

## Court and Police Cell Complexes (Adults) Healthcare Responsibilities

**Policy Number** 1.111

**Policy Function** Continuum of Care

**Issue Date** 10 October 2017

**Summary** Justice Health & Forensic Mental Health Network is responsible for the provision of health care in specified Court & Police Cells Complexes and Correctional Centres. This policy applies to people who enter custody on remand after having been transferred to Corrective Services NSW as well as those persons who enter custody after bail is refused by Police and are to appear before a magistrate.

**Responsible Officer** Executive Director 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)** Policy 1.111 (Jul 2014; May 2011)

- Change Summary**
- Provisions included for patients bail refused by Police (Form 7 patients)
  - Updated definitions
  - Minor updates (as of 2 April 2015) re young persons in police custody

**TRIM Reference** POLJH/111

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

## 1. Preface

Justice Health & Forensic Mental Health Network (JH&FMHN) is responsible for the provision of health care in specified Court & Police Cells Complexes (C&PCC) in NSW covering: Surry Hills, Wollongong, Batemans Bay, Newcastle, Port Macquarie, Lismore and Moree.

This policy applies to people who enter custody on remand after having been transferred to Corrective Services NSW (CSNSW) as well as those persons who enter custody as "Form 7" or Police bail refused (PBR) offenders prior to appearing before a magistrate.

The document commonly referred to as a "Form 7" was a prescribed form under the Schedule 1 of the *Bail Regulation 1999*. It relates to the bail determination of an authorised officer. Although this regulation has been repealed, the new form, as per [Bail Regulation 2014](#) is now defined as *Authority to Detain*.

CSNSW is responsible for the safe custody of persons in C&PCC and the Amber Laurel Correctional Centre which has been gazetted by CSNSW as a Police Cell where the custody of those persons has been transferred to CSNSW. This occurs once the inmate/patient has been refused bail and/or has been remanded into custody.

Until transfer of custody to CSNSW the NSW Police Force is responsible for the safe custody of persons who enter custody as *Form 7s*/PBR whilst waiting to appear before the magistrate (except at Amber Laurel Correctional Centre *Form 7* are with CSNSW).

## 2. Policy Content

### 2.1 Mandatory Requirements

JH&FMHN provides limited health services at C&PCC. Subject to access to patients; health care provision includes health status assessment, first aid and treatment of minor injuries, continuation of medical treatment commenced prior to custody, and administration of prescribed, Nurse Initiated and Standing Order medications. Patients requiring treatment beyond general first aid must be referred to the nearest hospital, after consultation with the appropriate JH&FMHN Remote On Call After Hours Medical Service (ROAMs) doctor or After Hours Nurse Manager (AHNM). Referral is for physical and/or mental health problems.

### 2.2 Implementation – Roles and Responsibility

JH&FMHN is responsible for the provision of health care in specified C&PCC. Occasionally, in some rural C&PCC, a young person may be held for a period of time in police custody. JH&FMHN staff is not responsible for any health care for young people in police cells and all health care requirements must be referred to the local health facility/hospital.

## 3. Procedure Content

### 3.1 Initial Assessment

JH&FMHN provides limited health services at police cell complexes. Subject to access to patients, health care provision includes health status assessment in the form of a reception screening assessment or police cell triage, first aid and treatment of minor injuries, continuation of medical treatment commenced prior to custody, and administration of prescribed, Nurse Initiated and Standing Order medications. Patients requiring

treatment beyond general first aid must be referred to the nearest hospital, after consultation with the appropriate JH&FMHN ROAMs doctor. Referral is for physical and/or mental health problems. The hours of operation of JH&FMHN at C&PCC, range from 4 to 16 hours per day dependent on the size and location of the complex.

When JH&FMHN clinic/health staff are not on duty, CSNSW must contact the Cluster Nurse Manager (Monday – Friday), during office hours or the JH&FMHN AHNM on 1300 076267 for advice on health matters.

### **3.2 Prioritising Process**

JH&FMHN staff must prioritise patients based on information provided on the CSNSW Lodgement Sheets and the acuity of the patient. Patients who are considered a high priority include but are not limited to:

- Pregnant women
- Patients at risk of self-harm or suicide
- Patients who are at risk of withdrawing from alcohol or other drugs
- Patients either displaying severe symptoms or at risk of deterioration
- Patients with physical injuries
- Patients who are on antiretroviral or antiviral medication where adherence to medication is vital to successful treatment outcomes
- Patients with infectious diseases and
- Patients who are on tuberculosis (TB) medications.

Patients who have been identified through this prioritising process must be flagged by JH&FMHN staff for further assessment where access permits. Where access is not available, JH&FMHN staff must perform visual observation of the patients in their cells, report the access issues with the Cluster Nurse Manager or AHNM and log an incident in the Incident Information Management System (IIMS). This must be recorded in the patient's progress notes.

All pregnant women regardless of D&A history must be discussed immediately with the ROAMS Drug and Alcohol Medical Officer or Nurse Practitioner. This is because of any potential risks of alcohol withdrawal syndrome. Drug and Alcohol services provide 24hour clinical consultation across the state via the on call service via ROAMS 13000 76267. The reception C&PCC nurse must also email the JH&FMHN midwife(s) on .Midwife@justicehealth.nsw.gov.au to advise of a pregnant patient arrival into custody.

