



HEALTH CARE RIGHTS

**in British Columbia provincial
prisons**

This booklet explains what health care rights you have as a provincial prisoner in British Columbia and how to make sure your rights to health care are protected.

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Services Provided

Access to health care services is available to all people in provincial custody.¹ The warden of your institution must make sure that you are given reasonable access to health care.² You should be treated with the same level of care as people in the outside community get from their health care providers.

Health care includes 24-hour emergency health care³ and primary health care services, including:

- Assessment and screening for physical and mental health needs;
- Primary medical and nursing care;
- Mental health and substance use services;
- Opioid Agonist Therapy (OAT) and withdrawal management care;
- Urgent care and basic emergency response services (while waiting for emergency responders and/or hospital transfers);
- Selected public health services (for example, immunization clinics);
- Urgent dental care, including care to relieve pain and infection;
- Medication-related services, including ordering, dispensing, preparing, and giving medications;
- Consulting pharmacy services;
- Psychological support and counselling;
- Psychiatric consultation;
- Lab Services;

¹ Ministry of Public Safety and Solicitor General, *Adult Custody Policy* (Victoria: Ministry of Public Safety and Solicitor General, 2025), s. 9.1.2.1 [Adult Custody Policy].

² Correction Act Regulation, BC Reg. 58/2005, s. 2 [CAR].

³ Adult Custody Policy, s. 9.1.10.

- X-ray imaging services at Fraser Regional Correctional and Surrey Pretrial Services Centre;
- Referrals to Regional Health Authorities (RHA), First Nations Health Authority (FNHA), and Indigenous community health care providers;
- Health-related discharge planning and transition to community care; and
- Community Transition Team services, including help with referrals to community medical and mental health services where appropriate.⁴

Requests for health care

During your intake health assessment, the nurse should explain how to submit health care service requests. To get health care services, you can submit an electronic or paper request form on your unit. You can also make a verbal request to a Correctional Health Services (CHS) health care professional.⁵

Keep a copy of your request and make sure you date it so that you have a record of when you submitted it.

A healthcare professional receives and records requests made electronically and on paper every day. A nurse then reviews each request, decides how urgent it is, gives treatment when possible, and arranges referrals to other healthcare professionals if needed. You can expect the following possible outcomes to a health service request:

⁴ BC Mental Health and Substance Use Services (BCMHSU), *Correctional Health Services: Clinical Services Plan (Version 2.0)* (Vancouver: PHSA, 2023), s. 8.1 [Clinical Services Plan].

⁵ BCMHSU, *Health Service Requests PROCEDURE_CCR-219X P.x.* (Vancouver: PHSA, 2018), s. 1 [Health Service Requests Procedure].

- The nurse may ask to see you to ask for more information;
- You may get a scheduled appointment with the nurse, doctor, mental health coordinator or mental health clinician. This will depend on how urgent your need is;
- You may receive a written response. This could be online (for electronic requests) or on the paper form you submitted. The response will tell you what action was taken about your request;
- If your request is determined not to be health related, the response may redirect you to the right person or department. For example, the response may tell you to submit a Freedom of Information (FOI) request.⁶

If you are in a segregation or medical observation unit, a health care professional should ask you during rounds if you have any health service requests.⁷

Informed consent

Health care providers must get your **informed** consent before any treatment. This means they must explain:

- Your current health condition(s);
- What treatment, exam, or procedure they are suggesting;
- The possible risks and benefits; and
- Other choices you have for treatment.

⁶ Health Service Requests Procedure, s. 7.

⁷ Health Service Requests Procedure, s. 2.

You have the right to say no to treatment. If you say no, health care providers must also explain what might happen because of the refusal.⁸

Your consent must be voluntary (there are some exceptions under the *Mental Health Act*). This means you must say yes or no to health care without pressure, threats, or fear.⁹ All health care staff must treat you with respect and without discrimination during the consent process.

You also have a right to:

- Receive information in plain, easy to understand language;
- Receive information in a language you understand and is meaningful to you; and
- Receive this information in a safe and comfortable environment where you can ask questions.

Consent can be **implied** (for example: if you show up voluntarily for introductory examination) or **expressed** (for example: verbally agreeing, or in some circumstances, formal written consent [for example: to receive blood products, sedation or general anesthetic]).

