# Canberra Health Services Guideline

## *Mental Health, Justice Health, Alcohol and Drug Services (MHJHADS) Justice Health Operational Guideline – Alexander Maconochie Centre*

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## Purpose

The purpose of this document is to provide an overview of the operational and clinical procedures that are undertaken within Justice Health (JH) at the Alexander Maconochie Centre (AMC).

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## Scope

The guidance and procedures outlined in this document applies to all CHS staff working within Justice Health (JH) at the AMC.

Note: The guidance and procedures outlined in this document **do not apply** to staff working within Custodial Mental Health (CMH) which are covered in a separate operational guide.

## Underlying Principles

Justice Health (JH) provides primary health (GP equivalent) health care services to people in the ACT correctional centres. People in custody are referred to as 'detainees' under s36(1) of the *Corrections Management Act (CMA*), though will be referred to as 'clients' herein. JH operates most clinical services from the Hume Health Centre (HHC) building at the AMC and satellite clinics in detainee accommodation areas.

**Section 21 Doctor**

The *Corrections Management Act 2007* (CMA) authorises the statutory appointment of a Doctor under section 21 CMA (Section 21 Doctor) whose functions are to:

- Provide health services to clients and young people, and
- To protect the health of clients and young people (including preventing the spread of disease at correctional centres)

The Section 21 Doctor must be appointed by the Director-General responsible for the administration of the *Public Health Act 1997.* The appointment is made by the Chief Executive Officer of Canberra Health Services (CHS).

The Section 21 Doctor is the therapeutic provider of health services to a collection of individual clients. The CMA contains specific obligations that involve the section 21 Doctor in the provision of health services to a client including:

- induction health assessment,
- management of public health and health segregation,
- medical review after use of force,
- health reviews of clients subject to separate confinement,
- health reports to ACT Corrective Service (ACTCS), and

- transfer to health facilities.

The statutory obligation of the Section 21 Doctor does not prevent or preclude the statutory functions being done by persons other than the appointed section 21 Doctor but must be completed by an employee of JHS.

Detainees of a correctional centre are not entitled to access Medicare. As such, health services provided to detainees are funded by the ACT Government.

**Partnering with Our Clients**
JH strives to actively partner with its clients to communicate health information, improve services, and respond to feedback or concerns. A representative from JH should be in attendance at each detainee delegate meeting to support this partnership. Delegates meetings are held for both male and female detainees weekly.

As part of ongoing service improvement, JH conducts a formal annual survey of detainees to gain feedback on services and consumer experience. In addition, JH actively participates in the Australian Institute of Health and Wellbeing (AIHW) survey of detainees via the National Prisoner Health Data Collection.

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## Special Population Groups

Specific population groups within the cohort of people who access JH may have unique physical health care requirements and consideration should be given to these in the planning and provision of care. This may include the following:

**Women**
JH recognises that women in prison are a particularly vulnerable group due to a variety of factors that are prevalent among this cohort, including socioeconomic disadvantage; trauma history; violence history; drug and alcohol use; and mental disorder. Women in prison usually experience greater challenges to their health and wellbeing than women in the general community. Trauma-informed care is a cornerstone of health and wellbeing service provision for women and should be considered in all aspects of treatment and care planning.

- CHS Women's Health Service may provide in reach services to women in the AMC. This service provides a specialised medical, nursing and counselling service to women who experience or have experienced violence and/or abuse and specialises in working with vulnerable women who experience barriers to accessing mainstream services.

- Winnunga (see below) offers primary health care services, social and wellbeing services, and therapeutic groups to all women in the AMC, regardless of Aboriginal heritage. Specialist health services are limited to Aboriginal and Torres Strait Islander women.

- JH Complex Care Team oversee the care and management of pregnant women during their time in custody. JH works collaboratively with CHS maternal health services, mental health services, Winnunga, and other agencies to monitor and manage the health and wellbeing of the mother during pregnancy and after birth.

**LGBTQIA+**

JH acknowledges that people of diverse sexuality, sex and gender are more vulnerable to a range of mental and physical health issues and higher rates of substance use, interpersonal violence, and suicide than other Australians. While sexuality, sex and gender diversity are not inherently causal factors, the discrimination that people who identify as LGBTIQ+ experience is associated with higher rates of psychological distress and may impact their engagement with health services and health interventions.

JH commits to providing safe and supportive care for LGBTIQ+ people by:

- Engaging in delivery of services that consider people's sexuality, sex, and gender diversity in order to address physical health issues that are prevalent among LGBTIQ+ people.
- Promoting inclusive language and practices, cultural competency, and staff education in order to support LGBTIQ+ people.
- Affirming and valuing diverse gender identities and sexual identities by promoting LGBTIQ+ inclusion.

**Refugee Health**

JH recognise that some people may be refugees, and aims to provide trauma informed, culturally safe and respectful care to this group. Refugees may have poorer health than their peers, may experience stigma about mental ill-health, and may experience communication barriers that can impact on their ability to seek and access physical health care.

The Translating and Interpreting Service (TIS) can provide interpreters over the phone or in person. They can be contacted on 13 14 50 or book an interpreter via the CHS Health Hub. See *CHS Translating and Interpreting Services Procedure*.

| Client Code | Account No. | Access No. |
|---|---|---|
| C 969382 | 626243 | 1234 |

ACTCS Case Managers can also link people to specific cultural support services in custody as required.

**People with a Disability**

ACTCS is responsible for the care and management of people with disability in the AMC. Health services can support this obligation by providing medical assessments, treatments, and medical devices that a person with disability may require as a consequence of their disability.

In line with the *Justice Disability Strategy (2019-2029)*, all people entering custody are required to undergo screening for disability. This aims to identify difficulties with vision; hearing; mobility; cognition and activities of daily living early in the person's period in custody to ensure reasonable adjustments are made to support the person and avoid unduly harsh treatment or disadvantage due to disability. The Washington questionnaire is conducted as part of the health induction to ensure that any immediate medical needs, aids, or devices (e.g., hearing aids or glasses) can be identified and facilitated as soon as possible.

When a person has been identified as presenting with a cognitive or physical disability, JH will liaise with relevant stakeholders regarding special medical needs, reasonable adjustments, and accessing additional internal and external services. Relevant stakeholders include JH, ACTCS Custodial Operations, Supports and Interventions Units, Disability Liaison Officers and Disability and Complex Care Coordinator Occupational Therapist.

The ACTCS Disability Liaison Officer (via Supports and Interventions Unit) and the National Disability Insurance Scheme (NDIS) Justice Liaison Officer (via the National Disability Insurance Agency) can also assist with accessing NDIS supports in custody and following release.

## Aboriginal and Torres Strait Islander Peoples

JHS acknowledges the Ngunnawal and Ngambri people as traditional custodians of the Canberra region and that the region remains a significant meeting place. Our service respectfully acknowledges the diversity of all Aboriginal and Torres Strait Islander people who reside within the Canberra region and in the AMC.

JH supports the implementation of the *ACT Aboriginal and Torres Strait Islander Agreement 2019-2028,* which identifies three key strategies to improve the Health and Wellbeing of Aboriginal and Torres Strait Islander people:

- Simplifying or enabling access to health and wellbeing services and programs.
- Providing information and early support to enable informed decision making.
- Having Aboriginal and Torres Strait Islander service providers for Aboriginal and Torres Strait Islander people.

JH commits to the goals of the *CHS Aboriginal and Torres Strait Islander Impact Statement and Declaration 2019-2028* to improve the health and wellbeing of Aboriginal and Torres Strait Islander people and to close the gap in health outcomes between Aboriginal and Torres Strait Islander and non-Indigenous people. A key principle of the Declaration is to "ensure cultural consultations are embedded in clinical practices."

Evidence shows Aboriginal and Torres Strait Islander people are more likely to access health services where service providers:

- communicate respectfully.

- build good relationships.
- provide a culturally safe environment.
- have an awareness of the underlying social issues.
- display some understanding of Aboriginal and Torres Strait Islander culture and include Aboriginal and Torres Strait Islander people as part of the healthcare team.

JH engages with the following range of Aboriginal and Torres Strait Islander services in the AMC:

- The Mental Health, Justice Health and Alcohol and Drug Service (MHJHADS) Aboriginal and Torres Strait Islander Health and Wellbeing Team provide cultural support to Aboriginal Torres Strait Islander people who are receiving treatment and care from MHJHADS services. Aboriginal Liaison officers (ALOs) can provide advocacy, support, and cultural liaison to facilitate improved access, communication, and engagement with health services in the AMC and support existing health services to provide culturally informed care.

  To ensure culturally informed care, with the consent of the client, JH clinicians should:
  - Provide Information regarding the ALO service at induction.
  - Involve the MHJHADS ALO in all Aboriginal Health Assessments.
  - Refer all Aboriginal and Torres Strait Islander peoples identified as requiring ongoing case management by the JH Complex Care Team (CCT) to the ALO team within seven (7) days from the time of registration with the service, or sooner where clinically indicated by acuity or communication or engagement barriers.
  - Include JHS ALO in all care plan reviews of clinically managed Aboriginal and Torres Strait Islander peoples.
  - Liaise with JHS ALO regularly regarding the culturally safe care of Aboriginal and Torres Strait Islander peoples.

- ACTCS Indigenous Liaison Service also provides cultural support and programs to Aboriginal and Torres Strait Islander people in the AMC including social and wellbeing services; cultural activities; peer mentoring; yarning circles; storyline counselling; celebrations of cultural events and family and community liaison. In addition, Indigenous Liaison Officers (ILOs) can provide advice and support to staff and agencies on cultural issues and culturally appropriate care and engagement.

**Aboriginal Health Assessments**

The Aboriginal Health Assessment (AHA) is a national initiative that aims to identify known health risks early on and to determine what preventative healthcare, education and other assistance should be offered to the person to manage or improve their health and wellbeing. It is a comprehensive assessment that includes a physical examination, laboratory tests, family medical history, and assessment of psychological and social well-being.

An AHA is conducted as part of cultural clinics run at AMC by the JH CCT in conjunction with the MHJHADS ALOs. AHAs are offered annually to Aboriginal and Torres Strait Islander

detainees who have been in custody longer than 3 months and who have not had an AHA completed in the past 12 months.

These assessments are discussed at the JH CCT Multi-disciplinary meeting. Referrals are made for further assessment and/or intervention if indicated.

**Winnunga Nimmityjah Aboriginal Health and Community Services**

Winnunga Nimmityjah Aboriginal Health and Community Services (Winnunga) provides independent primary health care services and social and wellbeing services to Aboriginal and Torres Strait Islander people and female clients in the AMC. Winnunga primary care services at AMC are based in Health Ward 1 and 2 in the HHC (Ph: 02 62055325).

Detainees are eligible to have their care provided by Winnunga where they are:

- a client of Winnunga in the community
- identified as being Aboriginal or Torres Strait Islander
- non-Aboriginal female (primary care services only)
- not on oral Opioid Maintenance Therapy (OMT) but may be established on injectable OMT.
- not subject to a complex health condition requiring clinical management by CCT.
- not subject to a complex or acute mental health conditions requiring clinical management by CMH.

