

24 June 2019

C108570

Misha

fyi-request-10383-ec50fab8@requests.fyi.org.nz

Dear Misha

Thank you for your email of 25 May 2019, requesting specific sections of the Health Services Manual. Your request has been considered under the Official Information Act 1982 (OIA).

Corrections has a statutory obligation under the Corrections Act 2004 to provide a primary health service to prisoners reasonably equivalent to that found in the community. This service is provided within prison health centres by registered medical staff. Every prisoner has their health needs assessed when they arrive, and ongoing care and treatment is given if required.

The Ministry of Health (or ACC) is responsible for funding and administering secondary health and tertiary health care services for prisoners. Secondary and tertiary health care refers to specialist and hospital services. Prisoners are referred to secondary or tertiary health care services on the same basis as any person in the community.

You requested:

1. *Medicines Management Policy*
2. *Health Care Pathway 2019*
3. *Treatment plan flow chart*
4. *Complaint policy and procedures*
5. *Health information policy and procedure*
6. *IDCCR Act*
7. *Informed Consent*
8. *Management of HS Official Correspondence Policies and Procedures*
9. *Your Health in Prison pamphlet*
10. *Nursing Council of New Zealand Guideline: delegation of care by a registered nurse to a health care assistant*
11. *Clinical Governance Framework 2018*
12. *Continuous Quality Improvement Policy*
13. *Health Centre and manager legal responsibilities*
14. *HDU Framework*
15. *HSIR Incident Reporting Policy*
16. *Appendix B - Mandatory Red Codes*
17. *Risk Management Guidelines*
18. *Standing Orders Practice Manual — April 2018*
19. *Implementation Standing Orders Policy Check List for Health Centre Manager — April 2018*

Please find the requested information enclosed.

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.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Jo Field', written in a cursive style.

Jo Field
Deputy Chief Executive
Service Development

Medicines Management Policy

Corrections Health Services

DOCUMENT CONTROL

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Released under the Official Information Act 1982

1. Introduction

1.1 Medicines management in Corrections Health Services refers to the system for treating patients with medicines for therapeutic, diagnostic or preventative purposes. Medicines management includes transporting, storing, prescribing, dispensing, administering, reviewing, documenting, and disposing of medicines.

1.2 The Department of Corrections (the Department), is committed to the safe and legal management of medicines in Corrections Health Services. The Department will provide an environment where:

- patients receive health care of a standard that is reasonably equivalent to what is available to the general public in New Zealand
- the systems for managing medicines meet legal and best practice standards
- staff employed in Corrections Health Services are supported to comply with legal and professional standards
- there is a commitment to risk management and quality improvement.

2. Purpose

2.1 This policy sets standards for the safe and legal management of medicines in Corrections Health Services.

3. Scope

3.1 The policy applies to all Corrections Health Services and custodial staff, including regulated health practitioners and non-regulated staff. It covers full and part time employees, contractors, on call staff and trainees.

3.2 The policy sets standards that are generic and that apply across the range of physical environments and patient populations in the Corrections health care setting.

4. General principles

4.1 In Corrections Health Services the Health Centre Manager (HCM) has delegated responsibility for ensuring the legislative, professional and departmental requirements are in place for compliant management of medicines at each site.

4.2 Corrections Health Services will provide care that complies with the [Health and Disability Commissioner Code of Rights for Health and Disability Consumers](#) and the [Corrections Health Services Informed Consent Policy](#).

4.3 Corrections Health Services staff will be supported by a system of protocols, education and quality improvement processes to guide professional practice and safe and legal medicines management.

- 4.4 Corrections Health Services medical and nursing staff will undertake only those tasks or duties that are within their regulated scope of practice.

5. Definitions

Administer

Provide a medicine to a human being, either—

- (a) orally or by injection or by introduction into the body in any other way; or
- (b) by external application, whether by direct contact with the body or not.

Every reference in this policy to administering a medicine is a reference to administering the medicine either in its existing state or after it has been dissolved or dispersed in, or diluted or mixed with, some substance in which it is to be administered.¹

Approved health care assistant

An unregulated support worker. Health care assistants always work under the direction and supervision of a regulated health practitioner. An approved health care assistant:

- (a) has successfully completed the NZQA Level 3 Certificate in Health and Wellbeing
- (b) has met the required competencies and is approved to administer medicines by the HCM.

Authorised opioid substitution prescriber

A medical practitioner, nurse practitioner or designated prescriber nurse who is authorised in accordance with the [Misuse of Drugs Act 1975](#) to prescribe controlled drugs for the purpose of treating addiction. An approved opioid substitution prescriber may be:

- a medical practitioner who is a specialist in treating addiction and is employed in a service specialising in the treatment of addiction; or
- a general practitioner who is authorised by a community alcohol and drug service to prescribe controlled drugs for the treatment of addiction under the specifications of Section 24A of the Misuse of Drugs Act 1975
- A nurse practitioner who is authorised by a community alcohol and drug service to prescribe controlled drugs for the treatment of addiction under the specifications of Section 24A of the Misuse of Drugs Act 1975²
- A designated prescriber nurse who is authorised by a community alcohol and drug service to prescribe controlled drugs for the treatment of addiction under the specifications of Section 24A of the Misuse of Drugs Act 1975.³

¹ Medicines Act 1981, s 2(1)

² Nurse Practitioners are made subject to S24A Misuse of Drugs Act from 31 January 2018

³ Designated prescriber nurses are made subject to S24A Misuse of Drugs Act from 31 January 2018

Authorised prescriber

A regulated health practitioner who is authorised under the [Medicines Act 1981](#) and applicable regulations to prescribe medicines. In this policy any reference to the titles *authorised prescriber* and *prescriber* are used interchangeably to mean:

- a dentist; or
- a designated prescriber⁴; or
- a medical practitioner; or
- a nurse practitioner; or
- an optometrist.

Authorised vaccinator

A registered nurse who is authorised under Section 44A of the [Medicines Regulations 1984](#) to administer vaccinations from the [National Immunisation Schedule](#) or in an approved local immunisation programme, without a prescription or a standing order.

Community Alcohol and Drug Service (CADS)

Services in the community providing comprehensive alcohol and drug assessment, treatment planning and advice.

Container

Any bottle, jar, tube, tub, box, packet, blister pack, or other receptacle that contains a medicine or medical device.

Controlled drug

Any substance included in any part of the First, Second, or Third Schedule to the Misuse of Drugs Act 1975.

Corrections Health Centre

A designated Health Centre located in a prison environment.

Corrections Health Services

Health and disability services and primary health care provided in Corrections facilities by Corrections Health Services staff.

Corrections Health Services staff (also referred to as health staff)

The contracted medical practitioners, dentists and allied health staff; and the registered and enrolled nurses, health care assistants and administration officers employed by the Department to provide health services to offenders.

⁴ Authorised under regulations to prescribe from a specified list of medicines. Education and supervision requirements are specified by a Responsible Authority e.g. Nursing Council of New Zealand or the Pharmacy Council.

Dentist

A health practitioner who is, or is deemed to be, registered with the Dental Council of New Zealand as a practitioner of the profession of dentistry.

Diversion

The use or concealment of a medicine for a purpose other than the reason it was prescribed, administered or supplied. In the prison environment diversion includes selling or trading medicines and stock piling medicines for misuse.

Electronic health record

The record of health interventions and care provided for each patient. In Corrections Health Services the electronic health record is supplied and administered through the MedTech system.

Enrolled nurse

A health practitioner, who is registered with the Nursing Council of New Zealand, as a practitioner of the profession of nursing and whose scope of practice names them as an enrolled nurse. Enrolled nurses work under the direction of registered nurses to undertake delegated health care activities.

General practice

Teams of medical and nurse practitioners, nurses and allied health practitioners funded through DHBs to provide primary health care in the community. General practice provides a range of preventative and general health care services for New Zealanders across the lifespan.

Health Care Assistant

An unregulated support worker, who may or may not have undertaken formal training. Health Care Assistants always work under the direction and supervision of a regulated health practitioner.

Integrated Offender Management System (IOMS)

The on-line system used by the Department of Corrections to record and manage information about offenders.

Interim Methadone Prescribing

The approved dosing and prescribing schedule described in the [Ministry of Health Interim Prescribing Guidelines 2007](#) for patients on a waiting list for an opioid substitution treatment programme. Interim methadone prescribing is not an opioid substitution programme.

Issuer in relation to a standing order

The issuer of a standing order must be one of the following:

- (a) an individual practitioner⁵ in practice in the health centre
- (b) a nurse practitioner (whether in individual practice or not)
- (c) an optometrist (whether in individual practice or not).⁶

Label

Any written, pictorial or descriptive information marked on or affixed to a container of medicine⁷.

Medical officer

A medical practitioner registered with the Medical Council of New Zealand appointed or engaged as a medical officer under section 20 of the Corrections Act 2004.

Medical practitioner

A medical practitioner registered with the Medical Council of New Zealand under the Health Practitioners Competence Assurance Act 2003.

Medication administration record (usually known as the signing sheet)

The form approved for use in all Corrections Health Services facilities to record the administration of medicines including over the counter medicines and medicines administered on a verbal or standing order.

Medication chart

The approved Corrections Health Services chart used to prescribe directions (including verbal or remote prescriptions) for the supply and administration of medicine for each individual patient.

Medicine

Any substance, preparation, mixture, or article used for therapeutic and/or diagnostic purposes. Medicines are classified under regulations and listed in Schedules to the [Medicines Regulations 1984](#) as:

Prescription – may be supplied or administered only on the instructions of an authorised prescriber.

Other medicines which are often referred to as over the counter (OTC) can be obtained without a prescription but they are categorised under the [Medicines Act 1981](#) to restrict sale or supply as follows:

Restricted Medicines (often known as Pharmacist only) – May be purchased from a pharmacist without a doctor's prescription. They are not available for self-selection from the pharmacy shelves, and the sale must be made by a pharmacist. An authorised prescriber can prescribe

⁵ A practitioner is defined in the Medicines Act 1981 as a medical practitioner or dentist.

⁶ Medicines (Standing Order) Regulations 2002.

⁷ Medicines Act 1981, s 2.

pharmacist only medicines and they may also be administered or supplied under a standing order.

Pharmacy only medicines – (also referred to as pharmacy medicine and sometimes as over the counter medicines OTC) may only be sold in a community or hospital pharmacy, or a shop in an isolated area that is licensed to sell that particular medicine, without a prescription. The sale may be made by any salesperson who is under the supervision of a pharmacist. An authorised prescriber can prescribe pharmacy only medicines and they may also be administered or supplied under a standing order.

General Sales Medicines are OTC medicines that are not restricted or classified in any regulatory schedule. They can be lawfully sold in any retail outlet without a prescription.

See more information about classes of medicines in the [Ministry of Health Prescribing Statement](#) or search the classification of any medicines at the [Medsafe Database of Medicine Classifications](#).

Nurse

Where the term nurse is used in this policy it means a registered nurse or an enrolled nurse.

Nurse practitioner

A health practitioner who is or is deemed to be, registered with the Nursing Council as a practitioner of the profession of nursing; and for whom the Nursing Council has authorised a scope of practice that includes prescribing medicines.

Opioid Substitution Treatment (OST) Programme

A treatment programme which employs prescribers who are authorised in accordance with the Misuse of Drugs Act 1975. OST programmes are the usual entry point for all people who require treatment with controlled drugs for opioid dependence.

Pharmacist

A registered pharmacist under the Health Practitioners Competence Assurance Act 2003 as a practitioner in the profession of pharmacy.

Prescription

An instruction written by an authorised prescriber to dispense, supply and administer a medicine to a patient.

Receiving nurse

The registered nurse responsible to follow the assessment specified for patients when they are received into a prison (new arrivals, patients on transfer, recalled prisoners, newly sentenced prisoners and any prisoner who has been away from the prison for more than 96 hours).

Registered nurse

A health practitioner, who is, or is deemed to be registered with the Nursing Council of New Zealand, as a practitioner of the profession of nursing whose scope of practice permits the performance of general nursing functions.

Remote prescribing

A prescription ordered by a prescriber following a telephone consultation with a registered nurse. The prescription must be confirmed by the prescriber in an email before the medicine is administered.

Secondary Service

The health services provided by District Health Boards (DHBs), includes in-patient and out-patient services.

Special Authority

Special Authority is an application process in which a prescriber requests a government subsidy on a Community Pharmaceutical for a particular person.

Specialist Service(s)

Specialist services provided through DHBs and by private providers for the treatment of complex health conditions. May be in-patient or out-patient services. Includes OST programmes.

Standing order

A written instruction issued by a medical practitioner, dentist, registered midwife, nurse practitioner, or optometrist authorising any specified class of persons engaged in the delivery of health services to supply and administer:

- specified prescription medicines or controlled drugs in specified circumstances, without a prescription; or
- specified pharmacy-only medicines or restricted medicines, in specified circumstances.

The use of standing orders is governed by the [Medicines \(Standing Order\) Regulations 2002](#).

Standing Order Competency Assessment Register

The Corrections Health Services record of those registered nurses who have completed the required training and have been assessed as competent to administer medicines under each standing order.

SOAPIE documentation format

Acronym used for documentation of assessment under headings: Subjective, Objective, Assessment, Plan, Intervention, Evaluation. Refer to Corrections Health Services [Clinical Documentation Standards](#).

Supply

To provide a medicine, or make a medicine available to a patient or their representative.

Transcribing

The legitimate copying of prescription information from one source to another without any alterations or additions.⁸

Unit dose pack or blister pack

A unit dosed, pre-packaged medicine prescribed by an authorised prescriber and packed and dispensed for individual patients by a pharmacy. The terms unit dose pack and blister pack are used interchangeably throughout this policy.

Verbal order

An instruction issued by a prescriber (face to face or by telephone) to enable a person under their care to receive urgent prescription medicine. A verbal order may also be used to order a change to the dose instructions for a medicine that is already prescribed for any patient.

6 Storage and Transport of Medicines in Corrections Health Services

Standard

6.1 Medicines are stored and transported securely in conditions that maintain the effectiveness of the medicines.

Policy

6.2 The HCM is responsible to ensure medicines are stored in the conditions specified to keep them viable.

6.3 Each Corrections health centre will have a dedicated, locked room for the storage of medicines.

6.4 Health treatment rooms in prison units remote from the main health centre, that will have a locked room or cupboard dedicated to the storage of medicines.

⁸ NZNO Guidelines for nurses on the administration of medicines (2014) <http://www.nzno.org.nz/Portals/0/Files/Guideline%20-%20Guidelines%20for%20nurses%20on%20the%20administration%20of%20medicines%2C%202016.pdf>

- 6.5 The medicines room or any medicines cupboard must be locked at all times unless a registered nurse is supervising the room or cupboard.
- 6.6 The HCM is responsible to manage the security of the health centre medicines room and any other medicines cupboard, including when entry to the room is required by non-health staff e.g. for maintenance or cleaning.
- 6.7 Medicines room or medicines cupboard keys or security keypad codes are to be controlled by the HCM and registered nurses. They are made available only to other health staff with a legitimate right of access. This means:
- When the medicines room or any medicines cupboard is locked using a turn key mechanism the key is held only by the HCM and registered nurses. The HCM or registered nurses may make the key available to other health staff that have a legitimate reason for accessing the medicine room or any medicines cupboard.
 - When the medicines room or any medicines cupboard is locked using a swipe card security system, swipe cards allocated to the HCM and registered nurses will allow access to the medicines room. The swipe card may not be used by any other person to access the medicines room or cupboard without the HCM or registered nurse's agreement.
 - When the medicines room or any medicines cupboard is locked using a key pad locking system the HCM and registered nurses will hold the code. The HCM and the registered nurses are responsible to ensure the code number is disclosed only to health staff with a legitimate reason for entering the room.
- 6.8 All medicines must be stored in the original manufacturer's packaging, or in unit dose packs as dispensed by the Pharmacy.
- 6.9 Foil or unit dose packs must be stored unopened until the dose is administered.
- 6.10 Labels must not be removed from medicine containers.
- 6.11 All stored medicines must be kept clean and free from contamination by moisture, foul odours, or dust, and protected from access by creatures likely to contaminate it.⁹
- 6.12 Medicine must be stored and kept packed in such manner as to minimise its deterioration, and in accordance with all requirements for storage stated on the label or contained in a specified publication in respect of that medicine.¹⁰
- 6.13 Any refrigerator, cupboard, box or shelf designated for the storage of medicines must be used only for the storage of medicines. Milk to be used specifically for the administration of medicines may be stored in a designated medicines refrigerator.
- 6.14 Discontinued, unused or un-needed medicines will be returned to the pharmacy within seven days.

⁹ Medicines Regulations 1984, r 32.

¹⁰ Ibid.

- 6.15 All medicines for return to the pharmacy must be placed in and held in a designated locked container in the medicines room.
- 6.16 Each Corrections Health Service must have a written procedure for stock management to ensure the continuous supply of medicines.
- 6.17 Each Corrections Health Service must have a written procedure for transporting medicines around the site, including for: the collection or delivery of medicines and transportation of medicines from the gate house to the health centre.
- 6.18 If medicines are carried in a vehicle for any reason they must be hidden from view e.g. carried in the boot. The vehicle must be parked in a well lit area and securely locked if unattended.

