should be delivered in conjunction with mental health treatment, counseling, and education pertaining to the risks of continued drug use. There should be on-going reassessments and continued attempts at enrolling individuals into counseling, Methadone or Suboxone treatment. Close monitoring to detect early relapse should be a part of the reassessment process

Naloxone

29. The Ministry should take steps to ensure that naloxone is available within 30 seconds to inmates while they are locked in their cells or in common areas, for instance by putting kits in common areas.

30. The Ministry should ensure that all staff who directly interact with inmates are equipped with naloxone spray while on duty, including corrections officers while conducting rounds.

31. The Ministry should require corrections officers to immediately administer Naloxone to any person who is suspected of an opioid overdose, in addition to taking other appropriate emergency response measures.

Harm Reduction Strategies

32. The Ministry should study whether harm reduction strategies similar to those used at supervised consumption sites can be incorporated within the EMDC. This includes strategies such as making fentanyl testing kits and sterile consumption equipment available in the health care unit.

Good Samaritan Rules

33. The Ministry should adopt "Good Samaritan" principles in operational policies and practices, such that inmates who call for help or try to help another person suspected of being in medical distress, or who come forward with information about drugs within the institution, will not be subjected to any investigation or misconduct for possession or use of contraband.

Staff Training

34. The Ministry should consult with public health and community organizations regarding the opioid information training program and receive recommendations on changes or improvements to the program. This program should be evaluated and re-reviewed every two years at a minimum.

35. The Ministry should deliver opioid information training for staff, including:
a) information regarding opioids (kinds of opioids, appearance, potency, etc.), as well as non-opioid drugs;
b) recognizing signs and symptoms of overdose from opioids and other drugs; and
c) how to respond to overdose, including hands-on demonstration of Naloxone, information about dosing, first aid / CPR response, and need to call for immediate medical help.

36. The Ministry should ensure that opioid information training be included in two-year First Aid recertification. There should be additional training in regards to cultural sensitivity training and dealing with all types of challenging face to face encounters with other staff and incarcerated individuals.

37. The Ministry should ensure that opioid information training be delivered jointly and cooperatively with health care and correctional staff. This training should include information concerning the social and historical context surrounding substance misuse, and the need for compassion and empathy for persons who experience substance use disorder.

Opioid Training and Information and Support for Inmates

38. The Ministry should provide information to incoming inmates (by a health care practitioner), during the admission process and during subsequent consults, regarding: recognizing signs of drug overdose and what to do in the event of a suspected overdose or other medical distress situation; the Good Samaritan rule; information about OAT availability and options; harm reduction information for people who may access and use drugs; and information about rights to health care, health care privacy and consent.

39. The Ministry should ensure that all staff and all inmates receive education on substances that may be in use at EMDC. Methods of education can be in group or one-on-one settings. Education should be completed on an on-going basis and should include updates on new substances. This education should be supplemented through printed material, video or multimedia, and should include information about the risks of:

a) ongoing use of toxic opioids which exist throughout the drug supply, including risks, potency, effects, and other information;
b) what is loss of tolerance and what are the impacts of lost tolerance;
c) safe drug use practices, including the need to never inject/smoke or ingest substances or drugs alone;
d) the risk of simultaneously using other illicit drugs such as benzodiazepines and how to prevent complications; and
e) recognizing signs of overdose and what to do in the event of a suspected overdose or other medical distress situation.

40. The Ministry should disseminate public health information by broadcast over TVs, posters throughout the institution, information cards or brochures distributed to every incoming inmate at intake, and/or other means.

41. The Ministry should authorize and support peer health and support services for inmates who use drugs, including from community-based prison health organizations.

Monitoring and Evaluation

42. The Ministry should require correctional institutions to record, track and report annually to the Solicitor General:
a) the number of suspected overdoses, and the general circumstances (including date, time, unit, and outcome)
b) doses of Naloxone administered, including the date, time, location, and discipline who gave the drug
c) other information relevant to tracking suspected overdoses, and results of interventions in response to overdoses.

43. The Ministry should centralize data collection of deaths in custody and publicly post all inquest verdicts, verdict explanations, and ministry responses to allow for appropriate trend analysis and follow up regarding the implementation of coroner's inquest jury and other relevant recommendations.