Where access to the patient is limited, patients identified at risk must be placed on a priority transfer list (please note: JH&FMHN do not have a formal priority list form, each centre has their own system of managing this process) with CSNSW. This list prioritises the patients to be transferred to a correctional centre. If difficulties are experienced in transferring these patients, such as no beds available in any correctional centres or the patient may be on an active Mandatory Notification and management plan and there are no observation beds available, the CSNSW Officers and/or Police staff should contact the AHNM to assist in facilitating this transfer. A JH&FMHN *Health Problem Notification form (Adults)* (JUS005.001) must be completed by the JH&FMHN staff member and given to the Senior CSNSW Officer on duty outlining the reason that an urgent transfer is required and PAS Alerts applied as appropriate

Where the nurse on duty identifies immediate health issues, he/she must contact the AHNM and relevant ROAMS doctor to discuss the care requirements and/or arrange for the transfer of the patient to hospital for further assessment and treatment as required.

A small number of patients may have an "alert" stating that the Service Director Population Health must be notified of the patient's incarceration. After hours, the AHNM should be informed and the AHNM will notify the Service Director Population Health.

All patient care interactions must be recorded in the patient's progress notes and entered into the JH&FMHN Patient Administration System (PAS).

### **3.3 Triaging of Patients**

All patients received into the C&PCC (with the exception of prepositioned patients) must undergo a *Reception Screening Assessment (RSA) through JHeHS* and all mandatory fields must be completed for this assessment. When there is limited access to patients or there are a large number of patients to be assessed, then the nurse on duty must consult with his/her line manager or the AHNM (whichever is appropriate) for advice and direction. The Registered Nurse must endeavour to assess as many patients as access and time permits, ensuring the patients that appear to be the most unwell are assessed first.

For patients on transfer/transit from a Correctional Centre for a court appearance, refer to JH&FMHN policy [1.395 Transfer & Transport of Patients](#).

Patients received into the custodial environment from overseas may be at greater risk of presenting with transmissible infections. At reception into the C&PCC, a full history regarding infectious diseases including tuberculosis must be taken. The AHNM must be contacted on 13000 76267 if a patient is received from immigration detention centres, from overseas prisons or newly arrived into Australia regardless of history.

### **3.4 Patients Temporarily Transferred to Police and Court Cell Complexes**

Usually patients are transferred to the nearest correctional centre and taken to court on a daily basis. However if there is no correctional centre at a reasonable distance from the court, they are transferred to the nearest C&PCC for one day and night or longer. JH&FMHN staff are responsible for ensuring that the individual's health needs are followed up while in the C&PCC that are staffed by JH&FMHN nursing staff. This is the responsibility of both the transferring health staff and the receiving health staff (if available). Nursing staff must be aware that not all C&PCC has JH&FMHN staff on duty seven days per week and continuity of care arrangements for patients will be different. It is the responsibility of the transferring correctional centre to arrange appropriate care requirements, which may include contact with JH&FMHN staff at receiving centre / C&PCC and/ or transferring medications for patients being housed at the C&PCC.

When a patient who is on an Opioid Substitution Treatment (OST) program is held in the police / court cells that have JH&FMHN services on site, it is the responsibility of the JH&FMHN police cell nursing staff to ensure dosing of the OST patient occurs. If the patient is on OST and there is no JH&FMHN nursing staff at the C&PCC, the patient should be moved to a site where there are nurses as soon as practicable then follow procedure at the health centre.

### **3.5 Patients refused bail by Police on a Authority to Detain / "Form 7"/"PBR" in NSW correctional centres**

Newly arrested people who have been bail refused by Police and have not yet appeared before a magistrate are referred to as *Form 7s* or PBRs.

*Form 7s*/PBRs will usually enter custody at a C&PCC but may in some instances, need to enter directly into NSW Correctional Centres.

JH&FMHN has a responsibility to address the immediate health needs of those persons who enter custody as *Form 7s*. These needs may range from first aid to emergency intervention to preserve life. Reception Screening Assessments must not be conducted on Patients refused bail by Police on a Authority to Detain / "Form 7"/PBR (except at Amber Laurel Correctional Centre *Form 7/PBR* are with CSNSW).

Any clinical interventions must be recorded on JH&FMHN progress/clinical notes (SMR050.001)

## 4. Definition

**In custody** (as per [Crimes \(Administration of Sentences\) Act 1999](#))

- when a person is before a court in connection with alleged commission of an offence; or
- in the process of proceedings to determine whether the person has committed an offence or while such proceedings are pending; or
- following a grant of bail but before the person has fulfilled the necessary requirements entitling the person to be released; or
- during any period for which the person is on remand; or
- while awaiting sentencing for an offence or during sentencing proceedings; or
- during any period after the person is sentenced for an offence; or
- during any period after a periodic detention order is made in relation to the person and before a periodic detention notice is served on the person; or
- in accordance with a warrant of commitment or other warrant, or an order of the court or other competent authority, or held in Police cells / CSNSW custody as a Form 7 offender to appear before a magistrate.

### **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 [Crimes \(Administration of Sentences\) Act 1999](#)  
[Bail Regulation 2014](#)

NSW MoH Policy Directives [PD2007\\_036 Infection Control Policy](#)

[PD2014\\_050](#) *Principles for the Management of Tuberculosis in NSW*

JH&FMHN Policies and  
Forms

[1.225](#) *Health Assessments in Male and Female Adult Correctional Centres*

[1.395](#) *Transfer & Transport of Patients*

[1.422](#) *Tuberculosis – Surveillance and Management of Confirmed and Suspected Cases*

[5.070](#) *Infection Prevention & Control*

[Guidelines for the Management of Pregnant and Postnatal Women in Custody](#)

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JUS005.001 *Health Problem Notification form (Adults)*

JUS060.001 *Reception Screening Assessment Form*