Eligible people engaged with JH should be offered, or can request, to have their primary care and/or primary care mental health care needs managed by Winnunga whilst in custody. Referrals to Winnunga can be made by completing an ISBAR (Identify, Situation, Background, Assessment, Recommendation) handover and emailing it to amcwinnunga@winnunga.org.au.

Once accepted to Winnunga, a discharge summary must be provided by JH within 7 days. A handover discussion between JH and Winnunga is held on Friday mornings to ensure effective transition of care.

**Shared Care Arrangements**

JH has responsibility for the functions of the section 21 doctor outlined in the CMA (see p5), regardless of whether the person is a client of Winnunga.

In situations of medical emergency (**Code Blue**) involving a Winnunga client, the Winnunga clinicians on duty are responsible for providing clinical handover of relevant medical information to JH and for providing first aid or resuscitation assistance if required. Where there is no Winnunga clinician on site, the Winnunga medical officer (MO) on-call should be contacted. JH clinicians are not able to defer responsibility to Winnunga during an active Code Blue.

**Pregnancy management** of Winnunga clients necessitates the engagement of JH in the event of out of hours or emergency medical situations. The CCT works with Winnunga, the

CHS Parenting Enhancement Program (PEP) team, and ACTCS to ensure effective communication in relation to actions and responsibilities in the event of a pregnancy related concerns or onset of labour.

**Dental services** at the AMC are provided by CHS Oral Health Services and are able to be accessed by Winnunga clients. Winnunga Health Team within the AMC use a paper referral that is processed by the JH CNC of HHC.

**Medication management** for Winnunga clients is the responsibility of Winnunga. In exceptional circumstances where only one Winnunga nurse is available to administer a Schedule 4 or 8 medication, they may request the assistance of JH nursing staff to co-sign medications. These requests can only be approved by the shift team leader, Clinical Nurse Consultant (CNC) or Clinical Nurse Manager (CNM) and must be recorded in the handover book including: the date, client name, Winnunga staff name, and medication type and dose. **Medications cannot be supplied between Winnunga and JHS.**

Under the Winnunga model of care, non-Aboriginal women receiving primary health care from Winnunga may not be able to access some specialist health care services such as psychiatry. In this instance, Winnunga MOs medical officers may seek consultation and liaison from JH or Custodial Mental Health (CMH) where relevant. Referrals from Winnunga should be managed through the respective CNC for JH or CMH.

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## Section 1 – Services

**Overview**

JH is staffed by Medical Officers (MOs), Registered Nurses (RNs), Enrolled Nurses (ENs) and administrative staff and provides day to day and ongoing health requirements for clients, including but not limited to:

- General practitioner services
- General health nursing services
- Medication delivery and management
- Alcohol and other drug screening and referral
- Opioid Management Therapy (OMT)
- Vaccination programs
- Health promotion
- Blood Borne Virus detection and management.
- Sexually Transmitted Infection detection and management
- Screening and management of communicable disease outbreaks
- Chronic Disease management
- Complex Care case management
- Pregnancy management

- Outpatient referrals and inpatient transfers

JH clinical staff are on site:

- Nursing staff from 6:30 am to 8:30 pm 7 days a week.
- medical officer from 8:30 am to 5:00 pm business days, with an on-call MO operating on weekends, public holidays and after hours.

Where a service cannot be provided by JH, clients have access to a range of in-reach, telehealth, and outpatient services provided by CHS, including, but not limited to:

- Dental services (on site at AMC)
- Specialist medical services (e.g., cardiology, oncology, urology etc)
- Pain Clinic
- Occupational Therapist
- Physiotherapy
- Nutritionist / Dietitian
- Exercise Physiology
- Podiatrist
- Diabetic Educator
- Asthma Educator
- Optometry (via private provider)

**Specialist Equipment**

Specialist equipment such as wheelchairs, crutches, shower chairs, and monitoring equipment such as thermometers and blood glucose level (BGL) monitors etc can be arranged for short or long-term use through CHS central equipment / loans, private hire centres, or for purchase by JHS via approval and ordering through the JH CNC.

**Medical Escorts**

The JHS Medical Escort team works closely with ACTCS to ensure the provision of secondary and tertiary level healthcare services for clients. This includes scheduled specialist outpatient appointments and unscheduled transfers and emergency ambulance transfers for urgent medical conditions.

The Medical Escorts team is responsible for:

- Co-ordination and clinical oversight of all clients having telehealth appointments.
- Co-ordination of in-house appointments by visiting specialists.
- Co-ordination of off-site secondary and tertiary health care, including medical appointments / procedures, surgical procedures, diagnostic testing, and outpatients follow up appointments.
- Overseeing referrals and bookings and working closely with the Clinical Leads of the specialist teams, CNC and ACTCS Medical Escorts.
- Coordination of emergency and planned hospital admissions.

**Private Medical Appointments**

At times, clients are referred to have treatment through non-CHS agencies with approval by the Clinical Director, Justice Health. All enquiries regarding non-CHS appointments must be forwarded to Medical Escorts CHS.CustodialHealthMedicalEscorts@act.gov.au for processing and to ensure that financial arrangements have been made. Following the appointment, the invoice is forwarded to justicehealth@act.gov.au for the JHS Administration Officer to process.

**Digital Camera**

The use of a digital camera in the Health Hume Centre (HHC) enables high-resolution pictures of clinically related symptoms to be captured, such as wounds and acute injuries. Images can also be used to complement Telehealth appointments and to streamline diagnostics without the need to transfer the client to the hospital. For example, by capturing images for external specialist review (such as skin condition, wounds, or other clinical presentations) less amendable to an Audio-Visual Link (AVL) or phone-based service, with images uploaded on to the client's DHR for easy accessibility by all CHS clinicians.

The camera is stored in the Schedule 8 Drug safe in the HHC. As AMC is a restricted facility and cameras of any kind are not permitted, staff must ensure that the camera is not handled by clients and that it is always stored securely in the drug safe when not in use.

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## Section 2 - Induction into Custody

**Service Provision to the ACT Court Cells**

The ACT Court Cells are a designated correctional facility under ACT legislation. Similar to the AMC, First Aid is provided by ACTCS, while emergency medical care is referred to ACT Ambulance Service (ACTAS). In addition, JH is responsible for the delivery of limited health services at the court cells including the provision of time sensitive medications where there is a significant risk to a person's health and/or life if treatment is not provided. Common examples include treatment for alcohol withdrawal and diabetes. In most cases, the need for JH services will be triggered by a handover from Clinical Forensic Medical Services who provide medical services to people in custody at the ACT Watchhouse.

Some people who receive JH services in the court cells may not be remanded to custody. For example where a person is bailed from court. In these instances, their DHR episode with JH must be closed within 24 hours.

**Induction to Custody Assessments**

In accordance with section 68 of the CMA, all clients on arrival at the AMC are to receive an induction health assessment within 24 hours of admission. The induction health assessment considers the client's physical and mental health history and current risks to inform the immediate health needs of the client and any ongoing care and treatment. This assessment

also screens for falls risk and disability needs, so that accommodation planning and early referrals to support services can be made.

During business hours this induction health assessment is usually completed concurrently by the JH Admission Nurse and a CMH mental health nurse, but can be completed separately. In the event a CMH mental health nurse is not available, the JH nurse should complete both the physical health and the mental health section of the primary health induction assessment form.

A *Consent to Release and/or Share Personal Information* form should be completed at the time of the induction health assessment, if required. This form is used to facilitate continuity of care by acquiring consent to obtain the client's community health history and current prescribed medications history as soon as practicable.

**Handover to Medical Officer (MO)**
The MO on duty is to be advised of the outcome of the induction health assessment.

Details of the client will be entered into the daily clinical handover using the ISBAR format and should include:

- Medical history and medications
- Drug and ETOH history/intake; any signs of withdrawal
- Any observations commenced i.e., medical observations, AWS/BWS/OWS
- Any current complaints of pain/discomfort and/or injuries
- CoVID-19 positive or respiratory symptoms
- Contraindication for nicotine replacement therapy (NRT)
- Mental Health history (if no CMH clinician was present during the induction).

**Handover to ACTCS**
Once the induction health assessment and MO handover have been completed, a handover is provided to ACTCS via the *Primary Health Notification Form* (PHNF). The PHNF meets the obligations outlined in section 67 of the CMA. The notification informs ACTCS management of the client's health recommendations, including but not limited to, conducting recommended observations, suitable accommodation locations, and any significant health conditions which impact the ongoing health and wellbeing of the client/ in a custodial environment.

The objective of the PHNF is to protect the health and safety of the clients in a way that protects their confidentiality by providing information relevant to:

- Signs and / or symptoms displayed by a client which may be a result of, or influenced by, a health condition or care that may affect their behaviour.
- Frequency of observations required for the client's physical health.
- Ongoing health issues that ACTCS need to be aware of. E.g., anaphylaxis to foods, diabetic care and associated equipment, physical limitations, or restrictions, pregnancy.
- Ineligibility for NRT

**Induction Forms**
The following forms documenting the health induction assessment are to be completed in (or scanned to) the client's Digital Health Record (DHR):

- *Induction Assessment Form* - Available in DHR Via the Induction menu in the Justice Health Tab
- *Primary Health Notification Form* (PHNF) – Hard copy to be uploaded onto DHR via media manager
- *Consent to Release and/or Share Personal Information* form – this form is under review and copies are located in Q Drive.

**Induction Referrals**
At the time of induction, every client must have appointments booked for:

- any appropriate withdrawal observation
- Day 5 respiratory/COVID symptom check
- an initial health assessment and bloods within 5 days of admission,
- and Day 14 B-hCG urine for women.

If there are any physical health concerns requiring review by a MO, an appointment should be booked at this time as per the JH triage categories.

Referrals to the Alcohol and Other Drug (AOD) team, CCT, Medical Escorts, ALO, Winnunga, or the Specialist Intervention Unit (SIU) may also be considered at this time.

**Induction Checklist**
To complete the induction and ensure all steps have been completed, the DHR induction checklist is to be completed and checked. This is important to documenting that the legislative requirements for a health induction have been met.

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## Section 3 – Access to Custodial Primary Health

**Health Appointment Requests (self-referral form)**
Clients can self-refer to JH medical / nursing services by submitting a '*Health Appointment Request*' form. All nurses that receive a health appointment request form are responsible for assessing the client, triaging the request, uploading and/or transcribing to DHR, and creating a work queue item (via the Orders Tab *Appt01* and the appropriate clinic).

If a client requires an urgent or same day appointment, the client should be discussed with the JH CNC or team leader and a Medical Officer, and an appointment request made in DHR by the triaging nurse.

Health requests for both nursing and medical services are triaged for allocation to one of triage categories depending on the seriousness and acuity of the concern (see Attachment 5 for descriptions of triage categories).

1. Client completes *Health Appointment Request Form* (Nurse to assist if required).
2. Nurse to identify the concern, seek more information, and or examine the area.
3. Record findings in the health assessment on DHR **health appointment request** section.
4. Apply Triage Category as per chart '*Prioritisation of clients – Triage Categories for AMC*'
5. Complete the **health appointment request** on DHR and create the workqueue item.
6. Create a note from the **health appointment request** section.