Exceptions to informed consent include triage or preliminary examinations, urgent or emergency health care needs, and psychiatric treatment for Forensic and Involuntary Patients who have been certified under the *Mental Health Act*. Healthcare workers can only provide involuntary treatment if it is authorized by the Director of a designated healthcare facility.¹⁰

Once you have given informed consent, it is generally considered valid for up to 12 months unless you withdraw your consent, the

⁸ Clinical Services Plan, s. 8.1; PHSA, *Consent to Health Care Policy, Policy #C-99-11-20568* (Vancouver: PHSA, 2020), s. 2 [Consent to Health Care Policy].

⁹ Consent to Health Care Policy, s. 2.

¹⁰ *Mental Health Act*, RSBC 1996, c. 288, s. 16(b.4).

opinion of the medical professional responsible for you changes, or other significant circumstances related to your health care needs change.

The most responsible provider (MRP) can determine whether certain individuals are unable to make their own informed consent decisions.¹¹ This means the responsible health care provider can decide if an individual doesn't understand the nature, consequences, risks and benefits of deciding to receive health care and also doesn't understand that the information given to them applies to their own situation.

In these cases, you can provide other types of consent. These include using Advance Directives¹² and Substitute Decision Makers,¹³ which can make decisions about your health care (except controversial or irreversible health care).

Continuity of care

BC Corrections healthcare policy provides you with the right of continuity of care. That means that your health care should not be

¹¹ Consent to Healthcare Policy, s. 3.

¹²“Advance Directive” is a written legal document made by a Capable Adult that: a) Gives or refuses Consent to Health Care for the Adult in the event that the Adult is not Capable of giving instruction at the time the Health Care is required, and b) Complies with the requirements of Part 2.1 of the *Health Care (Consent) and Care Facility (Admission) Act*.

¹³ PHSA, *Consent to Health Care: Procedure for Adults who Demonstrate Incapability*, Document #C-99-12-20569, (Vancouver: PHSA, 2020) [Consent to Health Care: Procedure for Adults who Demonstrate Incapability]; “Substitute Decision Maker” means an individual who acts on behalf of the Adult when the Adult is not Capable. There are three categories of Substitute Decision Makers:

- Personal Guardians;
- Representatives; and
- Temporary Substitute Decision Makers.

interrupted when you enter prison, are transferred between prisons or when you are released from prison.¹⁴

You should get an initial screening assessment by health care within 24 hours of entering a correctional facility.¹⁵

You should tell the health care professional about any medication you are taking and any medical problems you have, such as mental health or substance use problems.

You should tell them if you have allergies or if you need a special diet.

You can also tell them about other things that could be relevant to your healthcare. For example, if you are Indigenous, trans, two-spirit or gender-diverse, you may want to share that.

It is your choice what information you share. Just remember that healthcare cannot help you with issues they are not aware of. Your medical information should be kept private and not shared with corrections unless health care staff believe it is necessary for the safety and security of the patient, prison population, or staff.¹⁶

Confidentiality

In general, prisoners' health care information is private and confidential. Confidentiality means that healthcare does not share your health care information. However, it can be shared with corrections staff in certain cases if health care staff believe it is necessary for the safety and security of the patient, prison population, or staff.¹⁷ For example, corrections staff can get health

¹⁴ Clinical Services Plan, ss. 10-11.

¹⁵ Clinical Services Plan, s. 10.

¹⁶ Adult Custody Policy, s. 9.1.4.

¹⁷ Adult Custody Policy, s. 9.1.4.

alerts about a person's allergies and associated risks. They have to keep this health information confidential.¹⁸

All patient/client records are confidential, and their privacy has to be protected based on the *Freedom of Information and Protection of Privacy Act*. Any unapproved access, release, use, destruction, or changing of a patient/client record is a violation of confidentiality.¹⁹

You have a right to view your own clinical records. You can view them by either:

- Submitting the Correctional Health Services Access Request to Information form; or
- If you are in the Forensic Psychiatric Hospital, submitting the Health Information Management Authorization for the Release of Health Records form.²⁰

Medication

When you enter prison, your medicine is given to the intake nurse and then recorded by description only (for example, prescription medication: bottle, white pills, etc.) during the Effects Intake screen in CORNET.²¹ After the screen, your medicine can then be returned to your personal effects.²²

¹⁸ Clinical Services Plan, s. 8.2.1.

