

Patients who are Prisoners

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Purpose

The purpose of this policy is to ensure that all reasonable measures are taken for patient privacy, staff and public safety with regard to patients under custodial/police officer escort receiving consultation or treatment, in all services with the Canterbury District Health Board.

Policy Statement

Canterbury DHB applies the same objectives and provides the same service standards to patients who are prisoners as to any other patient.

Canterbury DHB aims to ensure that security measures undertaken by Custodial Agency staff in relation to patients who are prisoners are safe and effective without compromising the standard of healthcare the patient receives.

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Scope

Applies to all Canterbury DHB services with the exclusion of Specialist Mental Health Services.

Definitions

Custodial Agency

Any agency that has responsibility for the custody of prisoners/detainees such as Department of Corrections, New Zealand Police, New Zealand Customs or any Security Agency contracted to provide escort services by a Custodial Agency.

Patient who is a Prisoner and/or Detainee

Any person in the legal custody of a Custodial Agency, receiving Canterbury DHB health services.

Custodial Escort

An officer of a law enforcement agency, correctional institution, or court of jurisdiction and includes individuals referred to as officers, forensic staff, law enforcement officials, customs officials or security agency staff contracted to provide services by a Custodial Agency.

Key Responsibilities

The Custodial Agency

1. The Custodial Agency is responsible for assessing, classifying and communicating the level of risk posed by the patient who is a prisoner and providing security arrangements to manage that risk.
2. The Custodial Agency will provide the appropriate Canterbury DHB Charge Nurse Manager/Nurse in Charge in writing with:
 - The patient's security category, including type of risk posed and any special precautions.
 - The number of Custodial Agency staff required.
 - Whether physical restraints for security purposes will be used and under what circumstances.
 - Arrangements for visitors to the patient.
 - A list of all approved numbers should phone calls be allowed.
 - The Custodial Agency's health representative and management contact details.

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3. Custodial Agency staff are responsible for the whereabouts of all patients who are prisoners and must supervise at all times patients who are categorised by the Custodial Agency as 'Category 2 Under Escort'.
4. Custodial Agency staff are responsible for minimising/mitigating any risk posed by the patient who is a prisoner and the security of any areas to which the patient has access whilst receiving healthcare.
5. Custodial Agency staff are responsible for notifying the Nurse-in-Charge of any real or potential security breaches and/or any possible risk posed to the patient, staff, patients, visitors or others.
6. Custodial Agency staff are responsible for screening all phone calls to, or by, the patient and all visitors according to the Custodial Agency instructions.
7. The Custodial Agency is responsible for the release of information to a person nominated by the patient or their identified next of kin, pertaining to any injury or illness or death of the patient.
8. All Custodial Agency Staff are to have appropriate identification and/or uniform at all times.
9. Custodial Officers do not have access to the prisoner's clinical records. Any personal health information obtained by Custodial Officers by virtue of their constant supervision must be held in confidence.

If there is an incidence of non-compliance with this policy by a custodial officer, staff must contact the Reception and Movements Manager (03) 345 6783. If it is after hours and urgent, contact the Control room (03) 345 6423 and for incidents affecting the immediate safety of the public, contact the police.

Canterbury DHB

1. Canterbury DHB Health Professionals are responsible for the healthcare and health outcomes of patients who are prisoners.
2. Canterbury DHB staff or contracted personnel will immediately notify Custodial Agency staff if the patient who is a prisoner is absent without leave, attempts to escape or escapes, but are not responsible for preventing the patient from escaping.
3. Canterbury DHB staff will immediately call the police on behalf of Custodial Agency staff should they summons assistance, in person or by calling 777.

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4. Canterbury DHB staff and their representatives will not make any comment about the prison/detainee status of a patient who is a prisoner receiving healthcare, unless it is in consultation with the management of the Custodial Agency.
5. No information should be given to enquirers by telephone. Requests for information about appointment dates and times whether the patient is in the hospital or messages for the patient should be redirected to the prison/custodial agency and reported to a member of the escorting staff.
6. Canterbury DHB Health Professionals will provide a copy of the patient's discharge summary in a sealed envelope addressed to the health representative of the Custodial Agency.