**Code BLUE Medical Emergency**

A Code Blue is called in the event of a medical emergency to a client, staff member, or visitor. In the event of a Code Blue, all allocated nursing and if required medical staff should attend to assess the situation. Emergency trolleys and back packs are located in the HHC and each satellite clinic.

Emergency trolleys and packs must be checked daily to ensure they are fully stocked and any out-of-date emergency medicines/equipment are replaced. There is a full check including the AEDs each Tuesday. Staff are to restock after each code. The CNC is responsible for ensuring that emergency equipment is audited weekly and the outcome reported to the JH Clinical Governance Committee.

**AMC Prisoner Injury Report Form**

The Prisoner Injury Report form is an ACTCS form provided to JH for completion by a JH clinician for the purpose of documenting and informing ACTCS when clients have self-reported that they have sustained an injury in custody.

**Use Of Force (UoF)**

In situations where physical force or chemical agents such as OS gas may be used on a client or clients for safety and security reasons, the *ACTCS Use of Force Policy* and *ACTCS Use of Chemical Agents Policy* outlines the custodial practice in accordance with the CMA.

Use of Force is a custodial matter and any planning on its use should not include JH staff or staff from any other independent health service provider, as it conflicts with the general health service provision to clients by the health service provider. Neither the Section 21 Doctor nor JH staff will:

- be involved in the planning for a UoF,
- provide clinical information to ACTCS, or
- be involved in discussions about health conditions of a client to inform ACTCS planning for a UoF.

Examining a client who may have been injured during the Use of Force is a statutory obligation of the Section 21 Doctor as per s141 of the CMA. This obligation does not prevent or preclude the health examination being done by clinicians other than the appointed Doctor but must be completed by an employee of JH and cannot be delegated to another health service provider. The findings must be recorded on a ACTCS - Use of force and restraint health assessment form and in the client's DHR.

This obligation does not extend to the provision of unlimited personal health information to ACTCS. Relevant and required information may be shared, using a Primary Health Notification Form, to enable ACTCS to support the ongoing needs of the client.

JH acknowledges and recognises while an injury may not have resulted from a UoF, the client may wish to undergo an examination or be seen by a health practitioner. The obligation to examine a client injured by the UoF requires a specific pathway (only JH staff can complete the s141 examination) which limits the involvement of Winnunga. All detainees should be offered an opportunity to be reviewed by Justice Health following a use of force. Any documentation entered into DHR should include that the assessment is in relation to UoF.

**Health Segregation and Separate Confinement**

The ACTCS *Management of Segregation and Separate Confinement Policy* outlines the custodial process and requirements in accordance with the CMA, and *CHS Health Management of Clients Subject to a Health Segregation or Disciplinary Separate Confinement Direction*, which outlines JH process.

Health segregation includes the separation from others to receive health services and activities apart from other clients.

When clients are put on health segregation or separate confinement by ACTCS, ACTCS notifies JH, who conduct an entry health screening assessment and complete an ACTCS

*D3.F3: Initial Health Screening Form*. If JH staff are not available to conduct the screening within two hours, the client is put on 30min observations (or less if indicated) until they are assessed.

For the duration that a client is in health segregation, JH must complete minimum daily health assessments on all clients while they are in health segregation / separate confinement and complete an exit assessment. This includes:

- For people in separate confinement:
  - providing a health assessment once per day.
- For people in health segregation:
  - providing a health assessment in addition to the medication rounds, meaning these clients are assessed three (3) times a day (AM, 1-2pm and Evening).
  - Conduct a full set of vital sign observations EVERY seven days (typically Tuesdays) or earlier if clinically indicated.
- Medical treatment must not be delayed because the client is in health segregation or separate confinement.
- Health assessments must not be conducted through the cell hatch unless there is a significant concern for the risk of physical harm from opening the cell. Where they are conducted through the cell hatch, this must be clearly documented in DHR.
- If the client refuses a health assessment, their refusal must be clearly documented in DHR.

**Sexual Assault reports**

In situations where a client may report a sexual assault while in custody, JH clinicians should provide first aid or medical treatment in the first instance and document the details of the allegation and any reported injuries in the DHR.

Any client that reports sexual assault should be offered the opportunity to access the Forensic and Medical Sexual Assault Care (FAMSAC) service, even if they are unsure if they want to make a formal complaint or police report. Once consent for a referral has been given, the clinician should follow the CHS *Referral to FAMSAC procedure* and arrange medical escort by ACTCS to attend the Clinical Forensic Medicine Service at The Canberra Hospital. Where possible, regard should be given to the need to preserve evidence should the person choose to report the incident to police. FAMSAC can provide advice on steps that may be taken to preserve possible forensic evidence.

Follow-up referral should also be made to CMH to assess and monitor any acute mental health concerns. Where there are immediate concerns for self-harm or suicide, an *at-risk referral* should be made immediately to custodial mental health and discussed with ACTCS.

With the consent of the person, JH should notify ACTCS of the allegation of sexual assault so that they can take steps to preserve any potential crime scene or evidence and prevent potential harm to the alleged victim and others.

Any sexual assault that results in hospital admission is required to be reported to the Clinical Director and Operational Director of Justice Health.

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## Section 4 – Complex Care Team / Population Health

Just over half (52%) of prison entrants in Australia report a history of one or more selected chronic conditions (asthma, arthritis, back problem/s, cancer, cardiovascular disease, chronic kidney disease, diabetes, pulmonary disease, and osteoporosis - AIHW 2023).

The JH CCT provides proactive case management for clients with chronic and / or complex health conditions, which often involves external health provider involvement and for the provision of population health services to all clients may include, but not limited to:

- All pregnancies - co-ordination of antenatal and postnatal care
- Clients requiring external appointments / specialist consultations for complex conditions.
- Clients requiring major surgery.
- Clients diagnosed with cancer.
- Clients with diabetes
- Management of clients with hepatitis
- Communicable disease management
- Sexual health
- Vaccination programs
- Chronic health conditions including asthma, cardiovascular disease, chronic kidney disease, pulmonary disease, and osteoporosis.
- Data recording and contact tracing for Sexually Transmitted Infections
- Aged clients that have multi co-morbidities and / or significant mobility issues.

CCT holds fortnightly multi-disciplinary team meetings (MDTMs) to present and discuss both population health and complex/chronic care clients. Other involved health services such as Winnunga and PEP may also attend to discuss shared clients or those that have complex care needs that JHS clinicians and the Section 21 doctor should be aware of. Individual entries are made in the DHR for all clients discussed.

**Hepatitis**
See *CHS Blood Borne BBV Testing in Adult Patients' Procedure and Canberra Sexual Health Centre Procedure*

**Sexually Transmitted Infections**
See *Canberra Sexual Health Centre Procedure and Australian Sexually Transmitted Infections – Management Guidelines.*

**Bowel Cancer Screening**

CCT provides active education and support to eligible clients over 50 years old to take part in bowel screening every 2 years.

**Voluntary Food Refusal**
See *CHS Adults with Eating Disorder – Medical Management of Inpatient Procedure.*

- Action flowchart for JH clients who commence voluntary food refusal:

1. PHNF completed and ACTCS advised to commence a food diary after 48 hours.
2. JH upload a copy of the ACTCS diary into the DHR every day, along with any clinical notes.
3. Referral to CCT and for an MO appointment on day 3.
4. The client's vital signs and a welfare check are to be conducted every 24 hours.
5. Clients are to be booked in for weekly weights.
6. Referral to CMH for psychiatric assessment by day 7.
7. Nurses must be aware of the signs and symptoms of refeeding syndrome.
8. Dietician input is required for all clients at risk of refeeding syndrome.

**Continuous Positive Airway Pressure (CPAP)**
See Domiciliary Oxygen and Respiratory Support Scheme (DORSS) CPAP Procedure

The CCT receive referrals for clients who use or require CPAP and assist clients to bring in their own CPAP machines via completing an ACTCS '' request form, referred to as a 'bluey'. For sleep apnoea or related queries contact TCH: CHSOxygen@act.gov.au.

**Over 60 Aged Health Assessments**
Medical Officers provide targeted health assessments for detainees aged 60 and over.

**Advanced Care Planning, Palliative, and End-of-Life Care**
Clients requiring advanced care planning can be assisted to complete an advanced care directive. An MO referral is required, and appointments are made by the Medical Escorts Team. Contact: acp@act.gov.au

See *CHS End of Life and Palliative Care for Detainees at Alexander Maconochie Centre*

**Diabetes**
CCT provides oversight and clinical management of clients with diabetes mellitus.

For clinical guidance, refer to the CHS *Diabetes Management Including Hypoglycaemia, IV Insulin Infusions and Insulin Pumps (Adults) and Blood Glucose and ketone Point of Care Testing Procedures.*

Insulin

Most clients with insulin dependent diabetes will monitor and manage their own condition and self-administer their insulin treatment under the supervision of ACTCS officers. Clients must be assessed by an MO and deemed safe to manage and self-administer; and complete a Self-Administration of Insulin Assessment and Patient Agreement (sharepoint.com) with a member of the CCT. The client is required to record their Blood Glucose Level (BGL) and dose of insulin administered and provide their readings to a JH nurse which will be documented in the DHR. If a JH nurse has concerns about a client's ability to self-manage their insulin for any reason, they should discuss it with a member of the CCT or a MO.

The supervision of self-administered insulin is usually for newly initiated insulin, or those who may have a history of poor compliance or misuse. Clients who require supervised insulin to monitor compliance must be brought to the HHC for administration to allow for safe self-administration and the simultaneous provision of health education and support.

Insulin is stored in a dedicated and labelled insulin box for the client's sole use, and includes the prescribed insulin pens, insulin needles, and other related consumables. Their box will be stored in the ACTCS duty point office so the client can access their insulin at the required times under the direct supervision of an ACTCS Officer. It is the responsibility of the client and the ACTCS officers to discuss day-to-day changes to insulin access.

Diabetic clients on self-management are responsible for informing nursing staff who attend their area during medication rounds if they need replacement insulin pens or any diabetes related consumables at least 24 hours prior to requiring them. If a client requires insulin replacement or consumables urgently, they can ask the ACTCS officers to contact the HHC so that nursing staff can action the request as soon as practicable.

All diabetic clients are given their own BGL machine which remains the sole property of the client they are given to. Clients are encouraged to take their BGL machine and any diabetes related consumables with them on release.

**Vaccinations**

As part of the induction process – all detainees are provided a health screen on day 5, this includes admission pathology for serology regarding BBVs and immunisations. Detainees will be referred to CCT for any interventions and treatment including offer for catch up on vaccinations. CCT completes a file review on all new inductions, which includes viewing the vaccinations recorded on their Australian Immunisation Record.

**Ordering and Delivery of Vaccinations**

Most vaccines are ordered through the Vaccine Management Unit (VMU) and delivered monthly. Vaccines supplied through JHS pharmacy can be ordered as needed and will arrive

with the delivery of medications. The CCT is responsible for ordering, monitoring and disposing of vaccinations.

Vaccines that require refrigeration must be stored in the HHC medication specific fridges and the temperature monitored as per the *CHS Medication Fridge Temperature Monitoring procedure.* Fridge temperatures must be checked daily, and any irregularities reported immediately to the JH CNC or T/L and the Medicationsafetypharmacist@act.gov.au

**Pregnant women**

All women of child-bearing age entering the AMC are screened for pregnancy on admission and are offered a beta human chorionic gonadotropin (BHCG) urine test as part of their initial health induction assessment.

