Justice Health and
Forensic Mental Health Network

NSW GOVERNMENT

Justice Health NSW Policy

Access to Patients – Medical Emergencies

Issue Date: 17 February 2023

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Access to Patients – Medical Emergencies

Policy Number	1.010
Policy Function	Continuum of Care
Issue Date	17 February 2023
Next Review Date	17 February 2026
Risk Rating	High
Summary	This policy outlines the arrangements for access to patients in Correctional Centres, Youth Justice Centres and the Long Bay Hospital during medical emergencies. Staff working in the Forensic Hospital should refer to relevant Forensic Hospital procedures.
Responsible Officer	General Manager, Primary Care
Applies to	☐ Administration Centres ☐ Community Sites and programs ☒ Health Centres - Adult Correctional Centres or Police Cells ☒ Health Centres - Youth Justice Centres ☒ Long Bay Hospital ☐ Forensic Hospital
CM Reference	POLJH/1010
Change summary	• Update examples of medical emergencies • Update name to Youth Justice • Addition of reference to hospital transfer e-forms • Updated links to Emergency Response Guidelines • Update wording to IIMS+.
Authorised by	Chair, Policy Steering Committee

Revision History

#	Issue Date	Number and Name	Change Summary
4	February 2023	1.010 Access to Patients – Medical Emergencies	• Update examples of medical emergencies • Update name to Youth Justice • Addition of reference to hospital transfer e-forms • Updated links to Emergency Response Guidelines • Update wording to IIMS+.
3	January 2019	1.010 Access to Patients – Medical Emergencies	• Addition of “Private Security Provider” to text

			• Update policy / procedure references. Delete referral to rescinded Policy 1.068 Nurse On Call / Call Back • Change of phone number for ROAMS and AHNM • Link to “Patient Letter to Hospital” • Requirement to phone Emergency Department to provide Transfer of Care clinical handover to hospital staff • Addition of HPNEF reference for Adolescent Health
2	December 2015	1.010 Access to Patients – Medical Emergencies	• Inclusion of reference to GEO • Reference to CAT form • Updated procedure references
1	September 2012	1.010 Access to Patients – Medical Emergencies	• Update of terminology • Update policy / procedure references

PRINT WARNING

Printed copies of this document, or parts thereof, must not be relied on as a current reference document. Always refer to the electronic copy for the latest version.

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1. Preface

This policy outlines the arrangements for access to patients in Correctional Centres, Youth Justice Centres, Police Cells manned by Justice Health and Forensic Mental Health Network (Justice Health NSW) staff and Long Bay Hospital during medical emergencies. Staff working in the Forensic Hospital should refer to relevant Forensic Hospital procedures.

In medical emergencies, it is the responsibility of Corrective Services NSW (CSNSW) officers, Private Security Provider officers and Youth Justice NSW (YJNSW) officers to ensure that health staff members have immediate, safe and direct access to patients. CSNSW / Private Security Provider / YJNSW will assess ambulance entry and egress to ensure that entry and exit occurs in the shortest possible time. Each health centre has local emergency *Standard Operating Processes* for accessing patients during a medical emergency. Routine or unplanned "lock ins" must not hinder access to patients during a medical emergency. Please refer to *Custodial Operations Policy and Procedures 13.2 Medical emergencies*.

Examples of medical emergencies requiring direct access include, but are not limited to:

- Clinical Emergency Response System (CERS) Red Zone/Rapid Response patients,
- CERS Yellow Zone/Clinical Review patients,
- Early onset of labour,
- Severe respiratory distress,
- Acute onset of severe chest pain,
- Attempted hangings,
- Unconscious patients,
- Victims of serious violence,
- Seizures
- Serious trauma
- Other serious medical conditions e.g. burns, fall from height, significant blood loss

2. Policy Content

2.1 Mandatory Requirements

When clinical staff are the first to become aware of a medical emergency they should assess the patient, provide appropriate first aid, and as soon as possible, call an ambulance as clinically appropriate and notify custodial/Youth Justice staff of its imminent arrival.

The local emergency procedures must be written in a simple format and placed in the local Orientation Package and should also be displayed on the wall near the emergency response bag storage location.

2.2 Implementation – Roles and Responsibilities

When the Network's staff are the first to become aware of a medical emergency they must call an ambulance as clinically appropriate and notify custodial staff of its imminent arrival.