¹⁹ BCMHSUS, Management of Clinical Records, SHOP #C-03-11-50041, Policy # REC-100, (Vancouver: PHSA), s. 3.

²⁰ BCMHSUS, Release of Clinical Information, SHOP #C-03-11-50047, Policy # REC-212.POL.BCMHSUS, v 2.1, (Vancouver: PHSA, 2022), s. 2.1.1.

²¹ Adult Custody Policy, s. 12.1.1: CORNET is BC Corrections' electronic platform for document, case and quality management. It is an information and communications tool that integrates community and custody case management data and brings document and case management to the desktop of every BC Corrections user.

²² Adult Custody Policy, s. 3.5.4.

Prescribed medicine is reviewed and managed by the institutional physician or psychiatrist who decides whether to start, continue or stop medication.²³

The BC Corrections Branch uses a “medication formulary.” A medication formulary is a list of prescription drugs, both generic and brand name, that doctors are allowed to prescribe.²⁴

Doctors can prescribe drugs that are not on the list if they follow the restricted medication ordering procedures and note the condition or symptom. The Pharmacy then looks over the order and the CHS Medical Director has to approve it.²⁵ You have a right to appeal their decision. The first step is to ask to speak to the Health Services Manager, and if the issue still cannot be resolved, to submit a complaint to the Patient Care Quality Office.

Medication diversion

“Diversion” is when a prisoner gives their prescribed medicine to another person, sells it (this is illegal), or uses it in a way the doctor didn’t say was allowed.²⁶

If you are diverting your medicine, the doctor might think you do not need it and might consider cancelling your prescription.²⁷ However, as per the Medication Agreement and Consent Form, someone’s

²³ Clinical Services Plan, s. 10.1.

²⁴ BCMHSUS, Medication - Ordering Procedures: Restricted, Excluded/Non-Formulary and Non-CHS Formulary Subset Medications, SHOP # C-03-12-50482, Procedure # CCR-665.PROC.CHS, v 3.0, (Vancouver: PHSA, 2022), s. 2.

²⁵ *Ibid*, s. 3.1.

²⁶ BCMHSUS, Client Diversion of Medication Procedure, SHOP # C-03-12-50558, Procedure # CCR-645.PROC.CHS, v 6.0, s. 3 [Client Diversion of Medication Procedure].

²⁷ Client Diversion of Medication Procedure, s. 2.1.7.

medicine cannot be discontinued as a form of discipline. Before deciding whether to discontinue your medication, the person who prescribed the medication must consider:

- The safety and appropriateness of the client's treatment plan including specific medication and dosages;
- For medications that require tapering off, providing a safe and comfortable way to discontinue them (e.g. methadone, buprenorphine/naloxone, benzodiazepines, gabapentin etc.);
- Changing to a medication that has a lower risk of diversion after the prescriber reviews your medical history;
- Safety of the person who may be taking the medication after it was diverted to them and the safety of the person diverting their own medications; and
- Violation of a client Medication Agreement and Consent.

Corrections Branch Policy needs “**documented** proof of diversion by the patient” to be confirmed before your prescription can be changed or cancelled because of diversion.²⁸

Only doctors (prescribers) are allowed to change or discontinue medication. If a doctor decides to discontinue your medication over the telephone, you have the right to see the doctor at the next doctor's clinic to discuss your medication needs.²⁹

Self-administered medication

BC Corrections lets you take some medication on your own. It will be given to you in a blister pack, inhaler, or other approved product (for

²⁸ Client Diversion of Medication Procedure, s. 2.3.2.

²⁹ Client Diversion of Medication Procedure, s. 2.2.2.

example, eye drops and creams), and will have a green “for self-administration” label on it.³⁰

If you have a serious allergy, you can only keep and use your own EpiPen medication for self-administration if you are living in a “camp” facility,³¹ working away from the correctional centre, or on a temporary absence. In all other cases, health care staff will give you the EpiPen when ordered by a physician or nurse practitioner. When health care staff are not available to give you the EpiPen, correctional staff are allowed to administer EpiPen in emergency situations.³²

If you have never been on self-administered medications before, you will need to sign a ‘Client Agreement’ before the prescribed medication can be given to you. You can make an appointment with a nurse, pharmacist or prescriber to sign the agreement.