7 Supply of Medicines in Corrections Health Services

Standard

- 7.1 All medicines supplied to Corrections Health Services are dispensed and packed by a pharmacy in unit dosed packs or, in the case of medicines ordered in bulk, in the manufacturer's original packaging.

Policy

- 7.2 Each prescribed medicine will be supplied by a pharmacy, dispensed as prescribed, packed and labelled for each patient.
- 7.3 Medicines ordered for administration or supply under a standing order must be dispensed for single patient use by the pharmacy.
- 7.4 Non-prescription medicines must be supplied and stored in the original manufacturer's packaging or the packaging in which it is dispensed by the pharmacy.
- 7.5 Blister packed medicines dispensed for any patient must not be repackaged, re-labelled or used for any another patient.
- 7.6 The HCM is responsible for the local system to ensure there are sufficient medicines available to meet requirements, including over weekends and public holidays.

8 Prescribing Medicines in Corrections Health Services

Standard

- 8.1 Prescribing practice in Corrections Health Services complies with legislation and meets the professional and ethical standards set by responsible authorities and government agencies.

Policy

- 8.2 Prescriptions may be issued only by an authorised prescriber.

- 8.3 A new medication chart must be started for every patient needing prescription medicines, when they are received into custody.
- 8.4 All prescription medicines must be prescribed for individual patients.
- 8.5 Prescribers are responsible to record any medication they prescribe to any patient in both the medication chart AND the medication tab in the patient's electronic health record in MedTech, and ensuring that regular medications are marked as 'long term'.

Practice note

Certain medicines are misused, abused or have economic value in a prison environment (for example benzodiazepines, opioids, zopiclone). As a result some patients are at risk of being threatened or assaulted so that others can access tradeable medicines

- 8.6 Patients who report being prescribed medicines before coming to prison must be prioritised for a consultation with a prescriber, based on the condition(s) for which the medicines are prescribed. The registered nurse is responsible to access the patient's medical records, including records of medicines prescribed under a Special Authority before the patient is assessed by the prescriber.
- 8.7 The medicines the patient has been prescribed before coming to prison will be reviewed by the medical officer at the first consultation. This consultation may result in changes to the patient's usual medicines.
- 8.8 In the first instance prescribers will prescribe a clinically safe alternative to medicines that are known to be misused or traded. If there is no safe or effective alternative the prescriber is responsible to take reasonable steps to ensure the patient themselves will take the medicine as it is prescribed. For example, where possible prescribing the medicine in a liquid formulation or ordering tablets to be crushed for administration.
- 8.9 The prescriber is responsible to ensure all prescriptions comply with Regulation 41 of the Medicines Regulations 1984. Medication charts must be legible. All prescriptions must clearly show the medicine name, and the administration dose, route, time; and the amount supplied or length of supply for each medicine.
- 8.10 The prescriber is responsible for completing a replacement medication chart when any medication chart is full, illegible, unclear, ambiguous, or incomplete. The replacement medication chart must be sent to the pharmacy.
- 8.11 Corrections Health Services staff are responsible to present any medication chart to the prescriber for replacement if it is full, illegible, unclear, ambiguous, or incomplete.

NB The medication chart becomes void once the patient is released from prison and cannot under any circumstances be re-used if the patient returns to custody at a later time.

- 8.12 The registered nurse is responsible for documenting any allergy disclosed in the course of the reception health triage and/or the initial health assessment.
- 8.13 The prescriber is responsible for confirming any known allergies, previous reactions or sensitivities to any medicine in the patient's electronic health record in MedTech using the medical warning tab; and on the medication chart.
- 8.14 The prescriber is responsible for reviewing medication charts every three months and to re-issue any prescription for prescription medicine(s) that is older than 3 months. The prescriber may issue a repeat prescription without a face to face consultation with the patient.
- 8.15 The prescriber must undertake a face to face consultation and review the prescription every six months for any patient receiving prescription medicine(s).
- 8.16 Corrections Health Services staff who are authorised prescribers may discontinue or change prescriptions issued by another prescriber.
- 8.17 Registered nurses who are authorised by a standing order, a remote prescription or a verbal order from a prescriber may initiate or discontinue a prescription medicine.
- 8.18 Instructions for crushing any medicine or removing medicine from a capsule must be prescribed in the medication chart and confirmed by a pharmacist as safe practice for that medicine, for that patient.
- 8.19 Current prescriptions issued by prescribers other than Corrections Health Services staff, e.g. a hospital discharge prescription, must be attached to the patient's medication chart. The medical officer is responsible for prescribing the medicine in the approved medication chart and entering into the MedTech medication tab when they are next at the prison.
- 8.20 The registered nurse is responsible for bringing prescriptions issued by prescribers other than Corrections Health Services staff to the attention of the medical officer to ensure they are prescribed in the medication chart and in the medication tab in MedTech.
- 8.21 To discontinue a medicine, the prescriber must draw a line through the prescription on the medication chart to delete the prescription, and then sign and date the deletion. If any such deletion results in the medication chart being illegible, ambiguous or incomplete the prescriber is responsible to replace the medication chart.

- 8.22 In the case that the prescriber dates and signs the medication chart to discontinue a medicine at a later date, the registered nurse is permitted to draw a line through the medicine, initial and date the change, on the date the discontinuation takes effect.
- 8.23 In general prescription medicines will be prescribed for administration in prison units at the following times:
- Breakfast 6:30am to 9:00am
 - Lunch 11:00am to 1:00pm
 - Dinner 4:00pm to 6:00pm
 - Evening 6:30pm to 9:00pm.
- 8.24 The HCM and the Prison Director are responsible for ensuring medicines prescribed for administration outside of the usual medicines round times are administered as prescribed.

Prescriptions for Pro Re Nata (PRN) medicines

- 8.25 When prescribing medicine Pro Re Nata (as required) (PRN) medicines the prescription must comply with [Regulation 41 of the Medicines Act 1981](#). In addition the prescriber must indicate:
- a) the maximum dose per 24 hours
 - b) the minimum period between doses
 - c) the indications for the use of the medicine.
- 8.26 The registered nurse is responsible for assessing the patient and for documenting the assessment, using the SOAPIE format to clearly describe the analysis and rationale for administering the medicine.
- 8.27 When any patient regularly requires or requests medicines that are prescribed PRN, the registered nurse is responsible for arranging for the patient to see the prescriber for re-assessment.

Remote prescribing

- 8.28 Remote prescribing is the preferred way to:
- ensure access to a prescription medicine that is required urgently but is not available under a standing order; or
 - change the dose of a prescribed medicine where this is urgently required.
- 8.29 Before a remote prescription is issued, the registered nurse is responsible for undertaking a comprehensive assessment.
- 8.30 The registered nurse is responsible for ensuring the assessment information is clearly communicated to the prescriber.
- 8.31 The prescriber must be confident that a remote prescription is justified based on the registered nurse assessment.
- 8.32 Remote prescribing is permitted for controlled drugs.

- 8.33 A remote prescription may be communicated by phone and must be confirmed by the prescriber using email.
- 8.34 The email confirming the prescription must be received before the medicine is administered.
- 8.35 The prescriber must speak with the pharmacist and send the email prescription to the pharmacy in order that the medicine can be dispensed.
- 8.36 The email prescription must be attached to the patient's medication chart.
- 8.37 The registered nurse is responsible for recording the administration of the medicine in the patient's medication administration record.
- 8.38 The registered nurse is responsible for documenting the assessment of the patient using the SOAPIE format, and the administration of the medicine in the daily record in MedTech.
- 8.39 The prescriber must prescribe the medicine in the patient's medication chart AND the medication tab in MedTech within 7 working days.
- 8.40 The prescriber must document the instruction in the patient's electronic health record within 7 working days.¹¹

Emergency verbal orders

- 8.41 In an emergency¹² when a medicine is required urgently, but is not prescribed, verbal orders from a prescriber to authorise the administration of a prescription medicine are permitted.
- 8.42 Before an emergency verbal order is issued, the registered nurse is responsible to undertake a comprehensive assessment.
- 8.43 The registered nurse is responsible for ensuring the assessment information is clearly communicated to the prescriber.
- 8.44 The prescriber must be confident the emergency verbal order is justified based on the registered nurse assessment.
- 8.45 The nurse taking the verbal order must write the order down and repeat the order to the prescriber.
- 8.46 The prescriber must repeat the order to another person – preferably another registered nurse who must write the order down and repeat the order to the prescriber.
- 8.47 The prescriber must communicate the prescription to the pharmacist to enable the medicine to be dispensed.
- 8.48 The medicine must be administered by the registered nurse who receives the order from the prescriber.
- 8.49 The prescriber must provide a signed prescription to the pharmacy within seven working days.

¹¹ Medicines Regulations 1984 40a (1) & (2) and Medicines Regulations 1984 44h (i, ii, iii); NZNO Guidelines for Nurses on the Administration of Medicines, 2014.

¹² An emergency is a situation that could result in death or permanent disability if treatment is not provided.

- 8.50 The registered nurse is responsible for recording the administration of the medicine in the patient's medication administration record.
- 8.51 The registered nurse is responsible for documenting the assessment of the patient using the SOAPIE format and administration of the medicine in the daily record in MedTech.
- 8.52 The prescriber must sign the medication chart and record the verbal order in the medicine tab of MedTech within seven working days¹³.

For information about verbal orders for controlled drugs refer to Section 20.

9 Standing Orders in Corrections Health Services

- 9.1 Standing orders are issued to authorise the administration and/or supply of specified prescription medicines when a prescriber is not available.
- 9.2 A Standing Order is a written instruction issued by a medical practitioner, a dentist, a nurse practitioner or an optometrist to authorise a specified person or class of people (in Corrections Health Services this means registered or enrolled nurses) to administer and/or supply specified medicines under specified circumstances. The following classes of medicines may be administered or supplied under a standing order:
- prescription, restricted or pharmacy only medicines
 - controlled drugs listed in Parts 1 and 3 of Schedule 2 to the Misuse of Drugs Act 1975
 - controlled drugs listed in Parts 2 to 7 of Schedule 3 to the Misuse of Drugs Act 1975.

NB: A standing order can authorise a specified person or class of person to administer or supply medicine without a prescription. A standing order **cannot require** anyone to administer or supply a medicine. It is always the responsibility of the registered nurse to use professional judgement and approved clinical decision support tools when deciding whether or not to administer or supply a medicine under a standing order.

Standard

- 9.3 Standing orders issued in Corrections Health Services comply with [the Medicines \(Standing Order\) Regulations 2002](#).

¹³ Medicines Regulations 1984 40a (1) & (2) and Medicines regulations 1984 44h (i, ii, iii); NZNO Guidelines for Nurses on the Administration of Medicines, 2014 (pp28-29).

Policy

- 9.4 A standing order may be issued by a medical practitioner, a dentist an optometrist or a nurse practitioner (the issuer).
- 9.5 Each Health Centre must have a hard copy of the Standing Order section of the Medicines Management Policy on site. The HCM is responsible for ensuring every person who is working in the standing order system (Managers, RNs, ENs Nurse Practitioners, Medical Officers, and Dentists) have read and understood the policy.
- 9.6 The HCM is responsible for having a register signed by every person who is working in the standing order system to show they agree to comply with the Standing Order Policy.
- 9.7 The Corrections Health Leadership Team will agree the medicines that will be administered or supplied in Corrections Health Services under standing orders.
- 9.8 Standing orders may be written for use in all Corrections Health Services by a medical practitioner, dentist, nurse practitioner or optometrist appointed by the Director Offender Health, as recommended by the Corrections Health Leadership Team.
- 9.9 Standing orders will be issued by the medical officer(s), dentist(s), optometrist(s) or nurse practitioner(s) in each health centre.
- 9.10 One medical officer (or dentist, or optometrist or nurse practitioner) may be delegated, by a group of medical officers (or dentists, or optometrists or nurse practitioners) at any individual health centre, to issue and oversee each of the standing orders in that health centre.
- 9.11 All standing orders must be copied to the dispensing pharmacy once they are signed by the issuer.
- 9.12 The issuer of any standing order must be satisfied the conditions specified in any standing order will be met.
- 9.13 If the issuer of any standing order leaves the organisation or takes leave for more than three months, the medical practitioner, dentist, optometrist or nurse practitioner responsible for health care at the facility must review and re-issue the standing order.
- 9.14 Modifications made through over-writing or crossing out will void the standing order.
- 9.15 Any change to any standing order must be approved by the Corrections Health Leadership Team. The standing order will be re-written using the Corrections Health Services Standing Order template and circulated to be issued by the medical practitioner, dentist, nurse practitioner or optometrist in health centres.
- 9.16 Registered nurses, and in some cases enrolled nurses, with the required education and who have successfully completed the specified competence

assessment will be authorised to administer or supply specified medicines under standing orders.

- 9.17 The standing order will specify the approved training and competence assessment.
- 9.18 The HCM (or a suitably qualified delegate) will assess and monitor the competence of any registered nurse or enrolled nurse administering or supplying medicine under any standing order. Initial competence assessment will comprise successful completion of a specified on-line learning module and random audit of a specified number of episodes of care where a standing order has authorised the administration or supply of medicine (See Standing Order Practice Manual).
- 9.19 The HCM (or a suitably qualified delegate) will maintain an up to date Standing Order Competency Assessment Register (Appendix 2).
- 9.20 The registered or enrolled nurse must sign the register to show they have read and agree to comply with this Standing Order Policy.
- 9.21 The Regional Clinical Director will support the HCM to manage and monitor the standing order system.
- 9.22 The issuer and the HCM (or their delegate) are jointly responsible for monitoring compliance with standing orders. They are required to ensure there is a process for investigating adverse events, and for reporting corrective actions resulting from any such investigation to the Regional Clinical Director.
- 9.23 Every standing order will be reviewed at least annually.
- 9.24 The assessment and indications for administering any medicine under any standing order must be recorded in the patient's electronic health record.
- 9.25 Any adverse or unexpected reaction to any medicine administered or supplied under any standing order must be reported to the HCM and the issuer.
- 9.26 Any adverse or unexpected reaction to any medicine administered or supplied under any standing order, and any treatment for the adverse or unexpected reaction, must be recorded in the patient electronic health record.
- 9.27 Medicines supplied or administered under any standing order must be available on site, and with some exceptions (e.g. Oxygen), pre-packaged and labelled by a pharmacy for single patient use.

Standing orders are used for emergency or one off administration of a medicine. Standing orders may authorise a short course of a medicine for an acute health condition. Standing orders may not be used to administer medicines needed for repeated episodes of care or to manage chronic conditions. When a patient repeatedly requires medicine under a standing order they must be prioritised for a medical assessment.

Roles and responsibilities for standing orders

9.28 **The issuer** of the standing order has overall responsibility for all aspects of the standing order. The Issuer must ensure the standing order meets legislative requirements¹⁴. The Issuer is responsible for:

- issuing the standing order using the Corrections Health Services Standing Order template;
- specifying the assessment required before the medicine is administered under the standing order;
- reviewing each standing order at least once per year, re-issuing the standing order when any changes are made to the national standing order;
- specifying the countersigning requirements for the standing order;
- ensuring there is a process in place for:
 - audit of the standing order if countersigning is not required
 - annual competence review for the registered nurses administering or supplying medicine under the standing order
 - monitoring compliance with the standing order
 - reporting and investigating clinical incidents
 - document control.
- provide clinical advice and oversight to ensure compliance with the standing order.

9.29 **Registered nurses and enrolled nurses** who are authorised to administer or supply medicine under a standing order are responsible for:

- having the required experience, and undertaking the specified training and competence assessment before they administer or supply any medicine under a standing order;
- participating in an annual competence review;
- undertaking and accurately documenting the specified assessment before administering or supplying any medicine under any standing order;
- knowing the indications for the medicine, usual administration route and dose, contraindications and side effects of any medicine administered or supplied under any standing order;
- providing patient education about the intended use and expected outcomes from any medicine administered or supplied under any standing order;
- administering or supplying the medicine according to the specifications in the standing order;
- advising the Issuer of any adverse or unexpected reaction to any medicine administered or supplied under any standing order;

¹⁴ The Medicines Act 1981; Medicines Regulations 1984; Medicines (Standing Order) Regulations 2002; Misuse of Drugs Act (1975); Misuse of Drugs Regulations (1977).

- recording any medicine administered or supplied under any standing order in the patient's medication administration record and the medication tab in MedTech;
- accessing professional development as required to remain competent to administer or supply medicine under standing orders;
- accessing clinical advice to ensure compliance with standing orders.

