

1. Preface

This policy outlines the responsibilities of Justice Health and Forensic Mental Health Network (the Network) to ensure the safe transport of forensic patients from Long Bay Hospital (LBH), Metropolitan Remand and Reception Centre (MRRC) and Silverwater Women's Correctional Centre (SWCC), referred to as the Silverwater Correctional Complex (SCC), to a mental health facility, including the Forensic Hospital (FH), or other community facility.

The categories of persons to whom this policy applies are listed in the Policy Content below. This policy does not apply to the transfer of forensic patients between Correctional Centres, including LBH, which is the responsibility of Corrective Services NSW (CSNSW).

The objectives of this policy are to ensure that:

- Forensic patients are transported from LBH, MRRC and SWCC to a mental health facility or other community facility in accordance with a lawful order from Court, the Mental Health Review Tribunal (MHRT), or the Secretary, Ministry of Health or delegate;
- Risk assessment is conducted by the clinical team responsible for the patient and a thorough risk management plan for the transfer is devised;
- Appropriate security measures at a level prescribed by a pre-discharge risk assessment are employed on all transfers to safeguard the safety and security of staff and patient; and
- Continuity of care and the safety of the patient and the receiving team are promoted by transferring all relevant clinical and legal material to the receiving facility and treatment team.

This policy applies to forensic patients:

- a. who are detained in LBH or the SCC (MRRC or SWCC) or released from custody subject to conditions, pursuant to an order under:
 - i. sections [33](#), [47](#), [65](#), [81](#), [82](#), [83](#), [109](#) or [115](#) of the [Mental Health and Cognitive Impairment Forensic Provisions Act 2020](#), hereafter the *MHCIFP Act*, or
 - ii. [section 7\(4\)](#) of the [Criminal Appeal Act 1912](#) (including that subsection as applied by section 5AA(5) of that Act)
- or
- b. whose limiting term is about to expire and a medical practitioner or accredited person has completed a Schedule 1 certificate pursuant to [section 19](#) of the [Mental Health Act 2007](#) (*MH Act*), which enables the person to be taken to a mental health facility by the Police if necessary.

Forensic patients are transported to the FH by CSNSW, but only in exceptional circumstances to community mental health facilities. In some instances forensic patients may be transferred by the Network, NSW Ambulance, HealthShare NSW Patient Transport Service (PTS) or the NSW Police Force (NSWPF).

2. Policy Content

2.1 Mandatory Requirements

The power to implement security conditions that must be applied to the transport of forensic patients is contained in [sections 115](#) and [117](#) of the [MHCIFP Act](#), which provides that a forensic patient 'is to be subject

to any security conditions that the Secretary, Ministry of Health or delegate considers necessary.' This power is delegated to the Networks Chief Executive, who has endorsed the security conditions and procedures set out in this policy as being necessary for the safety and security of patients, staff and the community. As such, the procedures in this policy are lawful directions to staff that must be followed at all times while transporting a patient. When implementing these procedures, the Network staff must ensure that they do so in a manner that is consistent with the principles of care and treatment set out in the [MH Act](#). This includes the principle that any interference with the rights, dignity and self-respect of patients must be kept to the minimum necessary in the circumstances.

Following completion of the Risk Assessment (documented in JHeHS) by the multidisciplinary team (seven days prior and on the day of transfer)

Two escorting staff (Network staff) is considered to be the minimum acceptable staffing level for the transfer of forensic patients from SCC (MRRC and SWCC) or LBH. Whenever possible, one of the staff should be the patient's primary nurse (LBH) or Clinical Nurse Consultant (CNC), Specialist Mental Health Services for Older Persons (SMHSOPS), Custodial Mental Health (CMH).

This Policy must be implemented by all staff, both clinical and administrative, involved in ensuring the safe transport of forensic patients SCC (MRRC or SWCC) or LBH to the Forensic Hospital (FH), other mental health facility or other community facility.

2.2 Implementation - Roles and Responsibilities

2.2.1 Responsibilities

The Network is responsible for providing the escort and transport of forensic patients who require transfer from LBH, MRRC or SWCC to a designated facility or other place under an order from the Court, the MHRT or the Secretary, Ministry of Health or delegate. Network staff must establish with the Forensic Mental Health Liaison Officer (FMHLO) that the order authorising the transfer of the forensic patient is valid and current before arranging the transfer. In preparation for transfer from LBH, the treating team must consult with the patient, the Clinical Director Custodial Mental Health (CDCMH), the CSNSW Manager of Security (MoS), the CSNSW - Senior Project Officer (Forensic Liaison), (SPOFL), the receiving team and the patient's designated carer/principal care provider (if known and subject to the limitations on disclosure given below).