It is your responsibility to request refills before your prescription runs out by completing a health service request.³³ You will need to give back your empty blister cards when picking up your refills. You will only get one blister card at a time from the nurse and any leftover blister cards in your prescription will be numbered in order (e.g. 2 of 3). Your leftover blister cards will be kept in the medication room (self-administered medication storage area) for future use.³⁴

If your prescription expires or is discontinued, you will need to get a new self-administration prescription and any of the discontinued medication you have leftover must be given back to health care.³⁵

³⁰ BCMHSUS, *Self-Administration of Medications Procedure*, # C-03-12-50130, s.3 [Self-Administration of Medications].

³¹ For example, at Ford Mountain Correctional Centre and Kwikwèxwelhp Healing Village.

³² Adult Custody Policy, s. 9.21.

³³ Self-Administration of Medications, s. 6.

³⁴ Self-Administration of Medications, s. 4.

³⁵ Self-Administration of Medications, s. 7.

It is also your responsibility to make sure that your self-administered medication is included with your personal effects if you are transferred to another prison. If your medication is lost during transfer, it is your responsibility to report this to the nurse at the facility you are transferred to, who will get a new prescription or refill from the pharmacy.³⁶

You will need to take your self-administered medications as prescribed (the way the pharmacy, doctor, or nurse told you to), and this will be monitored by nursing staff. You are not allowed to share your medication with anyone else or divert (see “diversion” definition under “Medication Diversion”) your medication. If a health care professional decides there is evidence that you are not taking your medication properly, this will be explained to you and your self-administered prescription can be temporarily suspended or discontinued. You will be asked to meet with the prescriber to go over the change.³⁷

Corrections staff can stop you from taking your own medication for a period of time if there is a concern or evidence that you are not following the self-administration program rules. If they do, the corrections staff need to tell health care staff immediately. If you are stopped from taking your medication by yourself, it will be given to you while being watched by health care. The decision to stop or restart you on the self-administration program must be made by the prescriber.³⁸

³⁶ Adult Custody Policy, s. 9.7.6; Self-Administration of Medications, s. 6.

³⁷ Self-Administration of Medications, ss. 8-9.

³⁸ Self-Administration of Medications, s. 10.

Opioid Agonist Treatment

If you are on an Opioid Agonist Treatment (OAT) program when you come to prison, there should be minimal interruption in your treatment.³⁹ Health care should also make sure your OAT treatment continues when you are released.⁴⁰

You can start on an OAT program in prison if you are diagnosed with opioid use disorder and have a positive drug test.⁴¹ You may be recommended to start OAT treatment as soon as possible if you meet certain urgent criteria.⁴²

Once you are in the OAT program, even if you are on an intermittent sentence, you can keep getting your treatment without interruption. OAT may only be kept from you if there is serious concern for your safety and/or the safety of the institution. You should be given naloxone training and a take-home naloxone kit.⁴³

If you have just started OAT, you can expect a checkup by a doctor (prescriber) or OAT nurse every two weeks. Once you are stable, the checkups will happen every three to four weeks.⁴⁴

Once you are released from prison or a Forensic Psychiatric Hospital, the OAT nurse or person covering for them (the designate) should give you a discharge prescription to take with you. If you are being

³⁹ Usually Methadose, Suboxone or Sublocade; Clinical Services Plan, s. 8.3.2(b).

⁴⁰ Clinical Services Plan, s. 10.

⁴¹ Clinical Services Plan, s. 8.3.2(b); BCMHSUS, *Opioid Agonist Therapy (OAT) Policy, Policy Number CCR-655X*, (Vancouver: PHSA, 2018) [Opioid Agonist Therapy (OAT) Policy].

⁴² For example, if you are admitted in opioid withdrawal, are at a high risk of relapse, or if you are pregnant and using opioids. See Opioid Agonist Treatment (OAT) Policy.

⁴³ Opioid Agonist Therapy (OAT) Policy, ss. 1-4.

⁴⁴ Opioid Agonist Therapy (OAT) Policy, ss. 7-9.

released from a Forensic Psychiatric Hospital, they will also connect you with a doctor for OAT services in the community.⁴⁵

Access to specialists and recommended treatment

The institutional doctor or nurse practitioner decides if you should see a specialist and if you should get any treatment the specialist recommends.

