

11 August 2020

C121464

s9(2)(a)

s9(2)(a)

Dear s9(2)(a)

Thank you for your email of 29 April 2020, requesting various local operating manual procedures supporting the Department of Corrections' Health Services Health Care Pathway Policy. Your request has been considered under the Official Information Act 1982 (OIA). I apologise for the delay in responding to you and thank you for your patience.

Corrections' Health Services Health Care Pathway (HCP) describes the system of health screening, assessments and care that people can expect to receive from their arrival at prison until their release.

The HCP integrates multiple policies relating to health screening, assessments, care, ongoing management and treatment and creates the fundamental foundation that documents both the health opportunities that are available and how they are accessed. It is a prescriptive document that details what is expected, what is provided and how it should be provided, encompassing the whole context of care. Because of this, no further process information is included in the local operating manual for much of the HCP, aside from when site-specific variances apply.

You have requested:

Please provide the supporting LOMS for the following principals:

4.8 corrections health services will employ or contract suitably qualified staff in a model where the skills and knowledge of the workforce matches the health needs of the population

4.9 corrections health services nursing staff and contracted health professionals will undertake only those tasks or activities that are in their regulated scope of practice and for which they have required training and competence:

Corrections adheres to the professional standards set by the New Zealand Nursing Council and the requirements of the Health Practitioners Competence Assurance Act. We also support developmental opportunities for staff and we

have a robust annual core training programme, as set out in the Clinical Training/Professional Development/Study Assistance Policy and Procedure. Please find this policy attached. Note, this policy is under review given recent changes in our service delivery model. We expect that this policy update will be completed in September 2020.

The Health Centre Manager at each prison has a statutory responsibility for ensuring the legislative, professional and policy requirements are met to enable safe, efficient and effective health-care delivery at each site, in line with section 19(a) of the Corrections Act 2004.

4.10 Corrections Health and custody staff will work together to achieve the standards set out in this policy

The HCP is a policy that applies to all Corrections Health Services and custodial staff, as per 3.1 of the HCP, therefore requiring staff from across these groups to work together to achieve the standards.

9.5 & 9.6. Health Centre Manager responsibilities for universal health assessments

9.7 -9.13 registered nurse responsibilities when undertaking any universal health assessment

Please refer to the Health Centre Manager Legal Responsibilities, which are attached. Note that this policy is dated and a review of it has commenced. Please also note that sub-sections of this policy have been amended, particularly:

- 6.3 - regulation 64. Internal health circulars were sent 16 September 2019 and policy revision occurred in May 2019;
- 5.2 - segregation for medical oversight. A health circular was sent on 12 December 2019 and recirculated 24 April 2020.

9.14 - 9.16 referrals to corrections health staff

A Health Request Form is used by people in prison to access health services. No further process or policy is required for this.

9.17-9.18 urgent referral to external health provider

The Health Care Pathway documents provide for this referral. Any variance at a particular prison is documented in the Local Operating Manual (LOM) of that prison. Please find the LOM templates attached.

9.37 two yearly health assessment

The two-yearly health assessment is covered by the HCP. No further process or policy is required for this.

I trust the information provided is of assistance. Should you have any concerns with this response, I would encourage you to raise these with Corrections. Alternatively, you are advised of your right to also raise any concerns with the Office of the Ombudsman. Contact details are: Office of the Ombudsman, PO Box 10152, Wellington 6143.

Please note that this response may be published on Corrections' website. Typically, responses are published monthly, or as otherwise determined. Your personal information including name and contact details will be removed for publication.

Yours sincerely

A handwritten signature in blue ink, appearing to be 'JR' or similar initials, written in a cursive style.

Juanita Ryan
Deputy Chief Executive – Health

Clinical Training / Professional Development / Study Assistance Policy and Procedure

Corrections Health Services

DOCUMENT CONTROL

Document reference:	Clinical Training / Professional Development / Study Assistance Policy and Procedure
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To be reviewed by:	Business Support
Related legislation and standards:	Health Practitioners Competency Assurance Act; Code of Health and Disability Services Consumers' Rights 1996 (the Code of Rights); Health Information Privacy Code 1994; Treaty of Waitangi; Department of Corrections Study Assistance Policy; Health and Safety at Work Act 2015; CORNERSTONE® Aiming for Excellence.

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Introduction

1. Professional development for Registered Nurses, Enrolled Nurses, and Health Care Assistants is a core component of providing a quality health service to prisoners, and is required to meet the Health Practitioners Competency Assurance Act and Nursing Council NZ competency requirements.
2. The following policy and procedure outlines Health Services support and processes for Registered Nurses, Enrolled Nurses, and Health Care Assistants professional development.

Scope

3. This policy applies to all Health Services Registered Nurses (RNs), Enrolled Nurses (ENs) and Health Care Assistants (HCAs).

Definitions

4. **Clinical Training**
This is funded and managed internally, but may include courses / seminars / conferences / sessions undertaken by external providers.
5. **Core Training Programme**
This is training that is compulsory for all RNs, ENs and HCAs as applicable.
6. **Learning Management System (LMS)**
LMS is a database that lets users store learning information of professional development including the creation of courses, store exams, keep track of dates of when courses are beginning and ending, permissions, course costing, and it tracks a learner's progress / results.
7. **Approved Health Care Assistant**
An unregulated support worker. Health care assistants always work under the direction and supervision of a registered nurse. An approved health care assistant:
 - has successfully completed the NZQA Level 3 Certificate in Health and Wellbeing
 - is employed in the High Dependency Unit (Rimutaka), and Rata Unit (Waikeria)
 - is able to administer oral medicines, ear/eye drops, and topical creams /lotions when the required competencies have been met and is approved by the HCM (HDU and Rata Units only). Core Training Programme

8. The content of the core training programme is determined by the Principal Health Advisor in conjunction with Clinical Health Leadership Team (CHLT) each financial year. Every year a core training programme will be developed by CHLT. Final approval of the training programme sits with the Director Offender Health who has ultimate responsibility for ensuring the available budget is not exceeded.
9. In the development of the programme feedback from the Clinical Quality Forums and Clinical Governance Committees will be considered by CHLT.
10. The following programmes for Registered Nurses must be included:

Criterion	Training required	Frequency of training (at a minimum)
Registered Nurse Orientation		One off requirement
Pre-Hospital Emergency Care (PHEC)	Full course	One off requirement
	Refresher	Every 2 years
Primary Mental Health (PMH)	Full course	One off requirement
	Refresher	Every 2 years
CPR and AED		Alternate years to PHEC refresher

11. The following programmes for Enrolled Nurses must be included:

Criterion	Training required	Frequency of training (at a minimum)
Enrolled Nurse Orientation		One off requirement
Pre-Hospital Emergency Care (PHEC)	Full course	One off requirement
	Refresher	Every 2 years
Primary Mental Health (PMH)	Full course	One off requirement
	Refresher	Every 2 years
CPR and AED		Alternate years to PHEC refresher

12. The following programmes for Health Care Assistants must be included:

Criterion	Training required	Frequency of training (at a minimum)
HCA Orientation to include an overview of PMH		One off requirement
CPR and AED		Every 2 years

13. Approved HCAs will complete the New Zealand Certificate in Health and Wellbeing (Level 3) Health Assistance (or higher) if certificate not already achieved.
14. The following programmes must be completed by all staff. The Health Centre Manager (HCM) or Assistant Health Centre Manager (AHCM) will ensure that all staff members have completed and can provide evidence of Cornerstone® core requirements, listed below:

Criterion	Training required	Frequency of training (at a minimum)
Code of Health and Disability Services Consumers' Rights 1996	Level 1 and/or 2	Every 5 years
Health Information Privacy Code 1994	Level 1 and/or 2	Every 5 years
Privacy Act 1993	Level 1 and/or 2	Every 5 years

Cultural Competence	Level 1	Every 5 years
Treaty of Waitangi – ‘Partnership, Participation and Protection’	Level 1	Every 5 years
Code of Conduct and Professional Boundaries		One off requirement

15. Each Health Centre must have sufficient nursing staff appropriately trained to meet the needs of the Health Centre and prison population:

Criterion	Training required	Frequency of training (at a minimum)
Infection Control – disinfection and sterilisation policies and procedures	Level 1	Every 3 years
Vaccinator training - IMAC	Initial 2 day training	Every 2 years
Cervical smear taking for women’s prisons	3 day training	One off

Recording of Clinical Training

16. A record of core training organised by National Office will be recorded in LMS by NO Administration Support - Health following attendance at the training.
17. Local in-house clinical training, (e.g. peer review sessions, talks from external clinicians) and CPR/AED training is to be recorded in LMS, by the Health Centre Manager, Assistant Health Centre Manager or Team Leader following attendance at the training.
18. Nurses are responsible for recording their activities of professional development for their own nursing portfolios.

Post Graduate Assistance

Criteria for Assessing Post Grad Study Assistance Applications

19. Prior to applying for Study Assistance Health Staff need to have completed the following:
- 18.1 worked for Health Services for more than six months.
 - 18.2 completed their induction programme.
 - 18.3 completed all core training requirements.
 - 18.4 staff who have completed their PDRP or be on the pathway will be eligible for tertiary level assistance in future.
20. The following criteria and considerations will be used when assessing every application for study assistance

Considerations	Information
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Study priority	Relevance to our service delivery i.e. <ul style="list-style-type: none"> • registered nurse prescribing • health assessment • mental health • chronic disease or long term condition management
Primary Health Nursing	The application needs to strongly relate to primary healthcare services.
Career Goals and Direction	The application needs to reflect and consider the overall career goals and direction, which can be demonstrated in the PDC. Applicants must be on the PDRP Pathway. Consideration will be given to whether the application is a 'one-off' request or a request for a longer course of study e.g. a Master's Degree.
Quality of application – Purpose and Benefit	The applicant must state the purpose of the study and the anticipated benefit to both themselves (in terms of development) and the work unit (in terms of output). Consideration will be given to applicants who have conveyed a substantive outline of the purpose and benefit for their application. A cut and paste from course outlines will not be considered acceptable.
Demonstrated commitment	Consideration will be given to other activities that have been achieved while working for the Department and these will be demonstrated in a PDC. These could include holding a portfolio, undertaking or supporting a quality project or initiative, providing feedback on clinical policies.

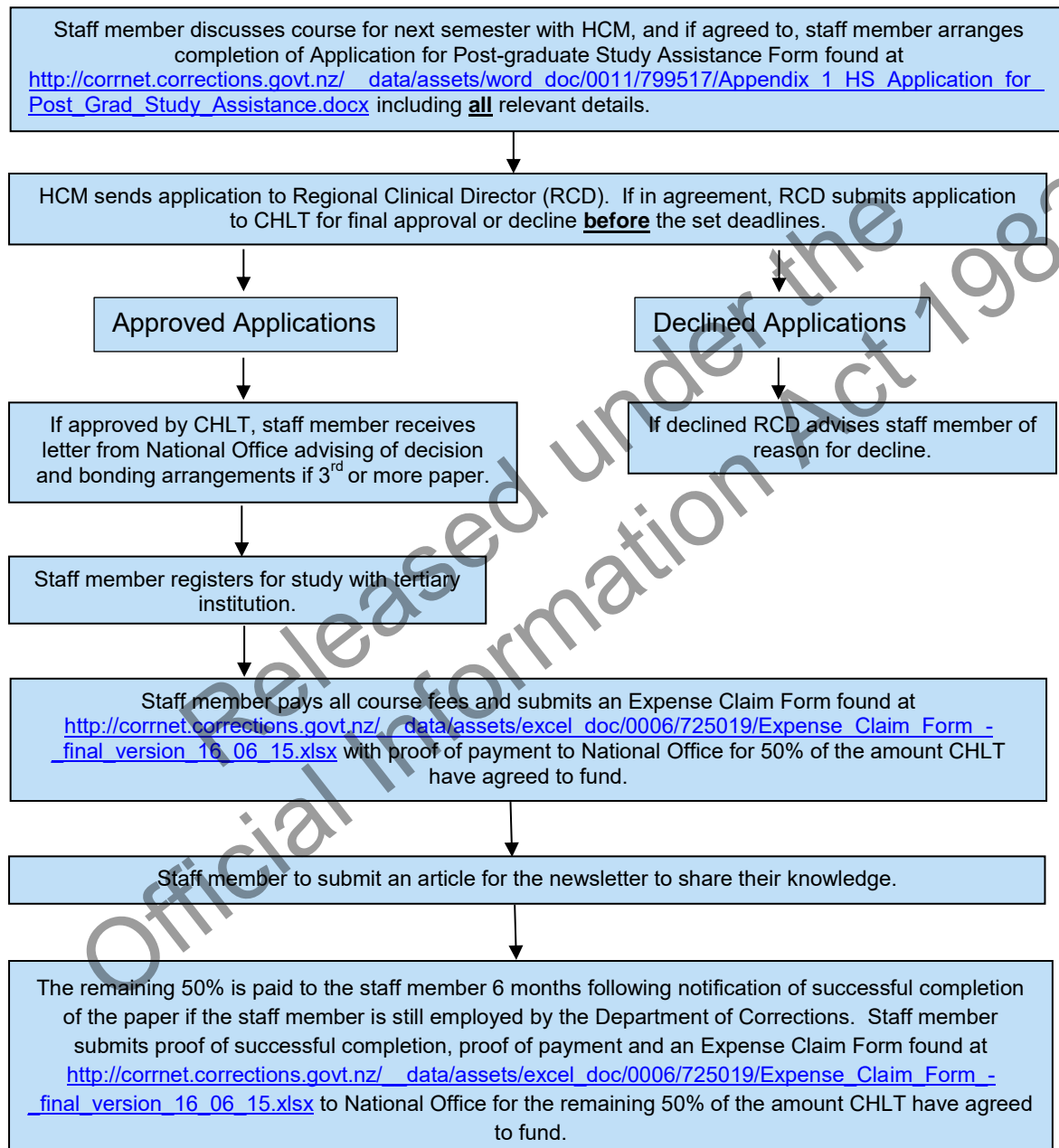
21. Funding for approved study will be as follows:

Up to 50% of course / study fees and any mandatory levies on registration and payment of the remaining 50% paid 6 months after successful completion.

Four study days will be approved for each post graduate paper

Post-graduate Study Assistance Process

22. All Post-graduate Study Assistance applications (Appendix 1) are called for in November and April each year.
23. All applications must be submitted to CHLT to meet set deadlines. Late applications will not be considered.



Unsuccessful Completion of Study

24. Health Services staff who fail to achieve a passing grade or who leave the Department during the study period will not be able to claim reimbursement for the portion of the tuition and exam fees that they have paid for that year.
25. If the staff member has failed to achieve a passing grade, CHLT will carefully consider the reasons for failure before approving any further study assistance for that staff member.