44. The Office of the Chief Coroner, in consultation with the Ministry of the Solicitor General and interested persons, should compile and regularly update a summary of recommendations and responses from jail inquests. This summary should be designed to inform Coroner's Counsel and the parties, and possibly to be admitted into evidence.

Cultural Change

45. The Ministry should institute a task force aimed at "transforming the culture of corrections," in consultation with community health organizations, present and former in-mates, and other stakeholders. This will be aimed at identifying how the health care needs of people in prison can be met, applying an evidence-based analysis to security policies and practices, and identifying whether certain non-evidence-based security policies or practices may cause more harm than good for the well-being of the prison population, and identifying strategies for cultural transformation. To help facilitate this cultural change, EMDC will adopt a policy to stop using words, such as parade, welfare cell, in-mates, and offenders.

Electronic Records

46. The Ministry should implement an electronic health record system to: facilitate continuity of care through improved communications among professionals and enable safe clinical decision making; improve the ability to monitor health status, including substance use disorders and outcomes over time; enhance appropriate utilization of services, including health-related programs; collect data for future resource program planning, research or education; conduct quality of care reviews.

Supports for Indigenous People

47. The Ministry should ensure that each institution: develops Indigenous specific programming which reflect the local Indigenous communities and agencies surrounding the institution; provides Indigenous inmates with access to Indigenous healing practices including Knowledge Keepers and Elders.

48. The Ministry should ensure that Native Inmate Liaison Officer (NILO) / Indigenous Liaison Officer (ILO) services are adequately resourced and funded to meet the needs of Indigenous people. Indigenous people should be able to access spiritual rights as well as programs with regularity and without unreasonable delay. Specifically:
a) The Ministry should ensure that all NILO/ILO positions are adequate funded and strive to achieve more equitable compensation so that they can recruit, retain and keep NILO/ILO staff in full time, permanent positions;
b) The Ministry should create policy and direction that recognizes the role and function of NILO/ILO staff as central to the delivery of Indigenous spiritual, cultural access and for health and wellness;
c) The Ministry should consider increasing NILO/ILO staff at each Institution to meet the needs and services of the Indigenous inmate population, so that programing for Indigenous inmates is, at minimum representative of the needs or recognizes the number of Indigenous inmates in each institute;
d) Spiritual Elders, knowledge keepers and helpers should be provided honoraria or some form of financial compensation for the important work they are conducting as part facilitating inmates' access to their spiritual rights or as part of culturally relevant programing, and that the Ministry should revise both health and NILO/ILO policy to recognize cultural and spiritual support as a fundamental healthcare right to all;
e) The Ministry should engage in community consultation on the development of Indigenous core programing with

Indigenous leadership including First Nation, Metis, Inuit communities and organizations, including health organizations that are both rural/remote and in urban centres.

49. The Ministry should analyse the data they collect to determine where there are gaps in service delivery of programs at particular institutions. Where gaps exist, the Ministry should explore and research means to increase actual programing at Detention and Correctional Centres:
a) Analysis of data collection or research of Indigenous core or other programing should include identification of gaps, steps taken to resolve gaps, improvements and best practices;
b) This analysis and research should be reported, maintained and disseminated to Ontario`s correctional Institutions, service providers and for use with consultation with First Nation, Metis and Inuit community;
c) The Ministry should consider evaluating and modifying their policies on allowing volunteers into the facility that have a criminal record. Specifically they should consider the length or passage of time since a volunteer had any criminal convictions and the nature of the criminal conviction to determine criteria that would increase Indigenous volunteers' participation in Indigenous programing and to provide peer resources in an effective way.

50. EMDC should report to the Ministry on any steps or progress being taken at EMDC to implement a medicine garden, sweat lodge and tipi. The Ministry should research and report on, with a mind to exploring the development of programs and facilities with Indigenous community consultation on the health and wellness benefits of similar Indigenous practice and resources.

51. The Ministry should ensure cooperation between NILO/ILO and addiction and mental health nurses with respect to discharge and community reintegration. The NILO/ILO team should be seen as crucial members for integrated assessment, treatment and reintegration plans for any self- identifying Indigenous person.

Other rehabilitation supports

52. The Ministry should ensure that EMDC has sufficient space to permit private interactions between inmates and nurses, including addiction and mental health nurses, social workers and counsellors.

53. The Ministry should ensure that inmates have reasonable phone access, including a phone system that permits calls to cellular phones to validate numbers.