In preparation for transfer from MRRC or SWCC, the treating team must consult 1. the Patient; 2. Network Staff: the CDCMH, Nurse Manager, Custodial Mental Health (NMCMH); 3. CSNSW Staff the Manager of Security (MoS), the SPOFL; and 4. the Receiving Team and the patient's designated carer/principal care provider (if known and subject to the limitations on disclosure given below).

Consultation with the patient, carer(s) and family must be carried out in a way that does not divulge matters relating to security, which includes the proposed date of transfer. Note that the patient's;

- 'Designated carer' is defined by [section 71](#) of the [MH Act](#). and
- 'Principal care provider' is defined by [section 72A](#) of the [MH Act](#).

2.2.2 Risk Assessment

Prior to the transport of patients by Network staff, a risk assessment must be completed and a plan, incorporating strategies to manage all issues and risks; must be developed and documented in the health record (JHeHS). The risk assessment should be conducted by the patient's treating/multidisciplinary team. The risk assessment must include, but is not limited to, an assessment of the risks of harm to self and/or

others, absconding or any other untoward medical events. Consideration should also be given to the patient's physical condition.

2.2.3 Use of Sedation before or During Transport

[Section 81\(3\)](#) of the [MH Act](#) allows a patient to be sedated by a person authorised to administer medication, if it is necessary to enable safe transport.

Patients may be given medication orally before or during the transfer if such medication has been prescribed by a medical practitioner. The medical practitioner who prescribes such medication must also prescribe a monitoring regime to be followed by the escorting staff. Generally, any forensic patient who has been given an intramuscular medication, should not be transported for at least four hours unless they are being transported to a hospital or Emergency Department by NSW Ambulance.

Patients who have received intramuscular medication within twelve hours prior to departure must be reviewed by a medical practitioner before leaving LBH, MRRC or SWCC. (This is not inclusive of regular long acting depot medication).

Most psychotropic medications have a sedating effect to some degree and the majority of forensic patients are prescribed such medications as part of their treatment. The level of risk this entails will be reflected in and managed via the risk assessment. If additional sedation is required to safely transport the patient; NSW Ambulance must be utilised [out of scope for Patient Transport Service (PTS)].

2.2.4 Use of Force

[Section 81\(2\)](#) of the [MH Act](#) permits an authorised person to 'use reasonable force' in transporting the patient to or from a mental health/other health facility and restrain the person in any way that is reasonably necessary in the circumstances. Reasonable force in this context means force that is proportional to the threat faced and the minimum force needed to stop the patient absconding or harming him/herself, the staff member or any other person

*** In this context, Network staff must not utilise mechanical restraints ***

3. Procedure Content

3.1 Transfer of a Forensic Patient

3.1.1 Prior to Transfer

- Check the order with the FMHLO to make sure it is current and for the correct person. The FMHLO will check that the proposed transfer meets the conditions contained in the order.
- The FMHLO and the MHRT maintain databases containing this information. The FMHLO is responsible for capturing in Content Manager (CM) a copy of the order from the Court, the MHRT and the Secretary Ministry of Health or delegate.
- After verifying the legality of the order to transfer the forensic patient from SCC or LBH with the FMHLO, provide a copy of the order to the CSNSW Governor so that s/he has notice that an order under [section 24](#) of the [Crimes \(Administration of Sentences\) Act 1999](#) (CAS Act) will be required for transfer.
- A risk assessment must be completed by the treating team and documented in the health record. If applicable, this should include the possibility of the use of mechanical restraint.

- Liaise with State Sentence Administration, CSNSW staff (for warrant file, money and property).
- The patient's clinical team must take all reasonable steps to notify the patient's designated carer/principal care provider of the proposed transfer. Note that this action is mandated by [section 78\(1\)\(b\)](#) of the [MHAct](#). The transfer should be discussed with the patient's designated carer/principal care provider and, where possible, family but this must be done in a way that does not divulge matters relating to security, which includes the proposed date of the transfer.
- A senior member of the clinical team must coordinate directly with the receiving mental health service and document the process.
- The patient must be engaged regarding the transfer and transport but this must be done in a way that does not divulge matters relating to security (including the proposed date of the transfer).

