

The following protocol applies when correctional officers are on escort duty at any clinic or hospital.

1.0 General

- 1.1 When a custodial patient is admitted to the hospital as an inpatient under escort, the escorting officer will ensure that a copy of this protocol is given to the Nursing Unit Manager (NUM) or Nurse-in-Charge.
- 1.2 A copy of this protocol is to be kept in the custodial patient's records for the attention of the treating clinical staff. On arrival at the hospital the Officer in Charge (OIC) Escort will provide relevant health information and any other relevant security information concerning the custodial patient to the triage nurse (in the case of an emergency department arrival) or the Nurse in Charge in other facilities. Refer to Appendix A of the Memorandum of Understanding (MOU) between NSW Health and CSNSW.
- 1.3 The Officer in Charge (OIC) Escort and NSW Health representative must collaborate to determine a joint safety management plan to be kept on the custodial patient's medical record with a copy provided to the OIC Escort, Corrective Services NSW (CSNSW). Refer to section 4.0 below for further information

2.0 Use of restraints

- 2.1 Custodial patients may be handcuffed and ankle cuffed in accordance the CSNSW hospital escort order and the instructions of the Governor/OIC/GM or Authorised officer, or as their designation requires.
- 2.2 Custodial patients who are not required to be restrained, in accordance with the CSNSW hospital escort order, may however be restrained if a security risk is identified or where a genuine safety concern exists. While the decision to apply a restraint remains with CSNSW, NSW Health staff may request that a restraint is used.
- 2.3 Restraints may be used in other cases where the custodial patient's behaviour warrants it, further charges are laid, or where intelligence justifies the use of handcuffs, or where there are no other suitable means available to mitigate the risk of escape or injury to any person or self-injury to the custodial patient.
- 2.4 Handcuffs and ankle cuffs should not be applied or may be removed if:
 - A custodial patient has an injury and handcuffs or ankle cuffs would cause further injury, or they cannot be secured due to the injury
 - A medical officer specifically advises against their use for medical reasons (e.g. MRI scan) or
 - The custodial patient's general medical condition renders handcuffing inappropriate (e.g. aged and frail custodial patients who rely on walking aids).

Removal of restraints must be authorised by the Governor or Authorised officer unless in emergency or life-threatening circumstances.

- 2.5 In circumstances set out above, where handcuffs or ankle cuffs are not applied, but a custodial patient is a risk of harm to others, poses a security risk, has behavioural issues or is an escape risk, the OIC Escort must advise the NUM or Nurse-in-Charge of the risk prior to removal of restraints. In these instances, OIC Escort remains responsible for ensuring the guarding arrangements of the custodial patient are appropriate to manage the risk.
- 2.6 Flexicuffs may be temporarily applied to a custodial patient in specific circumstances in lieu of handcuffs or ankle cuffs.
- 2.7 Custodial patients may be handcuffed and/or ankle cuffed to the **base** of a hospital bed for medical or security reasons. Handcuffs or ankle cuffs must not be attached to sections of the bed, such as a side-rail, that may be removable.
- 2.8 Officers must maintain direct line of sight supervision of a custodial patient who is handcuffed and/or ankle cuffed to a bed. Officers **must not** leave the immediate area, unless in accordance with 4.15 of this Protocol.

3.0 Smoking or vaping on hospital grounds

- 3.1 Smoking or the use of e-cigarettes is not permitted in hospitals or other clinics.
- 3.2 NSW Health policy prohibits smoking and vaping at hospitals and other clinics. This prohibition extends to the surrounding areas controlled or owned by the hospital and includes carparks and open spaces (i.e. the entire hospital campus).
- 3.3 Escorting correctional officers and custodial patients must not smoke or vape while in or on the grounds of a hospital or clinic. For security reasons, even if a clinic does provide a smoking area or there are process to allow other patients to smoke, smoking is prohibited by correctional officers and custodial patients for the duration of the escort.