Any woman with suspected or confirmed pregnancy must be referred to the CCT and AOD teams and booked for an MO assessment as soon as practicable to facilitate the development of an individualised pregnancy management plan.

A PHNF form is completed and provided to ACTCS notifying of the pregnancy, any risks or monitoring or other requirements, and scanned into the DHR.

CCT holds weekly multi-disciplinary team (MDT) meetings to discuss ongoing care for pregnant women. The MDT may include, but is not limited to, ACTCS social workers, ALO, Women and Children Service's Coordinator, CHS midwives and obstetricians, CYPS case manager, JH medical officers and Custodial Mental Health. Where appropriate, the pregnant women and baby's father are included in their MDT meeting and support people are encouraged. Additional MDT meetings may be held with outside agencies as required.

A pregnant or postnatal woman may require transfer to hospital in the following circumstances:

- Onset of labour,
- Hypertension,
- Vaginal bleeding in pregnancy,
- Spontaneous rupture of membranes,
- Abdominal pain or threatened premature labour,
- Decreased or no baby movements,
- Abdominal trauma i.e., falls or assault,
- Generally feeling unwell,
- Febrile,
- Secondary postpartum haemorrhage (occurring after 24 hours).

Details of who to notify can be found on the woman's birth directive of care.The birth directive of care is a document located on Q drive and is completed in partnerships with the detainee, the midwife and CCT.

On return to custody from hospital, a pregnant or postpartum women must be assessed by a MO. If no MO is available, they must be assessed by a senior nurse and the on-call medical officer advised of the assessment.

Continuity of postnatal midwifery care is provided by TCH Women's and Children's Hospital in collaboration with the JH primary health medical officers and the CCT. Postnatal care is provided by the postnatal ward midwives for the duration of a women's hospital stay. Depending on discharge, where and when, and if the woman has her baby, postnatal care can be provided by the Midcall midwives, IMPACT care co-ordinator, or PEP MACH nurse. This is determined at the women's postnatal case conference, and the care plan will be updates as part of the case conference and recorded in DHR.

**Asthma**

All clients with a diagnosis of asthma should be referred to the CCT who will complete an initial Asthma Nursing Care Plan.

For clinical guidance on asthma management, see *CHS Factsheets - Adult Asthma Education Service, Children's Asthma Education Service and Asthma Information Sheet.*

Where there are breathing concerns, but no formal history of diagnosis of asthma, a referral should be made to an MO for review for assessment and consideration of ongoing management. Any detainees with an existing or new diagnosis will have an Asthma Action Plan. The *Australian Asthma Handbook,* Asthma Australia, and National Asthma Council of Australia offer a range of resources. In addition, consultation may be sought from the TCH Department of Respiratory and Sleep Medicine.

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## Section 5 – Communicable Diseases / Public Health

The section 21 Doctor is responsible for protecting the health of detainees including preventing the spread of disease at correctional centres (CMA s21(2)(b)).

CCT is responsible for the day-to-day management of public health matters and communicable disease outbreaks in the AMC and work closely with the CHS Public Health Unit and the CHS Infection Control team to assist in managing actual or potential outbreaks of infectious diseases and notifiable infections. The CCT are also responsible for delivering preventative vaccination programs.

**Blood Borne Virus (BBV)**

All detainees are screened for blood-borne viruses during the initial comprehensive health assessment within the first 7 days in custody. Clients can be booked for a 90-day BBV or at any time during their period in detention if required (i.e., due to injecting drug use, needle-

sharing, unsafe sexual practices, amateur tattooing, and physical assault). For clinical guidance, see *CHS Blood Borne Virus Testing in Adult Patients Procedure*.

Pathology results are checked by the MOs, along with the client's clinical history, and where applicable, they are referred to the CCT for follow-up. For all communicable and infectious diseases, the CCT is responsible for making the client aware of the diagnosis, providing education and support, contract tracing (where applicable), and providing treatment in conjunction with the MOs and the JH nursing team.

Newly diagnosed HIV cases should be referred to the Canberra Sexual Health Service at The Canberra Hospital.

**Notifiable Diseases**
See *CHS – Notifiable Conditions site and List of Nationally Notifiable Diseases, Australian Government Department of Health and Aged Care.*

The CCT is notified of any National notifiable diseases by the Public Health Unit and requested to answer specific questions regarding clients in the AMC so that appropriate screening and contact tracing can occur. Information sharing is permitted as it relates to client and public safety.

**Influenza and Transmissible Respiratory Illnesses Management**
The detection and management of respiratory illnesses such as influenza, Respiratory Syncytial Virus (RSV), and COVID-19 in the AMC is important due to the high vulnerability to multiple infections in a correctional setting. It requires a comprehensive approach that may include screening, testing, isolation, contact tracing, cleaning and disinfection, prevention measures, and ongoing monitoring. In addition, it requires close collaboration between ACTCS staff, JH staff, and public health officials to prevent the spread of viruses and protect the health of clients, visitors, and staff members.

For guidance, refer to the *CHS Influenza Management – Adults and Children Procedure* and the ACT Health advice at *www.covid19.act.gov.au/stay-safe-and-healthy/managing-acute-respiratory-illness-exposures-and-outbreaks-in-correctional-and-detention-facilities.*

For more information relating to CHS procedures for the management of COVID-19, refer to updates on the HealthHub at COVID-19 information (sharepoint.com) from the Clinical Health Emergency Coordination Centre.

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## Section 6 – Alcohol and Other Drugs

The AOD team provides addiction medicine services to clients within the AMC. It is responsible for conducting alcohol and drug assessments, providing guidance and support on the management of the clients experiencing substance withdrawal, and oversight of the Opioid Maintenance Treatment Program (OMTP), including determining suitability, ongoing management, discharge planning, and nyxoid provision. In addition, the AOD team deliver up-to-date education and training for clients, ACTCS staff, and all JHS staff on topics specific to substance misuse and treatment options.

**Induction and Withdrawal Management**

Symptoms of withdrawal from alcohol or other drugs are assessed at the time of induction. Clients who may be experiencing symptoms of withdrawal should be initiated on an appropriate monitoring and/or treatment regime and referred to the AOD team and for assessment by a MO.

For guidance on the clinical management of symptoms of withdrawal, refer to the *CHS Management of Alcohol and Other Drug Withdrawal in the AMC and BYJC* and *Medical Management of Alcohol Withdrawal Procedures.*

**NRT (Nicotine Replacement Therapy)**

NRT in the form of nicotine patches and lozenges is freely available to all new admissions for up to 12 weeks.

NRT supply is managed by ACTCS and provided weekly (patches) or every three days (lozenges). Where NRT is contraindicated due to pregnancy, very low body weight, or allergy, a referral should be made to an MO for assessment and a PHNF completed to advise ACTCS. JHS may take over supply of NRT in some cases. For guidance see *CHS Managing Nicotine Dependence Procedure.*

Varenicline (e.g., champix) is available via prescription for clients who require further assistance or who cannot tolerate NRT.

**Opioid Maintenance Therapy (OMT)**

See *CHS Opioid Maintenance Treatment – Justice Health Services*
*CHS Opioid Maintenance Treatment – Justice Health Service Procedure. d* Various Opioid Maintenance Treatment (OMT) options are available for clients within the AMC including:

- Oral Methadone (for established methadone clients in the community)
- Oral Suboxone (for established suboxone clients in the community)
- Injectable Buvidal

Oral methadone is administered via iDose at the HHC, usually between 7:30-8:30am prior to regular clinic appointments.

**Referrals to AOD stakeholders within the AMC**

AOD counselling is an important aspect of recovery from harmful substance use and as such all clients who are assessed by AOD should be considered for referral to other drug and alcohol services within the AMC including:

- Alcohol and Drug Counselling (ADS)
- ACTCS Supports and Intervention Unit
- Karralika Therapeutic Community
- Winnunga

**AOD Discharge from Custody**

All sentenced clients (i.e., those with a known release date) on OMTP will have a discharge planning appointment with AOD staff to organise and manage their re-integration into the community. Those on remand will also have the opportunity to have a discharge planning appointment, although this will be the responsibility of the client to request and notify AOD services, due to no data being available to JH in relation to release dates for these clients.

The discharge planning meeting aims to provide education on relapse prevention and harm minimisation strategies and information on accessing services in the community. All attempts should be made to identify a dosing location or GP that is within close proximity to the clients address upon release. **Nyxoid, and education on its use, must be provided to all OMT clients upon release**.

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## Section 7 – External Medical Services

See *CHS Urgent and Non-Urgent Transfer of Physical Care to the Emergency Department – AMC and BYJC Procedure.*

**Medical Emergencies**

JH are responsible for being the first to respond to medical emergencies (Code Blue) during the hours of 6:30am to 8:30pm. On arrival the nurses may request for MO attendance or further nurses to attend as they deem clinically appropriate.

**Urgent Transfers to the Emergency Department (TCH)**

1. Contact Medical Escorts (notify via email if out of hours).
2. Determine mode of transport in consultation with MO (ACTCS vehicle or ACTAS)
3. Notify ACTCS of required transfer via CO3 / Area Managers
4. Contact the Emergency Department Admitting Officer via thehospital switch board
5. Complete Medical Emergency and Transfer of care form.
6. Place client on Leave of absence (LOA) in DHR.

**Emergency Trolley**

There are three (3) emergency trolleys in the HHC. These emergency trolley together with necessary emergency equipment also houses medications that can be utilised during a

medical emergency and without a MO order via a Medication Standing Order (MSO). The current provision of medicines obtained within the emergency trolley are as follows:

- Adrenaline 1mg/1ml
- Aspirin 300mg
- GlucaGen Hypokit
- Glucose gel
- Glyceryl trinitrate (GTN) 400mcg
- Metoclopramide 10mg
- Midazolam Buccal 5mg/1ml
- Nyxoid 1.8mg
- Salbutamol

The emergency trolleys are to be checked daily and after every use to ensure they remain stocked and that any medication or degradable products are in date. Emergency trolley checks are to be audited monthly for compliance by the JH CNC or delegate.

**Non-Urgent Medical Transfers**

Non-urgent transfers to the Emergency Department, inpatient transfers, and specialist outpatient appointments are coordinated by the medical escorts RN2 and administration officer (see Section 1).

All external referrals should be communicated to the medical escorts team at the time of referral via email who will then liaise with the relevant provider and ACTCS to facilitate the appointment.

**Telehealth Appointments**

Telehealth appointments are coordinated by the medical escorts RN2 and administration officer and facilitated in the HHC. A JH clinician must be in attendance at all times during telehealth appointments.

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## Section 8 – General Client Request Forms

**ACTCS Detainee Request Forms ("Blueys")**

Blueys are available from ACTCS officers and are used by clients to make general requests of ACTCS. This includes bringing in prescription glasses, CPAP machines, and other personal medical devices etc. Where a Bluey is submitted for a personal medical device, a medical certificate of approval supporting the request may be sought from or provided by JH. All requests for approval should be forwarded to the JH CNC or a MO for actioning.