9.30 **The HCM** is responsible for:

- ensuring registered nurses or enrolled nurses have undertaken the approved training and competence assessment before they are authorised to administer or supply any medicine under any standing order;
- ensuring annual competence reviews are undertaken for the registered nurses or enrolled nurses authorised to administer or supply any medicine under any standing order;
- maintaining the standing order competency assessment register;
- ensuring the dispensing pharmacist has a record of the current standing orders for each prison;
- ensuring a copy of this policy is attached to the folder containing hard copies of each standing order issued at the Health Centre and that all staff have signed the policy to acknowledge they will comply with it;
- monitoring the standing order system for the local Corrections Health Service:
 - ensure all standing orders comply with legislation and Department policy
 - investigate critical incidents and report corrective actions taken as a result of the investigation through the Health Services Incident Reporting System
 - document control.
- providing clinical advice and oversight to ensure compliance with the standing order;
- The HCM may delegate the day to day management of the standing order system to a suitably qualified registered nurse. The HCM retains overall responsibility for the standing order system in each Health Centre.

10 **Preparation of Medicines for Administration**

- 10.1 Any medicine prepared for administration must be labelled with the name, date of birth, medication name and dose.
- 10.2 The medicine must be administered by the RN who has prepared that medicine.

11 Transcribing

11.1 Transcribing is the legitimate copying of prescription information from one source to another.

11.2 Registered nurses in Corrections Health Services are permitted to transcribe for the following reasons:

- Documenting a patient's current medicine in the process of the initial health assessment and/or the reception health assessment (transcribe medicine name, dose and route information from a written source only)
- Writing instructions for the administration of medicines in the [Advice of Patient Health Status Form](#).
- Copying a list of medicines for a transfer or discharge summary

N.B. Registered nurses will most often print the list of medicines from MedTech for a transfer or discharge summary. Transcribing the list of medicines should only be required in the event it is not possible to print the record from MedTech.

11.3 Registered nurses will not copy any prescription information from any source that is illegible, ambiguous or unclear

11.4 Registered nurses will not use abbreviations when copying prescription information from one source to another.

11.5 Registered nurses will have **any** prescription information they have copied from one source to another checked for accuracy against the original by another registered nurse or an enrolled nurse. The nurse who checks the transcribed information must sign the copy and include the time and date to show it was checked at the time it was transcribed.

N.B. Where the Health Centre is staffed by only one nurse, (i.e. there is no other nurse available to verify the information) the nurse is not permitted to transcribe prescription information.

11.6 Only the most current prescription information will be transcribed for a transfer or discharge summary (see above for preferred practice in discharge or transfer documentation).

11.7 Registered nurses are accountable for their practice when they copy any prescription information from one source to another and must be familiar with the [NZNO Guideline on Transcribing Medicines](#).

12 Safety when Administering Medicines

- 12.1 Adverse medication events can occur in any location and at any stage of the medicines management process. It is important that safe administration procedures are followed and that the patient can be observed during and immediately following administration of the medicine.
- 12.2 The prison environment requires specific policy for administering medicines, to ensure the safety and wellbeing of staff and patients.
- 12.3 Health services staff are expected to work with custodial staff and vice versa to ensure the timely administration of medicines while ensuring the safety of all concerned.

Standard

- 12.4 Health Services staff, custodial staff and patients are kept safe when medicines are administered in prisons.

Policy

- 12.5 Scheduled **medicines rounds** must be prioritised. This means registered nurses can expect custodial staff to be available to maintain the safety of the patient and Health Services staff throughout the administration of medicines.
- 12.6 As far as possible the registered nurse must not be interrupted while medicine administration is in progress.
- 12.7 Any operational incident that delays or otherwise affects the administration of medicines at the prescribed times (for example lock down or insufficient custodial staff to maintain the safety of Health Services staff) must be reported to the HCM and an incident report completed in the Health Services Incident Reporting System. The HCM will report the number of incidents to the Prison Director weekly
- 12.8 In general, medicines must be administered from a central area, guard room, and/or behind grills or stable doors.
- 12.9 In some facilities medicines are administered in cells. In this case custodial staff must accompany and stay with health services staff while medicines are administered. Sufficient custodial staff to match the classification of the prisoner(s) must be available and the cell door must remain open while the health services staff administers the medicine.
- 12.10 The patient must present to health staff with a cup of water and must swallow oral unit dosed medicine (pills, capsules, tablets and liquids) in the presence of Health Services staff.
- 12.11 If the patient presents a serious security or safety risk the HCM, the Regional Clinical Director and the Prison Director are responsible to agree a plan to ensure the patient can receive the medicines they are prescribed.

13 Administration of Medicines in Corrections Health Services

Standard

- 13.1 Medicines administration is undertaken by suitably trained staff, documentation is complete and incidents are reported and investigated.

Policy

- 13.2 All patients must receive sufficient information to enable them to provide informed consent before they receive any medication. See the Corrections Health Services [Informed Consent Policy](#).
- 13.3 Any patient has the right to refuse any medicine.
- 13.4 All patients receiving medication must be offered adequate information about the medicines prescribed for them so they can make decisions about agreeing to receive or refuse the treatment. This will include:
- the uses of the medicine
 - most likely possible side effects
 - familiarisation with the administration dose, route and time
 - answers to the patient's questions
 - written information if requested by the patient.
- 13.5 Prescription medicine must be administered, or if necessary prepared for administration, from the labelled packaging it has been dispensed in.
- 13.6 Administration of medicines in Corrections Health Services is the responsibility of registered nurses.
- 13.7 The registered nurse may delegate the administration of any medicine to an enrolled nurse providing the criteria for delegating care to an enrolled nurse are met (see [Guideline for Direction and Delegation of Care to Enrolled Nurses \(Nursing Council of New Zealand \(2011\)\)](#)).¹⁵
- 13.8 In limited circumstances the registered nurse may delegate the administration of medicines to an approved health care assistant provided the criteria for delegation of care to health care assistants are met (see [Guideline for Direction and Delegation of Care to Health Care Assistants \(Nursing Council of New Zealand \(2011\)\)](#) (see also section 15 Administration of medicines by approved health care assistants).¹⁶
- 13.9 In very limited or exceptional circumstances, the registered nurse may delegate the administration of medicine to a custodial officer (see also section 16 Administration of medicines by custodial officers).

¹⁵ Competencies for the Enrolled Nurse Scope of Practice (Competency 2.1) Nursing Council of New Zealand, 2010; See Competency 1.3 Competencies for the Registered Nurse Scope of Practice (Nursing Council of New Zealand (2007)); and Guideline for Direction and Delegation of Care to Enrolled Nurses (Nursing Council of New Zealand (2011)).

¹⁶ See Competency 1.3 Competencies for the Registered Nurse Scope of Practice (Nursing Health Council of New Zealand) (2007); and Guideline for Direction and Delegation of Care to Health Care Assistants (Nursing Council of New Zealand (2007)).

13.10 If the administration or supply of any medicine is delegated to any other staff member, the registered nurse is responsible for providing adequate direction and supervision to ensure the safe administration of that medicine.¹⁷

13.11 The original medication chart must be used to check medicines immediately prior to administration.

13.12 The registered nurse who will administer the medicine must confirm the prescription meets the following criteria:

RIGHT patient
RIGHT medicine
RIGHT dose
RIGHT route
RIGHT time

13.13 In addition the registered nurse is responsible for ensuring:

- the patient understands they have the **Right** to refuse the medicines;
- the medicine is being administered for the **Right** indication; and
- the **Right** documentation is completed

N.B. A medication chart or prescription is usually the only valid authority to administer any medicine. The 'medication tab' in the patient's MedTech file may be used as the authority to administer medicines only when the Health Centre has a system to ensure the medication tab is used by all prescribers.

13.14 The registered nurse administering the medicine is responsible for:

- confirming the patient's identity using two identifiers, most usually by asking their name and date of birth, or using a photograph or prisoner identification number (PRN) or National Health Index (NHI) number
- checking the patient's allergy status
- understanding the therapeutic purpose of the medicine
- administering medicine as it is prescribed (correct dose, route and time)
- checking the expiry date of the medicine
- ensuring any necessary observations are undertaken prior to administration of the medicine
- notifying the prescriber of any contra-indication to the administration of any prescribed medicine
- documenting any instances (using the codes provided on the medication administration record), where the patient refuses the medicine or it cannot be administered for any other reason, in the medication administration record and the patient's electronic health record
- notifying the prescriber (within 24 hours) if the patient refuses any medicine needed to manage a long term or mental health condition (e.g.

¹⁷ See Competency 1.3 Competencies for the Registered Nurse Scope of Practice (Nursing Council of New Zealand (2007)).

insulin, SSRIs or controlled drugs) or it has not been administered for any other reason

- notifying the prescriber within 7 working days if the patient repeatedly refuses any routine medicine (eg laxative or vitamin supplement).
- recording the administration of the medicine in the medication administration record.

13.15 Any enrolled nurse or health care assistant who is delegated to administer any medicine must advise the registered nurse if the patient refuses the medicine or if it cannot be administered for any other reason.

13.16 If a medicine is not available, or has not been administered for any reason by the end of a shift, the registered nurse or the team leader is responsible to hand over responsibility for administering the medicine to the registered nurse or team leader on the next shift. This includes consulting with the prescriber and completing any documentation as required.

Documenting administration of medicines

13.17 The administration of any medicine must be recorded in the patient's medication administration record, and signed by the nurse after it is administered.

13.18 The registered nurse is responsible for ensuring the medication administration record is legible, and that it provides an accurate record of medicines administered to the patient.

13.19 All medication errors must be reported through the Health Services Incident Reporting System.

14 Allergies and Adverse Reactions

Standard

14.1 All patients have a documented record of known allergies. There is an allergy alert sticker affixed to the medicines chart for any patient with a known allergy.

Policy

14.2 All patients must be questioned about allergies or sensitivities to any medicine in the reception health triage and the initial health assessment.

14.3 The registered nurse is responsible for documenting any allergy disclosed in the course of the reception health triage and/or the initial health assessment.

14.4 The prescriber is responsible for confirming and recording any known allergies, previous reactions or sensitivities to any medicine in the patient's electronic health record in MedTech, using the medical warning tab; and on the medication chart. The registered nurse must follow up to ensure any sensitivity or allergy is documented and that an allergy alert sticker is affixed to the medicines chart.

- 14.5 The registered nurse is responsible for confirming any allergies, previous reactions or sensitivities to any medicine prior to the first administration of any medicine. This must be standard practice whether sensitivities or allergies are documented on the medication chart or not.
- 14.6 The registered nurse is responsible for consulting with the prescriber if a patient identifies any allergies, previous reactions or sensitivities to any medicine that has not previously been recorded. The medicine must not be administered until the prescriber is consulted.
- 14.7 All patients who receive medication will be monitored for side effects/adverse reactions.
- 14.8 The prescriber must be notified if any patient reports a side effect or reaction to any medicine administered by Health Services staff.
- 14.9 The prescriber is responsible for deciding whether any reaction or side effect will be reported to the Centre for Adverse Reactions to Medicines (CARM) using the form located in the outbox in MedTech¹⁸.

15 Administration of Medicines by Approved Health Care Assistants

Standard

- 15.1 Administration of medicines is safely delegated to approved health care assistants.

Policy

- 15.2 The registered nurse may delegate the administration of prescribed oral or topical medicines to approved health care assistants.
- 15.3 Approved health care assistants are not permitted to administer injectable medicines (except in an emergency when the registered nurse or medical officer may direct the approved health care assistant to administer an injection using an epipen) or to re-constitute or crush any medicines for administration.
- 15.4 The registered nurse is responsible for directing the approved health care assistant by providing clear instructions about the administration of the medicine.
- 15.5 The registered nurse is responsible for ensuring the correct medicine is supplied to the approved health care assistant. This means the registered nurse is responsible for checking the right medicine is supplied for the right patient, in the right dose, for administration at the right time, by the right route.
- 15.6 The approved health care assistant is responsible for ensuring the right medicine is supplied to the right patient, in the right dose, by the right route, at the right time.

¹⁸ <https://nzphvc.otago.ac.nz/reporting/#who-can-report>

- 15.7 The approved health care assistant is responsible for ensuring the right documentation is completed. The registered nurse is responsible for checking the documentation has been completed.
- 15.8 The approved health care assistant is responsible for informing the registered nurse if the patient refuses the medicine(s) or if the medicine is not administered for any other reason.
- 15.9 Custodial staff must be available to maintain the safety of the patient and the approved health care assistant throughout the administration of medicines.
- 15.10 Oral unit dosed medicines (tablets, pills, capsules and liquids) are to be swallowed in front of the approved health care assistant, with a drink of water.
- 15.11 Any incidents or errors occurring as a result of an approved health care assistant administering any medicine must be reported immediately to the registered nurse and the HCM and reported through the Health Services Incident Reporting System.
- 15.12 Controlled drugs must not be administered by approved health care assistants except in exceptional circumstances (for example to ensure access to pain relief in end of life care) to comply with a plan agreed between the registered nurse and the HCM.

16 Administration of Medicines by Custodial Staff

Standard

- 16.1 Administration of medicines is safely delegated to custodial officers in specified circumstances

Policy

- 16.2 In limited* or exceptional circumstances, and after consultation with the Regional Clinical Director, the HCM may agree that custodial staff can administer prescription medicine. In this case:

- Written instructions must be given to custodial staff using [HS 3-2-4 Unit Dose Packaged Prescription Medication Log Sheet](#) (also at Appendix 3).
- The registered nurse is responsible for checking the right medicine is supplied for the right patient, in the right dose, for administration at the right time by the right route.
- The registered nurse is responsible for completing the medication administration record to show the medicine was supplied to the custodial officer to administer and the time. The code S2C (supplied to custody) may be used on the medication administration record to show that the medicine was supplied to custody for administration.
- The registered nurse is responsible for reviewing the HS 3-2-4 within 24 hours to ensure the medicine was supplied as directed and for completing the medication administration record.

- Custodial staff are responsible for following any written directions and for ensuring the medicine is administered to the RIGHT patient at the RIGHT time.
- Custodial staff are responsible for informing the registered nurse if the patient refuses the medicine(s) or if it is not supplied for any other reason.
- Unit dose packages must be stored in guard/control rooms in a locked drawer or cabinet.
- Oral unit dosed medicines are to be swallowed in front of custodial staff, with a drink of water, unless health services staff have provided alternative written instructions.
- Custodial staff may hold and supply nicotine replacement lozenges see section 24.
- Custodial staff may supply paracetamol.
- All paracetamol held in the guard/control room will be supplied in the original manufacturers foil, plastic, or cardboard packaging. The name of the product and dosage of the medicine must be easily identifiable on the packaging.
- Custodial staff must record the supply of paracetamol using [HS 3-2-3 Paracetamol Administration Log](#) (also see Appendix 4).
- The registered nurse is responsible for checking Paracetamol Administration Log daily to monitor the administration of paracetamol (see also section 21.15).
- Custodial staff are not permitted to administer injectable medicines (except in an emergency when the registered nurse or medical officer may direct the custodial officer to administer an injection using an epi pen) or to re-constitute or crush any medicines for administration.
- Any incidents or errors as a result of custodial staff providing any unit dose medicine must be reported immediately to the Principal Corrections Officer on duty and to the HCM. An incident report must be completed in the Integrated Offender Management System and in the HSIR.
- Controlled drugs must not be provided by custodial staff except as part of a documented plan.

***Limited circumstance:** custodial officers may provide prescription medicines as part of a documented plan when for example:

- a prisoner is in transit or attending court
- a prisoner is attending an external health appointment
- when a prisoner on work release is regularly expected to return after the usual medicine round is completed.

In an emergency, natural disaster or pandemic custodial staff may be directed to administer or supply medicines under the supervision of a registered nurse or medical officer.

17 Emergency Medication Policy

Standard

- 17.1 Each Health Centre will have the emergency medication and equipment described in the [Clinical Emergency Policy and Procedure](#) available for use in an emergency.

Policy

- 17.2 Nurses will be authorised to administer medicines available in the general medical emergency medication bag under standing orders.
- 17.3 The standing order will set out the competence and education requirements for nurses authorised to administer the medicine under the standing order.
- 17.4 The emergency medicines and equipment held in the Medical Officer Emergency Bag is for use ONLY by an authorised prescriber.
- 17.5 It is the responsibility of the attending Registered Nurse(s) to restock emergency medication bags immediately after a health emergency.
- 17.6 The HCM is responsible for ensuring the emergency medication is checked (including expiry dates) daily.
- 17.7 All emergency bags will have a list of emergency medication attached to them or located near them. This will be dated and signed following each check with a full signature alongside a printed name.
- 17.8 If the following criteria are met, the HCM may authorise weekly checking of the emergency medication:
- the emergency bag has a security seal that prevents non-emergency access to the bag; and
 - the security seal can be easily and rapidly removed in an emergency; and
 - the security seal is checked (and documented) daily to ensure it is still in place.
- 17.9 Medication kept in the emergency bags must not be accessible to patients.

18 Patient Access to Medicine when on Transfer or away from the Prison

- 18.1 Patients in Corrections health centres often transfer between prisons. Transfers may happen at short notice with limited time for planning.
- 18.2 Patients in Corrections Health Services are often required to be away from the prison, sometimes for extended periods, to attend court or other judicial appointments.

Standard

- 18.3 Patients receive uninterrupted treatment with the medicines they need when away from the prison for any reason.

Policy

- 18.4 Corrections Health staff are responsible for ensuring a transfer or absence from prison does not affect continuity of care or access to medicines.