Study Bond Agreements

26. Health Services staff who are applying for their 3rd and any subsequent Health Services funded post-graduate paper will be bonded. Each paper will carry a 12 month bond period. From the confirmation of the completion of the paper.
27. Failure to complete bond period:
Health Services staff who leave before completing their bond are required to refund the Department a portion of the fees and associated costs equivalent to the incomplete portion (expressed in a percentage) of the bond. A table of examples is set out below:

Percentage of bond completed before leaving	Percentage refund of fees and associated costs to Department
25% complete	75% refund
50% complete	50% refund
75% complete	25% refund
Over 75%	Complete Nil refund

Competency Assessment Programme (CAP)

28. The Department will provide assistance for overseas trained nurses who are working for the Department and have not yet achieved competency to practice in New Zealand.
29. An applicant will be bonded (see paragraphs 26) -
30. Applicants must have worked for the department for a minimum of 6 months.
31. All Department of Corrections mandatory training requirements must be completed before the application is made.
32. Applicants must have full support from their HCM in writing.
33. Consideration for financial support for the programme from national office will be on a case by case basis, be approved by CHLT and be subject to successful completion of the programme.
34. Any paid or unpaid study leave will be granted at the discretion of the Prison Director, all costs incurred will be carried by the prison.

35. On successful completion of a CAP programme the staff member can apply for a vacant RN position.

Using Department Information for Research and Study Purposes

36. Health Services staff who conduct research on aspects of the Department's business in the course of their study need to meet certain requirements regarding access to, and use of, Department information.
37. Staff are encouraged to focus their study on aspects of the Department's business but must recognise that the Department retains control and ownership of any information collected.
38. Staff who wish to conduct research on aspects of the Department's business towards their course of study must obtain prior permission from the Research and Evaluation Steering Committee, if interviewing staff or offenders. The Committee will consider the appropriateness of the research and the proposed dissemination and use of the Department's information.
39. The first stage involves the submission of a preliminary application (Appendix 3) to the Research and Evaluation Steering Committee. This provides an overview of the research. If this is approved by the committee, the researcher is then asked to prepare and submit a more detailed application, which includes comprehensive details of the proposed project.
40. Proposals have to be of a high standard, and are required to have ethics approval from an appropriate body (for example, a University).
41. The Research and Evaluation Steering Committee is chaired by the Deputy Chief Executive Service Development, and includes the National Manager Communications, the Director Research and Analysis, the Chief Psychologist, the Chief Probation Officer, the Chief Custodial Officer, the Chief Policy Adviser, the Director Quality and Performance, and the Director Offender Health. Each of these individuals provides advice from their particular areas of responsibility and expertise. The Committee meets every six weeks to assess applications. It particularly focuses on the potential strategic or operational benefits to the Department of the research. This is balanced against the costs and demands of facilitating the research in practice – for example, completing security checks and approvals, staff time in escorting the researcher around prison and monitoring their safety, and accessing data and any risks to the Department either operational or reputational.
42. Once the research has been completed, the researcher is required to submit their research report in draft to the Committee. The Committee reviews it to ensure the conclusions are an accurate reflection of the findings and of the Department's policies and operations.

Seminar/Conference/Short Course Applications

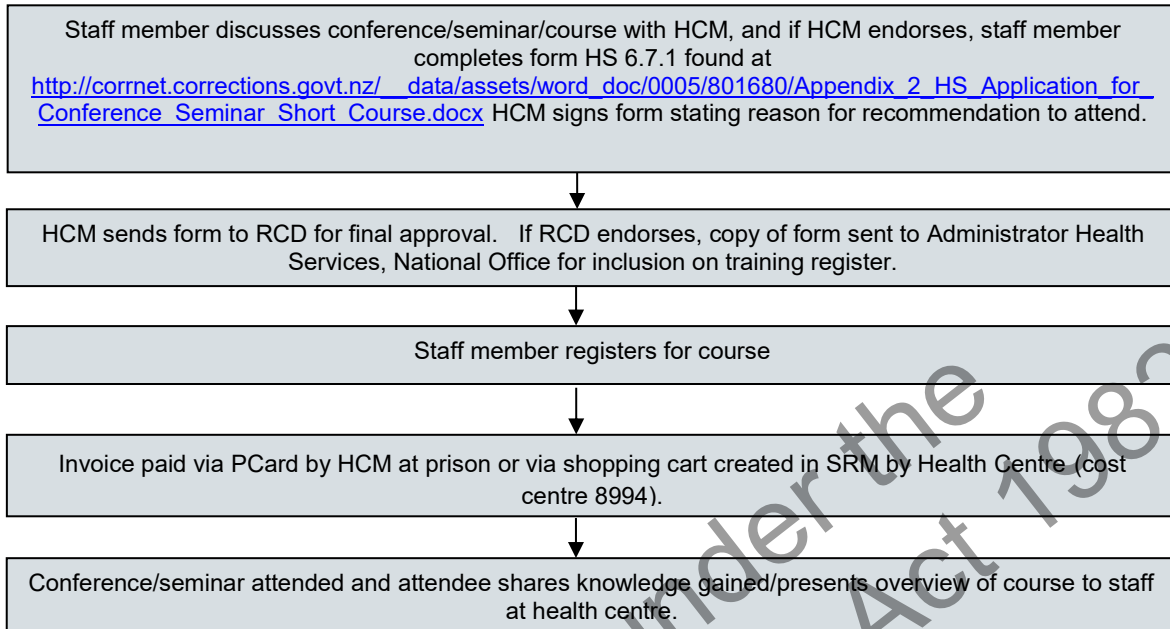
Criteria for Assessing Seminar / Conference / Short Course Applications

43. All study leave for seminar/conference/short course applications will be at the discretion of the Health Centre Manager taking into consideration; length of service, site training requirements and performance development conversations with that employee. The following criteria and considerations will be used when assessing applications for seminar and conference applications:

Considerations	Information
Priority	<p>Relevance to our service delivery i.e.</p> <ul style="list-style-type: none"> • registered nurse prescribing • health assessment • mental health • chronic disease or long term condition management
Primary Health Nursing	The application needs to strongly relate to primary healthcare services.
Career Goals and Direction	<p>The application needs to reflect and consider the overall career goals and direction, which can be demonstrated in the PDC.</p> <p>Applicants should be on the PDRP Pathway.</p>
Quality of application – Purpose and Benefit	<p>The applicant must state the purpose of the study and the anticipated benefit to both themselves (in terms of development) and the health team and the organisation (in terms of output).</p> <p>Consideration will be given to applicants who have conveyed a compelling purpose and benefit to support their application. A cut and paste from course outlines will not be considered acceptable.</p>
Demonstrated commitment	<p>Consideration will be given to other activities that have been achieved while working for the Department and these will be demonstrated in a PDC. These could include holding a portfolio, undertaking or supporting a quality project or initiative, or providing feedback on clinical policies.</p>

