



Care and Discharge of Persons in Custody Policy

1. Background

Persons in custody include prisoners (in the custody of the Department of Justice, DOJ), individuals in the custody of law enforcement agencies (including WA Police and Federal Police) and individuals detained at Australian Government Immigration Detention Facilities.

Prisoners and individuals in WA Police Custody are not typical of the general population with regard to their health needs, having a disproportionately higher prevalence of mental health, drug risks and other health risks. Prisoners have higher levels of mental health problems, risky alcohol consumption, tobacco smoking, illicit drug use, chronic disease and communicable diseases than the general population. This results in prisoners having significant and complex health needs which are often long-term or chronic in nature.¹

Aboriginal¹ people are greatly over-represented in the adult prison population. As at 31 March 2017, 46% of women in adult WA prisons were Aboriginal women, and 37% of men in prison were Aboriginal men.² This over-representation combined with the overall poorer health outcomes and complex health conditions experienced by Aboriginal people in WA, puts Aboriginal prisoners at significantly higher risk.

2. Policy Statement

The WA Country Health Service (WACHS) is committed to ensuring the safety of patients, staff and the general public. Persons in custody who attend WACHS hospitals are to be treated with the same dignity, respect and courtesy as any other patient or consumer.

WACHS clinicians must provide care that recognises the cultural diversity of Aboriginal people and supports and addresses their health and social and emotional wellbeing.

All WACHS sites are to comply with legislation and confidentiality requirements regarding persons in custody attending any of its sites.

2.1 Discharging persons in custody

Discharge processes for patients will vary depending on which agency the patient is in the custody of (e.g. Department of Justice, WA Police, or Australian Government Immigration Detention).

¹ Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

The capacity to provide ongoing care in the patient's custodial setting may affect the decision to admit or discharge the patient from hospital. This may result in a lower threshold for short term admission for patients requiring serial observations or with complex medical needs.

In circumstances where an individual is brought to a WACHS Hospital in the custody of WA Police but is unable to be triaged and/or clinically assessed (e.g. due to aggression), the ability of WACHS clinicians to provide information to WA Police Officers on signs and symptoms which may indicate the need to re attend hospital is limited.

2.1.1 Discharging a patient under the custody of WA Police

Police lockups and watch houses do not facilitate the close medical/clinical monitoring of unwell or recovering prisoners, and do not employ medical or nursing clinicians (with the exception of the Perth Watch House).

It is essential to provide WA Police Officers with patient clinical information where it is in the interest of patient care. The Health Services (Information) Regulations 2017 (Section 220, r(5)) (gazetted November 2017) has addressed clinician concern regarding potential breach of confidentiality in sharing of clinical information and authorises clinical staff to provide information to WA Police Officers.

Circumstances in which collection, use or disclosure of information is authorised includes "the collection, use or disclosure is reasonably necessary to lessen or prevent a serious risk to the life, health or safety of any individual" (s.220 (1a)).

When discharging a patient from a WACHS hospital (e.g. an Emergency Department or ward) under the custody of WA Police Officers, the clinician responsible for discharging the patient is to:

- provide a copy of the discharge summary to the patient
- communicate critical information between health clinicians and WA Police Officers. WA Police Officers may provide WACHS clinicians with a Medical Treatment Report Form (MTRF) (which replaced the WA Police 'Fitness to Hold Form') that enables the documentation of medical assessment and treatment provided. Where the MTRF is not provided to clinicians a letter or discharge summary is appropriate.
- provide information to the patient and WA Police Officers on signs and symptoms which may indicate the need to re-attend hospital. The Department of Health [Emergency Department Discharge information Sheets](#), or [Procedure Specific Information Sheets \(PSIS\)](#) may be used for this purpose.

2.1.2 Discharging a prisoner from hospital to prison

Any prisoner who has a need for close ongoing monitoring of their clinical condition should not be discharged unless it can be established that they will receive the required care in prison from an appropriately qualified professional. Clinical care requirements are to be approved by the Prison Superintendent and Clinical Nurse

Manager of the relevant prison, so that transport and ongoing care arrangements can be arranged for the return of the prisoner.

A verbal iSoBAR handover must occur between WACHS clinicians and the on duty Clinical Nurse Manager / nurse of the relevant prison prior to discharge, utilising the WACHS [Inter-hospital Clinical Handover Form](#) and [Procedure](#). A discharge summary is to be completed at the time of inpatient or emergency department discharge. Patient medical information must not be handed over to security staff accompanying the prisoner.

For security reasons prisoners must not be informed of the date of any future appointments or follow up. The DOJ request all paperwork relating to the patient (e.g. discharge summary and any supporting information) provided to the Prison Health Service, and **not** to the patient, however verbal instruction or information can be discussed between the clinician and the patient. The restriction on providing written information increases the importance of effectively communicating with the patient. Medical information must be sealed in an envelope and addressed to the Clinical Nurse Manager, Prison Health Service of the relevant prison.