Patient transfers

- 18.5 Registered nurses at the transferring prison are responsible for:
- Ensuring there are sufficient supplies of the patient's prescribed medicine (including controlled drugs) to provide uninterrupted access to the medicines until the receiving prison can arrange for ongoing supply.
 - Ensuring the current medication chart, any external scripts and the medication administration record are transferred with the patient.
 - Ensuring prescribed medicine (including controlled drugs and any patient held medicine) is transferred with the patient in a secure container, in the care of the custodial staff accompanying them.
 - Ensuring the transfer of any controlled drugs is correctly recorded in the Controlled Drug Register.
 - Providing comprehensive hand-over information (must include a phone call to the receiving prison) for any patient with complex or chronic health care needs.
 - Ensuring the patient's electronic health record is current before care is transferred.
 - Documenting a plan, including instructions for administration of any medicine, in the [Advice of Prisoner Health Status Form](#), to ensure patients receive any medicine that is due while they are in transit.
- 18.6 Registered nurses at the receiving prison are responsible for:
- Arranging for ongoing supplies of the patient's medicine (including controlled drugs and or OTCs) to provide uninterrupted access to medicines.

Patients attending court

- 18.7 Patients who attend court are entitled to receive any medicine that is due for administration in the time they are away from the prison.
- 18.8 The HCM is responsible for ensuring there is a local system to ensure that patients attending court can safely access any prescribed medicines. This may include consulting with the Regional Clinical Director before approving non-regulated staff to provide medicines.
- 18.9 Any such system must take account of:
- The usual expected time patients will be away from the prison

- Management (transport, storage and administration) of controlled drugs and opioid substitution medicines when patients attend court.

19 Patient's own Medicine on Reception in Corrections Health Services

- 19.1 Many patients bring their own prescription or non-prescription medicines with them when they are received into custody.

Standard

- 19.2 Patients receive uninterrupted access to the medicines they need.
- 19.3 Patients' own medicine is secured and stored safely in Corrections Health Services.

Policy

- 19.4 Patients are entitled to uninterrupted access to the medicines they need.
- 19.5 Medicines the patient needs must be prescribed as soon as possible after they are received in the prison (at most within seven days).
- 19.6 Until the medicines are prescribed, and until prescribed medicines have been supplied by the pharmacy, prescribed or OTC medicines in tablet form that the patient has brought with them can be administered if the conditions below are met.

NB: Medicines brought to prison by a patient in liquid form, including Methadone **must not** be administered under any circumstances.

- 19.7 Patients' own medicines can be used when:
- the pharmacy label is intact and clearly shows the patient name, medicine name, dose, route, and administration instructions, the prescriber's name and the dispensing pharmacy; and
 - the medicine was dispensed within the last 3 months; and
 - the medicine has not passed its expiry date; and
 - the medicine is in the packaging it was dispensed in, or in the original manufacturer's packaging (OTC medicines).
- 19.8 The registered nurse must consult with a prescriber if there is any doubt about the legitimacy or propriety of a patient's own medicine.
- 19.9 The registered nurse must consult with a prescriber if there is any doubt about the patient's previous compliance with prescribed medicines.
- 19.10 The outcome of any such consultation must be documented in the patient's electronic health record.

- 19.11 The registered nurse will communicate with the patient to explain the reasons for any delay in their receiving any prescribed medicine when they are received into prison.
- 19.12 The receiving nurse must document any medicines the patient brings with them in the [HS 3.10.1 Reception Health Triage](#) form (see section 11 Transcribing).
- 19.13 The receiving nurse must commence a medication chart for the patient recording “using own medication” to assist nursing staff when preparing for medication rounds.
- 19.14 Nursing staff will record the patient’s own medication used (when using the medicines the patient has brought with them to prison) on the medication administration record.
- 19.15 The receiving nurse must take all medicine, not required for legal or evidential purposes, for storage.
- 19.16 A patient’s own medicine must be returned to their property in a sealed bag if their stay is less than three months and:
- the medicine will not expire before the anticipated date of release for that patient, and
 - it does not require special storage conditions (e.g. temperature controlled environment; controlled drugs).
- 19.17 Controlled drugs brought to prison with a patient must be stored to comply with the controlled drug section in this policy.
- 19.18 As soon as prescribed medicines for the patient are dispensed by the pharmacy any medicines brought with a patient who will be in prison for longer than three months must be returned to pharmacy for disposal.

20 Controlled Drugs in Corrections Health Services

Standard

- 20.1 The storage, prescribing, administration and disposal of controlled drugs in Corrections Health Services complies with [the Medicines Act 1981](#), the [Medicines Regulations 1984](#), [the Misuse of Drugs Act 1975](#) and the [Misuse of Drugs Regulations 1977](#).
- 20.2 For the purposes of the controlled drug section of this policy an authorised person is one of the following:
- Registered nurse
 - Enrolled nurse
 - Student nurse
 - Medical officer
 - Dentist
 - Optometrist

- Nurse practitioner
- Health care assistant
- Custodial officer
- Administration support officer.

Policy

- 20.3 Controlled drugs must be stored in a locked cupboard or compartment (controlled drug safe) that is constructed of metal or concrete (or both) and is securely fixed to or is part of the wall or floor in the medicines room.
- 20.4 One registered nurse per shift is responsible to hold the keys to the controlled drugs safe.
- 20.5 Keys to the controlled drug safe must be kept in a locked cupboard at all times when not in the possession of a registered nurse¹⁹.
- 20.6 When the controlled drug safe has a combination key pad locking mechanism the combination number is held only by the HCM and the registered nurses²⁰. The combination number must not be disclosed to any other staff member.
- 20.7 Each Corrections health centre is required to have a written procedure setting out the process for the transport of controlled drugs from entry to the prison to deposit in the controlled drug safe.

Prescriptions for controlled drugs

- 20.8 Any prescription for any controlled drug must be written on a controlled drug prescription pad, charted on the medication chart and recorded in the medication tab in MedTech.
- 20.9 Controlled drug prescription pads must be stored in a controlled drug safe.
- 20.10 The number sequence of each controlled drug prescription pad in use in the health centre must be recorded in the Controlled Drug Register (use back page for this record).
- 20.11 Prescribed controlled drugs must be administered from the unit dose pack they were dispensed in.
- 20.12 Two people (a registered nurse and another authorised person) must check any controlled drug out of the controlled drug safe, confirm the prescription with the medication chart and complete the controlled drug register, prior to administration of any controlled drug.
- 20.13 Controlled drugs may be prescribed pro re nata (PRN) and administered from single unit dose packs.

¹⁹ Misuse of Drugs Regulations, Reg28 (1)(c).

²⁰ Misuse of Drugs Regulations, 1977 Regulation 28 (1)c allows a drug safe to have a combination lock.

Verbal orders for controlled drugs²¹

- 20.14 Verbal orders for controlled drugs are not currently allowed in the legislation except in an emergency. In the case of an emergency, the prescriber may communicate a prescription verbally or by telephone to a pharmacist who knows the prescriber. The pharmacist may then supply the drug on a verbal prescription. The prescriber must confirm the prescription by providing a prescription to the pharmacist whom the verbal prescription was communicated within two business days.
- 20.15 If a patient is already prescribed a controlled drug the prescriber may issue a verbal instruction to alter or titrate the dose of the controlled drug. In this case:
- The nurse taking the verbal instruction must write it down and repeat it to the prescriber; and
 - The verbal instruction **must** be repeated to another person who also writes the instruction down before repeating it to the prescriber; and
 - The medicine must only be administered by the registered nurse who receives the order from the prescriber, and
 - The verbal instruction must be recorded in the patient's health record, the medicine chart and the medication tab of MedTech; and
 - The prescriber must also record the verbal instruction in the patient's medicine chart and electronic health record within two working days.
- 20.16 Otherwise controlled drugs can be prescribed in the following ways under current legislation:
- Anticipatory prescribing – a range of PRN doses of controlled drugs can be prescribed using the medication chart
 - Controlled drugs can be prescribed using Standing Orders as per the Medicines (Standing Order) Regulations (2002)
 - Use of approved eMedicines systems where available²².

The Controlled Drug Register

- 20.17 A Controlled Drug Register must be kept in each health centre to record all controlled drug transactions and the movement of controlled drugs in and out of the controlled drug safe.
- 20.18 The HCM is responsible for ensuring the Controlled Drug Register is maintained to comply with legislation [Part 6 Misuse of Drugs Regulations 1977](#)
- 20.19 All entries in the Controlled Drug Register must be legible and indelible.
- 20.20 Entries in the Controlled Drug Register must be made at the time any controlled drug is transferred in or out of the controlled drug safe. If at any time there is a delay in making any required entry in the Controlled Drug Register,

²¹ <http://www.health.govt.nz/our-work/regulation-health-and-disability-system/medicines-control/controlled-drugs/advice-dhbs-prescribing-controlled-drugs>

²² Ministry of Health Advice to DHBs on Prescribing Controlled Drugs 2015

the entry must be made within 24 hours of the movement of the controlled drug in to or out of the controlled drug safe²³.

- 20.21 Documentation errors in the Controlled Drug Register may be corrected with a signed margin note or footnote entered to explain the correction. Errors must not be removed / erased from the Controlled Drug Register.
- 20.22 A registered nurse and another authorised person must together check any controlled drug being transferred into or out of the controlled drug safe.
- 20.23 The registered nurse must complete and sign the controlled drug register to show the movement of any controlled drug into or out of the controlled drug safe and the balance remaining. The other authorised person must check the balance and countersign the entry.
- 20.24 Any discrepancy between the Controlled Drug Register and the controlled drug balance caused by loss, incorrect balance or counting error must be reported to the HCM immediately it is discovered.
- 20.25 The HCM or their delegate is responsible for investigating any incorrect balance or counting error and for reporting the incident through the Health Services Incident Reporting System.
- 20.26 Any Controlled Drug Register that is full or no longer required must be stored for ten years from the date of the last entry.

Disposal of controlled drugs

- 20.27 Controlled drugs that are no longer needed or have expired must be returned to the Pharmacy. The transfer of the surplus or expired controlled drug from the controlled drug safe must be witnessed and recorded in the Controlled Drug Register by one registered nurse and one other authorised person.
- 20.28 In some other circumstances controlled drugs may require disposal.
- 20.29 Reasons for disposing of controlled drugs include:
- Unused portion of a controlled drug supplied in liquid form (remainder of a dose left in ampoule)
 - Accidental contamination e.g. dropping a tablet
 - A dose of a controlled drug (liquid or tablet form) is refused by a patient
 - An ampoule is accidentally broken and the controlled drug in liquid form becomes unusable.
- 20.30 Disposal of any controlled drug in liquid form on site must be witnessed by two registered nurses or one registered nurse and one authorised person and recorded in the Controlled Drug Register as above.
- 20.31 Disposal of any controlled drug in liquid form because of an accident e.g. broken ampoule, must be witnessed by two registered nurses or one registered nurse and one authorised person and recorded in the Controlled Drug Register as above.

²³ Misuse of Drugs Regulation 40

- 20.32 Any controlled drug in tablet form that becomes contaminated or is refused must be stored in the controlled drug safe until it is returned to the pharmacy. The movement of the controlled drug must be recorded in the Controlled Drug Register by two registered nurses or one registered nurse and one other authorised person.
- 20.33 If any patient refuses a dose of any controlled drug, the refusal and the reasons given for the refusal must be recorded in the patient's electronic health record and the medication administration record. The registered nurse is responsible to inform the prescriber when any patient refuses any dose of a controlled drug.

Controlled drug stock-taking

- 20.34 The HCM is responsible for ensuring a weekly stocktake of controlled drugs is completed.
- 20.35 Two registered nurses, or one registered nurse and one enrolled nurse, must check the balance in the Controlled Drug Register matches the stock of controlled drugs each week. Both nurses must sign the Controlled Drug Register (use a red pen) to show this reconciliation has been completed.
- 20.36 Any discrepancy between the Controlled Drug Register and the controlled drug balance caused by loss, incorrect balance or counting error must be reported to the HCM immediately it is discovered.
- 20.37 The HCM or their delegate is responsible for investigating any incorrect balance or counting error and for reporting the incident through the Health Services Incident Reporting System.
- 20.38 The HCM or their delegate is responsible for arranging a stock-take of controlled drugs and an audit of the Controlled Drug Register by a pharmacist every 6 months on 30 June and 31 December.

21 Over the Counter (OTC) Medicines in Corrections Health Services

This policy on Over the Counter (OTC) medicines applies to general sales medicines, that is those medicines that are available for sale from any retail outlet and those classified as pharmacy only (may be purchased only from a pharmacy). It **does not apply to restricted medicines** – those medicines are available for purchase without a prescription only when sold by a pharmacist (pharmacist only).

- 21.1 Over the counter (OTC) medicines can be purchased, administered or supplied with or without a prescription. In the community people are able to purchase OTC medicines based on their own knowledge of their needs or following a consultation with a health practitioner. Prisoners cannot access OTC medicines in the same way. Certain OTC medicines are purchased by the Corrections Department and held for administration or supply based on

patient need. OTC medicines are usually administered or supplied for episodic health needs and minor ailments e.g. headache, muscular aches and pains and non contagious minor skin irritations.

- 21.2 Registered nurses in Corrections Health Services are permitted to recommend and/or administer a very limited number of OTC medicines.

Standard

- 21.3 Patients in Corrections Health Services can access the OTC medicines they need to manage minor and common health needs.

Policy

- 21.4 The HCM and the medical officer will develop a list of the approved OTC medicines held at each site. The Regional Clinical Director will be consulted to confirm the list.
- 21.5 OTC medicines can be recommended, administered or supplied following an assessment by a registered nurse.
- 21.6 The HCM is responsible to ensure the registered nurses at each facility have the necessary knowledge to safely recommend and/or administer an OTC medicine.
- 21.7 The registered nurse is responsible for the clinical judgement and decision to recommend an OTC medicine.
- 21.8 This means the registered nurse must understand the actions, precautions, contra-indications and possible side effects of the medicine and must be able to provide sufficient information to enable the patient to make an informed choice.
- 21.9 The registered nurse is responsible for providing the patient with information about the intended use and expected outcomes to enable the patient to make an informed choice about taking the medicine.
- 21.10 The registered nurse is responsible for providing the patient with instructions for using the medicine.
- 21.11 OTC medicines can be administered or supplied by a registered nurse; or an enrolled nurse, or an approved health care assistant when directed by a registered nurse.
- 21.12 In some circumstances OTC medicine may also be held by patients for self administration. (See Self administration of medicines section 22.)
- 21.13 The administration of OTC medicines must be recorded in the patient's medication administration record and the daily record in MedTech.
- 21.14 Custodial officers may supply paracetamol (see section 16).
- 21.15 The registered nurse is responsible to check the [HS 3-2-3 Paracetamol Administration Log](#) (Appendix 4) daily to monitor the administration of paracetamol.

- 21.16 Any patient who is regularly supplied with any OTC medicine (including paracetamol) will be referred to the medical officer for assessment. If it is needed regularly the medicine may be prescribed.
- 21.17 Health Centres must have local arrangements for auditing and replacing supplies of OTC medicines.

22 Self administration of Medicines in Corrections Health Services

- 22.1 Corrections Health Services recognise the importance of patients participating in their own health care. In particular it is beneficial for patients with chronic conditions, low security risk patients and those nearing the end of their prison term to take an active role in managing their medicines.
- 22.2 Therefore under some circumstances patients will be authorised to hold and self administer their prescription or OTC medicines.
- 22.3 In prison certain medicines have a value for trading, selling or misuse. Patients holding their own medicine for self administration may be at risk of stand-over tactics or physical abuse.

Standard

- 22.4 There is a system to allow patients to safely participate in their health care by self administering prescription or OTC medicines.

Policy

- 22.5 The HCM or delegated registered nurses are responsible for ensuring that self administration of medication by patients is planned and supervised to minimise the risk of harm to the patient or any other person, [See HS 3-2-5 Risk Assessment for Patient Self-administration of Medication](#) (Appendix 5).
- 22.6 The decision to authorise a patient to hold and self administer their medicines will be based on the following criteria:
- the patient's security status
 - the stability of the patient's health condition
 - the patient's mental health history and current status
 - the patient's history of self harm
 - the in-prison trade or economic value of medicines the patient is prescribed
 - the patient's health literacy
 - the patient's history of medicines compliance.
- 22.7 The following risk factors will generally mean a patient is not authorised to hold or self administer prescription or OTC medicines:

- history of overdose
- medicine has high risk of lethality
- medicine has high economic or trade value in the prison environment
- specific observations are required prior to or following administration of the medicine
- medicine has specific storage requirements
- previous misuse of medicines when permitted to self administer
- injectable medicines will be considered on a case by case basis.

22.8 Before any patient is authorised to hold and self administer any medicines the HCM or a delegated registered nurse is responsible for undertaking an assessment to ensure the patient has received sufficient education and can understand:

- name and dose of medicine(s)
- administration instructions
- likely effects and possible side effects
- importance of compliance
- monitoring requirements e.g. the need for regular blood tests
- safe storage of medicines
- what they should do if they feel at risk from others
- consequences of diversion, selling or trading their medication.