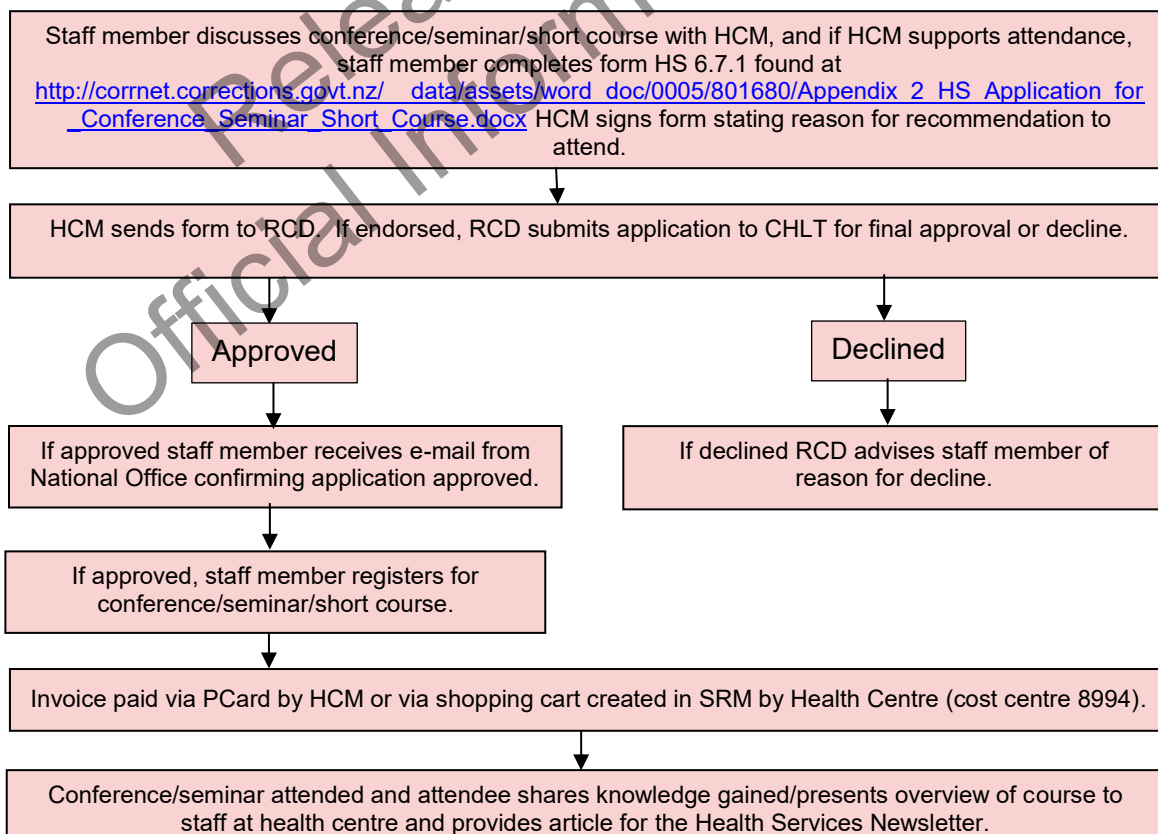
Conferences/seminars/short courses under \$200 process

44. The process for conferences/seminars/short courses costing **under \$200**: (Appendix 2) is as follows



Conferences/seminars/short courses over \$200 process

45. The process for conferences/seminars/short courses costing **over \$200** (Appendix 2) is as follows:



Overseas Conference Applications

46. There are limited opportunities for attendance at overseas conferences. All overseas travel is approved by the Deputy Chief Executive (DCE).
47. An application to attend or present an overseas conference must follow the initial conference application process. If the application is approved by CHLT an additional requirement is that a business case is developed and supported by the HCM and RCD.
48. The business case must be submitted to CHLT. If it is approved by CHLT It will be forwarded for the consideration and approval from the DCE.

Released under the
Official Information Act 1982

Appendix 1: HS Application for Post Grad Study Assistance

Please complete this form electronically – then email to your HCM		Boxes for text are expandable
Employee details		
Name: Click here to enter text.	Service/Group: Click here to enter text.	
Position: Click here to enter text.	Location: Click here to enter text.	
Post-grad Study applying for		
Study/Paper Name: Click here to enter text.		
Semester: Choose an item.	Study Year: Click here to enter text.	
Training Institute: Click here to enter text.	Study Duration: Click here to enter text.	
If the course of study is part of a qualification spanning more than one year, describe the qualification here and complete the next section. Click here to enter text.		
Related Study		
If relevant, describe any papers relating to the qualification passed in previous years and include papers planned for future years to complete the qualification. Click here to enter text.		
Purpose and Benefit		
State the purpose of the study and the anticipated benefit to both yourself (in terms of development) and the work unit (in terms of output). <i>You need to promote yourself and provide justification to the benefit of the programme of study to the Department in this section.</i> Click here to enter text.		
Fees and Associated Costs		
Describe all fees and associated costs involved in the course of study. Click here to enter text.		
Funding		
50% of course fees will be paid (if application has been accepted with proof of enrolment and payment of fees) with the remaining 50% paid within 6 months of successful completion.		
Reporting		
Employees are expected to report regularly to their manager on progress during study. NB: You must provide an article for the Health newsletter for each paper studied.		
Bond Arrangements		
Confirm that you are prepared to accept a bonding arrangement if your application is accepted: Choose an item.		
PDRP		
HCM to advise where applicant is on the PDRP Pathway. Choose an item. Date: Click here to enter a date.		
Sign Off		
Staff Member Signature:	Date	Click here to enter a date.
HCM reason for supporting/declining application: Click here to enter text.		
Choose an item. HCM Signature	Date	Click here to enter a date.
RCD reason for supporting/declining application: Click here to enter text.		
Choose an item. RCD Signature:	Date	Click here to enter a date.
Important Note		
All Post-graduate Study Assistance applications are called for in November and April each year. All applications must be submitted to CHLT to meet set deadlines; late applications will not be considered.		

Appendix 2: HS Application for Conference/Seminar/Short Course



HS Application for Conference/Seminar/Short Course

HS 6.7.1

Note: This is not the form to use for Post-Grad and PDRP Applications.

Please complete this form electronically – then email to your HCM		Boxes for text are expandable
Employee Details		
Name:	Click here to enter text.	
Health Centre:	Click here to enter text.	
Employment Start Date:	Click here to enter a date.	
Conference/Seminar/Short Course Details		
Attach conference/seminar information (brochures, pamphlets etc)		
Name of Conference/Seminar/Short Course:	Click here to enter text.	
Venue and City:	Click here to enter text.	
Date(s) of Conference/Seminar/Short Course:	Click here to enter a date.	
Outline of Conference/Seminar/Short Course:	Click here to enter text.	
Relevancy to Primary Health Care and Benefit to Staff Member and Health Centre:	Click here to enter text.	
Noted on Staff Member Performance and Development Conversation Documentation:		Choose an item.
If "No" indicate why: Click here to enter text.		
Has the Staff Member Completed: Health Induction Programme: Choose an item.		
Health Core Training: Choose an item. PHEC: Choose an item. PMH: Choose an item.		
Costs		
Conference/Seminar Registration Cost	\$	Click here to enter.
Conference Costs Click here to enter description.	\$	Click here to enter.
Other Conference Costs Click here to enter description.	\$	Click here to enter.
Accommodation		
Hotel Arrival Date:	Click here to enter a date.	Hotel Departure Date: Click here to enter a date.
Total Number of Nights' Accommodation Required:		Click here to enter text.
Cost per Night: \$	Click here to enter.	Total Cost of Accommodation: \$ Click here to enter.
Travel		
Travel type: Choose an item.		
Date of Departure:	Approx Time:	Place Departing From:
Click here to enter a date.	Click here to enter text.	Click here to enter text.
Date of Return:	Approx Time:	Place Returning From:
Click here to enter a date.	Click here to enter text.	Click here to enter text.
Travel Costs:	\$	Click here to enter.
Other Anticipated Costs: Describe:	Click here to enter text.	\$ Click here to enter.
Total Costs:	\$	Click here to enter.
Report/Feedback/Education		
Date written report to be provided to Health Centre Manager:		Click here to enter a date.
Presentation or newsletter article to Health Staff Required: Choose an item.		Click here to enter a date.
Date of Presentation:		
Sign Off		
Staff Member Signature:	Date	Click here to enter a date.
HCM reason for supporting/declining application: Click here to enter text.		
Choose an item. HCM Signature	Date	Click here to enter a date.
RCD reason for supporting/declining application: Click here to enter text.		
Choose an item. RCD Signature:	Date	Click here to enter a date.

