Nursing Perspectives: A Correctional Facility During COVID-19

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Introduction

Dr. Brenda Mishak, PhD, RN, NP, is a nurse practitioner based in Saskatchewan with a PhD in Organization and Management. She is an Assistant Professor (Academic Programming) at the University of Saskatchewan's College of Nursing, teaching in both the undergraduate program and the graduate Nurse Practitioner program.

On March 11th, 2020, Dr. Mishak received a jarring phone call: Saskatchewan Penitentiary, where she had been working as an on-call nurse, had a patient showing signs of COVID-19. Though that patient tested negative, the virus later breached the walls of the prison in December, leading to a five-week shutdown from December 20 to January 25. What follows is her personal perspective on that experience.

The following interview has been edited for conciseness.

After getting your start in nursing, what made you decide to move into being a nurse practitioner?

I always wanted to be a public health nurse. That's why I actually went in to get a degree in nursing – in those days, you could've done a diploma and worked at the hospital. I started working at what is now Sask Poly [Saskatchewan Polytechnic] as the school health nurse. I taught a few classes for the special care program, so I kind of got this taste for teaching. I got into teaching and spent countless nights preparing notes and lectures for the practical nursing program – and I still had a full clinical practice. I really wanted to be able to serve my community to the best of my ability. And I figured, I'm already up doing lectures and studying for students, I may as well just study for myself.

That was in the early 2000s, and we didn't even have nurse practitioner positions really formalized in Saskatchewan. It was really at the beginning of the whole NP movement. So, there was a lot of ground to break, a lot of barriers, and I think that feeds into where I am today...

You mentioned that you started working as a nurse practitioner at the very beginning of the NP movement, and now it's one of the fastest-growing sectors of nursing in Canada. What are your thoughts on how the role has evolved over time?

Well, it's interesting because I was the first NP in Canada to have a contract with Correctional Services Canada, and I'm one of the first NPs in Saskatchewan to be medical director at a medical spa, so there's always new frontiers and I think that's what's so energizing. We're seeing NPs in long-term care making significant

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outcomes and health improvements for residents. We're now part of the Medical Assistance In Dying discussions. We now sign death certificates. Every year, there is more and more.

What I find is that the scope is ever-increasing… but there is no change in renumeration. We still are really pigeonholed when it comes to employment. And I think that puts the people in Canada at a disadvantage for access to care. That's what I believe.

You'd been on-call for about 6 years when you received the call. Can you describe that experience in a little more detail?

It's that moment in time where it's just like the whole clock stood still. Public health is my background, so I'm really aware of how the whole back of the system works. So, of course, you're watching the news, and you know the penitentiary is a closed environment, it's an area with high communicable disease, so really on high alert…So, when the phone call came in, I was like: "We're not ready for this". And, when I say that, I mean that society wasn't ready for this – for an outbreak or a case at a penitentiary. It was very much minute-by-minute, not even day-by-day, just trying to figure out what to do.

Can you describe how going back to your nursing roots helped you handle the situation?

Going back to being a public health nurse, the first call on any outbreak would be to your medical health officer. I knew that, in Saskatchewan, we have a Medical Health Officer on-call 24/7. So, I phoned the local hospital, asked for the MHO on-call, and said "I've got this patient exhibiting these signs," and he loaded up swabs in his car and drove them out there.

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We put the patient into the TB [tuberculosis] room, which is negative pressure…And then phoned the MHO to get swabs and started the process for testing. That really kicked the planning into high gear at the pen [penitentiary].

Can you describe a bit more about that planning process? After the MHO had gone, what was the initial reaction?

I don't think fear is a bad way to describe it; people were afraid. We didn't know what we were dealing with, how fast this could spread, if it was even in the institution. Cleaning protocols had to be established, testing protocols. I wrote out an email of steps to do. Even though my role as an NP wasn't necessarily to provide communicable disease guidance, you go back to: 'This is what I know I can do to help in this situation'. Trying to provide information, but not causing more fear to people.

So, there was tension because of that uncertainty.

There was a lot of uncertainty. How do you provide healthcare, keep the patient safe, and

the staff safe, and the correctional staff safe? We didn't have full access to masks, to everything that was needed. In the future, we figured it out. But, at the time, it was very unsettling, not knowing what you needed and, if you needed it, where you would get it.

It's a different situation, now [with vaccines and more knowledge of the virus].

