

Custodial Operations Policy and Procedures

13.2 Medical emergencies

Policy summary

Correctional officers are responsible for calling the Justice Health & Forensic Mental Health Network (JH&FMHN) and or the NSW Ambulance Service to respond to inmates who are seriously injured or ill.

Correctional officers must provide first aid to inmates until medical personnel respond and commence treatment. Correctional officers must assist medical personnel if requested.

NSW Ambulance Service (NSWAS) and JH&FMHN personnel must be given unhindered access to correctional centres and areas when they respond to medical emergencies. NSWAS and JH&FMHN personnel must be escorted through correctional centres to ensure ease of access and to provide assistance with moving medical equipment through doors and gates.

If an inmate is seriously injured, the inmate's emergency contact person, SafeWork NSW and other government authorities may need to be notified.

Management of Public Correctional Centres Service Specifications

Service specification	Professionalism and accountability Safety and security
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Scope

This section applies to all correctional centres and other facilities administered by or on behalf of Corrective Services NSW (CSNSW).

It also applies to all CSNSW employees, and where relevant to other personnel such as, JH&FMHN, contractors, subcontractors, and visitors.

For Security & Intelligence (S&I) staff, this policy must be read in conjunction with S&I Local Operating Procedures (LOPs).

Requirements to upload data to evidence.com or share evidence from evidence.com may not apply to privately managed correctional centres who may have their own evidence management system and processes in place.

While it is not mandated that privately managed correctional centres use evidence.com, other aspects of this policy document must be complied with. If there is any conflict with process related matters described in this document, and where there is reference to specific CSNSW business units, privately managed correctional centres should seek further advice from the relevant contract management team.

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1 First aid and medical assistance

1.1 Call for urgent medical assistance

If an inmate is found unconscious or seriously injured an ambulance must be called for immediately on “Triple Zero (000)”. JH&FMHN must also be called to provide urgent medical assistance.

An accurate description of the signs and symptoms of injury or illness must be provided to the emergency call operator and JH&FMHN, e.g. the inmate is unresponsive but breathing. The cause of injury or illness should also be stated if known, e.g. the inmate was found hanging by the neck.

	Procedure	Responsibility
1.	Call or initiate a call for an ambulance to attend to an inmate who is unconscious or seriously injured.	First responding officer
2.	Call JH&FMHN to provide urgent medical assistance.	First responding officer
3.	Inform emergency call operator and JH&FMHN personnel of the signs, symptoms and cause of injury/illness.	Officer calling “000” and JH&FMHN

1.2 Providing first aid

Immediately following a call for urgent medical assistance, first aid must be provided to an inmate. If there is more than one officer present, one officer must commence first aid while the other calls for medical assistance. Officers must use the appropriate Personal Protective Equipment (PPE) and follow infection control guidelines. Refer to subsection **1.3 Hanging or strangulation** of this policy for additional procedures where an inmate is found hanging or strangled.

Officers must start Cardiopulmonary Resuscitation (CPR) if the inmate is unresponsive and not breathing normally. If an inmate does not respond to CPR, officers must continue CPR until JH&FMHN personnel or paramedics arrive and take control. This does not apply if the inmate is a patient in a hospital ward (refer to subsection **1.5 Medical emergencies in hospital wards** of this policy).

Responding JH&FMHN personnel and paramedics may request correctional officers to continue first aid including CPR or to assist them, e.g. holding drip bags or resuscitation masks. Correctional officers must assist JH&FMHN personnel and paramedics if requested.

	Procedure	Responsibility
1.	Provide first aid to the inmate and start CPR if the inmate is unresponsive and not breathing.	First responding officer
2.	Continue first aid and CPR until responding JH&FMHN personnel or paramedics take control.	First responding officer
3.	Provide assistance to JH&FMHN personnel and paramedics if requested.	Correctional officers

1.3 Hanging or strangulation

When an inmate is discovered hanging or strangled, immediate action must be taken to safely remove the ligature and place the inmate on the ground. When removing a ligature, it is important to leave the knot intact for forensic examination if possible.

CPR is unlikely to be effective if applied on mattresses or uneven surfaces. An inmate should always be moved to an area appropriate for CPR with adequate space for JH&FMHN personnel, paramedics and resuscitation equipment. Care must be taken to support the inmate's head and neck during movement.