CHS is responsible for scheduling appointments and arranging visits with specialists in the community when needed. CHS will also work with health care services in the community to make sure you continue getting care after you are released from prison.⁴⁶

Non-medical staff (corrections staff) cannot cancel or stop your off-site medical appointments or your transfer to the hospital. These appointments or transfers can only be cancelled or delayed in very special or emergency situations. The correctional manager can only do this after speaking with the health care manager.⁴⁷

If you are denied treatment that a specialist recommended, ask the institutional doctor to explain the reasons for denying you the treatment. You can also call Prisoners' Legal Services for help.

Fasting

You have a right to voluntarily fast as long as you are considered to be thinking clearly and fully understand what could happen from

⁴⁵ Opioid Agonist Therapy (OAT) Policy, ss. 10-11.

⁴⁶ Clinical Services Plan, s. 8.2.2.

⁴⁷ Adult Custody Policy, s. 9.25.

fasting.⁴⁸ You need to be able to consent to your own medical treatment and stay conscious during the fast. If you cannot do those things, the fast will not be allowed to continue.⁴⁹

When the health care staff learn about the fast, they must notify the Health Services Manager, the Warden, and other important medical and correctional heads.⁵⁰

You should be supported while you are fasting. This includes closely-monitored mental health assessments by doctors and nurses. You will also be connected with a Mental Health Coordinator.⁵¹

Infection Control

When you first get to the correctional centre, you should be given information and education about infection control. This must include, at least:

- Information on how to stop and control infectious diseases from spreading;
- Instruction on how to use items that prevent infection (for example, condoms, lubricants, and filtered bleach as a disinfectant);
- Up-to-date information on infection control.⁵²

⁴⁸ This type of “complete and voluntary abstinence from nourishment” is distinguished from a fast for medical or religious reasons. See BCMHSUS, *Client Fasting, Policy # CCR-160X*, (Vancouver: PHSA, 2019).

⁴⁹ Client Fasting, ss. 2-3.

⁵⁰ Client Fasting, ss. 5-10.

⁵¹ BCMHSUS, *Client Fasting Procedure # CCR-160X P.x.*, (Vancouver: PHSA, 2019), ss. 2- 4.

⁵² Adult Custody Policy, ss. 8.1.2, 9.19.9 and 9.20.5.

These items should be available and free on your living unit and in the health care unit (condoms and lubricant are available in both places). Filtered 30ml bleach bottles are also available in each living unit.⁵³

Communicable Disease

When you first get to the correctional facility, the intake nurse should offer to test you for communicable diseases, which are diseases that can spread from person to person. You can also ask for testing at any time. Testing must be voluntary, only done by your own choice. If you test positive for HIV and/or Hepatitis C, health care staff should provide ongoing counselling and support to you.⁵⁴

If there is a serious concern about a communicable disease at the institution, the person in charge may allow a prisoner to leave the centre for a short time. The person in charge must talk with the provincial director and Correctional Health Services managers. This may be done to:

- Remove an infected prisoner from a centre; or
- Protect a prisoner from catching a disease during an outbreak or possible outbreak at the centre.

Only the person in charge of the institution can start a communicable disease absence. It cannot be requested by an incarcerated person.⁵⁵

Vaccines for Hepatitis A, Hepatitis B, influenza (the flu), COVID 19, and other routine vaccines recommended by the BC Centre for Disease Control are available to people in custody. Tuberculosis (TB) skin tests are also available. You can ask for an assessment to see which vaccines you have already had and whether you need more.

⁵³ Adult Custody Policy, s. 9.20.4.

⁵⁴ Adult Custody Policy, s. 9.18.

⁵⁵ Adult Custody Policy, s. 5.2.11.

You can speak with health care staff about additional vaccines that may be available to you based on your health conditions and the BCCDC (BC Centre for Disease Control) guidelines.⁵⁶

Quarantine Units

Quarantine units are used when a group of incarcerated people have a communicable disease, might have one, or are at risk of getting one. Any person who has, or is at risk of having, a communicable disease can be put in medical segregation.⁵⁷

Prisoners in segregation or medical observation

Prisoners in segregation should be seen by health care professionals and have the right to talk to a health care professional, at least once every 24 hours.⁵⁸

If you are on separate confinement, CHS Clinical Staff must complete a Separate Confinement Mental Health Review on the first day. After that, they must do another review at least every 5 days, and also at the end of each 15-day separate confinement period.⁵⁹

Prisoners in segregation or separate confinement can be badly affected from being alone for long periods of time. This isolation can

⁵⁶ Clinical Services Manual, s. 8.2.3.1.