3.1.2 Transport of Forensic Patients by CSNSW

- If the patient is being transported by CSNSW, the transfer is co-ordinated by the SPOFL who will liaise with the relevant Nursing Unit Manager (NUM) and the MoS MRRC, SWCC (for the SCC) or LBH. The details of the Order are verified and entered in the *Offender Integrated Management System* (OIMS) for reference when the transfer can proceed.
- When a bed becomes available at the receiving centre, the FMHLO issues a *Notice of Transfer*. This notice and the order are forwarded to the SPOFL who will then liaise with the relevant MoS to advise the patient of the intended transfer and the need to raise a section 24 Movement Order under the [CAS Act](#) and to arrange transport by the MoS MRRC, SWCC (for the SCC) or LBH.
- The SPOFL must organise a set time and date for the transport and liaise with the Senior Assistant Superintendent (SAS), CESU, SCC or the MoS, LBH. This information will be relayed to the appropriate NUM (LBH) or Clinical Nurse Consultant Forensic Mental Health (CNCFMH), SWCC who will advise the Clinical Director Custodial Mental Health (CDCMH), Nurse MMOADM and Network Director of Nursing and Midwifery Services (NDONMS), and NUM, where the receiving team is another mental health facility.
- Any risks must be communicated to the SPOFL via a *Health Problem Notification Form* (HPNF), including advice based on the risk assessment and transfer plan.
- If a patient is mentally unwell, consideration should be given to organising special transport. Refer to Network Policy [1.395 Transfer and Transport of Patients](#).

3.1.3 Network Escort - Once the Transfer Date is Agreed

- All Inter Hospital/Inter Facility transfers utilising
 - [NSW Ambulance](#) [Medium to High Risk patients]
 - or
 - [Patient Transport Service](#) (PTS), HealthShare NSW [Low Risk patients]. PTS can be booked via 1. The Patient Flow Portal or 2. Greater Metropolitan Booking Hub on 1300 233 500. Refer to eligibility criteria for PTS. Please contact the NMOADM for booking support.
- For medium to high risk transfers; please refer to [NSW Police Force Memorandum of Understanding 2018](#) for further information about requesting NSWPF support.
- The NMOADM must be contacted to support/facilitate this process once the transfer date is known.
[Please Note: Network pool cars must not be utilised for the transfer and transport of forensic patients]

- All staff involved in the escort must be trained in the use of Violence Prevention and Management techniques (VPM - three day)
- All staff involved in the escort must review the patient's history including items such as early warning signs and risk factors regarding the patient's mental status.
- An escort plan incorporating management strategies to address all key issues and risks must be developed by the clinical team. The issues to be considered include, but are not limited to:
 - Gender;
 - Harm to self and/or others;
 - Absconding;
 - Medical event(s);
 - Mobility and subsequent transport requirements;
 - Medication administration (e.g. PRN medication, insulin, epi-pen etc.), required during the journey;
 - Potential media attention.
- If the patient is female, at least one of the escorting staff should be female (wherever possible).
- The escort plan should include provision for the use of VPM.
- The escort plan must identify the nearest Hospital Emergency Department(s) along the route of the transfer.
- The escort may not proceed unless the CDCMH, NMCMH, NMOADM (for LBH) have approved the escort plan.
- Medication, if required, is ordered and supplied in accordance with the Network policy [1.395 Transfer and Transport of Patients](#), [eMEDS](#), and [Medication Guidelines 2021](#).
- Prior to transport, escort staff must ensure that they have access to:
 - A mobile phone with relevant contact telephone numbers
 - An Air-Viva and
 - An automated Electronic Defibrillator.

3.1.4 Network Escort - Prior to Transporting the Patient

- The MoS, CSNSW or delegate is required to provide the final CSNSW authorisation to leave LBH, MRRC or SWCC, after verifying that a valid order has been issued.
- The Maroubra (LBH) or Auburn Police Station (SCC), as appropriate, and the Police Station at the destination must be informed of the proposed date and time of the transfer.
- The patient's mental health status must be assessed and documented in the patient's health record (JHeHS). Any change in any risk factors must be addressed prior to the patient leaving LBH or SCC.

3.1.5 Network Escort - At the Time of and During the Transfer

- The escort staff must ensure that medication, patient property and all documentation - Discharge Summary, Medication Charts (LSMC/NIMC) and originals of any Mental Health Act orders are transferred with the patient.