54. The Ministry should take immediate steps to improve opportunities for inmates to access recreation and exercise facilities and programs.

Training

55. The Ministry should implement training to communicate that staff at EMDC are expected to conduct security checks in lock up or lock down situations more than two times per hour and at intervals of less than 30 minutes. This training should include specific direction on what is required to verify an inmate's well-being.

56. The Ministry should establish and communicate an expectation for ensuring security checks are being complied with at EMDC. This would include regular audits of the Brooklyn Computer System data, logbooks, and video footage of inmate occupied areas to ensure compliance by the EMDC compliance officer.

57. The Ministry should ensure that EMDC enforces the standing order governing shift changes to ensure that both the outgoing and incoming Correctional Officers assigned to a unit conduct shift change tours together.

58.The Ministry should enforce the standing order governing security checks to ensure that the outside officer maintains direct observation of inside officer(s) for the entirety of the security check.

59.The Ministry should ensure that Correctional Officers who find an inmate in distress discontinue their security round until a medical alert is initiated.

60. The Ministry should implement recurring ethics training for both correctional and health care staff at EMDC.

61. The Ministry should implement training that would emphasize that one of the principal functions of the Ministry is to create for inmates an environment in which they may achieve rehabilitation and reintegration in the community.

62. The Ministry should implement regular scenario based training at EMDC to permit correctional and health care staff to practice responses to medical alerts.

63. The Ministry should implement enhanced training at EMDC with respect to the use of the body scanner.

Staffing

64. The Ministry should implement the Institutional Security Team Pilot Project as a permanent initiative.

65. The Ministry should ensure the deployment of correctional staff dedicated to the movement of inmates at EMDC is sufficient to permit reasonable access to programs.

66. The Ministry should ensure that there is sufficient staffing levels at EMDC to allow for at least one correctional officer to be available to supervise each and every unit housing inmates at all times.

67. In order to provide a safe environment and deliver services in which inmates may achieve successful rehabilitation and reintegration, the Ministry should develop and adopt measures and plans, including contingency plans, to ensure that EMDC is fully staffed at all times.

68. The Ministry should adopt measures to address absenteeism at EMDC to prevent to inmate lockdowns and disruption of the delivery of programs.

69. In order to improve rapport and enhance information sharing between inmates and correctional staff and to more effectively assist keeping inmates safe and providing an environment for successful rehabilitation, the Ministry should review current staffing procedures at EMDC and, where feasible, offer extended assignments to specific living units.

Procedures following a critical incident

70. In order to support correctional and healthcare staff following a critical incident at EMDC, including drug overdoses, the Ministry should ensure that all parties involved be convened, in a timely manner, to review all aspects of the incident with a view to improving procedures and to make recommendations in regard to future events.

71. In order to support mental health of inmates who may have witnessed a critical incident, the Ministry should ensure that critical incident debriefing and assistance in dealing with the related trauma should be offered and provided to affected inmates immediately following any critical incident.

72. The Ministry will follow-up as soon as a coroner's report is finalized with the staff involved with the critical incident and are still emplolyed to confirm the cause of death.

Other recommendations specific to EMDC

73. Implement a policy for the "Red Bag" for the male population. When an individual is going to court and is released from court, prior to going, a staff person should prepare a bag with personal belongings, discharge documents, continuing care contacts, and a bus ticket. The staff accompanying the individual to court will have this bag.

74. Review times for when medications are distributed on the living units, especially in regards to the timing of sleeping pills.

75. EMDC will review medical dispensing systems at other institutions and move towards upgrading the current system at EMDC to a more efficient, less labour intensive process.

76. EMDC will enact a policy that requires Correctional Officers on the night shift at times when cells are poorly lit to utilize flashlights when conducting security checks.

77. EMDC will implement safe and effective barriers to mitigate the risk of fishing between cells on the units at EMDC.

78. On an ongoing basis, the EMDC should consult with experts in order to keep current on recent developments with respect to new or evolving risks with the drug supply circulating in the community and about latest strategies to combat the associated health issues, including the opioid crisis. Rapid response strategies to quickly implement new or updated evidence-based harm-reduction strategies in prisons should be developed.

79. The EMDC should ensure that is has reviewed all relevant information about a candidate for promotion, including potential questionable working practices.

To the Government of Ontario

80. We recommend that adequate funding and resources be provided to implement our recommendations.