Associated documents

Legislation

Memorandum of Understanding between the Department of Corrections and the Ministry of Health 2004

Code of Health and Disability Consumers' Rights Regulations 1996

Health Information Privacy Code 1994

Human Rights Act 1993 Privacy Act 1993

Crimes Act 1961

Corrections Regulation 2005

Corrections Act 2004

CDHB Vol 2 Communication Policy

CDHB Vol 2 Privacy Policy

CDHB Vol 2 Release of Patient Information Policy

CDHB Vol 11 Informed Consent Policy

Official Information Act 1982

Health Act 1956

Others

British Medical Association – Ethics department guidance 'Providing medical care and treatment to people who are detained'

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Key Principles

- The Code of Health and Disability Services Consumer's Rights 1996 and the Health Information Privacy Code 1994 applies to patients who are prisoners.
- Patients who are prisoners have the right to give informed consent, to refuse healthcare treatments or diagnostic procedures, and to be afforded dignity and privacy.
- The interrogation of patients who are prisoners requires the consent of the patient's attending doctor and must not compromise the patient's health outcomes.
- Canterbury DHB Health Professionals can ask Custodial Agency staff to reassess the level of risk posed by the prisoner who is a patient when any staff member, patient, visitor or other has reason to believe they, or another person, are at risk of harm.
- Canterbury DHB Health Professionals can ask Custodial Agency staff to reassess the use of physical restraints for security purposes when they consider that, in view of the patient's changing condition, these restraints are now necessary, unnecessary or contraindicated. **The final decision is to remain with the Custodial Agency.**
- Where restraint is used for clinical purposes only, Canterbury DHB approved restraints are to be used.
- Canterbury DHB Health Professionals should avoid informing patients who are prisoners of any precise planned dates for discharge, appointments or treatments noting the security risk this may cause.

Key Requirements

Requirements – All Departments

- CDHB security must be notified, either before the prisoner arrives, or as soon as practicable after arrival.

Requirements –Outpatients/Pre-Admit Clinics/Emergency Department

- Where possible the outpatient appointment should be at the start or the end of the clinic so that attendance is kept to a minimum.
- All patients referred from a Penal Institution are to be accompanied by a Custodial Agency staff escort, unless it is agreed to the contrary.
- It is the responsibility of the Custodial Agency staff escort officer(s) to accompany the patient to the Clinic reception desk, book the patient in, and to remain on the premises during the visit.

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- Any patients under Custodial escort are to be accompanied at all times during the clinic visit, except when it is considered safe for private consultation to occur. This decision is to be made by prison/police authorities.
- All first appointments made are to be sent directly to the health representative of the Custodial Agency concerned, thereafter any follow-up appointment dates are not to be communicated with the prisoner but given to the Custodial officer in an envelope. If it is known that the patient will be released before the appointment date, the appointment is to be sent to the patient's home address.
- Clinic follow-up letters are to be posted directly to the Prison Health Centre Charge Nurse within two weeks of the clinic appointment date. If it is known that the patient will be released before the appointment date, the appointment is to be sent to the patient's home address.
- An Emergency Department discharge summary, when available, will be available on Health Connect South for the health representative of the Custodial Agency to review. If a paper copy is supplied it is to be given to the Custodial Officer in a sealed envelope to the health representative of the Custodial Agency to review.

Requirements – Wards

Preadmission arrangements

- Wherever possible, notification is to be made to the Ward Charge Nurse/Midwife/Team Leader at least one day before the scheduled procedure (operative or diagnostic), admission or transfer by the Prison Health Centre Charge Nurse. Any special arrangements considered necessary by Custodial authorities, including the number of accompanying officers, must be included in the notification.