	Procedure	Responsibility
1.	Support inmate's body weight to release pressure on the neck (if hanging or leaning).	First responding officer
2.	Remove ligature from inmate's neck with a 911 rescue tool leaving the knot intact if possible.	First responding officer
3.	Lower the inmate to the ground.	First responding officer
4.	Move the inmate to an area appropriate for CPR with adequate space for resuscitation equipment, JH&FMHN personnel and paramedics. Take care to support the inmate's head and neck during movement.	Correctional officers

1.4 Access for ambulance and JH&FMHN personnel

Gates officers, monitor room officers and any other officers controlling access points to correctional centres or areas must be informed of the expected arrival of all ambulances or JH&FMHN personnel.

Ambulances must be given immediate access to correctional centres when responding to medical emergencies when it is safe. Paramedics and JH&FMHN personnel must be given immediate access to accommodation or other areas when it is safe.

	Procedure	Responsibility
1.	Inform gate officers, monitor room officers and any other officers controlling access points of the expected arrival of ambulances or JH&FMHN personnel.	Governor or OIC
2.	Provide immediate access to the correctional centre for ambulances or JH&FMHN personnel responding to a medical emergency.	Gate officers
3.	Assign correctional officers to escort ambulances and JH&FMHN personnel through the correctional centre and to assist with moving medical equipment through doors and gates.	Governor or OIC

1.5 Medical emergencies in hospital wards

Where a medical emergency occurs with an inmate patient in a hospital ward (this includes the medical wards in Long Bay Hospital), correctional officers must immediately alert medical staff who will provide emergency medical care or treatment. Correctional officers must assist medical staff if requested.

Medical staff will also be aware of any risks associated with providing CPR or the existence and application of an *advanced care directive/not for resuscitation order* which correctional officers may not be aware of.

2 Notifications

2.1 JH&FMHN after hours nurse manager

This instruction applies where JH&FMHN personnel were not on duty at the time of an incident. If an inmate was attended to by the NSW Ambulance Service or admitted to hospital due to a medical emergency, the After Hours Nurse Manager (AHNM) must be notified as soon as practicable by telephone at:

After Hours Nurse Manager
Remote Offsite Afterhours Medical Service (ROAMS)
Justice Health & Forensic Mental Health Network
Call: **1300 076 267**

	Procedure	Responsibility
1.	Inform the AHNM as soon as practicable if JH&FMHN were not on duty and the inmate was attended to by NSW Ambulance Service or hospitalised.	Governor or OIC

2.2 Emergency contact person

An inmate's Emergency Contact Person (ECP) must be informed if an inmate is taken to hospital with life threatening injuries and it is obvious he or she will be admitted (e.g. massive head trauma, stab wounds). For non-life threatening injuries, the inmate's ECP must be notified on the day admission is confirmed.

An inmate's consent to contact the ECP should be obtained unless the inmate is incapable of giving consent.

An ECP must be further notified if an inmate inpatient's:

- medical condition deteriorates and becomes life threatening; or
- hospital stay is extended beyond the initial hospital discharge date.

	Procedure	Responsibility
1.	Notify an inmate's ECP of the inmate's unexpected admission to hospital as an inpatient or where the inmate is taken to hospital with life threatening injuries.	Governor or Officer in Charge (OIC)

	Procedure	Responsibility
2.	Notify an inmate inpatient's ECP if their medical condition deteriorates and becomes life threatening.	Governor or OIC
3.	Notify an inmate inpatient's ECP when their hospital stay is extended beyond the initial hospital discharge date.	Governor or OIC

2.3 Scheduled visitors

The visits schedule for an inmate who is admitted as an inpatient must be checked. Visitors who have a scheduled visit for the inmate must be notified that the visit is cancelled due to the inmate's temporary absence. Further details must not be disclosed unless the visitor is an ECP or Next of Kin (NOK).

	Procedure	Responsibility
1.	Ensure the visits schedule is checked following an inmate's admission to hospital as an inpatient.	Governor or OIC
2.	Notify visitors if any visit is cancelled due to the inmate's temporary absence.	Governor or OIC

2.4 SafetySuite notification e-form

Notification forms must be completed for the CSNSW insurer where injuries are sustained by any persons in correctional centres.

	Procedure	Responsibility
1.	Complete a <i>SafetySuite notification e-form (employees)</i> if injured on duty.	Employee or supervisor on their behalf
2.	Ensure a <i>SafetySuite Notification E-Form for Non-Employees</i> is completed for any injured non-employees injured at the correctional centre or inmates injured in the Governor's custody.	Governor / OIC

2.5 SafeWork NSW

SafeWork NSW must be immediately notified of the serious injury or illness of a person by telephone on **13 10 50**. Refer to *WHS Notifiable Incidents Factsheet* for further details on which incidents must be reported.

This includes incidents resulting in a person receiving medical treatment within 48 hours for contact with blood or other body substances through splash exposure, a needlestick injury or slash injury.