22.9 Any patient who is authorised to self administer medicine will be assessed for suitability and required to comply with the conditions stipulated in a contract between the patient and the HCM or a delegated registered nurse (Appendix 6).

22.10 Any patient who is authorised to self administer medicine will be supplied 7 days doses of the medicine at any one time.

22.11 All medicine held for self administration must be supplied in the pharmacy dispensed unit dose packs or original manufacturer's packaging.

Controlled drugs will not be considered for self-administration except in very rare and exceptional circumstances, and only as part of a documented plan. The rationale for the decision to authorise self administration of controlled drugs must be recorded in the patient's electronic health record.

23 Vaccines in Corrections Health Services

Standard

23.1 Patients can access vaccines to protect against preventable and communicable diseases.

Policy

23.2 Prescribed vaccines may be administered by any registered nurse or enrolled nurse.

23.3 Vaccines may be administered, without a prescription, by registered nurses enrolled nurses or student nurses authorised under a standing order.

23.4 When vaccines are administered under a prescription or standing order the following criteria must be met:

- there must be standing orders authorising registered nurses to administer emergency medicines in case of an adverse reaction to the vaccine; and
- there must be two people (one of whom is a registered nurse authorised by standing orders to administer emergency medicines) trained in cardiopulmonary resuscitation and emergency resuscitation equipment available.

23.5 Any vaccine administered must be documented in the medication administration record and the medication tab in MedTech.

23.6 Registered nurses who are authorised vaccinators under [Medicines Regulation 44A](#) may administer vaccines from the [National Immunisation Schedule](#) without a prescription or a standing order. There must be standing orders to authorise the registered nurse to administer emergency medicines in case of an adverse reaction to the vaccine, and there must be another person trained in cardiopulmonary resuscitation and emergency resuscitation equipment available.

23.7 In some circumstances, e.g. an outbreak or pandemic, vaccines may be administered as part of a local programme authorised by the Medical Officer of Health or the Director General of Health.

23.8 All Health Centres must hold a copy of the most current edition of the [Ministry of Health Immunisation Handbook](#), or have access to the electronic version from the Ministry of Health immunisation website.

23.9 A designated refrigerator must be available to store vaccines. The designated refrigerator must have minimum/maximum temperatures recorded daily, have a data logger and comply with all other cold chain accreditation standards in the National Immunisation Handbook available from the [Ministry of Health immunisation website](#).

23.10 Corrections Health Centres must be cold chain accredited.

24 Nicotine Replacement Therapy in Corrections Health Services

- 24.1 Prisons were made smoke free areas in 2011 (smoking is permitted in designated areas 'outside the wire' at Correctional facilities).
- 24.2 The smoke free prison policy is aligned with the Government goal of a smokefree New Zealand by 2025 and designed to protect the wellbeing of staff, prisoners and visitors from harms associated with tobacco smoke.

Standard

- 24.3 Patients can access nicotine replacement and support while they are required to quit smoking in prison.

Policy

- 24.4 Prisoners will be supported to quit smoking through access to adequate nicotine replacement therapy (NRT), support from Health Services staff and access to QuitLine, the telephone smoking cessation support service provided free to New Zealanders.
- 24.5 Registered nurses, at the discretion of the HCM, may undertake training to become a QuitCard provider.²⁴
- 24.6 All patients will be assessed for smoking status when they first arrive in prison.
- 24.7 All patients who are smokers will be assessed to receive NRT.
- 24.8 All patients who are smokers and who meet the assessment criteria will be offered a course of NRT.
- 24.9 NRT will be supplied in the form of lozenges. NRT gum and patches are not permitted in prison.
- 24.10 Any patient who is eligible but declines to receive NRT at the initial assessment can request NRT within the next seven days.
- 24.11 NRT lozenges will be supplied for a maximum of four weeks.
- 24.12 Any patient who commences NRT and chooses to stop using the lozenges can request that they re-start the NRT any time within four weeks of commencing NRT. The total time the patient can be supplied with lozenges is four weeks.
- 24.13 NRT lozenges can be held in the guard room and provided by custodial staff to prisoners undertaking NRT therapy.
- 24.14 Patients who are on NRT do not require further assessment for smoking status at the receiving prison when transferring between prisons.
- 24.15 Custodial officers are responsible for notifying health services staff if any patient is known to misuse NRT.

²⁴ <http://www.nzno.org.nz/Portals/0/publications/Advice%20re%20Nurses%20becoming%20Quit%20Card%20providers.pdf>

- 24.16 Any patient who misuses NRT will have the supply of NRT stopped. Misuse includes:
- trading NRT
 - hoarding NRT
 - over using NRT (exceeds the stated dose)
 - being in possession of another patient's NRT supply
 - being in possession of illicit NRT gum or patches.

25 Opioid Substitution Therapy (OST) in Corrections Health Services

Any Corrections Health Services staff who prescribe, administer or monitor opioid substitution treatment for patients in Corrections Health Services MUST comply with this policy, have completed the [Opioid Substitution Policy Module](#) and be familiar with the [Ministry of Health Guidelines for Opioid Substitution Treatment](#).

- 25.1 Opioid substitution treatment (OST) is a treatment for opioid addiction where patients are treated with specific controlled drugs (methadone or suboxone). Prescribing controlled drugs for addiction is a legislated activity set out in [Section 24 of the Misuse of Drugs Act 1975](#).
- 25.2 OST programmes are delivered through specialist drug and alcohol services, usually provided through DHB funded Community Alcohol and Drug Services (CADS). Prisoners on OST remain under the care of CADS for ongoing prescribing and monitoring.
- 25.3 The nature of OST medicines means they have a high value in the prison environment. There are risks of diversion, abuse and stand overs. Therefore the care of patients receiving OST and the administration of OST requires specific policy.

Authorised Opioid Substitution Prescriber

This title applies throughout this section of the Medicines Management Policy: It means a medical practitioner, nurse practitioner or designated prescriber nurse who is authorised in accordance with the [Misuse of Drugs Act 1975](#) to prescribe controlled drugs for the purpose of treating addiction. An approved opioid substitution prescriber may be:

- a medical practitioner who is a specialist in treating addiction and is employed in a service specialising in the treatment of addiction and who is authorised by a specialist alcohol and drug service to prescribe controlled drugs for the treatment of addiction under the specifications of Section 24 of the Misuse of Drugs Act 1975; or
- a medical or nurse practitioner or a designated prescriber nurse who is authorised by a specialist alcohol and drug service to prescribe controlled drugs for the treatment of addiction under the specifications of Section 24A of the Misuse of Drugs Act 1975.

Standard

25.4 Prisoners on OST:

- receive prescribed OST medicines; and
- have access to CADS; and
- are monitored to identify misuse, abuse, diversion or risks to their own or others' personal safety.

Policy

- 25.5 All patients receiving OST in prison will be managed according to the [Ministry of Health Guidelines for Opioid Substitution Treatment](#).
- 25.6 OST will be prescribed only by an Authorised Opioid Substitution Prescriber.
- 25.7 Registered nurses are responsible to manage and supervise the administration of OST in prisons.
- 25.8 If a patient is on remand then he/she will continue to be managed and supported by the local DHB provider.
- 25.9 Once sentenced (and if sentenced to another prison in a different DHB catchment) then care will be transferred to the local DHB AOD service.
- 25.10 All patients receiving OST will have an alert recorded in MedTech showing they are prescribed a controlled medication.
- 25.11 All patients receiving OST will have an IOMS health alert showing that the prisoner is prescribed a controlled medication.
- 25.12 All patients on OST must have an IOMS transferability constraint.
- 25.13 The Director Offender Health and Principal Health Advisor will attend meetings with the National OST group.

Eligibility for OST in prison

- 25.14 OST will be maintained by Corrections Health Services for any patient who is in an opioid substitution programme, and has been established on treatment, before they are imprisoned.
- 25.15 No patient will be eligible to have opioid substitution treatment with methadone initiated while in prison unless the Exceptions to Eligibility (see paragraphs 25.21 to 25.24 below) criteria apply.
- 25.16 Corrections Health Services will also maintain patients who are prescribed methadone by a primary or secondary provider, for treatment other than OST, in consultation with that provider.
- 25.17 Only eligible patients who have given informed consent and agree to comply with the conditions for OST in prison will be placed in the OST programme (see [HS 3-3-1 Opioid Substitution Treatment Consent and Agreement Form](#))
- 25.18 No opioid substitution will be administered without consultation with the authorised opioid substitution prescriber and/or any primary or secondary service or CADS that is providing care for the patient.

- 25.19 Any patient who is on interim OST prescribing prior to imprisonment will be formally admitted to a CADS or withdrawn from methadone using an appropriate withdrawal schedule.
- 25.20 The following circumstances mean a patient will not be eligible to be maintained on OST in prison:
- voluntary withdrawal
 - involuntarily withdrawal as a result of non compliance with the consent contract
 - maintenance is contraindicated – decided by specialist clinical assessment.

Exceptions to Eligibility

- 25.21 In rare circumstances the Department Principal Health Advisor and the Department Director Offender Health may waive the eligibility criteria and permit a prisoner to commence OST.
- 25.22 The Principal Health Advisor must be advised, in writing, of the case and clinical indications for an exception. The Principal Health Advisor will manage the process of assessing the case and will advise the Director Offender Health.
- 25.23 The Principal Health Advisor and Director Offender Health must agree to the plan for commencing treatment prior to the initiation of the treatment.
- 25.24 Before any exception is approved the following criteria must be met:
- The patient must consent, in writing, to the disclosure of their health information so that a decision can be made; and
 - The lead clinician in the CADS must provide a clinical assessment of the patient's case; and
 - The Principal Health Advisor and the Director of Mental Health, Ministry of Health, must agree the clinical presentation justifies an exception and advise the Director Offender Health; and
 - The Director Offender Health must agree with the decision of the Principal Health Advisor and the Director of Mental Health; and
 - The OST programme must be commenced by a CADS. The service must assure the Department in writing that any necessary support will be available to the Corrections Health Service.

Assessment for OST in prison

- 25.25 Any patient who will be maintained on OST in prison must have an assessment using the [HS 3-3-2 OST Commencement Checklist](#) (Appendix 8) prior to administration of any OST in prison.
- 25.26 The CADS and/or the authorised opioid substitution prescriber must be contacted before any dose of OST is administered.

- 25.27 The patient's history and the most recent treatment plan must be obtained, including confirmation of whether the patient is in a treatment programme or is on interim methadone prescribing.
- 25.28 A urine drug screen must be completed to identify the presence of **methadone or suboxone**.

NB If the urine drug screen result yields an unexpected result, i.e. a result that does not match the history and clinical findings, a urine sample must be sent to the laboratory for more explicit testing.

- 25.29 All assessments and any interactions with the CADS and/or authorised opioid substitution prescriber, pharmacy, or general practice must be documented in the patient's electronic health record.
- 25.30 All newly-arrived patients who are receiving OST must be assessed by the medical officer at the next clinic or, if it is clinically indicated, the **patient must be taken to an urgent medical service for assessment**.

Prescribing OST in prison

- 25.31 Prescribing opioids for the treatment of addiction is described under section 24 of the Misuse of Drugs Act 1975.
- 25.32 Prescribers of opioids for the treatment of addiction must be authorised under Section 24 of the Misuse of Drugs Act 1975.
- 25.33 A prison medical officer may be authorised to prescribe opioid substitution under Section 24 of the Misuse of Drugs Act 1975.
- 25.34 If the prison medical officer is authorised to prescribe OST, the prescribing authority must be sent to the pharmacy by Corrections Health Services, copied in the patient's electronic health record and the approval form (or letter) placed in the patient's hard copy file.
- 25.35 The authorised opioid substitution prescriber is responsible to titrate the dose as necessary to stabilise and prescribe the OST to maintain the patient.

Diversion

- 25.36 **If the patient is suspected of diverting OST medicines the CADS and or the authorised opioid substitution prescriber must be advised immediately.**
- 25.37 The authorised opioid substitution prescriber or the CADS will decide whether the patient continues to receive the full dose or if lesser doses will be administered under supervision until it is clinically safe to resume the full dose.
- 25.38 The authorised opioid substitution prescriber or the CADS will decide if a new prescription is required.

25.39 Diversion of OST may result in the Department recommending to the CADS that the patient is withdrawn from the OST programme (see Withdrawal in paragraphs 25.61 to 25.69 below).

Commencing maintenance of OST in Prison

25.40 Maintenance of OST can be commenced only when:

- The initial urine test shows the presence of methadone or suboxone.
- The patient's vital signs are in the normal range and recorded in the electronic health record.
- A prescription is issued and individual unit doses have been obtained from the pharmacy.
- If a patient has missed dose/s or it can not be confirmed that they have taken a prescribed dose the authorised opioid substitution prescriber or CADS must be contacted to establish the correct dose.

25.41 When a patient who is eligible (including that the prescriber has been consulted) to have OST maintained in prison is received on a Friday night, weekend, or public holiday OST may be administered if:

- the patient's OST is provided from and normally consumed at a local pharmacy; and
- the pharmacy is open and can provide a copy of the prescription; and
- the OST can be collected by a registered nurse or a custodial officer in a secure container.

25.42 Corrections Health Services must contact the CADS or the authorised opioid substitution prescriber on the next working day to obtain a history and the latest treatment plan.

25.43 If there is a delay of more than 24 hours in contacting the CADS or authorised opioid substitution prescriber when a new patient who is eligible for OST is received, the patient must be monitored for withdrawal symptoms. The HCM or their delegate is responsible to report the incident through the Health Services Incident Reporting System.

25.44 Methadone brought to prison with a patient must not be administered under any circumstances.

25.45 Suboxone the patient brings with them may be administered only if the prescription is current and the suboxone is in the original pharmacy packaging. If there is any sign the packaging has been tampered with, the suboxone must not be administered.

Administration of OST in prison

25.46 OST must be administered by a registered nurse.

25.47 Any patient who is prescribed OST must be identified by date of birth and a photograph, before the medicine is administered.

- 25.48 Patients receiving OST will attend the Health Centre for administration of the medicine. In exceptional circumstances the registered nurse may administer OST within the prison. In this case there must be no other prisoners present and a custodial officer must be available to supervise the safety of the registered nurse.
- 25.49 All doses of methadone must be administered from a unit dose bottle and must be added to a cup containing a minimum 150 mls of milk.
- 25.50 All doses of suboxone must be administered from a unit dose blister pack supplied by the pharmacy for that patient. Suboxone in tablet form must be crushed to rock salt consistency for administration.
- 25.51 OST must be prescribed for administration before 2 pm daily.
- 25.52 OST will be administered before two pm (1400 hours) while a registered nurse is on site.
- 25.53 The dose can be given after 2 pm in certain circumstances (e.g. a prisoner returns late from a court hearing) if:
- the patient has been stable on OST
 - the patient is prescribed methadone as split doses (twice daily) and is stable on this regime
 - there will be a registered nurse available to assess and monitor the patient if necessary for:
 - four hours after methadone is administered (peak plasma levels for methadone occur four hours after administration)
 - 90 minutes after suboxone is administered (peak plasma levels for suboxone occur 60 – 90 minutes after administration).
- 25.54 Administration of OST must be recorded in the patient's medication administration record.
- 25.55 The HCM is responsible for managing a system to ensure the patient cannot falsely claim to have missed a dose of OST e.g. the patient is required to sign the signing sheet or a separate register to verify they have received each dose of OST.

Monitoring OST in prison

- 25.56 Any patient prescribed OST will be monitored to assess their response to, and tolerance of, the treatment. The outcomes of assessments and any exceptions will be documented in the patient's electronic health record.
- 25.57 Monitoring will include:
- General wellbeing and demeanour each time the OST is administered.
 - Medication review by the medical officer (not necessarily face to face) at least every three months.
 - At least six monthly face to face reviews with the medical officer.
 - All patients in an OST programme are required to consent to random urine drug screens at least four times a year. More frequent tests may be

required at the discretion of the HCM if there is any suspicion of diversion, intoxication or stand-over behaviours.

- The patient will not be eligible for the OST programme in prison unless they consent to the screening tests above.

NB: If the urine test results indicate the use of other illicit drugs the patient's eligibility to receive OST will be reviewed by the Corrections Health Service, the authorised opioid substitution prescriber and/or the CADS. The patient may be required to involuntarily withdraw from OST.

- 25.58 Each patient on OST must have a health treatment plan, developed between the CADS and/or the authorised opioid substitution prescriber and the patient. The plan will be held in the patient's electronic health record.
- 25.59 Patients on OST will have regular contact (no less than every six months) with the CADS. Corrections Health Services must consult with the CADS sooner than six monthly to resolve any problems with care or the treatment plan.
- 25.60 All interactions with the CADS and/or authorised opioid substitution prescriber, pharmacy, or general practice must be documented in the patient's electronic health record.