⁵⁷ Adult Custody Policy, s. 9.26; CAR, s. 17(1)(a)(v); Adult Custody Policy, s. 1.23.5.

⁵⁸ BCMHSUS, Health Care Visits to Clients in Segregation or Separate Confinement, Policy Number CCR-755.POL.CHS, v 2.0 (Vancouver: PHSA, 2022), s. 2.1.1; Clinical Services Plan, s. 8.3.1.

⁵⁹ BCMHSUS, Mental Health Reviews for Clients on Separate Confinement Status, Policy # C-03-12-50569 (Vancouver: PHSA, 2022).

worsen a person's physical and mental health. Isolation can lead to conditions such as:

- Lethargy (feeling very tired and having no energy)
- Anxiety
- Depression
- Anger
- Insomnia (trouble sleeping), or
- Self-harm.

Correctional staff should help create chances for meaningful human contact for people in segregation for more than two hours each day.⁶⁰ These opportunities include:

- Social interaction with peers during time out of cell
- Group programs and recreational activities
- Peer mentoring
- One-on-one talks with corrections staff that go beyond the normal daily routine of the centre
- Participating and talking with others in programming and health care, and
- Communication with community members who are outside the facility.⁶¹

CHS staff must recommend the removal of a person from isolation when their physical or mental health is negatively impacted, when they have existing mental and symptomatic health disability (including depression and anxiety) OR have been held in isolation for 22+ hours per day for more than 15 consecutive days.⁶²

⁶⁰ College of Physicians and Surgeons of British Columbia, *Treating Incarcerated Patients in Isolation (Version 1.1)* (Vancouver: CPSBC, 2026).

⁶¹ Adult Custody Policy, s. 4.1.7.

⁶² College of Physicians and Surgeons of British Columbia, *Treating Incarcerated Patients in Isolation (Version 1.1)* (Vancouver: CPSBC, 2026).

Mental health care

The BC Corrections Branch should give you:

- A mental health screening during intake when you arrive at the facility⁶³
- Crisis intervention
- Basic mental health care and treatment
- Psycho-diagnostic assessment when needed, and
- Help planning for your mental health care after release.⁶⁴

If you need mental health care while in custody, you can submit a Health Care Request form or ask to speak with the Mental Health Liaison Officer, who should be able to direct your request to the right people. If your request is denied, you can call Prisoners' Legal Services for help.

You may be temporarily transferred to a mental health facility. This can happen when the person in charge of the correctional centre decides it is necessary and approves a temporary transfer after consulting with a health care professional.

Persons who have a legal holding document for continued detention in a correctional centre, and receive a court order for psychological assessment or certification under the BC Mental Health Act, are moved to a designated mental health facility (for example the Forensic Psychiatric Hospital). This transfer happens as a medical

⁶³ The Mental Health Needs and/or Indigenous Considerations form must be completed by correctional staff through interviewing prisoners within five days of admission to a correctional centre: see Adult Custody Policy, s. 4.1.8.

⁶⁴ Adult Custody Policy, s 9.1.9, Clinical Services Plan.

temporary absence. Your personal effects remain at the correctional centre while you are on a medical temporary absence.⁶⁵

If you only have a court order for psychological assessment but no order to stay in the correctional centre, you will be released to the mental health facility and your personal effects will go with you.

If you have mental health needs, you may be designated as an “inmate with mental health needs” (IMHN).⁶⁶

Prisoners at risk of self-harm and suicide

If a prisoner is at risk of self-harm or suicide, the correctional supervisor or manager may decide to place them in a separately confined cell. This can happen if there is risk that the person might hurt themselves or others, or jeopardize the management, operation or security of the correctional centre.⁶⁷

Health care professionals must assess the level of risk for self-harm or suicide, which correctional supervisors or managers must consider in determining appropriate protocols. To keep the person safe, the staff may use a suicide smock, take away some of their items, and/or use restraints.⁶⁸

Staff must do visual checks on you at least every 15 minutes. These checks will happen at irregular times (not on a regular schedule).⁶⁹

If you are on a self-harm or suicide protocol, you will be assigned a mental health liaison officer and/or case manager. They should meet with you regularly. They will also work with the correctional

⁶⁵ Adult Custody Policy, s. 9.10.1.