Custodial staff are responsible for ensuring access to the patient by Network staff and to facilitate access by the NSW Ambulance Services. When Network staff make a request to transfer a patient to hospital by ambulance they must communicate to the security provider, the importance of the transfer to preserve the patient's life and function.

CSNSW / Private Security Provider / YJJNSW officers will be required to initiate the calling of an ambulance when there are no Network staff on duty. The decision as to whether a patient needs to be transferred to a hospital may be based on recommendations from the Remote On- Call After Hours Medical Service (ROAMS) and/or After Hours Nurse Manager (AHNM) 13000 76267. See Policy 1.300 *Remote Off-site and After Hours Clinical Services Policy*.

CSNSW / Private Security Provider / YJNSW officers may be requested to call the ambulance if the Network staff are unable to leave the patient, due to clinical need, to make this call.

For Long Bay Hospital local procedure see *Clinical Emergency Response and Medical Team Clinical Procedure*.

2.3 Staff and Patient Safety

The safety of staff is the primary concern of custodial staff when dealing with emergencies. Network staff must not enter a scene to render first aid until it has been deemed safe by the security provider. Should a situation develop where access to a patient would place staff under threat of harm, then custodial/Youth Justice/private security staff must advise health staff and access to the patient must not be attempted until appropriate security is provided. However, it is anticipated that such situations would be rare.

After hours, if custodial/Youth Justice or security staff are unable to facilitate transfer to hospital despite advice from health staff, the clinician must escalate to the appropriate ROAMS clinician and the AHNM. The AHNM will discuss the escalation of care required for the patient with the appropriate security provider. An IIMS+ must be logged if access is or remains an issue and this must be documented in the patient's health record. A Health Problem Notification Form (HPNF) for adults or Health Problem Notification and Escort Form (HPNEF) for adolescents must also be completed advising security providers that the patient should be transferred to hospital, and any other level of observation required to safely manage the patient at the centre.

3. Procedure Content

Local emergency procedures must, at a minimum, contain the following advice or requirements:

- Ensuring custodial officers are present when entering patient accommodation, work or recreation areas;
- Referring to the health centres/ wards Safe Work Practice for entering patient areas. See Policy 5.110 *Work Health and Safety*. The area must be cleared of other patients and correctional staff deem it is safe prior to health staff entering;
- Providing emergency treatment to patients;
- Referring to the *Adult Emergency Response Guidelines* or *Adolescent Emergency Response Guidelines* for advice to clinicians on managing a medical emergency. These guidelines are located in the Emergency Airway Management Bag and Adult or

Adolescent Standing Orders located on the Intranet;

- Ensuring the Network's clinical staff call an ambulance and provide clinical handover whenever possible. If this is not possible, custodial staff must be asked to call an ambulance;
- Telephoning the ROAMS Medical Officer and AHNM on [redacted] if the emergency occurs after hours, once the patient is stabilised or transferred;
- Documenting the clinical encounter on an JUS060.009 Emergency Response Form located in the Emergency Airway Management Bag;
- Ensuring the Emergency Response Form, Clinical Summary of transfer e form and Patient Letter to Hospital – Information for Hospital Staff: Healthcare for People in Custody accompany the patient to hospital;
- Telephoning the Emergency Department to provide Transfer of Care clinical handover to hospital staff;
- Completing daily hospital update on JHeHS.
- Documenting in the patient's clinical record on JHeHS.

4. Definitions

Must

Indicates a mandatory action required to be complied with.

Should

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

5. Related Documents

Legislations	
Justice Health NSW Policies, Guidelines and Procedures	1.231 *Health Problem Notification Form (Adults)* 1.235 *Health Problem Notification and Escort Form (Adolescents)* 1.300 *Remote Off-site After Hours Medical Services and After Hours Clinical Services Policy* 5.110 *Work Health and Safety* 6.056 *Adolescent Standing Order* 6.055 *Adult Standing Orders* *Adolescent Emergency Response Guidelines* *Adult Emergency Response Guidelines*

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	Information for Hospital Staff: Healthcare for People in Custody *Clinical Emergency Response and Medical Team Clinical Procedure*
Justice Health NSW Forms	JUS060.009 *Emergency Response Form* JUS001.001 *Health Problem Notification form*
NSW Health Policy Directives and Guidelines	
Other documents and resources	13.2 *Medical emergencies* (Custodial Operations Policy and Procedures, COPP)

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