4.0 Custodial patient security

- 4.1 On admission to a hospital the OIC Escort will make themselves known to the triage nurse and the NUM or Nurse-in-Charge when safe to do so.
- 4.2 The OIC and health representative will collaborate to produce a joint safety management plan to manage the risks arising from the presence of the custodial patient. The purpose is to ensure that the safety of workers of both agencies is maintained.
- 4.3 The joint safety management plan must identify risks/hazards and safety actions to respond. The joint safety management plan must be reviewed if circumstances affecting security change. The NUM or Nurse-in-Charge must provide the OIC Escort of any medical advice which will assist in secure management of the custodial patient. The joint safety management plan should be placed on the custodial patient's medical file and information made available by the NUM or Nurse-in-Charge to all relevant health staff.

A copy is to be provided to the OIC escort.

Close on-going liaison and co-operation must be maintained between the OIC Escort and NUM or Nurse-in-Charge.
- 4.4 The OIC Escort may consult the NUM or Nurse-in-Charge and request information relevant to CSNSW's risk assessment, and information may be provided in accordance with applicable policy and law
- 4.5 The NUM or Nurse-in-Charge or other medical professional may at any time provide information relevant to CSNSW's risk assessment in accordance with applicable policy and law
- 4.6 Any change in security arrangements must be authorised by the Governor/OIC, GM or Authorised Officer, unless emergency or life-threatening circumstances require immediate action, in which case the Governor/OIC or Authorised Officer will be notified as soon as practicable following the event when security can be safely maintained.
- 4.7 Where a custodial patient is receiving end-of-life care or circumstances change during a medical escort (for example where the custodial patient's condition deteriorates or they become severely incapacitated), the NUM or Nurse-in-Charge will inform the OIC Escort, who may review security arrangements, including a review of restraint requirements. Any change in security arrangements must be authorised by the Governor/OIC, GM or Authorised Officer. The OIC Escort must also be provided advice relevant to security arrangements when the condition of the custodial patient improves (e.g. when the custodial patient becomes ambulant) to ensure a review of security arrangements can be undertaken.
- 4.8 At end-of-life (including when organ/tissue donation occurs), escorting officers are generally required to provide supervision until the custodial patient has died and custody of the body has been transferred to the Police and Coroner.
- 4.9 During an organ/tissue donation procedure, the escorting officer may not be required to be in the immediate vicinity of the custodial patient, if satisfied there is adequate supervision of the

custodial patient, and the security of the hospital is not jeopardised. Escorting officer must leave the room if requested by a health professional during a custodial patient's organ/tissue donation procedure.

- 4.10 While exercising their primary security and supervision responsibility, escorting officers must have due regard to dignity, self-respect and privacy during the course of any medical consultation, examination and treatment.
- 4.11 The OIC escort may permit a custodial patient (who requires direct supervision) to be consulted, examined and/or treated outside the officers' view if satisfied that the supervision of the custodial patient and the security of the hospital or place of treatment will not be jeopardised. In these circumstances, the escorting officer must remain outside the door or in close proximity to the place of treatment at all times. Consideration should be given in circumstances when a patient is:
 - In intensive care
 - In the birthing suite
 - Visiting their newborn child in a neo-natal or in a special care nursery
 - Under any obstetric or gynaecological examination, or
 - Participating in drug and alcohol counselling.
- 4.12 Custodial patients may use toilets in private if escorting officers are satisfied that security and supervision of the custodial patient will not be jeopardised.
- 4.13 Escorting officers must remain outside the door of the custodial patient's room when:
 - The custodial patient has an infectious condition or is highly susceptible to infection
 - The custodial patient is receiving radiotherapy, or
 - The custodial patient is unconscious in the operating suite.
 - Requested to do so by any NSW health treating staff during the custodial patient's consultation, examination and/or treatment, provided security demands continue to be met
- 4.14 The NUM or Nurse-in-Charge must be informed when the number of officers is reduced or increased, or when there is any other change in security arrangements as a result of an ongoing risk assessment by CSNSW. The OIC Escort must, when it is safe to do so, collaborate with the NUM or Nurse-in-Charge to update the joint safety management plan, if necessary.
- 4.15 In NO way are health staff or hospital security staff responsible for guard duties.
- 4.16 Escorting officers must remain awake, **alert and vigilant at all times. SLEEPING IS NOT ALLOWED ON DUTY.**
- 4.17 **When two officers are on duty**, meals taken by escorting officers may be eaten in the custodial patient's room or in the meal room, one officer at a time. The second officer must maintain supervision of the custodial patient.
- 4.18 **When one officer is on duty**, meals taken by the escorting officer are to be eaten in the inmate patient's room. Should the officer need to leave the inmate temporarily unsupervised to collect food from the hospital amenities, or use the toilet, the officer must inform the NUM or Nurse-in-Charge that the custodial patient will be left unguarded for a period of time. This in no way means that the hospital is responsible for guarding duties, and CSNSW remain responsible for security of the inmate. Inmates classified C1 and C2 must be handcuffed to the **base** of the hospital bed during the officer's period of absence when using the amenities. An officer's period of absence from the inmate to use the hospital amenities must not exceed 20 minutes.