Following a report to SafeWork NSW, the CSNSW Senior Human Resources Advisor, Work Health and Safety & Injury Management must be notified by email at



The *Incident Notification Procedure*, NSW Department of Justice (DJ) provides detailed information at Appendix A - *Critical Incident Support Procedure*, NSW Department of Justice about the reporting processes.

	Procedure	Responsibility
1.	Notify SafeWork NSW immediately where a person has sustained a serious injury or illness at the correctional centre and note the SafeWork reference number.	Governor / OIC
2.	Notify the CSNSW Senior Human Resources Advisor, Work Health and Safety & Injury Management and provide the SafeWork reference number.	Governor / OIC

2.6 Employee Assistance Program critical incident support

The Department of Justice *Critical Incident Support Procedure* provides that critical incidents include, but are not limited to, the following incidents:

- work accident resulting in serious injury.
- assault on an employee resulting in bodily harm or obvious distress.
- needlestick injury.
- contact with blood or other body substances.
- discovery of a deceased or grievously injured person.
- administering CPR.

The Employee Assistance Program (EAP) must be contacted on the day of the incident by telephone on **1300 687 327**. The EAP service provider will arrange for an external psychologist to attend the workplace and provide psychological support as soon as possible.

Workplace Peer Support Officers both on and off duty must be informed of the incident and all staff involved. On duty Peer Support Officers must be requested to provide practical support and assistance to all staff and their families, unless they are directly involved in the incident.

Following contact with EAP and Peer Support Officers, the CSNSW Senior Human Resources Advisor, Work Health and Safety & Injury Management must be notified by email at [REDACTED]

The DCJ WHS *Critical Incident Support Procedure* provides detailed information at Appendix B – *Critical Incident Support Flowchart* about the critical incident support processes.

	Procedure	Responsibility
1.	Notify the EAP service provider as soon as possible and coordinate attendance of psychologist.	Governor or OIC
2.	Inform Peer Support Officers.	Governor or OIC
3.	Notify the CSNSW Senior Human Resources Advisor, Work Health and Safety & Injury Management.	Governor or OIC

	Procedure	Responsibility
4.	Comply with DCJ WHS <i>Critical Incident Support Procedure</i> .	Governor or OIC

2.7 Support service provision for inmates

Where an inmate was exposed to a medical emergency (e.g. a cellmate), arrangements must be made for the inmate to be offered support service provision by a psychologist, another appropriate OS&P staff member, or JH&FMHN. The case manager must also be notified. A referral must be recorded.

	Procedure	Responsibility
1.	Ensure an inmate who was exposed to a medical emergency is referred to a psychologist, another appropriate OS&P staff member, or JH&FMHN.	Governor or OIC
2.	Ensure the case manager is notified.	Governor or OIC
3.	Ensure the referral is recorded in a case note unless it is made through opening the appropriate OIMS referral line.	Governor or OIC

2.8 Foreign embassies and consulates

This applies only to inmates who are foreign nationals and who have expressly given CSNSW consent for their embassy or consulate to be notified of their arrest/detention. Reception records must be checked to establish if the inmate has given this consent on reception into custody. If the inmate did not consent, then the inmate's embassy or consulate must not be notified.

If an inmate who is a foreign national is seriously injured or hospitalised and is incapacitated, and the inmate's NOK cannot be contacted, the inmate's embassy or consulate must be notified as soon as possible. If the appointment of a guardian or trustee is required for the inmate, the embassy or consulate must be informed as soon as possible.

A list of embassies and consulates is available on their [website](#).

Further enquiries can be directed to:

Protocol Branch
 Department of Foreign Affairs and Trade
 RG Casey Building
 Canberra ACT 2600
 Office hours: **(02) 6261 1111** (ask for Protocol Branch)
 After hours emergencies only: **0418 167 127**
 Email: protocol.branch@dfat.gov.au

	Procedure	Responsibility
1.	Determine if the inmate consented to notifying his or her embassy or consulate of their detention.	Governor or OIC

	Procedure	Responsibility
2.	Notify the inmate's embassy or consulate that the inmate is seriously injured or hospitalised, if the inmate has consented to notification and the NOK cannot be contacted.	Governor or OIC
3.	Inform the inmate's embassy or consulate if the inmate requires the appointment of a guardian or trustee as soon as possible.	Governor or OIC

2.9 Australian Border Force

This part only applies to inmates who are detained in CSNSW custody pursuant to an order issued under the *Migration Act 1958* (Cth).