⁶⁶ Adult Custody Policy, s. 4.7.1.

⁶⁷ *Correction Act Regulation*, s. 17 (1)(a)(i-V); Adult Custody Policy, s. 9.13.3.

⁶⁸ Adult Custody Policy, s. 9.13.7.

⁶⁹ Adult Custody Policy, s. 9.13.5.

supervisor to develop and implement an Intensive Care Management Plan. This plan will address your personal risks, needs and behaviours.⁷⁰

If you are placed in segregation against your wishes due to being at risk of self-harm or suicide, you can call Prisoners' Legal Services for assistance with alleviating your segregation status.

If you are in crisis and would like to speak with a mental health professional, you can ask to speak with a mental health professional at the prison or call one of the following helplines. However, note that these helplines may contact 911, emergency services and/or law enforcement if they believe you to be at risk of harming yourself or others:

- **BC Mental Health Support Line:** This service can help when you're really upset or scared, but you can also call if you just need to talk with someone. They can also connect you to help in your community. It's free, anonymous, confidential and available 24/7. Call 310-6789 (no area code).
- **9-8-8 National Suicide Crisis Helpline:** This phone line provides free access to 24/7 emotional, and crisis support in English or French. Call or text 9-8-8 to connect with someone on matters of emotional distress or thoughts of suicide.
- **BC Suicide Prevention and Intervention Line:** This phone line provides confidential support for people who are in crisis or have thoughts of suicide or self-harm. You can also call this number if you are concerned about someone else's mental health. Call 1-800-784-2433. It stands for 1-800-SUICIDE.
- **KUU-US Crisis Line:** This is a 24-hour provincial crisis and counselling line for First Nations Elders, adults, children and youth in need throughout BC. Call 250-723-4050 or 1-800-588-8717.

⁷⁰ Adult Custody Policy, s. 9.13.8.

- **Hope for Wellness Helpline:** Hope for Wellness Helpline is available 24/7 to all Indigenous people across Canada. Call 1-855-242-3310.
- **Indian Residential School Crisis Line:** This is a national service for anyone experiencing pain or distress as a result of their residential school experience. Call toll-free 1-866-925-4419.
- **Métis Crisis Line:** This is a service provided by the Métis Nation British Columbia. Call 1-833-638-4722.

If you identify as trans, gender diverse or questioning, you can call the **Trans Lifeline** at 1-877-330-6366 between 10 AM and 6 PM, Monday through Friday. You can call Trans Lifeline if you need someone trans to talk to, even if you're not in a crisis or if you're not sure you're trans. Trans Lifeline does not participate in nonconsensual active rescue i.e. they will never call 911, emergency services or law enforcement without your consent.

Health care complaints

It is usually best, and fastest, to try to resolve problems with health care staff directly. Staff are expected to attempt to resolve the complaint within their area of responsibility.

If this does not fix your problem, you can escalate your complaint to the Health Services Manager or designate. To do so, fill out the "B.C. Correctional Health Services Health Care Complaint Form".

Take clear notes and write down everything that happens with the staff person or health care professional you are having problems with. Include the time and date of when things happen, and direct quotes of what the person said to you. Make sure to write down their name. Ask the staff person or health care professional for their name if you do not know it. Keep all papers and documents related to your health care complaint.

The Health Services Manager will attempt to resolve the problem locally. If this is not possible, they will help you complete a “BCMHSUS CHS Client Service Feedback Form” (CHS 3000) which is a formal complaint to the PHSA Patient Care Quality Office (PCQO). The Health Services Manager will work with the PCQO to respond to the noted concerns and provide a letter of response within 40 business days.⁷¹

If you have a complaint about a health care professional, you can make a complaint to the medical college that regulates the person’s profession. The medical college will investigate your complaint and might try to resolve it if they agree with you that the health care professional did something wrong. If they conclude that the health care professional acted appropriately, they will dismiss your complaint.