5.0 Display of arms

- 5.1 While it may be necessary for some escorting officers to be armed, the open display of firearms in a hospital can be disturbing to other patients, visitors, and staff and represent a safety risk. Firearms should be enclosed in holster and should be concealed if possible.
- 5.2 When not in use, handcuffs are to be placed in the handcuff pouch affixed to the uniform belt.

6.0 Healthcare

- 6.1 Escorting officers will have the name and contact details of the custodial patient's Emergency Contact Person (ECP) and Next of Kin (NOK).
- 6.2 This information may be provided to the NUM or Nurse-in-Charge for the purpose of providing a clinical update, but nursing staff are NOT to contact the ECP without informing escorting officers of their intention to do so.
- 6.3 Health staff should be aware that any visits to a custodial patient must be approved by CSNSW. If family or friends communicate with health staff that they would like to visit, they must be referred to CSNSW to request approval.
- 6.4 CSNSW staff are required to notify the custodial patient's Next of Kin (NOK) if the custodial patient's condition becomes life threatening. Health staff must notify CSNSW when the custodial patient's condition becomes life threatening.
- 6.5 Escorting officers are not to participate in, comment upon, nor advise the custodial patient or any health professional on patient care or ward management.
- 6.6 Personal matters pertaining to the custodial patient's medical circumstances are to be treated with strict confidentiality by escorting officers.
- 6.7 Noise must be reduced to a minimum. Playing sound or music with any device (e.g. MP3 players, mobile phones or transistor radios) is not permitted in the vicinity of the custodial patient. Bright lights must not be shone directly on the custodial patient's face by escorting officers. The lighting in the custodial patient's room must not be altered by escorting officers.
- 6.8 It is often necessary to regulate the room temperature because of the custodial patient's condition. Escorting officers are to provide suitable warm clothing for themselves and are not permitted to use custodial patient's blankets for additional warmth.
- 6.9 The NUM or Nurse in Charge should notify the OIC Escort as soon as possible when it is known that the custodial patient will be discharged to enable CSNSW to make arrangements for transport at the earliest convenience. If the discharge summary or follow-up appointments are not available when transport for the custodial patient is available at the hospital, the NUM / Nurse in Charge will contact the Justice Health and Forensic Mental Health Network (the Network) and electronically forward discharge documents and follow-up appointments as soon as practicable. CSNSW are unable to delay transport for the preparation of the discharge summary or follow-up appointments.
- 6.10 Escorting officers are to take all possible steps to preserve the dignity of the custodial patient.