If an inmate who is an immigration detainee is admitted to hospital as an inpatient due to a medical emergency, the Australian Border Force (ABF) must be notified as soon as possible by telephone and email at:

Command Centre
Regional Command NSW
Australian Border Force
24 hours: **(02) 8339 6693**
Email: 
RCNSWCC@border.gov.au

	Procedure	Responsibility
1.	Notify the ABF of an immigration detainee who is admitted to hospital as an inpatient due to a medical emergency.	Governor or OIC

2.10 Federal Offenders Unit

If an inmate who is a federal offender is admitted to hospital as an inpatient due to a medical emergency, the Australian Attorney-General's Department must be notified at:

Principal Legal Officer
Federal Offenders Unit
Attorney-General's Department
4 National Circuit
Barton ACT 2600
Call: **(02) 6141 2867**
Email: 

	Procedure	Responsibility
1.	Notify the Federal Offenders Unit of a federal offender who is admitted to hospital as an inpatient due to a medical emergency.	Governor or OIC

3 Post incident

3.1 Incident/witness reports

An *Incident/Witness report* must be submitted to the Governor or OIC by all staff who:

- Responded to the incident
- Witness an incident or event possibly related to the medical emergency (e.g. inmate complained of feeling unwell the previous day); or
- Were significantly involved in the management of the incident

An *Incident/witness report* must contain a detailed account of the officer's involvement including any actions taken, decision made or directions given. The report must be submitted as soon as possible and before ceasing duty.

Officers must write their reports from their own recollection of events and independently from each other. Reporting officers should have adequate facilities to meet this requirement (e.g. access to computers in separate areas). Officers must not view video footage (CCTV, handheld video and body worn video) if a person has sustained life-threatening or fatal injuries. For more information about viewing footage to assist to write a report refer to **COPP section 13.9 Video evidence**.

3.2 After action review

A Governor has discretion whether to convene an after action review following a medical emergency. The Governor should consider whether there will be an operational benefit if an after action review is conducted.

An after action review (formerly known as an operational debriefing) must be convened and chaired by the Governor or OIC for all staff involved in the incident. A review should not occur until after officers have submitted their reports and are no longer required by police or CSNSW investigators to assist with enquiries (if applicable).

A review must follow the order in which events occurred and remain specific to operational matters. A review should be conducted with as little formality as possible so all ranks feel free to participate.

An after action review provides all employees who were directly or indirectly involved in the incident with the opportunity to:

- discuss and evaluate the incident response (e.g. timeliness, effectiveness)
- identify good practices and responses
- identify deficiencies and lessons learned
- make recommendations to improve the response and management of any future incidents.

A review provides the Governor or OIC with an opportunity to identify the root causes of any failures so that LOPs and correctional centre practices can be improved. The Governor may refer any systemic issues identified to the relevant Director, Custodial Operations.

3.3 Evidence.com

All reports and documents including video footage relating to a serious medical emergency that may be required to be shared with internal or external stakeholders must be uploaded and shared via evidence.com.

4 Quick links

- [Related COPP](#)
- [Forms and annexures](#)
- [Related documents](#)

5 Definitions

ABF	Australian Border Force
AHNM	After Hours Nurse Manager
CPR	Cardiopulmonary resuscitation.
CIG	Corrections Intelligence Group.
COPP	Custodial Operations Policy and Procedures.
Correctional centre	Any place of detention including a correctional centre, correctional complex, police or court cell complex or residential facility where inmates are in Corrective Service NSW custody.
Critical incident	An incident that has the potential to provoke a strong emotional response, at the time, or soon after the incident.
CSNSW	Corrective Services NSW.
Dangerous incident	<p>Section 36 of the <i>Work Health and Safety Act 2011</i> (NSW) defines a dangerous incident as an incident in relation to a workplace that exposes a worker or any other person to a serious risk to a person's health or safety emanating from an immediate or imminent exposure to:</p> <ul style="list-style-type: none">(a) an uncontrolled escape, spillage or leakage of a substance, or(b) an uncontrolled implosion, explosion or fire, or(c) an uncontrolled escape of gas or steam, or(d) an uncontrolled escape of a pressurised substance, or(e) electric shock, or(f) the fall or release from a height of any plant, substance or thing, or(g) the collapse, overturning, failure or malfunction of, or damage to, any plant that is required to be authorised for use in accordance with the regulations, or(h) the collapse or partial collapse of a structure, or(i) the collapse or failure of an excavation or of any shoring supporting an excavation, or