**Client bedding, clothing, and footwear**

*See ACTCS, Corrections Management (Client Bedding, Clothing and Footwear) Policy 2016* which outlines the issue and cleaning of bedding, clothing, and footwear to clients in ACT correctional facilities.

If a client has a clinical or therapeutic condition that requires specific bedding, clothing, or footwear, JHS may complete and provide to ACTCS a medical certificate outlining the clinical reason for the request. In conjunction with completing of the form, an alert about the health condition is to be placed in the DHR and a PHNF completed and sent to ACTCS.

**Special Dietary Needs**

*See ACTCS Provision of Meals Policy* that outlines the provision of meals at the AMC and is based on the Australian Dietary Guidelines 2013. It includes the process for a client to communicate with ACTCS regarding diets to cater for individual age, cultural, religious, spiritual, or other needs.

JH may only provide support for requests to ACTCS for a special diet where there is a medical assessment identifying the need for a clinical therapeutic diet (e.g., soft foods, nut/dairy free, high calorie etc). In this case the JH *Clinical Therapeutic Diet Form* (available on the Clinical Forms Register) should be used to advise ACTCS of the required diet and an alert about the health condition/allergy is to be recorded in their DHR.

**Client Unfit for Work Certificates**

The *ACTCS Client Work Policy* outlines the procedure for clients working at the AMC.

JH does not perform Occupational Medical Assessments and does not provide certificates certifying a client is Fit for Work.

In line with community standards, a JH MO may provide a medical certificate for the duration the client is/will be unfit to participate in specific work activities due to an injury or illness. Once completed, the MO will provide a copy of the medical certificate to the client.

**Justice Health Property receipt**

JH provides medical devices on loan to clients as required and with ACTCS approval. A property receipt (available on the Clinical Forms Register) is to be signed by the client prior to them being provided the medical device (i.e., mobility aids, crutches). The JH staff then signs as a witness and then scans a copy into the client's DHR. Similarly, it must be documented when the item is returned.

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## Section 9 – Medication Management

See *CHS Clinical Policy Medication Handling Policy, Medication Reconciliation and Medication Review Procedure for Adult and Paediatric Patients and* I*dentification and Procedure Matching Policy.*

Medication handling in a custodial environment is a complex task which must consider several factors which are unique to a custodial environment. All client medication orders are listed in, and their administration recorded in, the MAR (Medication Administration Record) in DHR.

**Prescribing**

Medication administered to clients at the AMC and BYJC must have a valid medication order in DHR.

There are exceptions to the requirement for a valid medication order for the administration of medication to clients at AMC in the following circumstances:

1. The prescribing of HSD S100 medications
2. Community prescription orders

Commensurate with other prisons, some medications are prescribed with caution in the custodial setting due to the risks posed to the client and others from overdose, diversion, standover, or poor compliance. These include, but are not limited to:

- Pregabalin (Lyrica)
- Quetiapine
- Hyoscine Butylscopolamine
- All opioids
- Mirtazapine
- Amitriptyline
- Insulin
- Warfarin
- Clozapine
- Potassium
- Benzodiazepines
- Dexamphetamines

These medications should be prescribed with consideration to supervision of medication, administration at the HHC, alternative delivery methods, or consideration of a suitable alternative treatment may be considered to manage any identified risks.

The provision of these medications across the AMC are reviewed by the JH Clinical Director on a regular basis.

**Medication Standing Orders**

Medication Standing Orders (MSOs) are approved by the JH Clinical Director and the Drugs and Therapeutics Committee (DTC) and allow a Registered Nurse to administer a defined

medication dose(s) in certain circumstances. They can be found on the intranet under the policy guidelines register and in the DHR MAR.

**Vaccines**
Routinely given vaccinations can be given within the parameters of the associated MSO. For those vaccinations with no MSO, a medication prescription is required for the administration of the vaccination.

**Nurse Initiated Medications**
Some medications may be initiated without an MSO or a doctor's prescription by Registered Nurses. A list of relevant Nurse Initiated Medication (NIMS) can be found on the intranet under the policy guidelines register. The medical history, allergies, withdrawal, and interaction with other medications must be considered **BEFORE** initiation and administration. Enrolled Nurses are not able to initiate medications.

**Regular Review of Medication Orders**
Medication orders are required to be reviewed six (6) monthly or as clinically indicated. The review of medication orders is to be documented in the client's DHR.

**Medication Supply**
JH has a dedicated pharmacy located at TCH and has an allocated pharmacist to support the AMC's pharmacy requirements. Pharmacy orders are typically delivered weekly on a Wednesday. If necessary, urgent pharmacy requests can be made for same-day delivery by courier. Non-prescription items may be purchased from a dedicated private pharmacy. Invoices should be addressed to the JH Admin Manager for processing.

Prescribed medications that are not available through TCH Pharmacy may be supplied via a private pharmacy with the authorisation of the JH Clinical Director.

**MEDICATION ADMINISTRATION**

**Medication Administration Rounds**
Routine medication rounds occur twice daily in the AMC and enable the distribution of medication(s) to all clients. The medication rounds facilitate the administration of supervised medications as well as the delivery of medications that are to be self-administered by clients later.

Clients must be positively identified. All clients in the AMC have a Personal Identification card and unless operationally compromised, must present with their identification card. JH has a 'No Card No Dose' stance, which means if a client does not present with their identification card, they are unable to receive their medication until their proof of identity has been confirmed.

The transporting of medications around the AMC must be done in a safe and secure manner:
- Nurses are to radio 'operations' that they are on the walkway with medication.

- 'Operations' is to restrict client movement on the walkway (s). Delays may be experienced while the walkway(s) is cleared.
- Nurses are to be always in line of sight of ACTCS officers from point A to point B.
- S4D and S8 medications must be secured in a locked box within a backpack or trolley whilst being transported around the AMC. Whislt carrying S4D and S8 medications, the JH Nurse on the medication round is to be chaperoned by an officer to the accommodation area. Within the accommodation units, the medication is to be secured in the medication dispensing room until it has been administered.

The supervision of medications may be required to ensure treatment compliance, to provide an opportunity to educate patients on their medications, or to prevent diversion or misappropriation of medications. Injectable medications are to the witnessed by a second clinician, except in the case of insulin.

The following medications must always be supervised at the AMC:

- Schedule 8 medicines
- Schedule S4D medicines
- Stimulants

The following medications cannot be authorised for self-administration without a multidisciplinary risk assessment using SAMP protocol:

- GABA agonists
- Mirtazapine's
- Quetiapine
- Hyoscine Butylscopolamine
- Amitriptyline
- Pregabalin
- Olanzapine

**Medication Trolley**

Medication trolleys that are located in the accommodation areas/satellite clinics of the AMC, should be locked and stowed when not in use. Excess stock should be removed, and expiry date checks should be completed daily. Restocking of impress stock in the medication trolleys is the responsibility of the JHS staff member at the end of each shift. Medication required for restocking purposes can be placed in the tower provided for the applicable accommodation area, so that the following shift can place the items in the medication trolleys during the round.

S8 and S4D medication must NOT be left in the medication trolleys or backpacks under any circumstances.

**Doctors' Box**

A 'Doctors' Box' is located in the S8 cupboard at AMC and contents of the box are checked and recorded daily during the S8 / S4 medication checks and recorded in the register. The

Doctors' Box contains specific medications for use during a medical emergency in which attendance, management, or treatment is required by a JH MO.
Medications can be added to the Doctors' Box and removed depending on the clinical need, scope, and accessibility. The contents checklist must be updated in this case.

**DISPENSING**

**Dose Administration Aids (DAA)**
To accurately assess if a client has the physical and mental ability to safely self-manage their medication, they need to be assessed using a *Self-Management Medication Assessment* form. This assessment process considers input from ACTCS, CMH, MOs and includes a comprehensive nursing assessment of the client.

The self-medication program provides a multidisciplinary approach to care with input from MOs, Registered Nurses (RN), pharmacists and other health professionals. It offers suitable people the opportunity to be actively involved in their health care while in a custodial setting.

The *Self-Medication Program Risk Assessment Tool* and the *Self-Medication Program Brief Cognitive Assessment Tool* (available on the Clinical Forms Register) should be completed to guide decisions about eligibility for self-administration of medication.

| |
|---|
| **Alert -** Clients found unsuitable due to alleged or proven diversion, are automatically excluded from self-management reassessment for and discussed at MDT.. |

**Patient-labelled Medications**
The prescribing MO can provide a supply of medication from imprest. The medication packaging is to be clearly labelled (label completed by MO) with the client's name, DOB and URN as well as instructions on dose and timings in which the dose should be administered.

Distribution of NRT at the AMC is the responsibility of ACTCS, detainees will be supplied with NRT upon admission for 12 weeks, after this detainees can purchase through the buys ups within AMC.

**Cytotoxic Medications**
Information regarding clients who are receiving cytotoxic medications is to be disseminated to JHS and ACTCS staff, outlining the potential hazards associated with contact and exposure to cytotoxic bodily fluids and the safety precautions which need to be implemented for the safe delivery of the cytotoxic medication being administered. This includes the use of Personal Protective Equipment (PPE) and cytotoxic waste bins. The administration of injectable cytotoxic medications cannot be facilitated within the AMC.

**Time-critical medications**
Time-critical medications are those that require administration at a certain time of the day or within a certain time of a procedure or event. Accommodation in the Crisis Support Unit

(CSU) may be considered if there is a requirement for time-critical medication provision that cannot be facilitated in the main accommodation areas. If administration of time-critical medication cannot be facilitated at AMC, the client should be considered for transfer to TCH for inpatient care.

A list of time critical medications is outlined in the *CHS Medication Handling Policy* (s5.12).

**OMT**
See *CHS Opioid Maintenance Treatment – Justice Health Services* for the administration of OMT medications at the AMC.

All oral opioid-based medications are to be administered under supervision. There are limited circumstances in which a takeaway dose would be prescribed, and the Clinical Director is the only person who can authorise the administration of a takeaway medication that contains opioids.

**Transdermal patches**
All transdermal patches are dispensed in the HHC.

**Diversion**
Diversion or diverting is a term that is used when client's medications have been found in their own or someone else's accommodation and they have not taken the medications as they have been prescribed. If a client is believed to be diverting this must be reported to the Clinical Lead CNC and AOD Clinical Lead, where applicable, and a Riskman completed.

- Where a client is suspected of hoarding, misusing, or not taking a prescribed medication, an RN will discuss the diversion issue with the client as there may be reasons why the client decided not to take a certain medication. For example, an adverse drug reaction or side effect.
- A decision on the need for supervised medication administration will then be made in consultation with the appropriate prescriber.
- A review of the client's need for medication supervision will occur after a specified time frame has lapsed, via the Self Medication Program Risk Assessment Tool (available on the Clinical Forms Register).

## Section 10 – Safety Management Plans

*See CHS Occupational Violence Procedure*

The purpose of a Safety Management Plan is to identify threatening, aggressive and/or violent behaviours that may present a risk to JH staff and document an agreed plan to mitigate the risk whilst continuing to provide healthcare to the client.