Withdrawal from OST in prison

- 25.61 Withdrawal may be voluntary – where the patient and the practitioners providing care agree the patient will withdraw from treatment for any reason.
- 25.62 Withdrawal may also be involuntary – where the patient does not agree or volunteer to withdraw from treatment but where the practitioners agree they should withdraw, or where the behaviour or activities of the patient mean their eligibility to be in the OST programme is void.
- 25.63 Withdrawal from OST must always be a planned process, undertaken through collaboration with the CADS and/or the authorised opioid substitution prescriber, and as far as possible with the patient.
- 25.64 Any patient in an opioid substitution programme must be informed of their right to withdraw from treatment and of the process and consequences of withdrawal.
- 25.65 The final decision to withdraw any patient (voluntarily or involuntarily) from OST is the responsibility of the CADS or the authorised opioid substitution prescriber and the medical officer. The decision to withdraw a patient involuntarily will give consideration to any recommendation from Corrections Health Services when the patient is known to be diverting opioid substitution medicines (see paragraphs 25.36 to 25.39 above).

- 25.66 The Regional Clinical Director must agree with the decision to withdraw any patient from OST. In cases where the parties cannot reach agreement the Principal Health Advisor must be consulted.
- 25.67 Before a decision is made to withdraw any patient from OST a review must be undertaken.
- 25.68 Any such review will include:
- consultation with the patient
 - consultation with the appropriate CADS and/or authorised opioid substitution prescriber
 - consultation with custodial staff to clarify any diversion or “stand-over” activities; and
 - consideration of the clinical risks of withdrawal.
- 25.69 The decision to withdraw any patient from OST, names of those consulted, the rationale for the decision; and any communication with the patient must be recorded in the patient’s electronic health record.

Voluntary Withdrawal

- 25.70 There must be consultation and agreement between the patient and the CADS, and/or the authorised opioid substitution prescriber before any patient can voluntarily withdraw from treatment.
- 25.71 The patient must be informed of the risks, benefits, potential consequences and process of withdrawal. The patient must consent, in writing, to voluntary withdrawal.
- 25.72 An appropriate withdrawal regime will be implemented based on recommendations from the CADS.

Involuntary Withdrawal

- 25.73 Patients who breach or who are suspected of breaching the OST contract may be required to undergo involuntary withdrawal from OST.
- 25.74 Corrections Health Services may recommend that a patient is required to withdraw if they are known to be diverting OST medicines (see paragraphs 25.36 to 25.39 above).
- 25.75 Patients on Interim Methadone Prescribing prior to imprisonment may be required to undergo involuntary withdrawal from treatment in custody.
- 25.76 An appropriate withdrawal regime will be implemented, based on recommendations from the CADS or authorised opioid substitution prescriber, for any patient who is involuntarily withdrawn from OST

Release of patients on OST

- 25.77 The Corrections Health Service is responsible to ensure that patients on OST have sufficient information, and there is an agreed plan, to maintain the patient’s access to OST when they are released.

25.78 This means the Corrections Health Service is responsible to ensure the patient:

- knows how they will receive the OST on release; and
- has a confirmed appointment with the CADS; and
- is provided with the contact details of the CADS; and
- understands further prescriptions for OST will only be available from the CADS with which they have the appointment.

Patients on OST who are pregnant

Practice Note

Methadone is the opioid substitution medicine recommended for use in pregnant and lactating women. Suboxone is contraindicated for use in pregnancy and not recommended during lactation.

25.79 Immediate (same day) advice must be sought from the CADS or authorised opioid substitution prescriber or the medical officer if a pregnant woman is received in prison and is eligible for methadone treatment. This includes if the woman is received over the weekend.

25.80 Immediate (same day) advice must be sought from the CADS, or an authorised opioid substitution prescriber or the medical officer if a pregnant woman is received in prison and is not eligible for methadone treatment but has been using illicit opioids. An eligibility exemption may apply – see paragraphs 25.21 to 25.21 above.

25.81 When a patient on OST is pregnant all sections of this policy apply AND Corrections Health Services are responsible for ensuring:

- the lead maternity health carer, the CADS, the patient's case manager, and any other relevant health provider services are informed that she is in prison
- a treatment plan, agreed by all appropriate health professionals and the woman, is in place for the duration of the pregnancy
- the patient is fully informed of the additional risks if voluntary withdrawal is considered during pregnancy
- involuntary withdrawal will not be considered when the patient is pregnant.
- if the patient is vomiting her dose of methadone, the authorised opioid substitution prescriber must be consulted and becomes responsible for any clinical intervention
- if there is any evidence of withdrawal, intoxication, or diversion, the authorised opioid substitution prescriber must be consulted and is responsible for any clinical intervention.
- after the baby is born the woman's methadone treatment plan will be reviewed.

Transfer of patients on OST

- 25.82 Any patient in an OST programme will have a transferability constraint entered in IOMS.
- 25.83 In the case that a patient on OST is transferred to a prison that requires a transfer to a new CADS, the transferring Health Services staff must ensure the patient is referred and confirm that the referral is accepted by the new CADS.
- 25.84 On the day of the transfer the registered nurse at the transferring prison must ensure that the patient has received the prescribed dose of OST before being transferred.
- 25.85 The registered nurse at the receiving prison is responsible for ensuring the required documentation is available before administering the first dose of OST after the patient is received.
- 25.86 The registered nurse at the transferring prison is responsible for providing a verbal handover to the registered nurse at the receiving prison; and that a written handover is documented in the patient's electronic health record.
- 25.87 The registered nurse at the transferring prison is responsible for ensuring any unit doses of the patient's OST medicine are transferred with the patient, in a sealed container, in the care of the custodial officer.
- 25.88 The registered nurse at the receiving prison is responsible for the safe storage of any OST medicine that is transferred with the patient.

See also Section 18 of this policy: Patient access to medicine when on transfer or away from the prison.

Patients on OST away for the day or overnight

- 25.89 Under no circumstances will a patient who is going on leave be provided with take-away doses of OST.
- 25.90 If any patient will be away from the prison for more than a day, the CADS or the authorised opioid substitution prescriber must be informed and made responsible for administration of OST while the patient is away from the prison.

Conversion between OST medicines in prison

- 25.91 Conversion from methadone to suboxone or from suboxone to methadone will not be considered while a patient is in custody except in exceptional circumstances.

Missed doses of OST

- 25.92 When any patient on OST misses a dose of the OST medicine, the CADS and/or authorised opioid substitution prescriber must be consulted for instructions.

25.93 Any missed dose of OST medicine and the reason for the missed dose must be documented in the medication administration record and in the patient's electronic health record.

Overdose of methadone or suboxone in prison

25.94 Every Corrections Health service will have a standing order authorising the administration and supply of naloxone in case of an overdose of OST.

25.95 In any case where an overdose of OST is identified the CADS and/or the authorised opioid substitution prescriber must be informed. The CADS and/or the authorised opioid substitution prescriber are responsible for providing instructions for subsequent doses.

25.96 When an overdose is the result of a medication error, the HCM must be consulted immediately the error is discovered. The HCM will be responsible for investigating and reporting the incident, including any corrective actions taken as the result of any investigation.

25.97 When an overdose of OST is the result of diversion the patient may be required to involuntarily withdraw from OST see paragraphs 25.73 to 25.76 above.

Unable to contact the CADS

25.98 Corrections Health Services will have an arrangement with the local CADS for managing urgent prescriptions or advice after hours.

25.99 When it is not possible to contact the CADS or authorised opioid substitution prescriber:

- a patient will not be started on OST
- If necessary the patient must be taken to an urgent medical service for assessment
- The incident must be reported through the Health Service Incident Reporting System.

Patients on OST operating machinery (including vehicles)

25.100 Methadone and suboxone may affect the capacity of patients to operate machinery or drive.

25.101 Corrections Health Services staff are responsible for accessing advice from the CADS or authorised opioid substitution prescriber before any patient on OST is authorised to operate machinery.

25.102 Health Services staff are responsible for informing the Principal Custodial Officer, using the Advice of Patient Health Status Form if there are **concerns about the safety of a patient to operating machinery.**

26 Patients' Medication on Release

- 26.1 The HCM or a delegated registered nurse is responsible for ensuring any patient being released has an adequate supply of the prescription and OTC medicine they need. An adequate supply may be up to one month of blister packed medicines if that supply is available at the time of the patient's release.
- 26.2 The HCM or their delegate is responsible for undertaking a risk assessment and may limit the amount of medicines supplied to the patient on release.

27 Death in Custody

- 27.1 If a patient dies in custody, all that patient's medicines must be collected and held securely by the HCM until all clinical, inspectorate and coronial processes have been completed.
- 27.2 Once all clinical, inspectorate and coronial processes have been completed any remaining medicines prescribed for the deceased patient must be returned to the pharmacy for disposal through the usual process.

28 Quality Assurance

Standard

- 28.1 Policies and procedures are monitored and audited through a national quality system.

Policy

- 28.2 The HCM is responsible for ensuring compliance with this policy in each Corrections health centre.
- 28.3 The HCM and Regional Health Leadership Team will be responsible for developing, monitoring and reviewing local procedures that operationalise this Medicines Management Policy.
- 28.4 The Corrections Health Leadership Team is responsible for overseeing, monitoring and auditing the national systems for the management of medicines in Corrections Health Services.

29 Related Corrections Health Services Policies and Systems

[Clinical Emergency Policy and Procedure](#)

[Complaints Policy](#)

[Informed Consent Policy](#)

[Initial Health Assessment Policy](#)

[Standing Orders Practice Manual](#)

[Corrections Health Services Clinical Governance Framework](#)

[Corrections Health Services Continuous Quality Improvement Policy](#)

30 References

Competencies for the Enrolled Nurse Scope of Practice, 2010, Nursing Council of New Zealand

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Guidelines for Nurses on the Administration of Medicines, 2014, NZNO.

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Medicines Care Guides for Residential Aged Care, 2011, Ministry of Health.

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Misuse of Drugs Regulations 1977

Practice Guideline: Transcribing Medicines, 2016 , NZNO.

New Zealand Guidelines for Opioid Substitution, 2014, Ministry of Health.

Standing Order Guidelines 2016, 2nd Edition, Ministry of Health.

Appendix 1 - Corrections Standing Order template

Issued: 00/00/0000	Review date: 00/00/0000
Medicine Standing Order Title	Name the condition you are treating under this standing order – e.g. urinary tract infection (UTI), scabies. A standing order covers the treatment of a specified condition. This may involve directions for several different medicines with clear indications for the use of each medicine.
Rationale	Explain why the standing order is necessary.
Organisation/clinic	Name and address of the organisation where the standing order is being used.
Scope (the condition and patient group)	e.g. for the treatment of UTI in females.
Medicine/s	Name, strength and dose form.
Dosage instructions for each medicine	e.g. 300 mg at night for 3 days.
Route of administration	e.g. oral, deltoid intramuscular or deep subcutaneous injection.
Indication/circumstances for activating the standing order	e.g. for the treatment of a UTI (with frequency, urgency and/or dysuria and positive dipstick test) without complicating factors.
Precautions and exclusions that apply to this standing order	e.g. pregnancy, breastfeeding, allergies, contraindications.
Persons authorised to administer the standing order	Name or class of health professional (e.g. registered nurses).
Competency/training requirements for the person(s) authorised to administer	e.g. prior to administering paracetamol under this standing order the registered nurse is required to undergo the in-house training on the policy, procedure and documentation requirements for standing orders. A record of this training will be kept.
Countersigning and audit	The standing order must specify whether countersigning is or is not required for every administration and/or supply (and under what circumstances). Note: The standing order must be either individually countersigned or included in the monthly audit by the issuer. If countersigning is required, define the timeframe (e.g. within 24 hours of administration); if countersigning is not required, define the audit sample (e.g. 20% of standing order treatments once a month).
Definition of terms used in standing order	e.g. dysuria is pain or difficulty on urination.

Additional information	Documentation (administration/supply information – including validated dose reference charts); initial and ongoing assessment requirements. Note any supporting documents, e.g. policy, guidelines or decision support tools, attached to this standing order.
-------------------------------	---

Signed by issuer:

Name:		Date:	
Title:			

Notes:

This standing order is not valid after the review date. The review date is one year after the date that the order was signed by the issuer.

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Appendix 2 - Standing Order Competency Assessment Register HS 3-2-7

Name of Medicine: _____

Registered nurse / enrolled name and registration number	Date SO learning module / audit signed off	Additional learning modules completed and date	Name and signature of the HCM (verifies the HCM has assessed the nurse as competent)	Signature of the Registered Nurse (verifies the nurse understands and agrees to comply with the SO Policy)	Date	Reassessment Date

A copy of this register must be filed in the standing order portfolio in each Corrections health centre.
 The Issuer of each standing order is responsible for setting counter signing/or audit requirements for each standing order.
 The Issuer is responsible for bringing any competence issue (identified through the audit or counter sign process) to the attention of the HCM
 Each line item on this Standing Order Competency Register must be reviewed by the date specified; at least annually from the date specified or when there is a change in Issuer.
 A copy of this register must be kept in the portfolio of standing orders for the Health Centre.

Appendix 3 - Unit-Dose Packaged Prescription Medication Log Sheet

Unit-Dose Packaged Prescription Medication Log Sheet

HS 3-2-4

Unit: _____ Patient: _____ Day and Date: _____ Page _____ of: _____
 Use a new sheet each day

Please read Health Services Medicines Management Policy, Section 9.6

Regular Meds:	No. of pkts/ pots:	Comments/Instructions	Times medication due (nurses)				Issuing medication - Corrections Officer's Signature:				Patients refuses medication * Corrections Officer's signature:				Action Taken by Corrections Officers
			Patients signature to acknowledge receipt of medication:				Bfast	Lunch	Tea	Eve	Bfast	Lunch	Tea	Eve	
			Bfast	Lunch	Tea	Eve	Bfast	Lunch	Tea	Eve	Bfast	Lunch	Tea	Eve	
Non regular Meds:															
Total															

Officer receiving medication for patient: Print Name _____
 RN delegating medicine administration: Print Name _____

Sign _____
 Sign _____
 On Date: _____

Appendix 4 Paracetamol (Panadol) Administration Log Sheet

Paracetamol (Panadol) Administration Log Sheet

Use a new sheet each day.

1982 HS 3-2-3

Over the Counter Medication Name	Reason For Use	Recommended Dose	Precautions/ Contra Indications
PANADOL	INTERMITTENT PAIN SUCH AS HEADACHE, TOOTHACHE OR FOR FLU SYMPTOMS	1GM (2 x 500 mg TABS) - NO MORE THAN 4g (8 x 500 mg TABS) IN 24HRS.	ALLERGY TO PANADOL Check when last took Panadol or medicine containing panadol

DATE:

UNIT:

Prisoner Name	Dose 1	Dose 2	Dose 3	Dose 4
	Time..... Dose: 1 tab 2 tabs (circle) Reason..... Prisoner Sign..... Officer Sign.....	Time..... Dose: 1 tab 2 tabs (circle) Reason..... Prisoner Sign..... Officer Sign.....	Time..... Dose: 1 tab 2 tabs (circle) Reason..... Prisoner Sign..... Officer Sign.....	Time..... Dose: 1 tab 2 tabs (circle) Reason..... Prisoner Sign..... Officer Sign.....
	Time..... Dose: 1 tab 2 tabs (circle) Reason..... Prisoner Sign..... Officer Sign.....	Time..... Dose: 1 tab 2 tabs (circle) Reason..... Prisoner Sign..... Officer Sign.....	Time..... Dose: 1 tab 2 tabs (circle) Reason..... Prisoner Sign..... Officer Sign.....	Time..... Dose: 1 tab 2 tabs (circle) Reason..... Prisoner Sign..... Officer Sign.....
	Time..... Dose: 1 tab 2 tabs (circle) Reason..... Prisoner Sign..... Officer Sign.....	Time..... Dose: 1 tab 2 tabs (circle) Reason..... Prisoner Sign..... Officer Sign.....	Time..... Dose: 1 tab 2 tabs (circle) Reason..... Prisoner Sign..... Officer Sign.....	Time..... Dose: 1 tab 2 tabs (circle) Reason..... Prisoner Sign..... Officer Sign.....
	Time..... Dose: 1 tab 2 tabs (circle) Reason..... Prisoner Sign..... Officer Sign.....	Time..... Dose: 1 tab 2 tabs (circle) Reason..... Prisoner Sign..... Officer Sign.....	Time..... Dose: 1 tab 2 tabs (circle) Reason..... Prisoner Sign..... Officer Sign.....	Time..... Dose: 1 tab 2 tabs (circle) Reason..... Prisoner Sign..... Officer Sign.....

	Time Dose: 1 tab 2 tabs (circle) Reason Prisoner Sign Officer Sign	Time Dose: 1 tab 2 tabs (circle) Reason Prisoner Sign Officer Sign	Time Dose: 1 tab 2 tabs (circle) Reason Prisoner Sign Officer Sign	Time Dose: 1 tab 2 tabs (circle) Reason Prisoner Sign Officer Sign
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Appendix 5 - Risk Assessment for Patient Self-Administration of Medication

Risk Assessment for Patient Self-Administration of Medication

HS 3-2-5

Patient Name:

DOB

PRN

NHI

List Medication to hold:

Assessment completed by: _____ Date: _____

Health Centre Manager Approval: _____ Date: _____

	Yes	No	Comments
1. Does the patient have a good understanding of his/her medication/ health condition? (including signs/ symptoms; course of condition/ signs of deterioration)			(If No refer to Team Leader / Health Centre Manager)
2. Is the patient able to understand medication administration requirements? (including effects/ side effects; need to comply with administration instructions)			(If No refer to Team Leader / Health Centre Manager)
3. Does the patient have a history of self harm?			(If Yes extreme caution is recommended. MUST refer to TL/HCM who may refer to Medical Officer)
4. Has the patient ever stored up or overdosed on medication?			Check (If Yes extreme caution is recommended. MUST refer to TL/HCM who may refer to Medical Officer)
5. Is the patient depressed or does he/she have a recent history of depression?			(If Yes extreme caution is recommended. Must refer to T/L, HCM. Consult with custody and document outcomes of this consult.
6. Do Custodial Staff following consultation have any concerns (including potential for			(If YES refer to TL/HCM.)