	<p>(j) the inrush of water, mud or gas in workings, in an underground excavation or tunnel, or</p> <p>(k) the interruption of the main system of ventilation in an underground excavation or tunnel, or</p> <p>(l) any other event prescribed by the regulations, but does not include an incident of a prescribed kind.</p>
DJ	Department of Justice.
EAP	Employee Assistance Program.
ECP	<p>An inmate's nominated contact person in case of a medical emergency, such as, but not limited to spouse, de facto partner, a parent, adult child, sibling, or trusted person. ECP can be the same person as the nominated NOK.</p> <p>The ECP is contacted if an inmate is taken to hospital with life threatening injuries and it is obvious he or she will be admitted. For non-life threatening injuries, the inmate's ECP is contacted on the day admission to hospital is confirmed.</p> <p>An inmate's consent to contact the ECP will be obtained unless the inmate is incapable of giving consent.</p> <p>The ECP will also be contacted if an inmate is an inpatient and:</p> <ul style="list-style-type: none"> - Their medical condition deteriorates and becomes life threatening; or - Their hospital stay is extended beyond the expected hospital discharge date. <p>The ECP is not contacted in the case of death, unless they are also the nominated NOK.</p>
First responding officer	A correctional officer who discovers a serious incident. There may be more than one first responding officer at any given incident and a first responding officer's duties may be shared.
Hospital ward	Any ward of a public or private hospital where an inmate is receiving medical treatment as a patient, including the medical wards at Long Bay Hospital.
JH&FMHN	Justice Health and Forensic Mental Health Network.
Ligature	Any device tied around the neck to prevent respiration and circulation thereby causing unconsciousness and death, e.g. torn bedding, electrical or coaxial cables, clothing, etc.
Inpatient	A person who is formally admitted to hospital. This generally involves one or more overnight stays and admission to a ward.
IRM	Incident Reporting Module.
LOPs	Local Operating Procedures
Medical emergency	A serious injury or illness or medical condition which poses an immediate threat to a person's life or long term health and requires emergency medical treatment.
NOK	An inmate's nominated contact person in the case of death, or deemed life threatening by Health staff, such as, but not limited to

	<p>spouse, de facto partner, a parent, adult child, sibling, or trusted person.</p> <p>The NOK is contacted in the case of death and this is done by Police. The NOK will not be contacted upon admission to Hospital for a non-life threatening situation.</p>
Notifiable incident	<p>Section 35 of the <i>Work Health and Safety Act 2011</i> (NSW) defines a “notifiable incident” as:</p> <ul style="list-style-type: none"> (a) the death of a person, or (b) a serious injury or illness of a person, or <p>a dangerous incident.</p>
NSWAS	NSW Ambulance Service
OIC	Officer in charge: the on-duty ranking correctional officer who is in charge of the correctional centre in the absence of the Governor, e.g. manager of security or night senior.
OIMS	Offender Integrated Management System.
OS&P	Offender Services and Programs
Outpatient	A person who receives treatment at a hospital (e.g. outpatient clinics or emergency department) but is not formally admitted.
PPE	Personal protective equipment, e.g. latex gloves, resuscitation mask.
S&I	Security and Intelligence, a branch of CSNSW
Serious injury or illness	<p>Section 36 of the <i>Work Health and Safety Act 2011</i> (NSW) defines a “serious injury or illness of a person” as an injury or illness requiring the person to have:</p> <ul style="list-style-type: none"> (a) immediate treatment as an in-patient in a hospital, or (b) immediate treatment for: <ul style="list-style-type: none"> (i) the amputation of any part of his or her body, or (ii) a serious head injury, or (iii) a serious eye injury, or (iv) a serious burn, or (v) the separation of his or her skin from an underlying tissue (such as degloving or scalping), or (vi) a spinal injury, or (vii) the loss of a bodily function, or (viii) serious lacerations, or (c) medical treatment within 48 hours of exposure to a substance. <p>and includes any other injury or illness prescribed by the regulations but does not include an illness or injury of a prescribed kind.</p>
Substance	Section 4 of the <i>Work Health and Safety Act 2011</i> (NSW) defines a “substance” as:

	any natural or artificial substance, whether in the form of a solid, liquid, gas or vapour.
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Document information

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Version	Date	Reason for amendment
1.0		Initial publication (<i>Replaces section 8.14 of the superseded Operations Procedures Manual</i>).
1.1	02/07/19	Inclusion of section [3.1] Incident/witness reports. [3.1] includes reference to COPP section 13.9 Video evidence regarding officers' ability to view video footage.
1.2	12/03/20	General formatting update and improvements
1.3	08/07/22	Expanded ECP and NOK definitions
1.4	09/11/22	Inclusion of mention to <i>WHS Notifiable Incidents Factsheet</i> document to section 2.5 <i>SafeWork NSW</i> regarding further clarification of incidents that must be reported.
1.5	23/03/23	Addition of subsection 3.3 – inclusion of all reports, documents and media on evidence.com