While in the ward

- Where possible the patient will be accommodated in a separate room, not on the ground floor and not with direct access to any exit or fire escape to aid custodial requirements.
- Write "occupied" only on the door card (so as not to identify the prisoner's name to others in the ward).
- While in the ward escorted patients are to be accompanied by Custodial Agency Staff escort(s) at all times.
- The Custodial Officer will be relieved by another Custodial Officer or Police for their own toilet or meal breaks to ensure constant supervision.

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- Where only one officer accompanies a patient, that patient is to be handcuffed to the bed or other fixed object in the event the officer must leave the room, and the nurse responsible for the patient's care must be notified.
- If the Custodial Agency officer leaves the room, no care other than emergency care should be carried out.
- Where there is more than one officer with a patient, at least one officer must remain present at all times.
- Visitors are controlled by the Custodial officer and limited to the same regulations as would apply if the prisoner was in prison.
- All items for the patient must be handed to the escorting staff, this includes items left by a visitor.

Requirements Medical Imaging Department/ Radiation Oncology

- Custodial Agency Officer(s) who accompany the patient should not stand in close proximity to the patient during the examination. The escort staff will stand behind the protective lead screen, however, if that is not possible, a lead apron will be provided to all staff who stand within the "controlled area" (2 metres from the x-ray tube). All decisions should be made prior to the patient entering the x-ray area.

Requirements –Operating Areas and Post Anaesthetic Care Unit (PACU)

Accompanying

- All patients under prison/police/custodial agency escort are to be accompanied from the ward to the pre-operative area by an officer identifiable by badge and/or uniform.

General Anaesthetic

- For procedures under general anaesthetic, one prison/police officer is to remain present until the patient is anaesthetised, whenever this is considered necessary for staff safety.
- The decision to remove handcuffs prior to, or following the induction of anaesthesia will be taken in consultation with the Anaesthetist.
- The decision of when to reapply the handcuffs following the procedure will be taken in consultation with the Anaesthetist. The Senior Nurse in Theatre is responsible for calling the prison/police officer(s) to the operating theatre or the post-operative area (PACU) either when the patient has regained consciousness, or before, if necessary. Restraints are to be reapplied prior to the prisoner regaining full consciousness.
- During the operative procedure the prison/police officer(s) may elect to wait in a designated area or leave the floor. This decision is to be made by the

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prison/police officer in consultation with the Senior Nurse in Theatre. If the prison/police officer(s) elect to leave the floor they will provide a contact number for easy recall.

- The patient will be recovered in a single bay screened by curtains with the escort staff in attendance.

Local Anaesthetic

- For procedures under local anaesthetic, one prison/police officer is to remain present throughout the procedure when that is deemed necessary for staff safety, or when there is reason to believe the patient may attempt to escape.
- All patients under escort are to be accompanied from the post anaesthetic care unit by Custodial Agency staff.

E-Monitoring Device

- Whilst it is preferable for e-monitoring devices to be removed prior to admission (this is arranged with the patient and his/her parole officer), if the device is still in place it must be deactivated prior to the patient undergoing surgery (See Appendix 1 'Guideline: Management of Electronic Monitoring Devices on Patients receiving treatment at Canterbury DHB' on how to do this). Usual nursing assessment and care in regards pressure area care, patient positioning and electrosurgical safety will occur.
- For emergency patients on electronic monitoring, the Canterbury DHB doctor may need to provide a medical certificate to the Probation Officer confirming that the patient needed to attend the department.
- Patients on electronic monitoring prior to admission, Canterbury DHB staff are to advise the E-Monitoring Response Team on **0800 555 677** of the patient's discharge time and date to enable any e-monitoring devices to be reactivated.

Discharge from Hospital

- Canterbury DHB accepts no direct responsibility for ensuring the timely return of a patient to an incarceration facility, where that person has been temporarily released/removed from custody.