The Safety Management Plan is to be developed collaboratively upon formulation or identification of acute behavioural issues. Safety Management Plan meeting members should include senior level clinicians from JH and CMH with representation from ACTCS and Winnunga where appropriate. Safety Management Plan meeting members are responsible for:

- developing the plan and documenting in the *Safety Management Plan form*
- reviewing the plan at a minimum monthly and
- removing the plan once the behaviours of concern or risk has subsided.

Endorsed Safety Management Plans are discussed at the ACTCS-led High Risk Assessment Team (HRAT) meeting for communication to ACTCS.

Safety Management Plans are to be communicated to all JH and CMH staff members via internal email and the presence of a plan entered as a "flag" in the client's DHR.

All changes and / or removals of Safety Management Plans should be documented in the client's DHR. ACTCS Area Managers are to be informed of the change and in circumstances where the Safety Management Plan has been removed, the alert should be removed from the client's DHR.

**Reporting**

All incidents of occupational violence from clients or other stakeholders must be reported. Occupational violence may include any act of implied or actual verbal threats of harm, threatening or intimidating gestures or behaviour, threatening with a weapon, throwing items at a person with angry intent, spitting at a person, and attempted or actual physical assault.

- In all circumstances of aggressive / violent behaviour a Riskman must be completed
- ACTCS Area Managers should be immediately informed of any aggressive or violent behaviour displayed towards JHS staff. The Area Managers can be informed in person or via email *#AMC Area Managers*.
- An alert will be placed in the client's DHR.
- All staff are to be informed of the interim Safety Management Plan via email #CHSJusticeHealthServicesCustodialMentalHealth@act.gov.au and #CHS-JusticeHealthServices_PrimaryCare@act.gov.au
- The Interim Safety Management Plan will be tabled for the next monthly Safety Management Plan meeting for endorsement.

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## Section 11 – Discharge / Release from Custody

See *CHS Admission to Discharge Procedure (Adult and Children) and Discharge Summary Completion Inpatients Procedure*

**Planned Release**

For planned releases, the client will collect a discharge pack from the Admissions Unit on the day of release. This will include a medical discharge summary, a supply of prescribed medications, any health paperwork/referrals, or prescriptions.

Once released the client must be discharged in DHR.

**Unplanned Release**

Unplanned release occurs when a client is released unexpectedly from AMC or directly from Court. In this case a medical discharge summary can be completed as soon as practicable and either sent to a nominated GP or collected by the client after release.

For clients unexpectedly released from AMC, the remainder of a client's current DAA pack or weekly supply may be provided immediately prior to release if charted in the MAR.

For clients released directly from court, JH staff can liaise with ACTCS to establish the time the client is due to collect their belongings and an RN can meet the client at the gatehouse to provide their discharge pack. Medications can also be arranged for collection by the client in person from TCH Pharmacy.

**Prescribing of Medication Upon Release**

Up to one (1) weeks' worth of medication may be supplied to a client leaving custody. Notification of release will be sent to JH Pharmacy requesting supply of discharge medication. Five days' notice is typically required to prepare and deliver the supply of medication for release.

**Special Consideration Medications**

- If Hepatitis C treatment has commenced and the client is being released prior to completion of treatment, the client will receive either one (1) week or seven days' worth of treatment and be directed to collect their supply from The Canberra Hospital (TCH) Pharmacy.
- Supply of Clozapine as a discharge medication will be assessed on an individual basis upon release from custody. If safe to do so, the client would receive one (1) week or seven days' supply of Clozapine.
- OMT medication will not be supplied to any person releasing from custody. Instead, a dosing location will be organised and instructions regarding the location supplied to the client prior to being released.
- All clients on OMT are supplied with one box (two doses) of naloxone upon discharge.

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## Section 12 – Pharmacy

See *CHS Medication Handling Policy*

Pharmacy can be contacted at ACTHealthJusticeHealthPharmacy@act.gov.au

**Medication Deliveries**

The Canberra Hospital (TCH) Pharmacy courier delivers medication to AMC daily (Monday to Friday). They do not deliver on weekends or public holidays. Delivery orders that are required for that same day are required to be submitted to TCH / JH pharmacy no later than 1300h for delivery at approximately 1500h the same day. Alternatively for a morning delivery, orders are to be placed no later than 0900h for delivery by 1100h the same day.

Delivery is to be made to the AMC Gatehouse and a JH team member is notified by the gatehouse officer. Nursing staff are to attend the gatehouse as a matter of urgency to collect medications and prevent medications being left unattended medications.

Medication delivered to the AMC will be accompanied by a JHS Pharmacy Daily Packing List which is crossed-checked with the supply obtained and the copy kept in the 'Pharmacy' folder in the Nurses Station in the HHC. Any discrepancies are to be reported to JHS Pharmacy immediately and a Riskman completed.

The JHS Pharmacy technician attends AMC weekly to check impress stock levels and the main medication order is delivered to AMC on Wednesdays.

Additional deliveries of imprest orders can be ordered via an impress order form which is scanned to pharmacy ACTHealthJusticeHealthPharmacy@act.gov.au. Always check with the CNC or team leader to prevent double ups. The impress order form is owned by JH pharmacy and updated regularly.

CHS JH Pharmacy can arrange for additional courier delivery of medication and may include supply of PRN orders, imprest items, and medications requiring immediate commencement.

Pharmacy medications and supplies are delivered in plastic containers (image below) and contain a copy of the requisition order, JHS Pharmacy Daily Packing List, and other relevant documentation as required:

- white boxes contain controlled medications (Schedule 8 and Schedule 4) and important medications that need to be easily identified, and **must** be opened, checked and the contents secured **immediately**.
- Medications that need to be kept cool are delivered in polystyrene foam boxes that are sealed with tape.

- black boxes are for all other general medications and DAAs. They must be secured in the medication room and checked as soon as reasonably practicable.
- All discrepancies must be escalated as per the CHS medication policy.

**Out of Hours Emergency or Urgent Orders**

Ordering of medication out of hours is to be done through MAR using the option 'request pharmacy' and TCH pharmacy is to be contacted to coordinate an appropriate collection time. A JHS staff member is to attend TCH Pharmacy to collect the medication.

**Returning Medications to Pharmacy**

Pharmacy containers need to be at the gatehouse by 0900hrs on Fridays for collection by the pharmacy courier.

Returned medication is to be sealed in clear plastic bag and placed in the white pharmacy bin and sealed. Liquid waste disposal bins are **NOT** to be placed in the white containers.

**Pharmaceutical Waste Bins**

- HHC purchases and uses P22 (14.5L) bins for disposal of medications, including S4D, but **NOT** schedule 8.
- P22 bins should be sealed when they are full by sliding the two side locks into position.
- Full bins should then be placed in the caged area next to the Admission's Sally port for collection.
- Additional bins can be acquired by placing an order on Microsoft Teams. Allow a few weeks for ordering.

**Disposal of Schedule 8 and Schedule 4D Medications**

**Capsules / Tablets**

As per the medication handling policy, section 3.15.3, S8 and S4D tablets/capsules must be placed in a tablet/capsule drug waste bin, and placed in the S8 cupboard for **24 hours** to allow the medication to denature.


**Liquids**
Liquid S8 medications must be placed in a liquid (oral and injectable) drug waste bin where they are denatured **immediately**.

**Disposal of Methadone**
Methadone and diluted methadone must be disposed of in a liquid drug waste bin. Methadone cups should be rinsed with water and any residue placed in the liquid drug waste bin. The cup can then be disposed of in general waste.


Users should ensure, where required, that they wear gloves and/or masks when disposing of medications and wash their hands with soap and water to remove any residue on completion.
*See section 3.15.3 of the policy for disposal of Transdermal Patches and Sublingual Film.*

**Collection of used Waste Disposal Bins**
Containers need to be sealed in a plastic bag and left in the '*Return to pharmacy bin'* for collection by the pharmacy technician.

Medications that have not been used but have been prescribed to a client, non-imprest medications that are not required, and medications that are too bulky to discard in the P22 container, can be returned to pharmacy for either recycling and recrediting of the cost to our area's cost centre, or appropriate disposal.

These items are to be placed in the white Pharmacy Returns Box until they are ready to be sent back to pharmacy.

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## Section 13 – Clinical Pathology

**Pathology collection**
Pathology is collected (Monday to Sunday) from the gate house twice a day by the TCH pathology courier. Weekend. Time critical pathology needs to be individually sent to TCH. Alternate pathology is required for public holidays.

**Ordering Pathology Supplies**
Complete a pathology order form and place in the pathology collection bag/esky.

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## Section 14 – Waste Management

See *CHS Waste Management and Medication Handling Policies*

**AMC**
ACTCS is responsible for all waste management, which includes general waste, recycling, and specialist waste services. ACTCS has specialist waste removed through contractual agreements with:

Cleanaway Daniels who provides:

- pharmaceutical waste containers (P22 Pharmasmart)
- clinical waste and clinical sharps (Biocans) services, and
- collection of used items every second Tuesday. (Items are to be left in the caged area next to the Admission's Sally port).

Flick Anticimex who provides:

- clinical waste and clinical sharps services to the HHC
- supplies (Sharpsmart) containers and clinical waste bags as needed. (Additional items can be ordered by the CNC through PICS.
- collection of used items twice weekly from HHC dirty utility room.

**General Waste**
Items that could breach client confidentiality must **NOT** be placed in general waste. Blue secure document bins are available in building J and the HHC for paper documents containing patient identifying information. Other items (e.g., plastic drug administrative aids / DAAS and labelled medication bottles) should be disposed of using the clinical waste bins.

**Pharmaceutical waste bins**
*See pharmacy section.*

**White wheelie bins**
Are for bulky items that cannot be disposed of in general waste. I.e., electrical items such as medical equipment, cords etc.
They are a special order available from stores. Once full, it is collected by contacting stores via email.

**Linen**
Replacement linen can be requested by contacting the AMC laundry and delivered to the HHC. The clean linen is stored in the clean storeroom.

Soiled linen is to be placed in the linen skip located in the dirty utility room of the HHC. Linen that is heavily contaminated with biological waste should be disposed of in clinical waste. When the linen skip requires emptying contact laundry to request collection, the bags are to be closed and moved to HHC reception for collection.

**Cytotoxic waste**
Purple cytotoxic waste bins are available in the dirty utility room of the HHC. Used cytotoxic waste bins needs to be taken to TCH for disposal and incineration.

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## Section 15 - Sharing of Information

See *CHS Clinical Records Management Procedure*

Sharing of personal health information for the health and wellbeing of the people referred to in this Guideline is appropriate and relevant to ACTCS, in the following methods and circumstances:

- JH and ACTCS as separate entities have a complementary role in the provision of health care and wellbeing services to clients. JHS as a provider of health services to clients works in collaboration with ACTCS who facilitate access for the provision of health services.
- At times, sharing personal health information with ACTCS is required to ensure adequate supervision and management of the client and the custodial environment, as JH do not have a 24/7 presence at the AMC.
- In accordance with the CMA, ACTCS are responsible for the correctional centre and are obligated to manage the health, wellbeing, safety, and security of people in the AMC. This obligation includes ensuring access to suitable health care and services. For example, the provision of information via the health notification form on induction.
- JH and ACTCS have mutual responsibilities for the health and wellbeing of people.
- ACTCS do not meet the definition of a treating team and do not automatically have access to people's personal health information. In certain circumstances for the health and wellbeing of a client and the safety and security of the correctional centre, personal health information is shared with ACTCS. With consent from the client, JHS can share relevant information with engaged stakeholders.