If you disagree with the college’s decision, you can ask for a review by the Health Professions Review Board. For more information about this process, you can call Prisoners’ Legal Services or contact the appropriate medical college directly:

- **College of Physicians and Surgeons of BC (CPSBC):** Regulates medical practitioners (doctors), podiatrists, clinical perfusionists, respiratory therapists, radiation therapists, and medical laboratory technologists.
 - Mailing Address: 300–669 Howe Street, Vancouver, BC, V6C 0B4
 - Telephone: 604-733-7758
 - Toll-free: 1-800-461-3008
- **BC College of Nurses and Midwives (BCCNM):** Regulates nurse practitioners, registered nurses, registered psychiatric nurses, licensed practical nurses, midwives.

⁷¹ BCMHSUS, *Complaints Management in Correctional Health Services PROCEDURE*, Policy # CCR-105 P.x. (Vancouver: PHSA, 2019), s. 3.

- Mailing Address: 900 – 200 Granville St., Vancouver, BC, V6C 1S4
- Telephone: 604.742.6200
- Toll-free: 1-866-880-7101
- **College of Health and Care Professionals of BC (CHCPBC)**: Regulates audiologists, dietitians, hearing instrument practitioners, occupational therapists, opticians, optometrists, physical therapists, psychologists, speech language pathologists, and psychotherapists.
 - Mailing Address: 900 – 200 Granville St., Vancouver, BC V6C 1S4
 - Telephone: 604-742-6715
 - Toll-free: 1-877-742-6715
- **College of Complementary Health Professionals of BC (CCHPBC)**: Regulates chiropractors, registered massage therapists, naturopathic physicians, and traditional Chinese medical practitioners and acupuncturists.
 - Mailing Address: 900 – 200 Granville St., Vancouver, BC, V6C 1S4
 - Telephone: 604-742-6670
 - Toll-free: 1-888-742-6670
- **BC College of Oral Health Professionals (BCCOHP)**: Regulates dentists, dental hygienists, dental technicians, and denturists.
 - Mailing Address: 110 – 1765 8th Ave W, Vancouver, BC V6J 5C6
 - Telephone: 672-202-0448
 - Toll-free: 1-888-202-0448
- **College of Pharmacists of BC (CPBC)**: Regulates pharmacists and pharmacy technicians
 - Mailing address: 200 - 1765 West 8th Ave, Vancouver, BC, V6J5C6
 - Telephone: 604-733-2440 or 800-663-1940

You can call Prisoners' Legal Services for help with health care complaints at any time during the process.

Indigenous rights and health care

Health care programs and services offered by CHS must be free of racism and discrimination against Indigenous people. Indigenous people in prison must receive screening, assessments, care planning, services and discharge plans that are comprehensive and meet their specific needs.⁷²

Here are the extra supports available for Indigenous people in prison;

- Indigenous self-identification when you arrive at the prison (at admission),
- Offer to refer to Indigenous-specific services,
- Referral to BC Corrections Indigenous Cultural programs,
- Indigenous Patient Navigator (IPN) services,
- Connection to community-based Indigenous Services upon release from prison, and
- Indigenous self-identity will be included in all aspects of care planning with the client's permission.⁷³

PHSA can refer you to the First Nations Health Authority (FNHA) and to Indigenous community health care providers.⁷⁴

Transgender health care

Transgender prisoners may require specific personal items for their gender-affirming care. When a request for personal items is made for health reasons, correctional staff consult the director, mental health services and/or Correctional Health Services.⁷⁵

⁷² Clinical Services Plan, s. 3.2.1.

⁷³ Clinical Services Plan, s. 8.3.2.

⁷⁴ Clinical Services Plan, s. 8.1.

⁷⁵ Adult Custody Policy, s. 4.10.6.

PHSA has a Transgender Health Program that offers a lot of helpful health-related information. You can contact TransCare BC at 1-866-999-1514 and they can help connect you to gender-affirming health care and wellness resources.

CHS is responsible for setting up gender-affirming treatment that matches this program.

Getting legal help

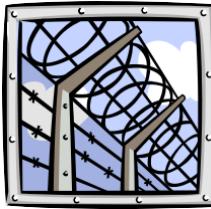
Contact Prisoners' Legal Services at 604-636-0464 for advice or assistance with issues that affect your liberty, human rights, or healthcare. Our phones are open Monday to Friday from 9:00 am to 11:00 am and from 1:00 pm to 3:00 pm. Our phone lines are closed on Wednesday afternoons.

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This publication contains general information only. Each situation is unique. Law and policy can also change. If you have a legal problem, contact Prisoners' Legal Services or a lawyer.



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