Custodial Officers are to notify the relevant Prison Superintendent of the impending discharge of a prisoner from hospital. Prisoners cannot discharge themselves from the health service. Further appointments are to be arranged by contacting Department of Justice central medical bookings (dcsmedicalbookings@justice.wa.gov.au).

2.1.3 Discharging an immigration detainee from hospital to Immigration Detention Centre

The Yongah Hill Detention Centre (located in Northam) is the only Immigration Detention Facility in operation in the WACHS setting. The Australian Government contracts International Health and Medical Services (IHMS) to provide health care services for detainees in facilities, and Serco to manage the security of facilities.

IHMS clinicians are present at Immigration Detention Facilities, supported by a central IHMS team that provides an after-hours service. When discharging a detainee to Yongah Hill, WACHS clinicians must communicate with IHMS staff to handover detainee care needs: Yongah Hill Medical Centre; phone: 9621 7015, fax: 9621 7401, after hours: 1800 197 659.

2.2 The care of prisoners while in WACHS hospitals

The [Memorandum of Understanding between the Minister for Corrective Services and the Minister for Health](#)³ outlines the intentions of the working relationship between the two parties to share the common objective of providing health services for prisoners in Western Australia and should be read in conjunction with this WACHS policy.

Specific requirements regarding the care and management of prisoners whilst in WACHS Hospitals are described in [Appendix 1](#). Where appropriate, the specific requirements also apply to patients who are under the custody of law enforcement agencies or in immigration detention.

3. Definitions

Prisoner	A person detained under the Prisons Act 1981 and the Criminal Code Act Compilation Act 1913
Detainee	A person detained at an Australian Government Immigration Detention Facility
Custody	A prisoner, detainee or individual under the custody and control of a law enforcement agency (e.g. WA Police, Australian Federal Police).
Treatment	Includes assessment, diagnostic services and therapeutic interventions.

4. Roles and Responsibilities

4.1 Senior Nurse / Midwife

Includes the site Director of Nursing/Health Service Manager/Manager of Clinical Services or Coordinator of Nursing.

The senior nurse/ midwife is:

- the central contact point between the health service site and the DOJ custody authority
- to inform relevant staff of the impending admission/visit of a prisoner so that appropriate risk management strategies can be implemented
- not to accept a prisoner for medical care, except in the case of a life threatening emergency without:
 - prior notification of the admission
 - the information for hospital staff form, from the superintendent
 - the minimum security prisoner contract where applicable
 - a full clinical handover using the ISoBAR framework.

4.2 Health Information Management

- All prisoners, both inpatients and outpatients are to be registered as such on HCARE/WebPAS.
- Listing for the next-of-kin for both inpatients and outpatients is to be the Superintendent of the relevant prison. All other contact details should be inactivated.
- Callers requesting to speak to a specific prisoner or the Custodial Officer are to be referred to the relevant prison as the prison must first approve the contact. No information is to be provided as to whether the prisoner or Custodial Officer are on the premises.
- If a caller claims to be prison staff, their name and number should be taken and provided to the Custodial Officer who can then call them back.

4.3 Theatre

Theatre staff are to be notified in advance, of prisoner patients.

One or more Custodial Officers is to accompany the prisoner, one of whom is to change into theatre attire and stay with the prisoner until the induction of anaesthesia.

Following verification of anaesthesia by the attending anaesthetist, the Custodial Officer is to wait in the vicinity of the Recovery Room until the operation is completed and is to accompany the prisoner back to the ward. At all times, the Custodial Officers are responsible for applying appropriate security measures.

Where local anaesthetic is being used without substantial sedation, a Custodial Officer is to accompany the prisoner into theatre and remain during the procedure. Arrangements are to be made to ensure the wellbeing of the Custodial Officer and the sterility of the operating field. The Custodial Officer should remain discreetly at a distance from the operating field in a seated position.

All Staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

5. Compliance

Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Records Management

All WACHS clinical records must be managed in accordance with [Health Record Management Policy](#).

7. Evaluation

Review of this policy is to be carried out by Medical Services at WACHS Central Office.

