

## Correctional officers call for inmates' medical information

*UCCO pushing for federal Blood Samples Act requiring disclosure after exposure*

BY LIZ FOSTER

**THE UNION** of Canadian Correctional Officers (UCCO) is once again pushing for improved safety measures.

The union is calling for a federal Blood Samples Act, which would provide members with an inmate's medical information following contact with their bodily fluids.

Officers are regularly attacked with urine, feces and blood, said Jason Godin, second national vice president of UCCO. Currently, correctional officers in federal institutions do not have a right to know if an inmate has a disease that could be passed on to them through contact with bodily fluids.

"It is a fairly regular occurrence in our line of work, unfortunately, and sometimes it's almost impossible to prevent," Godin said. "It's a pretty scary situation."

UCCO represents more than 7,000 employees at 40 institutions across Canada. The union has been lobbying for a federal Blood Samples Act since 2005.

"The frustrating part for us is that seven out of ten provinces have already adopted this legislation," Godin said. "It seems we're lagging behind the provincial jurisdictions."

The union's proposed Blood Samples Act would require inmates to submit to a blood test following a significant exposure so that an officer knows whether or not they are at risk of contracting a blood-borne disease.

Correctional Service Canada defines a significant exposure as an exposure where an open wound or mucous membrane — the officer's eyes, nose or mouth — makes direct contact with an inmate's bodily fluid or when the skin is penetrated as the result of a bite, stabbing or needle pricking.

Following a significant exposure, Correctional Service Canada recommends employees follow prophylaxis protocol. The protocol requires employees remove any contaminated clothing, wash any injured areas with soap and

water, flush the eyes, nose or mouth with water if necessary and report the exposure to their supervisor.

Officers who have suffered a significant exposure must then decide if they want to go on "the cocktail." The cocktail is a variety of anti-retroviral therapies that reduce the likelihood of contracting a blood-borne disease.

"It's a serious drug," Godin said of the cocktail. "If you talk to the officers that have been exposed before, the side effects are unbelievable. It's almost like being on chemotherapy."

Currently, Godin said, officers must make this decision without any information about the inmate's health. Through the Blood Samples Act, officers exposed to the bodily fluids of inmates without a blood-borne disease would not have to needlessly subject themselves to the cocktail.

"It's something an officer really has a right to know," Godin said. "Some of our critics would say it's a privacy issue and that's really frustrating. We don't need to know an inmate's medical history. The only time we need information is when we're attacked. So, what we're saying is, when we're attacked, that's the time we need to know simply if there's a possibility they could have passed a blood-borne disease onto us and, ultimately, our family as well."

Following a significant exposure, he said, correctional officers undergo medical testing and practice preventative measures with their family and friends for six months.

"It's traumatizing, the impact this has on your personal life," Godin said. "This isn't just an issue of protecting the physical safety of correctional officers; this is also an issue of mental and emotional health."

Safety consultant Alan Quilley agreed that the emotional distress correctional officers suffer following a significant exposure should be considered in developing safety procedures.

"Here are people running towards danger when everyone else is running away," Quilley

said. "So I think that deserves different considerations. I think society has to accept that those people are putting themselves at larger risk, so maybe the rules that apply to you and I may be different than the rules that apply to them, for their own protection. It's a hard job and if you don't protect these people, who's going to take the job next time? Eventually you're going to run out of people who are willing to run toward the danger."

From a safety perspective, Quilley said the proposed Blood Samples Act is in keeping with current medical advice. However, there are other measures correctional officers could take to further protect themselves, he said.

Personal protective equipment — including eye protection, gloves and face masks — should be implemented by all medical workers and other professionals who could potentially come into contact with bodily fluids, Quilley said.

"The move to wearing personal protective equipment is pretty much inevitable," he said. "Even in medical care facilities not everyone is wearing safety glasses when they should. Your dentist, you'll probably notice, wears safety glasses. But your doctor doesn't."

Utilizing this universal protection is crucial for the protection of employees, Quilley said, but if someone intends to do you harm — as is sometimes the case for correctional officers — the use of personal protection equipment and the observance of procedures of engagement likely won't be enough.

"If someone wants to do you harm, there's not much you can do. It's inevitable and I'm sure that's why they're concerned," he said.

"The best protection is to stop it as best you can with procedures and personal protection equipment and then mitigate the risk after the fact if it happens. If you get exposed to blood or bodily fluids, the best course of action is to know what it is (you've been exposed to) and then treat it immediately."