7.0 Custodial patient amenities

- 7.1 The custodial patient may be permitted visits from friends and relatives, with a limit of two (2) persons at any given time. There may be instances where the hospital does not allow any visits e.g. during COVID.
- 7.2 Visits from legal, welfare and religious officers are permitted to the custodial patient once the escorting officers have verified their identification and the bona fide of the visitors. All visitors must have received prior approval by the Governor/OIC/GM of the correctional centre/facility that has custody of the inmate.

Note: Custodial patients being escorted by the Court Escort Security Unit (CESU) or the Extreme High Security Escort Unit (EHSEU) may only receive visits from friends, relatives, legal, welfare and religious officers following consultation and endorsement by the Governor/OIC of the correctional centre and the General Manager, SOG. If any visitor or other person:

- Forces entry to the hospital room
- Compromises the security of the escort, and/or
- Refuses to leave the hospital room

escort officers must contact hospital security. Police should be contacted if the hospital security is unable to remove the visitor.

- 7.3 A custodial patient may be permitted to make telephone calls while in hospital at the discretion of the Governor, General Manager or OIC, and subject to CSNSW Policy.
- 7.4 If necessary, the Governor or Authorised officer may instruct that phone calls should be conducted on speaker phone to enable monitoring. This may not be appropriate for end-of-life compassionate phone calls.
- 7.5 When required, following a risk assessment conducted by the Governor/ General Manager/ OIC or Authorised officer, the OIC escort may request that the NUM or Nurse-in-Charge remove or block all internal and external calls to the custodial patient's bedside phone.
- 7.6 Visitors are permitted to arrange television hire for the custodial patient. The visitor must sign the contract and pay the hire fee. The custodial patient may only access 'standard' free-to-air TV, and not any 'deluxe' package offering internet access.
- 7.7 Money, property, food and confectionery intended for the custodial patient will not be accepted from visitors. Visitors may bring personal belongings such as handbags or other items in pockets but must not produce any items or use their mobile phones while visiting the custodial patient under any circumstance.

8.0 Escorting officer identification

- 8.1 On initial arrival at the hospital or clinic the OIC Escort must identify themselves to the NUM or Nurse in Charge.
- 8.2 The OIC Escort ceasing duty must identify escorting officers coming on duty to the NUM or Nurse in Charge.
- 8.3 The NUM or Nurse in Charge must identify to the incoming OIC escort the health staff directly responsible for the custodial patient's care.
- 8.4 Where hospital identification cards are issued, escorting officers should ensure they are always visible in accordance with hospital policy for staff and visitors. In addition, escorting officers must wear departmental name badges.
- 8.5 Escorting officers must inform the NUM of the name and telephone number of the escorting officers' supervisor, in case of an emergency, e.g. an officer becoming ill or an infringement of protocol. This should occur during initial information sharing and the development of the joint safety plan (see 1.3).
- 8.6 The NUM or Nurse-in-Charge is responsible to alert Hospital Security of the arrival of a custodial patient at the ward. CSNSW will not provide advanced notice of arrival to the NUM or Nurse-in-Charge.
- 8.7 When a patient is admitted under escort it will be the responsibility of the NUM or Nurse-in-Charge in the ward where the custodial patient is an inpatient, to liaise with the hospital security department. The Security Officer may visit the ward and arrange for the escorting officers to be issued with a temporary identification badge.
- 8.8 Following discharge of the custodial patient under escort, escorting officers will return temporary identification to the NUM/Nurse in charge. It will be the responsibility of the NUM or Nurse-in-Charge to return the temporary identification badge to the security department.

9.0 Breach of protocol

- 9.1 Complaints by staff concerning a breach of this protocol can be made to the NUM or Nurse in Charge and/or Medical Officer. Custodial patients can also complain to the patient advocate if one is available at the hospital.

10.0 Protocol Conflict

- 10.1 Where a conflict or inconsistency exists between the custodial patient's medical needs and their security needs, the custodial patient's medical needs shall be given paramount consideration.
- 10.2 If a conflict needs to be escalated, managers of involved staff must be consulted.