## Section 16 – Release of Information

See *CHS Clinical Records Management Procedure*

Access to clinical records and the release of personal health information is governed by the *Health Records (Privacy and Access) Act 1997*. JHS staff should understand their

responsibilities in relation to protecting the privacy of patients and maintaining patient confidentiality.

Requests for access to clinical records or personal health information can be made by the client, a parent or guardian of a child, a third party or delegate on behalf of the client (with the client's written consent) or by other lawful authority e.g., by Order of a Court or with legislated authorisation.

Requests should be made in writing using the application form published on the Canberra Health Services website (Request for record access - application form). The completed form from a person under this Guideline is to be emailed to ROIMHJHADS@act.gov.au for action.

## Evaluation

**Outcome**

- Clients are provided with quality healthcare to a standard equivalent to that available in the community leading to a reduction in consumer complaints.
- High-quality healthcare is provided utilising best practice information and guidelines.
- Screening, identifying, diagnosing, and treating infectious diseases and other population health issues in a timely manner, including reporting to relevant authorities regarding notifiable diseases.
- Referrals are processed in a timely manner.
- Provision of education and ongoing support to clients and others.
- Clients with chronic / complex health conditions are empowered to manage their own health needs.
- The psychosocial, religious, and cultural needs of clients is supported.
- The clients' rights to privacy and confidentiality are maintained.

**Measures**

- All induction health assessments conducted within 24 hours of arrival at AMC.
- All clients offered an initial health assessment within 7 days of induction.
- All Aboriginal and Torres Strait Islander clients offered AHA every 12 months.
- All women clients offered B-hCG test within 14 days of induction.
- Annual case reviews of clients.
- Annual auditing and review of waitlists and consumer feedback forms / data
- Compliance to guidelines or procedures will be monitored, evaluated, and reported through annual review of associated incidents.
- JH represented at all delegates meetings
- Client survey completed every 12 months

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## Related Policies, Procedures, Guidelines and Legislation

**Policies**

- Risk Management
- Occupational Violence
- Incident Management – Clinical
- Clinical Records Management
- Introduction of New Health Technology
- Medication Handling
- Role of the Registered Midwife in Maternal and Child Health (MACH) Services
- Child Protection
- Partnering with Consumers
- Medications Handling
- Informed Consent – Clinical
- Patient Identification and Procedure Matching
- ACTCS Use of Force
- ACTCS Use of Chemical Agency
- ACTCS Management of Segregation and Separate Confinement
- ACTCS Corrections Management (Client Bedding, Clothing and Footwear)
- ACTCS Provision of Meals
- ACTCS Client Work Policy

**CHS Procedures**

- Occupational Violence
- Clinical Handover
- Incident Management - Clinical
- Clinical Records Management
- Preventing and Controlling Healthcare Associated Infections
- Infection Prevention and Control
- Admission to Discharge (Adult and Children)
- Discharge Summary Completing – Inpatients
- Adult with Eating Disorders – Medical Management
- Influenza Management – Adults and Children
- Blood Glucose and Ketone Point-of-Care Testing
- Managing Nicotine Dependence
- Human Immunodeficiency Virus (HIV) in Pregnancy
- Perineal Care – Maternity
- Pathology Specimen Labelling
- Pathology Specimen Handling and Transportation
- Falls – Assessment, Management and Prevention
- Diabetes Management Including Hypoglycaemic, IV insulin infusions and insulin pumps (adult only)

- Translating and Interpreting Services
- Waste Management
- Opioid Maintenance Treatment – Justice Health Services
- Management of Alcohol and Other Drugs withdrawal in the Alexander Maconochie Centre and Bimberi Youth Justice Centre.
- Urgent and Non-urgent Transfer of Physical Care to the Emergency Department - Alexander Maconochie Centre and Bimberi Youth Justice Centre
- Health Management of Clients Subject to a Health Segregation or Disciplinary Separate Confinement
- Transfer for Emergency Physical Care – Alexander Maconochie Centre and Dhulwa Mental Health Unit

Patent identification

**Guidelines**

- Healthcare Associated Infections Clinical Guideline
- Guideline - Obesity – Pregnancy, Labour, Birth and Postnatal Care
- Diabetes Management Including Hypoglycaemia, IV Insulin Infusions and Insulin Pumps
- Risk Management Framework
- Medical Management of Alcohol Withdrawal
- National Antenatal Guidelines Module 1 and 2
- Early Pregnancy Assessment Unit (EPAU)
- Termination of Pregnancy (TOP) Miscarriage or Fetal Death
- Hypertension in pregnancy
- Pregnancy Care Guidelines
- Child Protection and Child and Prenatal Concern Reporting Guideline
- Australian STI Management Guidelines for use in primary care
- Fasting Guidelines – Elective and Emergency Surgery
- End of Life and Palliative Care for Clients at Alexander Maconochie Centre

**Other**

- ACT Aboriginal and Torres Strait Islander Agreement 2019-2028
- Justice Health Services Emergency Management Plan – Custodial Primary Health Services

**Standards**

- National Standards for Mental Health Services 2010
- National Safety and Quality Health Services Standards 2012
- Standards of Practice for CHS Allied Health Professionals, 2016

**Legislation**

- *Corrections Management Act* 2007
- *Health Records (Privacy and Access) Act* 1997
- *Public Health Act* 1997
- *Public Sector Management Act* 1994
- *Mental Health Act* 2015
- *Human Rights Act* 2004

- *Public Health Act* 1997
- *Work Health and Safety Act 2011*
- *Carers Recognition Act 2021*
- *Official Visitors Act 2012*
- *Information Privacy Act 2014*
- *Ombudsman Act 1989*

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## Search Terms

AMC, Alexander Maconochie Centre, Clinical Guidance, Operational Guidance, Operational Manual, Custodial

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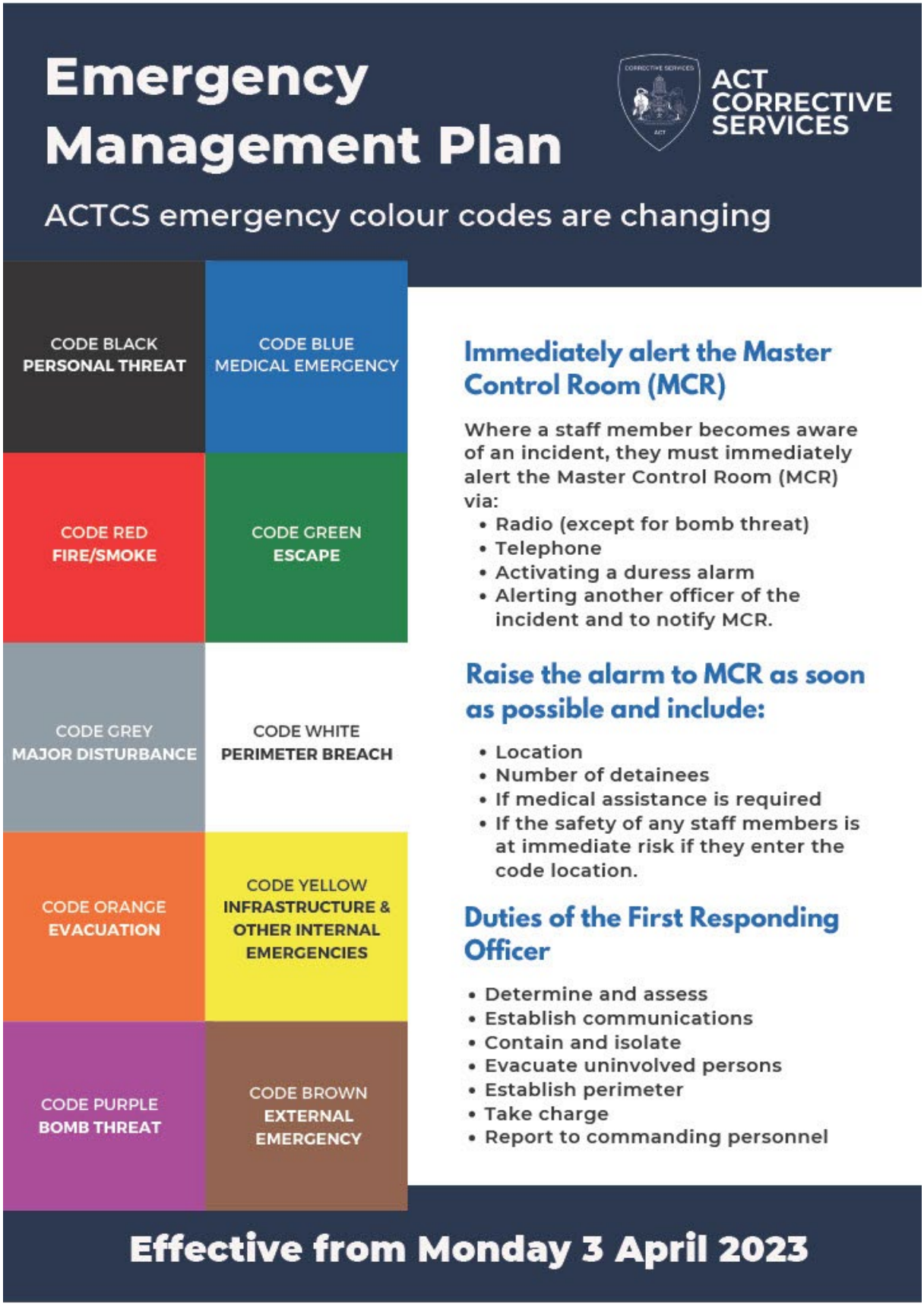
## Attachments

