

POLICY TEMPLATE STARTER

Why create a policy or position statement for women and gender-diverse people experiencing incarceration and seeking family planning care?

In the absence of consistent legislation or national standards in Canada, locally developed policies can provide an ethical and operational foundation for care.

A clear policy can help:

- **Support advocacy for equitable care**, including respect for dignity, privacy, and confidentiality
- **Provide legitimacy** by offering staff an official document to reference when interacting with correctional officers
- **Set the rules for your health setting**, rather than the correctional facility implementing their default policies
- **Support onboarding and training** of new staff
- **Promote institutional memory**, reducing reliance on individual relationships when staff roles change

The following pages outline a starter policy with example statements. We invite you to take this document and edit it to fit the needs of your health-care setting.

[LOGO] <i>Name of health-care setting</i> Policy	Title / Policy Name:	Family Planning Care for People Experiencing Incarceration
	Policy number / Code:	
	Department / Unit:	
	Site Approval / Section:	
	Effective Date:	

1.0 Policy / Objective

- Support advocacy for equitable care, including respect for dignity, privacy, and confidentiality for patients/clients experiencing incarceration
- Provide guidance for when interacting with correctional officers

2.0 Equitable and Equivalent Care

The organization will assert the obligation to provide equivalent care to incarcerated people as is available to people in community, including respect for dignity, privacy, and confidentiality.

Example points:

- *Patients who are experiencing incarceration retain the same rights as any other patient, including informed consent, refusal of treatment, advance directives, and discharge decision-making.*
- *Patients make their own health decisions; correctional officers are not surrogate decision makers, though they may be notified if a substitute decision maker is required.*
- *Health-care staff should use respectful, person-first language and avoid carceral terms (e.g., “inmate,” “offender,” “prisoner”).*
- *Do not ask about a patient’s legal circumstances, charges, or convictions unless directly relevant to health care; these discussions may bias clinical decision-making.*
- *Focus clinical assessment on medical history and social determinants of health, even when these factors intersect with incarceration; admission and anticipated release dates may be clinically relevant.*
- *Limit information shared with correctional officers to the minimum necessary for safety or care coordination (e.g., brief condition checks such as stable or critical).*
- *Offer Elder services at intake if at all possible. If the patient is interested, pre-arrange to have an Elder on-site for the arranged time.*

3.0 Privacy from Correctional Officers and Use of Restraints

The organization commits to ask correctional officers to leave the room and to remove restraints and suggest strategies to follow through with this commitment.

Example points:

- *Correctional officers should be asked to leave the room to allow for privacy during clinical encounters when safe, appropriate, and desired by the patient.*
- *Health professionals should be involved in decisions about the removal or use of restraints and may request their removal when clinically appropriate.*
- *When restraints are used, apply the least restrictive option based on individual risk assessment, inspect and document skin integrity daily, and reassess the ongoing need frequently as patient status changes.*

4.0 Documentation and Data Practices

The organization will employ documentation practices and data collection protocols for services provided to and experiences with incarcerated people.

Example points:

- *Document clearly (no hand-written consult notes) with specifics including who was present in the exam room, their roles, and what restraints/security measures were used and why.*
- *Document approaches to security measures, resolving disagreements and decision points (e.g., correctional officer presence).*

5.0 Reduce Voyeurism and Alarm

The organization will minimize unnecessary attention, disruption, and stigmatization within clinical spaces.

Example points:

- *Patients experiencing incarceration will enter and exit through a back entrance and have a secure private area for waiting and recovery.*
- *Book the patient at the end of the day.*
- *Limit moving the patient around during their visit. For example: Counselling session and pre-op to be done in the same room. The patient will return to the counselling room after their ultrasound is complete. After the procedure, the client will be brought back to the counselling room to recover.*

6.0 Follow-Up and Information Sharing

The organization will enhance follow-up and information sharing

Example points:

Policy: Family Planning Care for People Experiencing Incarceration

- *Unless individual risk assessment precludes, patients experiencing incarceration are notified of their discharge plans (potentially without exact follow-up dates) and provided instructions written at a level that accounts for the patient's health literacy.*