Death of a Patient who is a Prisoner

- Should a patient who is a prisoner die whilst receiving treatment at a Canterbury DHB facility, the death must be reported to the Coroner (see Canterbury DHB Death of a Patient Policy for how to do this).

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- The Registered Medical Officer (RMO) will complete the documentation required as per the 'Death of a Patient Policy' guidelines.
- Until the Coroner takes Jurisdiction and the Police have attended on behalf of the Coroner;
 - nothing must be touched or removed from the deceased (this includes medical cannulas or tubes)
 - make the area out of bounds (by screening or locking the door) to staff until the Police have formally examined and released the scene
- Law requires a post mortem for all prisoner deaths. The coroner will arrange for the post mortem.
- The Duty Nurse Manager will assist with documentation and arrangements for transportation of the deceased to the mortuary as required by the Coroner. (See 'Death of a Patient Policy' guidelines.)
- Viewing of the body is under the jurisdiction of the Coroner and will occur with police present.
- Notification to the Next of Kin is made in consultation between the Prison Director (or his delegate e.g. on-call-officer) and the Police.

Media or Third Party Enquiry

- Unless agreed by the Corrections Department, no information is to be released regarding the prisoner including acknowledgement of the prisoner's presence in the hospital.
- Hospital staff members are not to release information regarding the reason for the Corrections Officer(s) presence.
- Media is refused information or access. Third party enquiries will be handled as advised by the Prison.
- All communication via the Communications Manager as per
- <http://cdhbdepartments/corporate/documentmanagement/CDHB%20Libraries/Policies%20and%20procedures%2c%20guidelines%2c%20protocols%2c%20staff%20information%20etc/Communication.docx>
- Communication Policy.

Measurement or Evaluation

The compliance of this policy will be monitored by consumer and staff feedback as well as via incident reporting.

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Appendix 1

Guideline: Management of Electronic Monitoring Devices on Patients receiving treatment at Canterbury District Health Board (Canterbury DHB).

Purpose

The purpose of this guideline is to provide guidance to Canterbury DHB staff when treating a patient who may be wearing an Electronic Monitoring device. It includes instructions on how to remove the devices safely in both an emergency situation and in a non- urgent situation.

Responsibility

It is the responsibility of all staff working at Canterbury DHB to follow the guidelines and minimise damage to the Electronic Monitoring device while ensuring patient and staff safety whilst receiving healthcare treatment.

Guideline

Offenders who are serving home detention or community detention sentences are deemed safe to be in the community and are therefore required to wear either a RF TX or GPS Electronic Monitoring device at all times for the period of their sentence.

Electronic Monitoring technology has been used in New Zealand for over 20 years and internationally for more than 30 years. Medical staff have not reported any specific problems arising from treating people wearing Electronic Monitoring devices.

It is advisable to remove an Electronic Monitoring device from a patient before medical treatment in any environment where, for safety reasons, cell phones should not be activated.

How to Remove the Device

Any Canterbury DHB health staff that may need to remove an Electronic Monitoring device from an offender presenting for either urgent or non-urgent medical treatment should do so as follows:

- With a pair of safety scissors cut the strap as close to one end of the Electronic Monitoring device as possible.

Once the strap has been cut phone the Electronic Monitoring Response Team on 0800 555 677 and advise them of the serial number of the device and the location to pick it up.

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The patient is responsible for notifying their Probation Officer or the Department of Corrections of any upcoming appointments, procedures or emergency treatment that requires them to be away from their home address.

If given sufficient notice, the Probation Officer may issue a “permission” form for the patient to carry.

Note: Where an offender offers a reasonable excuse, they must be able to provide evidence of the excuse e.g. medical certificate.

Verifying the Emergency

It is expected that in a case of an emergency, the patient should initiate contact with their Probation Officer to advise of the emergency situation.

Verification that the emergency occurred and the patient’s location during the emergency must be provided by a source other than the offender.

Examples: Medical certificate, or confirmation from police or fire service.

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