Appendix 3: Preliminary Application to Undertake Research

Use this short form to provide the Department of Corrections with an overview of your proposed research programme. This will be either **accepted or declined** by the Research and Evaluation Steering Committee at its next meeting following submission of the preliminary application.

Where a preliminary application is accepted, the applicant will be invited to submit a full application, which will be **approved or declined** at a subsequent Research and Evaluation Steering Committee meeting.

All researchers whose projects are approved through this process will be expected to sign a Research Agreement with the Department. As part of the Research Agreement, researchers will be required to provide a copy of the final draft of the thesis paper, research report or similarly described document, to the Department for review prior to submission, completion, and/or publication.

Boxes for text are expandable (please do not type in the shaded areas).

General information (Applicant to complete)

Project title	Click here to enter text.
Name of applicant/researcher	Click here to enter text.
Mail address	Click here to enter text.
Email	Click here to enter text.
Phone	Click here to enter text.
Organisation and department	Click here to enter text.
(If a student) Degree programme that this research will be part of	Click here to enter text.
Supervisor(s) name	Click here to enter text.
Link(s) to supervisor(s) faculty profile	Click here to enter text.
Are you currently working for the Department of Corrections:	Choose an item.
Manager name	Click here to enter text.
Email address of supervisor(s) and/or Manager.	Click here to enter text.

Details of research project

Statement of purpose / objectives / hypothesis to be tested What information will the research / evaluation aim to provide?	Click here to enter text.
Describe your methodology Provide an overview of the proposed approach to this research, including items such as: <ul style="list-style-type: none"> • data collection methods • intended location for data collection • sample size • research subjects required (e.g., female prisoners, sex offenders, Probation Officers) 	Click here to enter text.

etc.) <ul style="list-style-type: none"> • use of control / comparison group • measurement / assessment tools that will be used. 	
Describe your outcomes What data will be produced? How will the interpretation of data be managed? Where / in what form is it intended that the research findings are published? Review of all final reports by the Department of Corrections is required prior to any public release of findings.	Click here to enter text.
Benefits of the research to the Department What are the expected benefits to the Department? How could the research be used to improve the Department's outcomes?	Click here to enter text.

Project logistics

What resources do you require from Corrections? Resources include: <ul style="list-style-type: none"> • Access to data • Access to staff • Access to offenders and/or their files • Interview rooms • Etc. Please indicate how many hours of staff or offender time you are likely to require.	Click here to enter text.
Research staff Provide the names of all researchers who will be participating, and explain their roles.	Click here to enter text.
Timelines When do you hope to commence data collection? What deadlines exist for specific phases of the research project? Allowing for delays, when is the research likely to be completed. Note that the application process can take several months.	Click here to enter text.

Academic transcripts or professional curriculum vitae

If you are a student, please provide your most recent university transcript. Otherwise, please attach a C.V. with relevant examples of work in this or associated areas.

Ethical, legal & cultural considerations

Ethics approval is a precursor to the research being approved by the Department's Research and Evaluation Steering Committee. It is recommended that the researcher seek ethics approval from an institutional ethics committee or other similarly accredited body after the proposal has been **accepted** by the RESC. A copy of the approval letter must be supplied before any research agreement will be signed.

Authorised By: DirOH		Policy No: HS-15
Issue Date: June 2013	Review Date: September 2013	Version No: 0.1
Health Centre Manager Legal Responsibilities		

1. Authority for Policy

[The Corrections Act 2004](#)

[The Corrections Regulations 2005](#)

2. Purpose

This policy sets out the legal responsibilities and associated duties for health centre managers.

3. Scope

This policy applies to all Health Centre Managers.

4. Objective

To ensure that Health Centre Managers are aware, and have an understanding, of their legal responsibilities in relation to the Corrections Act 2004 and Corrections Regulations 2005 for the health care of prisoners.

5. Responsibilities under the Corrections Act 2004 (The Act)

5.1 Health Centre Managers - Section 19

Under Section 19 of the Act, the Chief Executive must appoint a Health Centre Manager at every prison. It is a requirement that a Health Centre Manager is a medical practitioner or a registered nurse. The Health Centre Manager is responsible for providing health care and treatment of prisoners.

5.2 Segregation for Purpose of Medical Oversight - Section 60

The Health Centre Manager can recommend that a prisoner be segregated from other prisoners for the purposes of assessing their physical or mental health (including the risk of self-harm). In these circumstances a Health Centre Manager can recommend that a prisoner's interaction with other prisoners be restricted or completely denied.

The Prison Manager cannot revoke any segregation restriction made by the Health Centre Manager. The Health Centre Manager is responsible for deciding when the segregation order can be stopped and the prisoner is fit to mix with other prisoners.

The Health Centre Manager is required to make a decision on how often they believe a segregated prisoner should be visited by a health professional. If no particular direction is made by the Health Centre Manager, the Health Centre Manager must ensure that the segregated prisoner is visited at least once a day by a health professional. For prisoners at risk of self-harm they must be visited twice a day.

Authorised By: DirOH		Policy No: HS-15
Issue Date: June 2013	Review Date: September 2013	Version No: 0.1
Health Centre Manager Legal Responsibilities		

In certain circumstances the threshold for visiting a prisoner must exceed the minimum of one visit a day.

The Prison Operations Manual (POM) also refers to the management of segregated prisoners for medical oversight:

[M.01.04.06 Medical oversight \(section 60\)](#) (to be updated).

5.3 Diet – Section 72

A Health Centre Manager (or a medical officer) may prescribe a diet for a particular prisoner if required for health reasons.

The [Health Services Medical Diet Policy and Procedure](#) set outs when a special diet is required for medical or health requirements.

Nurses can also carry out the tasks set out in this Section.

5.4 Health Records – Section 165

The Health Centre Manager is responsible for the management of a prisoner's health record. The Act sets out that the following tasks must be undertaken:

- an adequate record of the health care treatment provided to a prisoner is maintained
- a full record (including dental records) are kept securely
- the health record of any prisoner or former prisoner is not treated as part of the custodial prison record.

The [Health Information Policies and Procedures](#) further sets out the management of prisoner information.

6. Responsibilities under the Corrections Regulations 2005 (the Regulations)

6.1 Health Centre Manager to be Notified of Certain Segregation Duties - Regulation 55

The Health Centre Manager will be informed by the Prison Manager when a prisoner is segregated and denied the opportunity to associate with other prisoners. The Prison Manager (or delegate) must inform the Health Centre Manager when a prisoner is placed on segregation.

When a Health Centre Manager is notified that a prisoner has been placed on segregation then a review of the prisoner's history must occur to decide if an assessment of the prisoner is needed. The decision must be recorded on the prisoner's health record.