- Two escorts (not including Patient Transport Service staff) is the minimum acceptable level of escort. All escorts must be trained in VPM. Whenever possible, one of the staff members should be the patient's primary nurse (LBH) or CNC, SMHOP, CMH.
- The escort(s) staff must (re)assess the mental state of the patient at appropriate intervals during the transfer.
- Clinical Handover should be provided to NSW Ambulance or PTS staff.
- If the patient becomes agitated or aggressive during transfer, staff should restrain the patient using the appropriate VPM techniques. The vehicle must be stopped and NSWPF contacted. The driver must notify the receiving facility that the patient is aggressive and assistance will be required at the end of transfer. (Please Note: Mechanical Restraints must not be utilised in this circumstance)
- At the completion of transfer the patient must be escorted into the receiving facility using appropriate VPM techniques. Staff must not cease VPM procedures until the patient is inside the receiving facility.
- A comprehensive Clinical Handover (on-site) must be provided at the completion of transfer
- Any critical incidents must be immediately reported to NSWPF via the emergency services number (000) and their attendance requested. Critical incidents include, but are not limited to: actual or attempted absconding; actual or attempted assault of any person; and actual or attempted self-harm.

3.1.6 Network Escort - After the Transfer

- All incidents (or near miss's) must be recorded in the incident management system (ims+)
- All incidents (or near miss's) must be reported to the NUM LBH, Operational Nurse Manager, Long Bay Hospital (ONMLBH), NMOADM (LBH) or the CDCMH and NMCMH (SWCC) or, if applicable, the After Hours Nurse Manager (AHNM) – state-wide, as soon as possible after the event.
- The NMOADM (LBH) / NSCMH (SCC) must report any incident during the transfer to the following persons:
 - Network Director of Nursing and Midwifery Services (NDONMS)
 - CDCMH
 - Co-Director Forensic Mental Health (Co-DFMH)
 - Co-Director/s Services and Programs (Operational/Clinical)
 - Executive Director Clinical Operations (EDCO)

If required, the latter will inform the Chief Executive and the MHRT.

- For SCC, the NMCMH or AHNM - state-wide must report any incident during the transfer to the following persons:
 - NMOADM
 - CDCMH
 - Co-DFMH
 - Co-Director/s Services and Programs (Operational/Clinical)
 - Executive Director Clinical Operations (EDCO)

If required, the latter will inform the Executive Director Clinical Operations (EDCO) and the MHRT.

- The FMHLO and the patient’s designated carer/principal care provider must also be notified (as required by the [MH Act](#)) that the transfer has been completed.

4. Definitions

Must

Indicates a mandatory action or requirement.

Should

Indicates a recommended action that needs to be followed unless there are sound reasons for taking a different course of action.

Medication Chart

Refers to a paper-based (Long Stay Medication Chart, National Inpatient Medication Chart) or electronic medication order.

Patient Health Record

A hybrid record of paper-based and electronic information pertaining to the health of the patient.

5. Legislation and Related Documents

Legislation

[Crimes \(Administration of Sentences\) Act 1999](#)

[Criminal Appeal Act 1912](#)

[Health Records and Information Privacy Act 2002](#)

[Mental Health Act 2007](#)

[Mental Health and Cognitive Impairment Forensic Provisions Act 2020](#)

[Work Health and Safety Act 2011](#)

Ministry of Health

[PD2012_050 Forensic Mental Health Services](#)

[PD2014_051 Motor Vehicles – Use of Within NSW Health](#)

[PD2015_043 Risk Management – Enterprise-Wide Risk Management Policy and Framework NSW Health](#)

[PD2018_013 Work Health and Safety: Better Practice Procedures](#)

[PD2019_020 Clinical Handover – Standard Key Principles](#)

[PD2019_034 Incident Management Policy](#)

[PD2019_050 Electronic Medication Management System Governance and Standards](#)

Network Policies

[1.075 Clinical Handover – Implementation Guide to Ministry of Health PD2009_060](#)

[1.231 Health Problem Notification Form \(Adults\)](#)

[1.395](#) Transfer and Transport of Patients

[2.030](#) Incident Management

[2.155](#) Enterprise Wide Risk Management (ImpG)

[5.135](#) Security Risk Management

[Medication Guidelines 2021](#)

[Electronic Medication Management Solutions \(eMEDS\)](#)

Corrective Services
NSW

[Custodial Operations Policy and Procedures \(COPPS\)](#), Section 19 Escorts and Section
23 Release of Inmates

Other

[NSW Police Force Memorandum of Understanding 2018](#)