Attachment 1: Mobile Duress Alarm

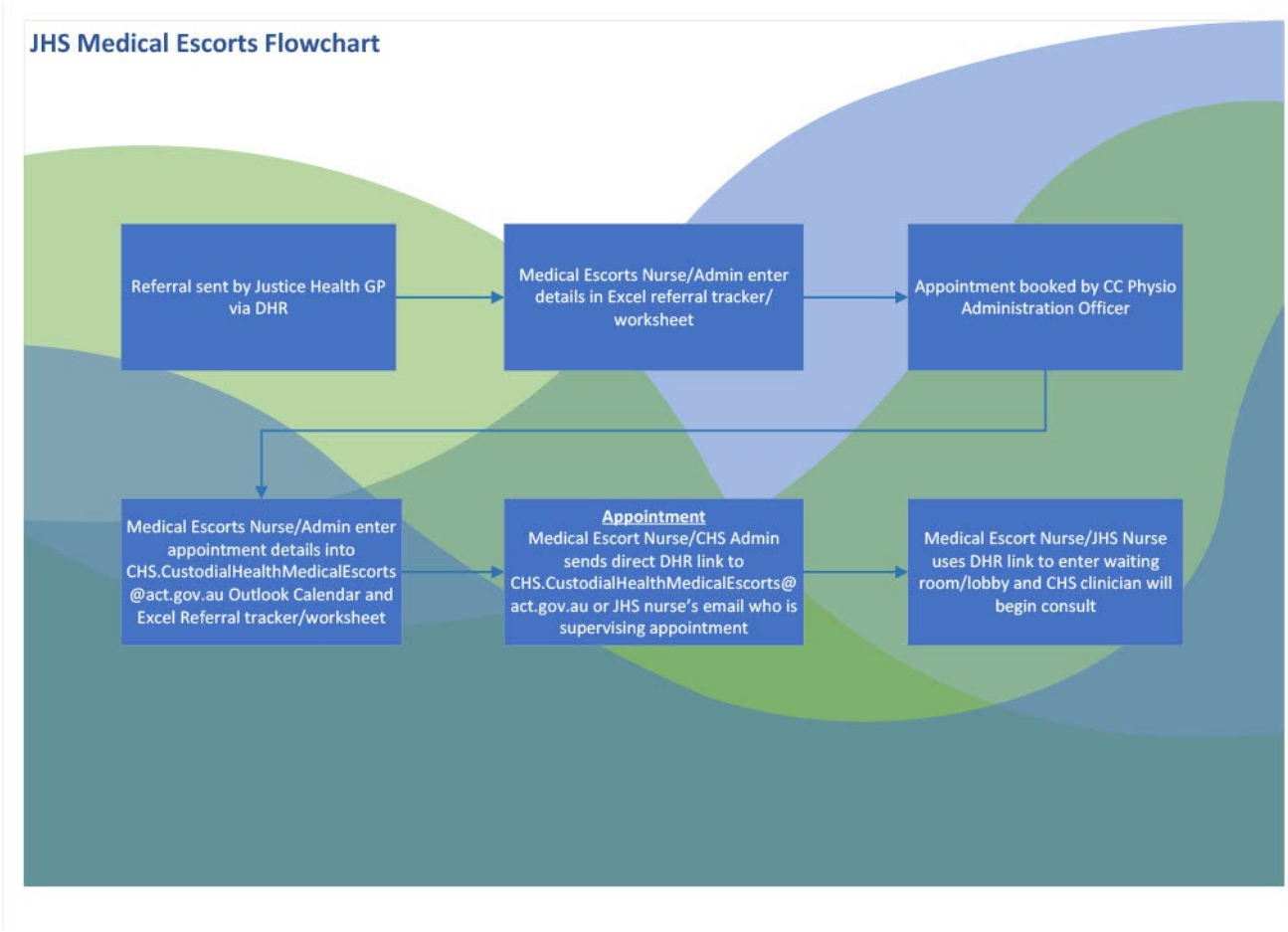
Attachment 2: ACTCS Emergency Colour Codes
Attachment 3: JHS Medical Escorts Flowchart
Attachment 4: Medical Observation Rating
Attachment 5: Medical Officer triage categories
Attachment 6: Food Refusal – Daily Health review form

## Attachment 1: Mobile Duress Alarm

**Attachment 2: ACTCS Emergency Colour Codes**



## Attachment 3: JHS Medical Escorts Flowchart



## Attachment 4: Medical Observation Rating

| Alert Rating | Definition | Examples | Observation frequency | Comments |
|---|---|---|---|---|
| M1 | Serious medical condition/symptoms requiring immediate treatment | Post head injury monitoring | 15 x 24 | If required, not routine. |
| | | Alcohol/drug intoxication and/or withdrawal seizure history | 15 x 24 | May require transfer to hospital |
| | | Other significant medical issue | | |
| M2 | Medical condition requiring regular or ongoing treatment | Chronic ongoing medical issue | 60 x 24 | |
| | | Controlled Epilepsy | 60 x 24 | No recent seizure activity |
| | | Controlled Diabetes | 60 x 24 | No recent hyper and/or hypoglycaemic episodes |
| | | Cardiac issues | 30 x 24 | |
| M3 | Known or suspected medical condition / symptoms requiring assessment | Alcohol / drug withdrawal | 60 x 24 | 30 x 24 if significant withdrawals |
| | | Short term observations for illness/injury | 30 x 24<br>60 x 24 | Based on clinical assessment |

## Attachment 5: Medical Officer Triage Categories

ACT Government | Canberra Health Services

# Triage Categories - Medical Officer Review

## Custodial Health

| Code Pink | See on Same Day of Assessment | Triage Category 1 | Triage Category 2 *(Default)* | Triage Category 3 |
|---|---|---|---|---|
| **Immediate** | **Same Day** | **Within 3 days** | **Within 2 weeks** | **Within 1 month** |
| ○ Assaults<br>○ Chest pain (cardiac)<br>○ Diabetic crisis<br>○ Extensive burns / scalds<br>○ Moderate/ severe head injury<br>○ Non-blanching rash<br>○ Overdose<br>○ Penetrating eye injury or neck injury<br>○ Pregnancy - breathing difficulties or severe bleeding<br>○ Seizure/ collapse /altered level of consciousness/ new confusion<br>○ Severe allergic reaction | ○ Active mild bleeding without compromise (any bleeding from a body orifice should be considered urgent)<br>○ Bites (human/ animal)<br>○ Breathing difficulties<br>○ BSL of 12 – 18mmol/L<br>○ Cellulitis of the eye<br>○ Febrile<br>○ Flank pain/ haematuria/ acute and severe abdominal pain<br>○ Inability to urinate severe<br>○ Mild head injury – with short LOC<br>○ Moderate burns/ scalds<br>○ New breast/ testicular lump | ○ Acute sinus / abscess<br>○ Asthma review (using puffer frequently - >4hrly)<br>○ Cellulitis (general body)<br>○ Change in visual acuity<br>○ Cold / flu symptoms (without the threat of COVID)<br>○ Ear Pain - despite pain relief >48 hrs<br>○ Infection of eye or ear<br>○ Moderate to severe acute pain unresolved with simple analgesia (e.g. Back pain associated with a recent accident)<br>○ Moderate to severe headache<br>○ Unstable BSLs without compromise | ○ Admission / induction review<br>○ Anxiety without SASH<br>○ Bites without systemic symptoms and no improvement<br>○ Blanching rash (with no systemic symptoms)<br>○ Boil<br>○ Chronic skin conditions (dermatitis, psoriasis, eczema)<br>○ Depression without SASH<br>○ Diet review (due to weight loss or weight gain)<br>○ Medication review due to experiencing adverse side effects<br>○ Minor musculoskeletal / sprains<br>○ Unresolved minor to moderate pain | ○ Blocked ears / difficulty in hearing without pain<br>○ Chronic conditions (e.g. ingrown toenails, pain)<br>○ Fit for work / medical certificate<br>○ Medication review without adverse side effects<br>○ Mole / skin check<br>○ Poor sleep<br>○ Women's health check (contraception & pap smears) |

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# Triage Categories - Medical Officer Review

## Custodial Health

| Code Pink | See on Same Day of Assessment | Triage Category 1 | Triage Category 2 *(Default)* | Triage Category 3 |
|---|---|---|---|---|
| **Immediate** | **Same Day** | **Within 3 days** | **Within 2 weeks** | **Within 1 month** |
| ○ Severe chest pain/ cardiac arrest<br>○ Severe respiratory distress<br>○ Snakes and other types of envenomation symptoms<br>○ Spinal injury<br>○ Strangulation injury<br>○ Stroke symptoms<br>○ Sudden loss of vision<br>○ Threat to Limb - Joint dislocation/ fracture with limb compromise<br>○ Uncontrollable bleeding | ○ Pain of;<br>- Chest pain (non-cardiac)<br>- Moderate to severe abdominal flank pain<br>- Severe headache<br>- Neck stiffness<br>○ Palpitations – ongoing<br>○ Persistent vomiting with signs of dehydration<br>○ Penile injury<br>○ Possible fracture/ limb deformity/ limb malalignment<br>○ Pregnancy – pain, bleeding, decreased foetal movement<br>○ Severe testicular pain | ○ Urinary problems – without anuria | | |

**Caveat:**

- Only applies Monday to Friday (business days) – Nursing review if falls over a weekend
- The triage category is provided in conjunction with a nursing assessment on the day or within 24 hours of receiving a health centre request

## Attachment 6: Food Refusal – Daily Health Review Form

ACT Government | Canberra Health Services

**Food Refusal - Daily Health Review Form**

**Justice Health Service**

Insert patient sticker here

URN:_____

Family name:_____

Given name:_____

DOB:_____ Sex:_____

Client must be reviewed daily – this review can occur with MO and nurse in CSU. If only nurse available review can still occur, but results must be discussed with On-Call MO. This must be completed with the individual's management plan in mind (the management plan is developed in conjunction with a dietician)

**Assessment Conditions**

| | |
|---|---|
| Day & Date: | Number of days of food refusal: |
| Client reviewed through: Hatch ☐ Cell door open ☐ Client refused review ☐ | |
| Client reviewed by Medical Officer ☐ Nurse ☐ | Client's Location: |

**General Wellbeing**

**Would client like to recommence eating?** ☐ YES ☐ NO Details:

**Is the client feeling well?** ☐ YES ☐ NO Details:

**Observations to be Completed Every Day & document in MAJICeR**

| BP | HR | RR | SpO2 | Temp | BGL | U/A | Weight |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

Declined all observations ☐ Reason:

| GCS | Gait | Passing urine? | Bowels? | Speech |
|---|---|---|---|---|
| | | | | |

General Appearance (colour, energy, position, mood)

**Physical Health Review**

| | | |
|---|---|---|
| Has the client received all necessary medications and monitoring during the past 24-hour period? | ☐ YES | ☐ NO Inform Clinical Lead/TL and document in MAJICeR |
| Is the client currently prescribed vitamins/thiamine? | ☐ YES | ☐ NO |
| If not prescribed vitamins/thiamine would the client like to be prescribed same? | ☐ YES - If yes discuss with MO immediately to get medications charted on EMM | ☐ NO |
| Is the client currently being monitored for withdrawal? | ☐ YES - Please complete a separate **Withdrawal Monitoring Form** | ☐ NO |
| Copy of ACTCS Food/Fluid diary obtained and uploaded to MAJICeR? | ☐ YES | ☐ NO Document in MAJICeR why and inform Clinical Lead/TL |
| Does the client agree to pathology assessment? (should occur minimum every three days) | ☐ Agrees - Discuss with MO for pathology request and bloods to be taken that day | ☐ Declined<br>☐ Not applicable (path done within last three days) |

Any significant changes in physical health or any other concerns? ☐ YES

Reported to MO at first available opportunity for further advise, follow up and/or management?. ☐ YES - MO Details:

**Observations/Recommendations to ACTCS**

| | | | | | |
|---|---|---|---|---|---|
| If any change, please complete **Primary Health Notification Form** | No Change | Nil | M1 | M2 | M3 |
| | | | 15x24 | 30x24 | 60x24 |

Completed by EEN: ☐ YES ☐ NO

If Yes – Have responses been discussed with Team Leader? ☐ YES ☐ NO

Name of Team Leader:

Notes/Recommendations:.....

.....

.....

Signature Name Designation Date/Time

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*Policy Team ONLY to complete the following:*

| *Date Amended* | *Section Amended* | *Divisional Approval* | *Final Approval* |
|---|---|---|---|
| | | | |
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*This document supersedes the following:*

| *Document Number* | *Document Name* |
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