The Prison Operations Manual (POM) also refers to the management of segregated prisoners:

[M.01.03 Segregation of prisoners - standard requirements](#)

Authorised By: DirOH		Policy No: HS-15
Issue Date: June 2013	Review Date: September 2013	Version No: 0.1
Health Centre Manager Legal Responsibilities		

6.2 Prisoners At Risk of Self-Harm – Regulation 63

For prisoners assessed as at risk of self-harm there are number of responsibilities the Health Centre Manager has in relation to the management of the prisoner. The Health Centre Manager must:

- Visit the prisoner and prepare a report on the prisoner within 24 hours after the segregation direction takes effect (unless the health centre manager has already prepared a report in relation to that segregation direction).
- Record any recommendation or advice relating to the segregation of prisoner who may be at-risk of suicide or self-harm.
- Arrange for a copy of any report prepared regarding the prisoner's self-harm status and segregation to be placed on the prisoner's health file.
- Recommend to the prison manager – after visiting the prisoner – whether they should be denied any access to the prisoner's minimum entitlements. The minimum entitlements are set out in [Section 69 of the Act](#).
- Advise the prison manager whether or not the prisoner should be denied any access to any item, e.g. clothing.
- Record the recommendations about minimum entitlements and other items on the prisoner's **custodial record**. It is important for custodial staff to know the decision making in relation to health advice regarding minimum entitlements and other items.

Nurses can also carry out the tasks set out in this Regulation. Health Centre Managers must make a decision as to when, what and how they would like decisions communicated to them under this Regulation.

The POM also refers to the management of prisoners at risk of self-harm:

[M.05 Prisoners at risk of self-harm](#)

6.3 Prisoners Suspected of Concealing Unauthorised items – Regulation 64

A Health Centre Manager must be advised by a Medical Officer – in writing – as soon as the Medical Officer believes that there is no longer a justification for segregating a prisoner.

On receipt of advice from a Medical Officer, the Health Centre Manager must provide this information – in writing - to the Prison Manager as soon as is practicable.

The Health Centre Manager must also inform the Prison Manager if they believe there is no longer any justification for keeping the prisoner segregated from other prisoners.

The Health Centre Manager must also:

- Ensure that a registered health professional visits – unless a medical officer directs otherwise – the prisoner concerned at least once per day
- Record any recommendation or advice to prisoner on their health record.

Authorised By: DirOH		Policy No: HS-15
Issue Date: June 2013	Review Date: September 2013	Version No: 0.1
Health Centre Manager Legal Responsibilities		

The Health Services policy provides health staff with guidance on the clinical management related to internal concealment: [Internal Concealment Policy and Procedure January 2012](#) (to be updated).

The POM also refers to the management of prisoners suspected of concealing unauthorised items:

[S.01.Res.13 Management of prisoners suspected of internally concealing unauthorised item\(s\)](#)
(to be updated).

6.4 Physical Appearance of Prisoners Detained in Prison – Regulation 70

A Health Centre Manager can direct on the grounds of health, safety or cleanliness that a prisoner change their hairstyle, beard or moustache.

Nurses can also carry out the task set out in this Regulation.

6.5 Duties of a Health Centre Manager – Regulation 73

A Health Centre Manager is responsible for managing and maintaining the overall physical and mental health care of prisoners to a satisfactory standard. This includes the administration of medicine in accordance with the prisoner's medical needs. Health Centre Managers are also responsible for the overall management and efficient running of prison health centres.

A Health Centre Manager must advise the Chief Executive* of the following:

- if a prisoner requires special treatment or attention by staff members
- if a modification is required for custodial management of the prisoner
- of any equipment, supplies, facilities and personnel required to equip and operate the health centre adequately
- any health and safety issues affecting any prisoner, classes of prisoner or all prisoners
- of any provisions under [Section 20 of the Misuse of Drugs Act](#). This part of the Act refers to notification of people that are prescribed controlled drugs.

*Health Centre Managers will not advise the Chief Executive of the matters set out in this Regulation. The Health Centre Manager must decide who is the appropriate contact, for example, Manager Regional Health or the Prison Manager.

6.6 Certain Prisoners At Risk or Seriously Ill – Regulation 76

For prisoners who are at risk of self-harm or seriously ill the Health Centre Manager must advise the Chief Executive in writing of the following:

- If they believe a prisoner is at risk of self-harm, recommendations should be made as the health centre manager sees fit

Authorised By: DirOH		Policy No: HS-15
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Health Centre Manager Legal Responsibilities		

- If they believe the physical or mental health of a prisoner has been or likely to be injuriously affected by continued detention or any conditions of detention
- If they believe a sick prisoner will not survive his or her sentence or is totally or permanently unfit for detention
- If they believe that a prisoner should be transferred to hospital or a psychiatric hospital or secure facility.

A Health Centre Manager must also ensure that special attention is paid to any prisoner who is:

- Denied the opportunity to associate with other prisoners as a consequence of a segregation direction
- Placed in a cell under a penalty of cell confinement.

Nurses can also carry out the tasks set out in this Regulation. Health Centre Managers must make a decision as to when, what and how they would like decisions communicated to them under this Regulation.

6.7 Referrals to a Health Service Provider – Regulation 77

Health Centre Managers and Medical Officers have the authority to refer prisoners to external health care providers.

Health Centre Managers and Medical Officers can refer prisoners to external health care providers if they believe the treatment is necessary.

Health service providers are required to report to the Health Centre Manager or a Medical Officer after a consultation has been completed for a prisoner.

If a Health Centre Manager or Medical Officer does not believe a referral to a health service provider is required, a prisoner may choose to pay for their treatment. Referrals can be made in these instances if the Prison Manager believes there is no security risk.

Nurses can also carry out the tasks set out in this Regulation.

6.8 Duty to Notify the Medical Officer in Certain Cases – Regulation 80

A Health Centre Manager must ensure that a Medical Officer is notified if a prisoner's physical or mental health appears to require the attention of the Medical Officer.

6.9 Dental Services – Regulation 81

Health Centre Managers (or medical officers) are able to approve dental examinations and other dental treatment that meet the emergency and immediate needs criteria.

The [Health Services Dental and Oral Policy and Procedure](#) provides further information on eligibility criteria and management of dental services (to be updated).

Authorised By: DirOH		Policy No: HS-15
Issue Date: June 2013	Review Date: September 2013	Version No: 0.1
Health Centre Manager Legal Responsibilities		

6.10 Notification of a Prisoner's Cell Confinement – Regulation 155

Health Centre Managers are to be notified, by custodial staff, after a prisoner has been placed under a penalty of cell confinement.

When a Health Centre Manager is notified that a prisoner has been placed on cell confinement a review of the prisoner's history must occur to decide if an assessment of the prisoner is needed. The decision must be recorded on the prisoner's health record.

The POM also refers to penalty of cell confinement:

[MC.01.Sch.02 Schedule of penalties](#)

6.11 Physical appearance of prisoners awaiting trial – Regulation 188

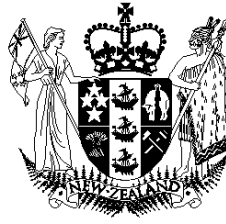
A Health Centre Manager can direct a prisoner's hairstyle or facial hair be cut or shaved if there are grounds of health, safety or cleanliness.

Nurses can also carry out the task set out in this Regulation.

7. Scope of Practice

Duties and expertise of Health Centre Managers are to be provided within the realm of their expertise and scope of practice. Scope of practice has the same meaning as in Section 5(1) of the [Health Practitioners Competence Assurance Act 2003](#).

A Medical Officer or other health professional must be consulted before a Health Centre Manager makes a recommendation in any of the above matters, which relates to a matter outside his or her scope of practice.