8. Standards

[National Safety and Quality Health Service Standards](#)

Clinical Governance Standard: 1.27

9. Legislation

[Criminal Code Act Compilation Act 1913](#) (WA)

[Health Services \(Information\) Regulations 2017](#) (WA)

[Prisons Act 1981](#) (WA)

10. References

1. Australian Institute of Health and Welfare. [The health of Australia's Prisoners](#). 2012. Canberra. AIHW.

2. Western Australian Government Department of Corrective Services. [Adult Prisoners in Custody Quarterly Statistics March Quarter 2017](#). Accessed 12/09/2017.
3. [Memorandum of Understanding between the Minister for Corrective Services and the Minister for Health in Relation to Health Service Provision for Offenders](#)

11. Related Forms

WACHS [Inter-hospital Clinical Handover Form](#)

WACHS [Safety Risk Report form](#)

12. Related Policy Documents

WACHS [Alcohol, Tobacco and Other Drugs Clinical Practice Standard](#)

WACHS [Assessment and Management in the Emergency Department – Clinical Practice Standard](#)

WACHS [Cognitive Impairment Clinical Practice Standard](#)

WACHS [Disturbed Behaviour Management Clinical Practice Standard](#)

WACHS [Documentation Clinical Practice Standard](#)

WACHS [Inter-hospital Clinical Handover Form Procedure](#)

WACHS [Media and Public Communication Policy](#)

13. Related WA Health System Policies

MP 0125/19 [Notifiable and Reportable Conduct Policy](#)

MP 0010/16 [Patient Confidentiality Policy](#)

MP 0158/21 [Smoke Free Policy](#)

MP 0175/22 [Consent to Treatment Policy](#)

14. Policy Framework

[Clinical Governance, Safety and Quality Policy Framework](#)

15. Appendix

Appendix 1: [Specific requirements relating to the care of prisoners in WACHS Hospitals](#)

**This document can be made available in alternative formats
on request for a person with a disability**

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Appendix 1: Specific Requirements Relating to the Care of Prisoners in WACHS Hospitals

Urgent presentation / admission of a prisoner to a WACHS facility

The Prison Superintendent or their delegate is to inform the senior nurse/midwife at the receiving hospital of the transfer of the prisoner for medical treatment. The senior nurse/midwife is to record all relevant details in iSoBAR format. A clinical handover is to occur between receiving hospital and Prison clinical staff.

The WACHS site is not to accept a prisoner for medical care, except in the case of a life threatening emergency without:

- prior notification of the admission
- an ED Transfer Form from the DOJ
- the minimum security Prisoner Contract where applicable
- a full clinical handover using the iSoBAR framework.

The DOJ Clinical Nurse Manager is to be contacted for:

- any details required of treatment prior to the prisoner attending a WACHS site
- continuing medical care required following discharge of a prisoner
- specific information (for example, HIV status of prisoner)
- medication reconciliation.

The DOJ Clinical Nurse Manager is responsible for providing updates on prisoner's health conditions.

Clinical updates are to be provided to the local prison health service on request by the DOJ Clinical Nurse Manager.

External enquiries regarding information pertaining to the prisoner are only to be provided by the relevant DOJ Security Senior Officer / Designated Superintendent.

Access to Diagnostic and Treatment Units of the Hospital

Where deemed necessary, a Custodial Officer is to accompany and apply authorised restraints to prisoners attending a treatment or diagnostic unit (e.g. radiology or ultrasound).

The prisoner is not to be aware of when or where the tests are to be performed – this is for security purposes.

Visitors

The DOJ Security Senior Officer / Designated Superintendent, in consultation with senior nursing or medical staff, is to decide whether a prisoner is allowed to visit his/her family member in hospital or to receive visits from family members/friends.

Approval and conditions of the visit are to be sought from the referring prison.

The Custodial Officer is responsible for determining the duration of visits.

Telephone calls are not to be transferred to the patient but must instead be received by the Custodial Officer.

Meals for prisoners

The escorting Custodial Officer is at all times responsible for security measures as deemed appropriate.

All prisoner patient meals are to be delivered with plastic cutlery, plastic plate, bowls and drinking cups, mugs etc.

Money

Prisoners are not to be permitted to receive or to have in their possession, any money, cheques, credit cards or other means of conducting financial transactions and are not to be permitted to enter into any arrangements for the purchase of goods and services (e.g. television hire).

Media

Staff members are not to address queries from the media about prisoners regardless of whether the person of interest is currently a patient or not.

All media statements, verbal or written, relating to a prisoner who is a patient at a WACHS hospital are to be issued by the DOJ.

All media enquiries are to be directed to the WACHS Media Coordinator on 6145 4166 as per the WACHS [Media and Public Communication Policy](#).

Agreement is to be reached between senior nursing and/or medical staff at the WACHS site and the DOJ, as to the appropriateness of the statement, and any changes or modifications required are to be negotiated between both parties prior to a press statement being issued.

Prisoner patients are not to be permitted access to the media (reporters).

Photographs

Photographs of prisoner patients in hospital are not permitted, except where photographs are required for clinical (e.g. wound management, colonoscopy imaging) or official purposes (e.g. by the police for the purpose of evidence). Consent processes for obtaining clinical photography of prisoners are as per routine processes.