<p>stand over behaviour, diversion, risks from cell mate or others in unit) NB Nurse must document the name of Custodial staff consulted</p>			
<p>7. Does the patient have a history of poor compliance with medication?</p>			<p>(If YES refer to TL or HCM)</p>
<p>8. Is there any other information obtained from the clinical file/ or in consultation with others which might contraindicate self-administration of medication? (describe information)</p>			<p>(If Yes refer to TL or HCM)</p>

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Appendix 6 - Medicines Self Administration Contract

Medicines Self Administration Contract **HS 3-2-8**

I (full name)
Date of Birth

Agree that I will self administer my medication.

I have discussed my medicines and the conditions for being permitted to self administer my medicines with Health Services staff and I understand:

- The name and dose of my medication
- The reason I am taking this medication
- The effects and possible side effects of this medication
- Any special instructions for taking the medication
- If I am suspected of inappropriately using, trading, or diverting my medicines I will no longer be permitted to self administer my medicines.
- There may also be other consequences imposed by custodial staff if I misuse my medicines.
- I can choose to stop self administering my medicine – I agree to tell the nurse or doctor if I decide to do this.

I agree to:

- Take the medicines as instructed.
- Tell the nurse or doctor or other staff if I have any questions about my medication or if I notice any change in my health condition.
- Tell the nurse or doctor or other staff if I am being intimidated or stood over by other patients who want me to hand over my medicines.
- Tell the nurse or doctor or other staff if I am not taking my medication.

I understand this contract and agree to the conditions for self administering my medicines.

Patient

Health Centre Manager or Registered nurse

Date

Record Medication for self administration Name & Dose	Date
	n 1982

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Opioid Substitution Treatment Consent and Agreement Form

I (full name) _____ date of birth _____
request to voluntarily engage in opioid substitution treatment while in the Prison Health Service.

The following has been discussed with me and I agree to the following conditions. I agree to:

- Attend the Health Centre as my treatment requires
- Drink my methadone with 200 ml of milk or soya milk if I am lactose intolerant, **or**
- Put my suboxone under my tongue and remain under observation until this has completely dissolved
- Show the inside of my mouth to Health Staff before and after taking my methadone or suboxone.
- Talk to the Health Services staff after taking my methadone or suboxone
- Authorise Health Services staff to:
 - inform the Custodial staff that I am on a controlled medication and if I have special needs related to opioid substitution treatment (this may include information to Custodial staff that you are operating machinery, including a vehicle)
 - regularly consult and share my health information with my outside health care providers
 - obtain health information and current drug dosages from my current specialist service.

I agree not to:

- Intentionally miss any doses of opioid substitution treatment
- Attempt to trade, sell, or give away my opioid substitution treatment for any reason whatsoever
- Take illicit drugs

And I understand that:

Overdose of opioid substitution treatment may be fatal, particularly combined with alcohol, illicit or un-prescribed drugs

- I need to provide a urine sample for drug screening as requested. This test will include a screen for cannabis, synthetic cannabis, benzodiazepines, morphine, oxycodone, methamphetamines, amphetamines, cocaine, methadone and suboxone
- I will inform Health Services staff if I vomit a dose of methadone

Opioid Substitution Treatment Consent and Agreement form – page 2

- I can ask any questions about my treatment and be involved in planning my treatment
- I can tell Health Services staff if I am being intimidated by other patients
- If I am pregnant special circumstances will apply and these will be discussed with me
- If found to be diverting my methadone/suboxone, the safety of providing opioid substitution treatment to me in prison will be reviewed by Health Services and my specialist service which may result in treatment being suspended for the time of imprisonment.
- I acknowledge and understand that my place on the programme will be immediately reviewed if I:
 - engage in violent behaviour or verbal abuse or intimidating behaviour towards Health Services staff, other patients, or any other person
 - do not comply with the behaviour set out in this Agreement.

I sign this Consent and Agreement to indicate that this document has been read by, or to, me and I understand and agree to be bound by its terms

Print Name:

Signature:

Date:

Witness Name:

Signature:

Date:

Appendix 8 - Cover Sheet & Opioid Substitution Treatment Commencement Checklist

Cover Sheet & Opioid Substitution Treatment Commencement Checklist

HS 3-3-2

Name: _____
 Date Received in Prison: _____
 Specialist Service: _____
 Name of Case Manager: _____
 Type of Prescribed Opioid Substitution Treatment: _____

COMMENCEMENT CHECKLIST

Tasks	Date completed when	Signature when completed
Urine Drug Screen: Results: Last Methadone/Suboxone dose: Current Dose:		
Specialist Service contacted (name of staff member spoken to)		
Name of dispensing pharmacy		
Copy of prescription received by fax from community provider		
Date and time last dose was administered Record here:		
Pulse: BP: Level of consciousness: <ul style="list-style-type: none"> • alert • drowsy • stupor • unconscious Pupil size		
Assessment documented in electronic clinical file		

Health Care Pathway Policy

Corrections Health Services

Health Care Pathway Policy

DOCUMENT CONTROL

Document reference:	Health Care Pathway Policy
Version:	FINAL
Last updated:	April 2019
Document Owner:	General Manager Health
To be reviewed by:	Principal Health Advisor
Related legislation and standards:	Corrections Act 2004; Corrections Regulations 2005; The New Zealand Disability Strategy 2001; NZS 8134:2008 Health and Disability Sector Standards; The Code of Health and Disability Services Consumers' Rights 2009; Health Practitioners Competence Assurance Act 2003; Privacy Act 1993; Health Information Privacy Code, 1994; Mental Health (Compulsory Assessment & Treatment) Act 1992; Competencies for Registered Nurses 2007: Nursing Council of NZ; Competencies for Enrolled Nurses; Nursing Council of NZ, 2012

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1. Introduction

- 1.1 People in prison are vulnerable health consumers with a range of health needs related to their ethnicity, economic status and life course.
- 1.2 Health services provided for people in prison include screening on entry into prison, assessment and treatment of emergencies and acute episodes, management of long term conditions; and referral for specialist care. Prevention and screening interventions are provided to improve the health status of the prison population as a whole.
- 1.3 The Department of Corrections, and all staff and contractors employed by the Department of Corrections are obliged to comply with legislation, primarily the [Corrections Act 2004](#) and the [Corrections Regulations 2005](#), [Health and Disability Commissioner Act 1994](#), [Health Act 1956](#), [Privacy Act 1993](#), and related Codes when planning and providing health care to people in prison.

2. Purpose

- 2.1 The Corrections Health Services Health Care Pathway Policy (Health Care Pathway) describes the system of health screening, assessments and care patients in Corrections Health Services can expect to receive from reception to their release from prison or the end of their life in prison.
- 2.2 The Health Care Pathway integrates multiple policies relating to health screening, assessments, care, ongoing management and treatment.
- 2.3 The Health Care Pathway sets out policy expectations and standards to:
 - guide Corrections Health Services staff to provide quality health care and treatment for people in prison;
 - support performance and quality management internally; and
 - provide a benchmark for external reviewers.

3. Scope

- 3.1 The policy applies to all Corrections Health Services and custodial staff, including regulated health practitioners and non-regulated staff. It covers full and part time employees, contractors, on call staff and trainees.
- 3.2 The policy sets standards that are generic and apply across the range of physical environments and patient populations in the Corrections health care setting.
- 3.3 Written procedures to support compliance with this policy will be held in Local Operating Manuals (LOMs).
- 3.4 The terms *person/people in prison* and *patient/s* are used interchangeably in this policy to mean prisoners who are receiving health services.

4. General principles

- 4.1 Patients in Corrections Health Services will receive health care that is reasonably necessary. The standard of health care provided to people in prison will be of a standard that is reasonably equivalent to that available to the general public ([section 75 Corrections Act 2004](#).)
- 4.2 People in prison have the same rights when receiving health care as other New Zealanders who are health and disability service consumers [Health and Disability Commissioner Act 1994](#).
- 4.3 Regulated health practitioners in Corrections Health Services will comply with the [Health Practitioners Competence Assurance Act 2003](#) and will only undertake the health care interventions for which they have the required skills, knowledge and experience.
- 4.4 Health screening and assessment, care, ongoing management and treatment are provided to respond to the patient's functional age and health literacy level.
- 4.5 Patients in Corrections Health Services will be enabled to participate in their health care with the goal of improving health literacy and self efficacy, while in prison and once they are released.
- 4.6 Corrections Health Services interventions will be designed to improve equity between Māori and non-Māori health consumers.
- 4.7 In Corrections Health Services the Health Centre Manager (HCM) has a statutory responsibility for ensuring the legislative, professional and departmental requirements are met to enable safe, efficient and effective health care delivery at each site ([section 19\(a\) of the Corrections Act 2004](#)).

IMPORTANT

The HCM has overall responsibility for the provision of health care in the prison.

The HCM has discretion to delegate responsibility for non-statutory duties or oversight of systems to a suitably qualified registered nurse.

A formal delegation arrangement must be in place before any statutory duty is delegated by the HCM to another registered nurse.

- 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 practitioners will undertake only those tasks or activities that are within their regulated scope of practice, and for which they have the required training and competence.

- 4.10 Corrections health and custody staff will work together to achieve the standards set out in this policy.
- 4.11 The Health Care Pathway Policy intersects with and must be read in conjunction with other Health Services policies. In particular:
- [Medicines Management](#)
 - [Informed Consent](#)
 - [Complaints](#)
 - [Internal Concealment](#)

5. Definitions

Corrections Health Centre

A designated Health Centre located in a prison environment.

Corrections Health Services staff (also referred to as health staff)

The contracted medical practitioners, dentists and allied health staff; and the nurse practitioners, registered and enrolled nurses, health care assistants and administration officers employed by the Department to provide health services to people in prison.

Custodial staff

Corrections officers providing day to day care to manage the security and safe containment of people in prison.

Dentist

A health practitioner who is, or who is deemed to be, registered with the Dental Council of New Zealand as a practitioner of the profession of dentistry.

Electronic health record

The record of health interventions and care provided for each patient. In Corrections Health Services the electronic health record is supplied and administered through the MedTech system.

Enrolled nurse

A health practitioner, who is registered with the Nursing Council of New Zealand, as a practitioner of the profession of nursing and whose scope of practice names them as an enrolled nurse. Enrolled nurses work under the direction of registered nurses to undertake delegated health care activities. [Enrolled nurse scope of practice.](#)

General practice

Teams of medical and nurse practitioners, nurses and allied health practitioners funded through District Health Boards (DHB) to provide primary health care in the community. General practice provides a range of preventative and general health care services for New Zealanders across the lifespan.

Health Centre Manager (HCM)

The medical practitioner or registered nurse who is appointed manager of the health centre under [section 19A of the Corrections Act 2004](#) and who is responsible for ensuring the provision of health care and treatment to people in prison.

Integrated Offender Management System (IOMS)

The on-line system used by the Department of Corrections to record and manage information about offenders.

Intervention and Support Programme

A pilot programme operating in three sites to improved detection and management of self harm and suicide risk.

Medical officer

A medical practitioner registered with the Medical Council of New Zealand appointed or engaged as a medical officer under [section 20 of the Corrections Act 2004](#).

Medical practitioner

A medical practitioner registered with the Medical Council of New Zealand under the Health Practitioners Competence Assurance Act 2003.

Nurse practitioner

A health practitioner who is, or is deemed to be, registered with the Nursing Council as a practitioner of the profession of nursing; and for whom the Nursing Council has authorised a scope of practice that includes prescribing medicines. [Nurse practitioner scope of practice](#).

Pharmacist

A pharmacist registered under the Health Practitioners Competence Assurance Act 2003 as a practitioner in the profession of pharmacy.

Receiving nurse

The registered nurse responsible to follow the screening and/ or assessment specified for patients when they are received into a prison (new arrivals, patients on transfer, recalled patients, newly sentenced patients and any patient who has been away from the prison for more than 96 hours).

Registered nurse

A health practitioner, who is, or is deemed to be registered with the Nursing Council of New Zealand, as a practitioner of the profession of nursing whose scope of practice permits the performance of general nursing functions. [Registered nurse scope of practice.](#)

6. Consent and privacy

Standard

- 6.1 Health care or treatment provided by Corrections Health Services complies with the [Corrections Health Services Informed Consent Policy](#) and the [Code of Health and Disability Consumer Rights 1996](#).
- 6.2 The collection and storage of health information in Corrections Health Services complies with the [Privacy Act 1993](#) and [Health Information Privacy Code 1994](#).

Consent and privacy policy

- 6.3 Patients have the right to consent or decline to receive any health assessment, care or treatment that is offered to them.
- 6.4 The receiving nurse is responsible for ensuring the patient receives an explanation of the health screening, assessments and treatment available in prison; and the system for requesting health assessments and treatment in prison.
- 6.5 The receiving nurse is responsible for ensuring the patient knows where to access information about their rights as a health and disability services consumer.

Collection and storage of health information

- 6.6 Corrections Health Services will comply with the [Privacy Act 1993](#), the [Health Information Privacy Code 1994](#) and the [Code of Health and Disability Services Consumers' Rights 1996](#) when collecting, storing or sharing health information.
- 6.7 Specific instructions for the collection and storage of health information in Corrections Health Services are set out in the [Corrections Health Services Information Policies and Procedures 2014](#).
- 6.8 The receiving nurse is responsible for informing the patient about the storage and use of the health information collected in the course of screening, assessment and treatment in Corrections Health Services.
- 6.9 The patient's privacy will be maintained when health information is collected. In any case where custodial staff are required to be present during any health intervention they are bound by Corrections Health Services Privacy Policy and their employment conditions to maintain the patient's confidentiality.
- 6.10 Health information will be shared with custodial staff only for the purposes of:
 - protecting the patient's health;
 - protecting the health and safety of another individual; and
 - providing safe and humane containment.

- 6.11 The patient will be advised and consent sought before any health information is shared with non-health staff. Information may only be shared without the patient's consent when the information is being shared to protect the safety of the patient or another person¹. (See also [section 19.6](#) regarding health alerts in IOMS).
- 6.12 Additional information about the rights of people in prison and organisational procedure for information storage is set out in the [Prison Operating Manual](#).
- 6.13 The patient must consent in writing using the [HS 2-1-4 Consent to Release Health Information Form](#) before health information is released to a third party. **NB** Consent is *not* required to release information to the Corrections Inspectorate, the Health and Disability Commissioner, the Ombudsmen, the Privacy Commissioner, the NZ Police (authorised by a warrant) or directly to the person in prison.
- 6.14 In any case where there is doubt over the collection and/or use or disclosure of any patient's health information the HCM will be consulted. The HCM is responsible for obtaining advice as necessary from the Regional Clinical Director and/or the Principal Health Advisor. Advice may be sought from the Department legal advisors.

7. Involving family/whanau in health care and treatment

Standard

- 7.1 Corrections Health Services comply with the [Code of Health and Disability Consumer Rights 1996](#), the [Health Information Privacy Code](#) and the [Corrections Health Services Informed Consent Policy](#) when involving the patient's family/whanau in their health care
- 7.2 Patients' family/whanau are respected as advocates for their family/whanau member.
- 7.3 Any health information about the patient, provided by family/whanau, is treated confidentially.

Involving family/whanau in health care and treatment policy

- 7.4 The patient must consent before any family/whanau member is contacted about any aspect of the patient's care.
- 7.5 The patient must consent before any health information is shared with any family/whanau member.
- 7.6 The HCM, or their delegate, will consult the Principal Corrections Officer to establish security risks, before the patient's family/whanau is contacted.
- 7.7 The registered nurse is responsible for documenting any contact with the patient's family in the patient's health record.

¹ Patient Information Privacy Information Code 1994 Rule 10 (1)(d)
<https://www.privacy.org.nz/assets/Files/Codes-of-Practice-materials/HIPC-1994-2008-revised-edition.pdf>

- 7.8 The registered nurse is responsible for advising the HCM when any family member contacts them to discuss any aspect of the patient's health status or care.
- 7.9 The HCM or their delegate is responsible for discussing any health information the family/whanau shares about the patient with the patient.
- 7.10 The HCM and/or the medical practitioner or nurse practitioner will decide whether the patient will be seen by the medical officer or nurse practitioner, based on a request from, or information provided by, a family/whanau member.
- 7.11 In the case where there are security risks in contacting the patient's family/whanau, the patient will be consulted to establish whether another person can be involved in their health care in lieu of a family/whanau member.