DEPARTMENT OF CORRECTIONS

Health Services Local Operating Manual

Enter Site Here

Review Date

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1. Health Services

1.1 Roles at site and contact details

TITLE	Rolls on Site
DESCRIPTION	This describes what health roles are available at this site
NUMBER 1.1	
REVIEW DATE	
Health Centre Manager	<ul style="list-style-type: none">• Add name• Contact details daytime and after hours
Medical Officers	<ul style="list-style-type: none">• Name• Contact details
Registered Nurses	
Administration Support Officers	
Dentist	
Forensic Services	
Physiotherapist	
Add any other like podiatrist etc	
Visiting specialist staff e.g. diabetic nurse from DHB	

1.2 Schedule for clinic's at the Health Centre

TITLE	Schedule for clinic's at ** Health Centre
DESCRIPTION	This informs of the current clinic's that are held at this Health Centre
NUMBER 1.2	
REVIEW DATE	
Medical Officers	<ul style="list-style-type: none"> • Days • Hours • Where on site & ext number of clinic room
Nurses	<ul style="list-style-type: none"> • Days • Hours • Where on site & ext number of clinic room
Dentist	
Forensic Psychiatrist	
Forensic Nurse/s	

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1.3 Rostered shifts at the Health Centre

TITLE	Rosters and requirements
DESCRIPTION	Current rostered shifts for this Health Centre
NUMBER 1.3	
REVIEW DATE	
Add in shift roster templates.	

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1.4 On-Call procedures

TITLE	On-call Procedures
DESCRIPTION	How the site staff know and contact the “on-call ‘ nurse after hours at the site.
NUMBER 1.4	
REVIEW DATE	
Finding the on call Nurse	
How to ring / contact the On-call Nurse	
How Custody staff know who is on-call	
How to inform the HCM when a nurse has been called back	

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1.5 Doctors clinics

TITLE	Doctors Clinic
DESCRIPTION	How to run a doctors clinic and what follow up activities roles and responsibilities are required.
NUMBER 1.5	
REVIEW DATE	
Preparation	<ul style="list-style-type: none">• By whom• How to book into / what appointment book is used
How the clinic run's	<ul style="list-style-type: none">• Days• Hours• Where on site & ext number of clinic room
Pitfalls to watch for	
Follow up tasks	
Invoice type	

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1.6 Registered Nurse Clinics

TITLE	Registered Nurses clinic's
DESCRIPTION	This informs of the current clinic's that are held at this Health Centre
NUMBER 1.6	
REVIEW DATE	
How to book into the RN clinic	
Days held and where Nurses clinic held	
Any movements required	
Security issues	
Invoice type	

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1.7 Forensic Nurse Clinics

TITLE	Forensic Nurses Clinic
DESCRIPTION	How a Forensic Nurse clinic is managed at this Health Centre
NUMBER 1.7	
REVIEW DATE	
How to book into	
Days held and where Forensic Nurses clinic held	
Any movements required	
Security issues	
Process for clinical handover and documentation	
Invoice required	

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1.8 Forensic Psychiatrist clinic

TITLE	Forensic Psychiatrist clinic
DESCRIPTION	How a Forensic Nurse clinic is managed at this Health Centre
NUMBER 1.8	
REVIEW DATE	
How to book into	
Days held and where Forensic Psychiatrist clinic held	
Any movements required	
Security issues	
Process for clinical handover and documentation	
Invoice type and by whom	

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1.9 After hours staff and services

TITLE	After hours staff and services
DESCRIPTION	How to contact staff or services after hours.
NUMBER 1.9	
REVIEW DATE	
MO	
HCM	
Forensic Services	
Methadone Provider	
Pharmacy	

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1.10 Emergency plan for Health Centre

TITLE	Emergency plan for Health Centre
DESCRIPTION	
NUMBER 1.10	
REVIEW DATE	

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2 Prisoner Management

2.1 Appointments for external visits

TITLE	Appointments for External visits
DESCRIPTION	Include how to refer, notify and book external appointments for patients
NUMBER 2.1	
REVIEW DATE	

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2.2 At Risk
1. Assessment

TITLE	At Risk - Assessment
DESCRIPTION	
NUMBER 2.2.1	
REVIEW DATE	

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2. Entry to At Risk Unit

TITLE	At Risk - Entry to At Risk Unit
DESCRIPTION	
NUMBER 2.2.2	
REVIEW DATE	

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3. Placement management

TITLE	At Risk – Placement management
DESCRIPTION	
NUMBER 2.2.3	
REVIEW DATE	

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4. Exit process

TITLE	At Risk – Exit process
DESCRIPTION	
NUMBER 2.2.4	
REVIEW DATE	

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Official Information Act 1982

2.3 Complaints process with IOMS

TITLE	Complaints process with IOMS
DESCRIPTION	
NUMBER 2.2.2	
REVIEW DATE	

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Official Information Act 1982

2.4 Death in Custody

TITLE	Death in Custody
DESCRIPTION	
NUMBER 2.4	
REVIEW DATE	
Refer to PSOM IR.03	
DIC flow chart	

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2.5 Emergency Response

TITLE	Emergency Response
DESCRIPTION	
NUMBER 2.5	
REVIEW DATE	

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Official Information Act 1982

2.6 Non-voluntary segregation

TITLE	Non-voluntary segregation
DESCRIPTION	
NUMBER 2.6	
REVIEW DATE	

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Official Information Act 1982

2.7 Receiving Office Registered Nurse role

TITLE	Receiving Office Registered Nurse role
DESCRIPTION	
NUMBER 2.7	
REVIEW DATE	

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2.8 Referrals

TITLE	Referrals
DESCRIPTION	
NUMBER 2.8	
REVIEW DATE	

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Official Information Act 1982

2.9 Release / Discharge

TITLE	Release / Discharge
DESCRIPTION	
NUMBER 2.9	
REVIEW DATE	

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Official Information Act 1982

2.10 Notification

TITLE	Release/Discharge - Notification
DESCRIPTION	
NUMBER 2.9.1	
REVIEW DATE	

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2.11 Medications

TITLE	Release/Discharge - Medications
DESCRIPTION	
NUMBER 2.9.2	
REVIEW DATE	

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2.12 Health information

TITLE	Release/Discharge – Health Information
DESCRIPTION	
NUMBER 2.9.3	
REVIEW DATE	

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Official Information Act 1982

2.13 Response time to requests

TITLE	Response time to requests
DESCRIPTION	
NUMBER 2.10	
REVIEW DATE	

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Official Information Act 1982

2.14 Section 45 Mental Health

TITLE	Section 45 Mental Health
DESCRIPTION	How to complete a section 45 on this site.
NUMBER 2.10	
REVIEW DATE	
Who to contact	
What documentation is required	

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2.15 Transfers of Prisoners

TITLE	Transfers of Prisoners
DESCRIPTION	
NUMBER 2.12	
REVIEW DATE	

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Official Information Act 1982

2.16 Courts

TITLE	Transfers of Prisoners - Courts
DESCRIPTION	
NUMBER 2.12.1	
REVIEW DATE	

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Official Information Act 1982

2.17 Other Prisons

TITLE	Transfers of Prisoners –Other Prisons
DESCRIPTION	
NUMBER 2.12.2	
REVIEW DATE	
Refer to Healthcare Pathway Policy section 12	

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2.18 Voluntary refusal of food

TITLE	Voluntary refusal of food
DESCRIPTION	
NUMBER 2.13	
REVIEW DATE	
Refer to PSOM IR.04	

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2.19 Voluntary Segregation

TITLE	Voluntary Segregation
DESCRIPTION	
NUMBER 2.14	
REVIEW DATE	

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3 IOMS

3.1 Alerts

TITLE	Alerts – health alerts in IOMS
DESCRIPTION	The procedure for monitoring Health alerts.
NUMBER 3.1	
REVIEW DATE	

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1. Placing

TITLE	Alerts - Placing
DESCRIPTION	How to place a health alert in IOMS.
NUMBER 3.1.1	
REVIEW DATE	

