

Child Residents (In Adult Correctional Centres) – Clinical Responsibilities

Policy Number 1.070

Policy Function Continuum of Care

Issue Date Draft

Summary This policy outlines the responsibilities for Justice Health and Forensic Mental Health Network staff in the provision of first aid and mandatory reporting for child residents in New South Wales correctional centres.

Responsible Officer ED Clinical Operations

Applicable Sites

- Administration Centres
- Community Sites (e.g. Court Liaison Service, Community Integration Team, etc.)
- Health Centres (Adult Correctional Centres or Police Cells)
- Health Centres (Juvenile Justice Centres)
- Long Bay Hospital
- Forensic Hospital

Previous Issue(s) Police 1.070 (March 2014)

Change Summary

- Updated position titles
- Updated hyperlinks to internal and external documents
- Wording and grammar changes
- Addition of JH&FMHN Responsibilities – Child Protection Training

TRIM Reference POLJH/1070

Authorised by Chief Executive, Justice Health & Forensic Mental Health Network

1. Preface

This policy outlines the responsibilities for Justice Health & Forensic Mental Health (JH&FMHN) staff in relation to child residents in NSW correctional centres. This policy will ensure compliance with JH&FMHN Policy [5.040 First Aid](#) and Ministry of Health (MoH) requirements for reporting knowledge of significant risk or harm to the Department of Family and Community services (FaCS).

Under certain conditions, Corrective Services NSW (CSNSW) policy allows children under 6 years of age to reside full-time with their legal guardian in custody. They also allow occasional residence of children up to the age of 12 years. JH&FMHN is not responsible for the provision of health care services to child residents except in emergency situations as it pertains to JH&FMHN Policy [5.040 First Aid](#).

Child residents retain full Medicare and social security benefits and access to community health services. Local Health Districts (LHD) and private medical practitioners provide healthcare services to resident children.

The child's guardian will organise medical attention for a child resident in consultation with CSNSW. CSNSW staff are then responsible for facilitating the child's access to community health providers. This includes provision of equipment, co-ordinated immunisation and family support programs.

This policy applies to JH&FMHN staff in correctional centres with child residents.

2. Policy Content

2.1 Mandatory Requirements

JH&FMHN staff must respond to child residents in the case of a medical emergency, as they would to similar emergencies arising with any person on CSNSW premises according to Policy [5.040 First Aid](#).

In emergencies, JH&FMHN staff may be called upon to provide the following:

- Assessment of the nature and urgency of the situation.
- Administration of urgent first aid and completion of an *Emergency Response Form* (JUS 060.009).
- Facilitation of the referral of the child to the appropriate community health resource, by ambulance if necessary.
- Facilitation of the referral of a child to an Aboriginal Community Controlled Health Service, where appropriate.

2.2 Implementation - Roles & Responsibilities

All JH&FMHN staff must abide by the procedures set out in this policy

3. Procedure Content

3.1 JH&FMHN Responsibilities – First Aid

JH&FMHN staff must provide first aid assistance to child residents in incidences of medical emergencies and facilitate access to the local Accident and Emergency department, via ambulance, if required. If ambulance

transport is not required, it is the responsibility of CSNSW to facilitate the child's access to community health providers.

In non-urgent situations, JH&FMHN staff should advise the child's guardian to consult the appropriate community health resource (local doctor, medical centre, hospital) and CSNSW. The LHD providers are responsible for providing all health needs and equipment.

During the provision of first aid to children, explanation of the procedure should be provided to the parent and the child should remain within view of the parent where possible. Transgenerational trauma in relation to the forcible removal of children should be considered for Aboriginal parents and children.

Emergency medication must not be administered to children without the authority of a medical practitioner (excluding medication already prescribed). JH&FMHN standing orders and Nurse Initiated Medications do not apply for child residents.

Documentation of the emergency response must be undertaken on an *Emergency Response Form* JUS 060.009. A copy of the *Emergency Response Form* JUS 060.009 must be made available to the external health provider via CSNSW or the parent/guardian. A copy of the *Emergency Response Form* JUS 060.009 must be filed in the front of the health record of the child resident's mother. An entry must be made in the health record progress notes about the incident relating to the child and documenting that the *Emergency Response Form* JUS 060.009 has been filed in the health record.

The NUM must advise the Health Information & Record Service (HIRS) that an incident related to a child resident has been documented in a patient's record and which volume this has been recorded in, this will be recorded in the Patient Administration System (PAS) by HIRS for medicolegal purposes. If an injury occurs within a Health Centre the incident must be logged on the *Incident Information Management System* (IIMS) which should refer to the documentation of the incident in the child resident's mother's health record.

In the case of infectious communicable diseases, JH&FMHN clinical staff must advise the After Hours Nurse Manager (AHNM) and Service Director, Population Health (SD Pop H) or Clinical Nurse Consultant Population Health (CNC Pop H).

When a JH&FMHN staff member is informed of a child's infectious communicable disease, the Communicable Disease Guidelines in JH&FMHN Policy [5.070](#) *Infection Prevention and Control* must be followed.

Staff who work in centres where children reside must have a valid "Working with Children" background check. Refer to JH&FMHN Policy [5.015](#) *Child Protection* for further information.

3.2 JH&FMHN Responsibilities – Child Protection Training

JH&FMHN is required to provide child protection training to all staff working directly with children or with adults who have children in their care. Refer to Policy [5.015](#) *Child Protection*.

3.3 JH&FMHN Responsibilities – Reporting Child Abuse

As per the [Children & Young Persons \(Care & Protection\) Act 1998](#), JH&FMHN staff are responsible for meeting the requirements for mandatory reporting of children and young people who may be at risk. Any JH&FMHN staff member who becomes aware of a child resident at risk must report as per the JH&FMHN Policy [5.015](#) *Child Protection* for details on the reporting of suspected cases of child abuse.

4. Definitions

Must

Indicates a mandatory action to be complied with.

Should

Indicates a recommended action to be complied with unless there are sound reasons for taking a different course of action.

5. Legislation and Related Documents

Legislation	Children & Young Persons (Care & Protection) Act 1998
JH&FMHN Policies and Procedures	1.252 Access to Local Public Health Services 5.040 First Aid 5.015 Child Protection 5.070 Infection Prevention and Control
JH&FMHN Forms	JUS 060.009 Emergency Response Form
NSW MoH Policy Directives, and Guidelines	PD2013_007 Child Wellbeing and Child Protection Policies and Procedures for NSW