Exactly! We just had to get there. I think this last year was that getting there and keeping people as safe as possible. I don't want to minimize the effects on people on the outside, and I know people don't often have a lot of sympathy for people that are institutionalized or in prison, but to be quarantined in your own home is one thing; to be quarantined in a concrete cell by yourself is another level of hardship. I think that there was very limited sympathy and empathy for the people we cared for, and I think, as a society, you're measured on how you treat the most vulnerable. I think we had to be really creative in keeping healthcare services the best we could during such a difficult time.

What strategies did you use to maintain care?

In the institution, the nurses were assigned to wings; you're kind of 'cohorting' your nursing. Saskatchewan Penitentiary has three institutions within it; the minimum, the medium, and the max. Reducing the number of providers; if I provided service only to the max, I didn't go into the main, I didn't go into the minimum, so really restrict[ing] the movement of the care providers to the facility they were assigned to. Phone conferences, video conferencing, those were the ways to keep the services where we could without increased risk to the patient or the provider.

That initial test result was negative.

That's right. Oh, what a sigh of relief.

You mentioned that was the kickstart to all the meetings and system improvements. What was the environment like at that time?

We were all pins and needles until the negative test result came, then we had the debrief: "What if that was positive? What would we have done?". It really provided the case scenario, because oftentimes you think: "It's not going to happen to us...We're in Saskatchewan, we're way far away from Vancouver or Toronto". But it could've happened. It could've been positive. We weren't caught flat-footed on the outbreaks because we were already feeling the stress early.

How do you think that the institution was able to keep the virus at bay until December?

I think it was the cohort-ing of security staff and healthcare personnel, I think the increase in hygiene, the cleaning was significant; offenders had masks. I think the reduction of offender movement was a significant way to reduce the transmission, but that also had a negative effect on mental health and offender health.

There was a lot of meetings, and a lot of teamwork. I think that's the other part that was really highlighted during the pandemic: it's everyone's job. Taking someone's temperature is a nursing role until there's a pandemic, and then that's a security role, because you can't get into the building without your temperature taken. Those kinds of things, where I think people had to be responsive, and they were. I think everyone did their part.

It was December that you described as your professional lives being 'tested like never before', during the five weeks of self-isolation. How did that experience affect you?

I was actually doing Telehealth by then; I only did phone conferences. I was supporting the

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nursing staff, the nurses I work with. Hearing their stories of not being at the dinner table after work; other people in the house having to get gas for the cars; driving their kids to school, they couldn't do; they were supposed to have Christmas dinner in their room. So, I think that feeling of: At what point is it work, and at what point is it your home? I think that was a very heavy burden for the nursing and security staff at the penitentiary. To me, that was above and beyond.

So, at this time you were providing phone services, but did you have a sense of what the atmosphere was like for those who were still working in-person?

A lot of anger by the healthcare staff because they were being treated differently than other institutions, other provinces, other healthcare providers within the same city. It was like they were plagued; they were being othered by the rules and restrictions. Fear, like: "Is it that bad? That I have to be in my bedroom, and I can't see my kids?" The entire healthcare team and the security team were heavily burdened by this.

More broadly speaking, how do you think that this experience has changed your perspective on the nursing community, the profession?

You know, I think the profession of nursing is – and this'll hit me in the heart – is so strong. Nurses are so resilient. In my other job, I'm like: "No, no, I'm not a hero. I'm a human...I don't have magic powers. I'm exhausted on every level". I think that level of exhaustion is just right below the surface on so many providers. I think there's going to be some time for healing for nursing; I think the systems need to change. Appropriate funding, appropriate educational supports, appropriate team-building, professional development – those systemic changes are what has to happen.

At the end of those five weeks, did you see the difference in the environment for those who had been in the facility during that time?

I think there was a sense of absolute relief... People have said, you know, "I went for a ride with my dog in the car just 'cause I could". People were just driving around, not even going anywhere, just to get out of the house. And if kids had a practice of some kind that was allowed by the rules of the time, they were just excited to take their kids to practice and be there in the car when they were done.

You've described teamwork as being very important throughout this experience. Do you think that's something you'll carry forward into future practice?

Oh, yeah. I think it highlights the importance of teamwork; everyone brings significant value to the team. And acknowledging the work that they're doing and the impact that's having on them. I often say: "Some of us are rowing the boat, and some of us are in the crow's nest". We don't have the same perspective. So, someone in a different position might have a different perspective you never thought about. I think being more open to differences in perspective has certainly been a lesson learned. I've always been a team player, and I think that just solidifies the importance of teamwork.