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2. Removing

TITLE	Alerts - Removing
DESCRIPTION	How to remove health alerts in IOMS.
NUMBER 3.1.2	
REVIEW DATE	

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3.2 Incidents

TITLE	Incidents – in IOMS
DESCRIPTION	When and how to report incidents in IOMS
NUMBER 3.2	
REVIEW DATE	

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Official Information Act 1982

3.3 Copying Muster photos

TITLE	Copying Muster photos
DESCRIPTION	
NUMBER 3.3	
REVIEW DATE	
	1. Open Photo Muster Board then minimize
	2. Open IOMS
	3. Find Prisoner double click
	4. Double click the photograph in IOMS. The photo displays in the middle of the screen.
	5. Left click on new photo
	6. Select the Alt (hold down)+ Print Screen/SysRq (top right of keyboard) keys on the keyboard.
	7. Click into Muster board
	8. Right click the mouse to display the menu, Select Paste .
	9. The photo displays and can be cropped by right clicking on the photo which brings up the picture pane.
	10. Using the crop button, crop the photo to what is needed then click the crop button again to deactivate it. Close Picture panel
	11. Click on photo, move and resize as normal.

3.4 Searching / Find

TITLE	Searching / Find
DESCRIPTION	
NUMBER 3.4	
REVIEW DATE	

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3.5 Transferability Rating

TITLE	Transferability Rating
DESCRIPTION	
NUMBER 3.5	
REVIEW DATE	

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4 Health Centre

4.1 Faulty equipment

TITLE	Faulty equipment
DESCRIPTION	
NUMBER 4.1	
REVIEW DATE	

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4.2 Hazard waste

TITLE	Hazard waste
DESCRIPTION	
NUMBER 4.2	
REVIEW DATE	

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Official Information Act 1982

4.3 Laboratory

TITLE	Laboratory
DESCRIPTION	
NUMBER 4.3	
REVIEW DATE	

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Official Information Act 1982

4.3.1 Requests

TITLE	Laboratory - Requests
DESCRIPTION	
NUMBER 4.3.1	
REVIEW DATE	

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4.3.2 Follow up process

TITLE	Laboratory – Follow up process
DESCRIPTION	
NUMBER 4.3.2	
REVIEW DATE	

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4.3.3 Results process

TITLE	Laboratory – Results process
DESCRIPTION	
NUMBER 4.3.3	
REVIEW DATE	

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4.4 Medication

TITLE	Medication
DESCRIPTION	
NUMBER 4.4	
REVIEW DATE	

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4.4.1 Ordering

TITLE	Medication - Ordering
DESCRIPTION	
NUMBER 4.4.1	
REVIEW DATE	

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4.4.2 Receiving from Pharmacy

TITLE	Medication – Receiving from Pharmacy
DESCRIPTION	
NUMBER 4.4.2	
REVIEW DATE	

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4.4.3 Returning to Pharmacy

TITLE	Medication – Returning to Pharmacy
DESCRIPTION	
NUMBER 4.4.3	
REVIEW DATE	

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Official Information Act 1982

4.4.4 Special Hospital scripts

TITLE	Medication – Special Hospital scripts
DESCRIPTION	
NUMBER 4.4.4	
REVIEW DATE	

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4.5 Needle stick injury

TITLE	Needle stick injury
DESCRIPTION	
NUMBER 4.5	
REVIEW DATE	

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4.6 Screening and recalls

TITLE	Screening and Recalls
DESCRIPTION	Local procedure
NUMBER 4.6	
REVIEW DATE	
Screening	Demonstrate the system to identify prisoners eligible for screening and recall
Recalls	Demonstrate local procedure for daily recall lists and who is responsible for this

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4.7 Management of patient test results and medical reports

TITLE	Management of patient test results and medical reports
DESCRIPTION	Local procedure
NUMBER 4.7	
REVIEW DATE	
PERSON RESPONSIBLE	<ul style="list-style-type: none"> • All nurses, medical officers • HCM
OBJECTIVES	To manage all patient test results to ensure they are followed up accordingly
When laboratory, radiology or other tests are requested by a doctor or nurse	
Electronic results	
Paper results	
Providing of results	If a patient requests their test results, the Registered Nurse or Medical Officer should confirm their identity by asking for name, DOB , and any other identifying information as required. Sensitive results should be discussed with the patient in the Health Centre.

4.8 Repeat prescribing

TITLE	Repeat prescribing
DESCRIPTION	Local procedure
NUMBER 4.8	
REVIEW DATE	August 2012
PERSON RESPONSIBLE	<ul style="list-style-type: none">• Pharmacy of contract• HCM
OBJECTIVES	To ensure no disruption in direct treatment

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4.9 Tracking of medical records

TITLE	Tracking of medical records
DESCRIPTION	Local procedure
NUMBER 4.9	
REVIEW DATE	
PERSON RESPONSIBLE	<ul style="list-style-type: none"> • ASO • HCM
OBJECTIVES	To track and trace all medical records that have been couriered to Health Providers, including Prison Health Centres
National Policy Health Information Policy Section 13.1.4 Transferring	<ul style="list-style-type: none"> • All records are to be securely covered and have the words 'Private & Confidential' written on the package and secured during transport between prisons. • Where health files are required for external health providers, it is faxed or only a copy is sent. The original copy of health file remains on site. • When transferring health files between prisons without the prisoner, prison transport is to be utilised and if unavailable the health file is to be sent by courier. • When transferring health files with the prison, custody staff responsible for the escort will manage the health file as per Prison Services Operating Manual (PSOM) C.03 Prisoner General File Management. • An entry in the prisoner's electronic clinical file is to be made documenting where the hard copy health file is being sent to, noting who has possession and, if returning, expected return date of health file.
Local Procedure	

4.10 Cold Chain Policy

TITLE	Cold Chain Policy
DESCRIPTION	Cold Chain
NUMBER 4.10	
REVIEW DATE	
PERSON RESPONSIBLE	
OBJECTIVES	To ensure Cold Chain process is maintained
Definitions	<p>Cold Chain The "Cold Chain" is a system of transporting and storing of vaccine at +2° to +8° from the place of manufacture to the point of vaccine administration.</p> <p>Cold Chain Accreditation Cold Chain Accreditation is a process that allows primary care practices to demonstrate their management of vaccine stocks in the Cold Chain, as required by the existing Cold Chain standards. This process aims to minimise the levels of wastage and ensures the provision of effective vaccines for the National Immunisation Schedule of vaccines</p> <p>Vaccine A vaccine is a biological preparation that improves immunity to a particular disease. A vaccine typically contains an agent that resembles a disease causing micro-organism, and is often made from weakened or killed forms of the microbe or its toxins. The agent stimulates the body's immune system to recognize the agent as foreign, destroy it and remember it so that the immune system can more easily recognize and destroy any of the micro-organisms that it later encounters.</p>
Objective	To ensure the maintenance of the Cold Chain process for the transfer and storage of vaccine held and to follow the appropriate action if the process is not maintained.
Aims	<ul style="list-style-type: none"> • To maintain the efficacy of all vaccines held at the Health Centre by maintaining storage in optimal conditions. • To ensure that the Cold Chain process is monitored and recorded and is the responsibility of the inner wings morning nurse. • To ensure that the staff are aware of the action to be taken should the process not be maintained.
Recording Temperature	
Temperature	

Organisation of fridge	
Fridge Maintenance	
Chilly Bin and Transporting vaccine	
Vaccine Fridge	
Troubleshooting	

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