Privacy

Where a prisoner is held in restraints, staff are to ensure privacy and ensure, where possible, that the prisoner is not in view of other patients and the general public.

Consent to treatment

The WA Health OD 0657/16 [Consent to Treatment Policy](#) applies equally to prisoners as it does to other member of the public. Informed consent for any procedures must be obtained from the prisoner. Nevertheless, a prisoner may not be permitted by DCS to undergo an elective procedure if it is not deemed necessary for their immediate care.

Security Issues

Prisoners are to be managed in consultation with Custodial Officers. Security of prisoners is at all times a responsibility of the DOJ, whereas safety and quality of the care provided to prisoners is the responsibility of health service staff.

Health service staff are also responsible for the security and safety of themselves, other patients and the general public. The senior nurse/midwife is to seek as much information as necessary to ensure a safe environment for all concerned. This includes the security rating of the prisoners but does not include details of their offences or alleged offences. Information concerning offences is only to be disclosed where it is directly relevant to the prisoner's treatment such as in a therapeutic relationship with mental health staff.

All prisoners, regardless of their security rating are to have limited contact with other patients, and should be accommodated in a single room.

A Custodial Officer is responsible for a prisoner's security at all times and therefore must be present during an examination or consultation. However the clinician can request that the DOJ Officer be positioned discreetly during the examination or consultation.

The DOJ Officer should not be present in the delivery room when a prisoner patient is in labour and giving birth, but should be immediately available.

Management of prisoner patient behaviour

The DOJ Security Senior Officer/Designated Superintendent is to notify the senior nurse/midwife of the security rating of all prisoners attending a WACHS site.

Physically aggressive or inappropriate language by prisoners is not to be tolerated and is to be escalated to the manager and reported on a WACHS [Safety Risk Report form](#). Refer to the WACHS [Disturbed Behaviour Management Clinical Practice Standard](#) and [Cognitive Impairment Clinical Practice Standard](#).

Continued poor behaviour is to be addressed by the DOJ representative prior to the continuation of treatment, if it is clinically safe to do so.

Minimum security prisoners

Prisoners in this category are generally not restrained when required to attend a hospital for treatment.

Minimum security prisoners are, however, to be escorted by a Department of Justice escort at all times when in a hospital, except where the prison has negotiated with the senior nurse on site the suitability of a prisoner to be unescorted. The site Director of Nursing/Health Service Manager, or Operations Manager (for Regional Resource Centres) must also be informed of the decision, and be provided a copy of the individual contract signed by the prison and the prisoner regarding unescorted attendance.

Medium / maximum security prisoners

These prisoners are normally restrained and accompanied by a DOJ officer at all times.

The nature and extent of restraints is determined by the DOJ according to current DOJ policy and is not a matter for health service staff except where it interferes with the health care of the prisoner or the security and safety of other persons.

Concerns regarding prison restraints

a. Non-emergency treatment

In non-emergency situations, at any time, clinicians may deem it necessary and therefore request for security restraints to be removed or modified:

- for the purpose of medical treatment; or
- as a result of the medical treatment (for example, where the prisoner patient is under anaesthetic); or
- as a result of severe incapacitation due to injury or illness (for example, in the terminal phase of a terminal illness); or
- where the prisoner patient is in the third trimester of her pregnancy; or
- for the safety of staff and patient (for example, during cardioversion where the prisoner's limbs may be directly or indirectly in contact with the bed frame).

In making this request to the Custodial Officer, clinicians are to be aware that the Custodial Officer may need to seek approval from DOJ prison management before any restraint regime is modified or removed. If the request is not answered within a reasonable time, and/or the security regime remains the same, refer to Escalation process. The clinician may defer treatment, while the restraint regime is resolved, except in emergency situations.+

b. Emergency treatment

In emergency situations, if a clinical judgment is made that immediate care and treatment of the prisoner patient is obstructed by security restraints or where resuscitation requires the removal of metal or other restraints, clinicians must request the immediate removal or modification of security restraints.

If the restraints are not immediately modified or removed despite the request, the clinicians must manage the immediate medical needs of the prisoner patient. Any refusal or delay by DOJ of the restraint modification or removal request must be reported by the clinician, in accordance with the process below.

Adverse clinical events resulting from a failure to remove restraints are to be reported via a Datix Clinical Incident Management System ([Datix CIMS](#)) form.

c. Escalation process

If the restraints regime is unchanged following the request by a clinician (allowing a reasonable time to respond for non-emergency treatment), the matter is to be escalated to the most senior person on site, to contact the relevant prison superintendent for action.

In the event that the request is not resolved at this level, the matter is to be escalated to the Regional Director for further discussion with the relevant prison superintendent.

If still unresolved, the matter may be further escalated to the Chief Executive, WA Country Health Service, for discussion with the Commissioner, DOJ.