

Custodial Operations Policy and Procedures

6.2 Hospitalisation of inmates

Policy summary

The Justice Health & Forensic Mental Health Network (JH&FMHN) in consultation with the governor of a correctional centre must provide or arrange for the provision of all basic health care and medical services to inmates in NSW correctional centres.

The governor, on the advice of JH&FMHN clinical staff, should arrange for an inmate requiring emergency assessment, medical or surgical treatment to be transferred to the nearest appropriate general public hospital immediately.

Management of Public Correctional Centres Service Specifications

Service specifications	Decency and respect Health services Rehabilitation and reintegration Safety and security
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Scope

This section applies to all correctional centres and other facilities administered by or on behalf of Corrective Services NSW (CSNSW).

It also applies to all CSNSW employees, and where relevant to other personnel such as JH&FMHN, contractors, subcontractors, and visitors.

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1 Hospitalisation of inmates

1.1 Elective and emergency admission

JH&FMHN in consultation with the Governor of a correctional centre must provide or arrange for the provision of all basic health care and medical services for inmates in NSW correctional centres at no cost to the inmates.

All clinical services provided must be within the scope of JH&FMHN policies and procedures, its model of care and the qualifications of the healthcare providers. Accordingly, the Governor, on advice from JH&FMHN clinical staff, should arrange for an inmate requiring emergency assessment, medical or surgical treatment to be transferred to the nearest appropriate general public hospital immediately (**refer to COPP section 13.2 Medical emergencies**).

Any emergency referral decisions should be made by the responsible nurse when available on site or contacted by telephone, or the responsible custodial officer, when the nurse is not available on site or contactable on the telephone.

Elective admissions to the nearest public hospital may also be arranged, provided that:

- the required treatment is available through that hospital
- appropriate security arrangements with the local hospital have been made by the Governor (**refer to COPP section 19.6 Medical escorts**)
- approval has been sought from the Network Director of Nursing & Midwifery Services (NDNMS). The Nursing Unit Manager (NUM) or Nurse in Charge (NIC) should discuss admission of female inmates with the NDNMS.

Female inmates may be directly transferred from the centre to the nearest public hospital, which will be arranged through the Governor, Functional Manager (FM) or Officer in Charge (OIC).

Any elective admissions for male inmates should be through the Long Bay Hospital Medical Appointment Unit to the Prince of Wales Hospital.

In conjunction with this policy, the JH&FMHN policy *1.252 Access to local public hospitals* applies.

1.2 Mental health admission

Following a court appearance for diversion on an order under section 33 of the *Mental Health (Forensic Provisions) Act 1990*, inmates must be transferred to the nearest public mental health facility for a psychiatric assessment.

Direct transfer from the centre should be arranged by the Governor, FM or OIC. This transfer is to be conducted by CSNSW or NSW Police Force (NSWPF). If this takes place during business hours the centre NUM must be informed. If it is outside business hours the After Hours Nurse Manager (AHNM) must be informed of the transfer.

Inmates requiring ongoing mental health care on release with a schedule 1 certificate under the *Mental Health Act 2007*, must be transferred to the nearest public mental health facility for psychiatric assessment.

Staff of the receiving facility must be notified of the pending transfer by JH&FMHN clinicians. JH&FMHN clinicians will arrange for transfer of the inmate with NSW Ambulance (**refer to COPP section 23.2 Releases from correctional centres**).

1.3 Procedure for notification of emergency contact person

	Procedure	Responsibility
1.	Contact the inmate's Emergency Contact Person (ECP) as soon as possible and on the same day that it is confirmed that an inmate is: <ul style="list-style-type: none"> admitted as an in-patient (remaining overnight in the hospital) with little or no advance warning (such as with a heart attack, appendicitis, serious assault) their medical condition becomes life threatening. 	Governor/ Authorised officer
2.	Inform the inmates ECP if the date that the inmate was originally scheduled to return to the correctional centre is changed.	Governor/ Authorised officer
3.	Ensure that a staff member checks whether the inmate has any visits book for the day that the inmate is taken to hospital for medical treatment or a medical appointment: <ul style="list-style-type: none"> If a visit has been booked, the visitors must be advised that the inmate will not be available due to attendance to a medical appointment. If the visitor is the Next-of-Kin (NOK) or ECP, they may be told about the inmate's medical condition, otherwise the inmate's permission must be granted before any information is disclosed. If a visit has not been booked, no further action is required regarding notification of visitors (refer to COPP section 19.6 Medical escorts for details on visits to inmate patients). 	Governor/ Authorised officer

1.4 Procedure for notification of consulate or embassy

	Procedure	Responsibility
1.	Gain the consent of the hospitalised inmate to contact their consulate or embassy if they are a foreign national, and conscious.	Governor/ Authorised officer
2.	Inform the relevant consulate or embassy as soon as practicable if a foreign national is hospitalised while in CSNSW custody (refer to COPP section 13.2 Medical emergencies for procedures in the case).	Governor/ Authorised officer

2 Quick links

- [Related COPP](#)
- [Forms and annexures](#)
- [Related documents](#)

3 Definitions

AHNM	After Hours Nurse Manager
Authorised officer	The officer authorised by the Governor to perform the functions set out in this part of the Custodial Operations Policy and Procedures.
COPP	Custodial Operations Policy and Procedures
ECP	<p>An inmate's nominated contact person in case of a medical emergency, such as, but not limited to spouse, de facto partner, a parent, adult child, sibling, or trusted person. ECP can be the same person as the nominated NOK.</p> <p>The ECP is contacted if an inmate is taken to hospital with life threatening injuries and it is obvious he or she will be admitted. For non-life threatening injuries, the inmate's ECP is contacted on the day admission to hospital is confirmed.</p> <p>An inmate's consent to contact the ECP will be obtained unless the inmate is incapable of giving consent.</p> <p>The ECP will also be contacted if an inmate is an inpatient and:</p> <ul style="list-style-type: none"> - Their medical condition deteriorates and becomes life threatening; or - Their hospital stay is extended beyond the expected hospital discharge date. <p>The ECP is not contacted in the case of death, unless they are also the nominated NOK.</p>
FM	Functional Manager
JH&FMHN	Justice Health & Forensic Mental Health Network
NDNMS	Network Director of Nursing & Midwifery Services
NOK	<p>An inmate's nominated contact person in the case of death, or deemed life threatening by Health staff, such as, but not limited to spouse, de facto partner, a parent, adult child, sibling, or trusted person.</p> <p>The NOK is contacted in the case of death and this is done by Police.</p> <p>The NOK will not be contacted upon admission to Hospital for a non-life threatening situation.</p>
NSWPF	NSW Police Force
NUM	Nursing Unit Manager
NIC	Nurse In Charge

4 Document information

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1.0		Initial publication (<i>Replaces section 7.3.7 of the superseded Operations Procedures Manual</i>)
1.1	12/03/20	General formatting update and improvements
1.2	08/07/22	Expanded NOK and ECP definitions