8. Health Screening and Assessments

- 8.1 Health screening and assessments in Corrections Health Services determine the level of health need for each patient and provide the foundation for planning ongoing wellbeing care, developing treatment plans and managing referrals.
- 8.2 Five universal health assessments form the basis of the Health Care Pathway ([see section 9](#)).
- 8.3 Day to day assessments are undertaken to respond to acute health needs, to oversee planned treatment for acute and long term conditions and to monitor long term conditions.
- 8.4 Any health screening or assessment provides opportunities to:
- identify and prioritise the health needs of patients
 - plan health care in response to the patient's known and anticipated health needs, including preventative interventions such as immunisation and screening
 - review planned care and modify care plans in response to the patient's current health status
 - develop the therapeutic relationship between the health practitioner and the patient
 - acknowledge the patient's previous experience and their expertise in their health and wellbeing
 - enable the patient to participate in managing their health care while in prison
 - offer health education in response to the patients assessed and expressed health needs
 - offer health promotion activities in response to health priorities and/or the patient's assessed or expressed health needs.

Health screening and assessment policy

- 8.5 Health assessments will follow evidence based health pathways.
- 8.6 Health screens and assessments will be undertaken by a nurse practitioner or registered nurse. The registered nurse may delegate an enrolled nurse to undertake an assessment under the registered nurse's direction.
- 8.7 Referral to the medical officer or nurse practitioner will be based on the outcome of the registered nurse health screen or assessment.
- 8.8 The HCM is responsible for ensuring nurse practitioners and registered nurses are competent to undertake health screening and assessments and that they comply with Corrections Health Services policies.
- 8.9 Health screening and assessments will determine the prioritisation of health services and will match patient health need with the skills in the Corrections Health Services workforce.
- 8.10 Patients with chronic and long term health needs will have planned health assessments and monitoring based on their condition.
- 8.11 Health screening and assessments will be undertaken respectfully and the process will consider the patient's cultural, ethnic and spiritual needs.
- 8.12 Health information collected in the process of any health screen or assessment will be documented in the approved format (SOAPIE – See [section 27 Clinical Documentation](#)) and securely stored in the patient's electronic health record.

9. Universal Health Assessments

There are five universal health screens and assessments offered to patients in Corrections Health Services:

- Reception Health Screen (RHS)
- Initial Health Assessment (IHA)
- Update Health Assessment (UHA)
- Two yearly Health Assessment
- Annual Health Assessment (for patients aged 65 years and older).

Standard

- 9.1 All consenting patients receive the universal health screening or assessments they are entitled to within the specified time frame.
- 9.2 Universal health screening and assessments are undertaken by nurse practitioners and registered nurses who are competent in assessment and clinical decision making.
- 9.3 The findings of universal health screening and assessments provide the foundation for care planning and ongoing acute or long term treatment.
- 9.4 All universal health screens and assessments are documented in the approved format.

Health Centre Manager (HCM) responsibilities for universal health assessments

- 9.5 The HCM is responsible for monitoring the competence of the registered nurses who undertake universal screening and assessments.
- 9.6 The HCM is responsible for ensuring there is a system to manage and monitor access to universal screening and assessments, and to facilitate referrals and recalls.

Registered nurse responsibilities when undertaking any universal health assessment

- 9.7 The registered nurse is responsible for documenting the findings of any screening or assessment in the approved format.
- 9.8 The registered nurse is responsible for initiating any care, treatment or referral needed to respond to any health need or condition identified in any universal screen or assessment.
- 9.9 The registered nurse is responsible for consulting with the HCM and/or the medical officer or nurse practitioner when there is any doubt about the care, treatment or referral indicated by the findings of any universal health screen or assessment.
- 9.10 The registered nurse is responsible for applying an opportunistic, health education approach to universal screening and assessments.
- 9.11 The registered nurse is responsible for ensuring any anticipatory health education offered in the course of any universal health screening or assessment is presented in a format the patient can understand.
- 9.12 The registered nurse is responsible for documenting the reason(s) any universal health assessment is not undertaken within the specified time e.g. the patient is under the influence of drugs or alcohol; the patient does not consent to the health assessment.
- 9.13 The registered nurse is responsible for advising the HCM, Assistant Health centre Manager (or Clinical Team Leader) when any universal health assessment is not undertaken within the specified time e.g. the patient is under the influence of drugs or alcohol; the patient does not consent to the health assessment.

Referrals to Corrections health staff

- 9.14 A referral to the medical officer or nurse practitioner will be made when the findings of any universal health screen or assessment indicate the patient requires assessment or treatment that is outside the registered nurse scope of practice.
- 9.15 A referral to the medical officer or nurse practitioner will be made as part of the receiving screening and assessments (Reception Health Screen or Initial Health Assessment) for any new or transferring patient who:
- is on regular medication
 - requires a prescription or medicines review

- is on medicines and who has not been assessed by the medical officer or nurse practitioner within the last six months
 - has a health condition that is currently managed by a secondary or tertiary service
 - has a significant disability
 - is 45 years or older.
- 9.16 The patient will be referred for specialised assessment or care from another health provider contracted to provide health care for people in prison when the patient requires assessment or care that cannot be provided by the registered nurse, the medical practitioner or nurse practitioner.

Urgent referral to external health provider

- 9.17 The receiving nurse is responsible for referring the patient to an accident and medical centre, general practice or hospital emergency department for further assessment when the nursing assessment identifies health needs that are urgent and cannot be safely managed in the Health Centre. Use [HS 3-5-1 Referral Letter Template Form](#)
- 9.18 The receiving nurse is responsible for consulting with the medical officer, or nurse practitioner, or the HCM if there is any doubt about whether the patient requires referral to hospital for urgent health needs.

Requesting patient health records

- 9.19 The receiving nurse is responsible for ensuring the patient's health and prescribing record is complete. This means the registered nurse who undertakes the Reception Health Screen and/or the Initial Health Assessment is responsible for:
- Gaining the patient's consent to request their health and prescribing records from the general practice and / or pharmacy;
 - Requesting the patient's health and prescribing record from the general practice and / or pharmacy as part of the Reception Health Screening process and within 24 hours of the patient being received in the prison - use the GP Transfer Request Form in the MedTech Outbox;
 - Checking, at the IHA, that the patient's health and prescribing record has been requested and if necessary repeating the request or contacting the general practice and / or pharmacy to expedite the request;
 - Ensuring the security of the patient's health information;
 - Ensuring the patient's health and prescribing record is scanned into the patient's MedTech record once it is received from the general practice or pharmacy.

Universal Health Screening and Assessment Policy

Reception Health Screen (RHS)

9.20 The RHS is the initial health screen undertaken at reception to identify and prioritise immediate health needs and to determine the timing of the Initial Health Assessment.

9.21 The RHS will be completed **on the same day** any of the following patients are received into prison:

- new patients
- transfers from other prisons
- patients returning from court with a new custody classification (e.g. on remand, sentenced). **NB:** The HCM and the Principal Corrections Officer are responsible for ensuring any patient who attends a court appearance via Audio Visual Link, and has their custody classification changed, receives a RHS.
- patients who have been away from prison for 96 hrs or longer (e.g. attending court or inpatient hospital stays)
- all recalled patients.

NB: The RHS will not be combined with the Initial health Assessment. The Initial Health Assessment must be planned in response to the patient's health need and undertaken as a separate assessment episode.

9.22 The RHS is guided by the Standard assessment and documentation tool found in MedTech.

Minimum Components of RHS	Includes
Current / presenting or pre-existing health condition or illness and recent treatment	Disability and contact with a health practitioner within the previous 3 months.
Injuries	Wound assessment, skin check
Communicable disease / infection	Recent gastro-intestinal upset / Influenza / History or recent exposure to Sexually Transmitted Infection (STI)/ unprotected sexual intercourse
Allergies	Diet / medicines / environmental allergens
Medication needs	Usual prescribed medicines; regular over the counter medicines
Self harm / suicide risk	Screening questions to identify immediate risk of self harm or suicide intention. See also section 10 .
Pregnancy test	Female patients aged 45 years or less will be offered a pregnancy test. If the pregnancy test is positive the woman will be prioritised for an appointment with the

	medical officer or nurse practitioner and a transferability constraint will be entered in IOMS. See section 16 for care of a pregnant woman.
Alcohol and other drug use	Brief screen to identify patients at risk of withdrawal symptoms
Smoking status	Need for Nicotine Replacement Therapy
Family history	Identify acute risk from hereditary conditions.
Any health concern identified by patient	

9.23 The RHS uses indicators (see table on [page 19](#)) to allocate the patient a priority score which determines the timing of the Initial Health Assessment (IHA) or other necessary treatment as below:

1. Immediate - High Health Need
2. Semi Urgent - Medium Need
3. Routine - Low Health Need
4. An administrative score used when the transferred patient does not meet the criteria for a further assessment, to manage the technical requirements of the electronic system.

9.24 Any patient who meets the criteria for admission to the Intervention and Support Unit (ISU) will be referred there from the RHS. [See section 9.46](#) for criteria for entry to the ISU.

9.25 The registered nurse is responsible for booking the appointment and entering a recall in MedTech for the Initial Health Assessment based on the priority score indicated by the assessment.

9.26 Any patient with a **priority score of 1** will be booked to receive an Initial Health Assessment **within 24 hours**

9.27 Any patient with a **priority score of 2** will be booked to receive an Initial Health Assessment **within 10 days**, by which time it is expected the patient's general practice and pharmacy record will be available.

9.28 Any patient with a **priority score of 3** will be booked to receive an Initial Health Assessment **within 30 days** from their reception in prison.

NB Any patient who is allocated a priority score 3 (routine) at the RHS will be seen more urgently if they present with an acute or emerging health risk before the planned Initial Health Assessment appointment.

9.29 The receiving nurse is responsible for entering any necessary alerts in IOMs ([see section 19](#)).

9.30 The receiving nurse is responsible for initiating the process to access the patient's health records. This includes any Corrections Health Services records from a previous imprisonment **and/or** requesting the patient's most recent health and prescribing record from the general practice and/or the pharmacy.

- 9.31 The receiving nurse is responsible for complying with the [Medicines Management Policy](#) to manage any medication the patient brings with them and to ensure the patient receives the medicines they need. This may include administering or supplying a medicine under a standing order when the criteria in the standing order are met and/or administering medicine the patient has brought with them when the criteria in the [Medicines Management Policy](#) are met.
- 9.32 The receiving nurse is responsible for advising the patient about the health services available in prison, asking the patient to sign the [HS 2-1-1 Advice of General Health and Dental Services in Prison Form](#) and providing the patient with the brochure [Your Health in Prison](#)

NB: In many Health Centres the process for requesting, receiving and scanning health records is managed by the Administration Support Officer. Any such system must also set out the process for reviewing health records once they are received from general practice in order to:

- identify urgent or long term patient health needs;
- identify medicines needed
- prioritise patients who need medical officer or nurse practitioner oversight.

The HCM is responsible for overseeing the system.

The registered nurse remains responsible for:

- ensuring the record has been requested **and**
- following up to establish that the health record has been received **and** is scanned into the patient's electronic health record **and/or**
- that a further request is sent if the health record is not received within 10 days.

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Reception Health Screen Indicators

<p>Priority 1. High Health Need</p> <p>Immediate clinical intervention required on the day of reception. IHA the following day.</p>	<p>Life threatening injuries/illness Serious or imminent risks to health if treatment delayed longer than 24 hours</p>	<p>Clinical Indicators, include but not limited to:</p> <ul style="list-style-type: none"> • Evidence of acute mental illness • Suicidal or disclose threat of self harm • Serious dog / human bites, open wounds or infection • Medication required immediately to maintain health e.g. insulin, beta-blockers, warfarin, anti-epileptic, mental health, methadone, or heart conditions • Infectious disease requiring isolation e.g. active TB • Alcohol / Drug withdrawal • Acute physical conditions • Pregnant woman 	<p>Assess need for admission to Intervention and Support Unit (ISU) or <u>transfer to external service for urgent care.</u> Booked for Initial Health Assessment within 24 hours.</p>
<p>Priority 2. Medium Health Need</p> <p>Semi-urgent assessment required within 10 days.</p>	<p>No life threatening condition, medium health need. Requires assessment and care to ensure current health status is maintained or improved.</p>	<p>Clinical Indicators, include but not limited to:</p> <ul style="list-style-type: none"> • Medication required for non-life threatening conditions • Mental health – mild to moderate/non acute conditions • Indicators of any communicable disease • Wound management • Long term conditions • Receiving specialist care from external provider including DHB 	<p>Booked for Initial Health Assessment to be completed within 10 days</p> <p>NB May be seen more urgently at the discretion of the HCM.</p>
<p>Priority 3. Low Health Need</p> <p>Non-urgent assessment required within 30 days</p>	<p>Low health need – generally well, health literate, confident and able to request access health services more urgently if required.</p>	<p>Clinical Indicators, include but not limited to:</p> <ul style="list-style-type: none"> • Low health need identified • Non-urgent health conditions, require universal screening or prevention interventions e.g. immunisation • Minor symptoms of a low risk nature • If on medication and seen G.P within one month patient may not need to see Medical Officer or nurse practitioner, but will require a script confirmed and charted. This is at the discretion of the M.O. • Transferred patients on medication and who have not seen a M.O for six months require booked appointment with MO. 	<p>Initial Health Assessment to be completed within 30 days</p> <p>NB May be seen more urgently at the discretion of the HCM.</p>

Initial Health Assessment (IHA)

9.33 The IHA is a comprehensive health assessment designed to:

- explore the patient's health history and presenting condition(s);
- elicit the patient's ongoing health needs;
- establish the need for an assessment or treatment by the medical officer or nurse practitioner;
- identify health needs where a referral to a specialist service or external provider is indicated; and
- develop a plan for the care and treatment the patient needs while in prison.

The IHA is guided by the Standard assessment and documentation tool found in MedTech.

Minimum Components of IHA	Includes
Physical health	BP, Pulse, Temperature, Height and Weight
Other physical examination as required	Girth and BMI, urinalysis, peak flow, skin condition, ear examination, wound assessment etc.
Health history	Previous health conditions or surgery and existing health conditions, care from specialist services and appointments due
Disability	Assistance needs and aids required
Allergies	Diet / Medicines / Environmental allergens
Medication	Current medicines and medication history
Communicable diseases	Risk assessment for TB, Rheumatic Fever Hepatitis, HIV, STIs. Includes blood screen for Hep B and C, HIV and Syphilis
Immunisation status	Review against New Zealand Immunisation Schedule and National Immunisation Register. Offer any missed or overdue vaccination.
Family history	Cardio-vascular conditions, cancer and diabetes
Smoking status	Review need for Nicotine Replacement Therapy
Dental health	Requires referral to dental services
Pregnancy test	Female patients aged 45 years or less will be offered a pregnancy test if not completed during RHS. If the pregnancy test is positive the woman will be prioritised for an appointment with the medical officer or nurse practitioner and a transferability constraint will be entered in IOMS. See section 16 for care of a pregnant woman.
Mental Health	see section 10 Mental Health Screening

	Tool (MHST) ²
Intervention for alcohol and other drugs	see section 11 ASIST alcohol and other drug brief intervention policy
Any health concern identified by patient	

NB: The **MHST** and the **ASIST** interventions are designed to be administered as components of a comprehensive assessment. Therefore the MHST and the ASIST will be administered only as part of the IHA and **will not be administered as part of the RHS**

- 9.34 The registered nurse who undertakes the IHA is responsible for reviewing actions initiate in the RHS and for ensuring:
- the patient’s health record from any previous imprisonment and/or general practice is available; or
 - the process for accessing the patient’s health care and prescribing record from general practice and/or the pharmacy has been initiated
 - the patient receives the medicines they need.
 - any necessary health alert or transferability constraint has been entered in IOMS ([see section 19](#)).

Update Health Assessment (UHA)

- 9.35 The UHA is completed for any patient returning to prison within 12 months of being released.
- 9.36 The UHA is guided by the Standard assessment and documentation tool found in MedTech.

Minimum Components of UHA	Includes
Physical assessment	Weight, BP, pulse, temperature and blood pressure
Illness or injury	Update since released
Mental health screen	Mental Health Screening Tool; history of access and attendance to treatment or counselling since release
Smoking status, sexual health, alcohol and other drug use	Update status / identify changes since release
Dental health	
Any health concern identified by patient	

² The Mental Health Screening Tool is a validated brief screening tool developed from combining the Jail Mental Health Screen and the Jail Screening Assessment Tool.

Two-yearly health assessment

- 9.37 The two-yearly health assessment is offered as an opportunity to review the health status of patients aged less than 65 years **who have not accessed regularly**³ health services assessments in the previous two years.
- 9.38 Patients who are offered a two-yearly health assessment will be identified through the health service recall system.
- 9.39 Patients who are booked for a two yearly health assessment must be prioritised for assessment. This means any appointment/recall for a two yearly assessment that is deferred for **ANY** reason **MUST** be completed within one month of the original booking.

Minimum Components of Two-yearly Health Assessment	Includes
Physical assessment	Weight and BMI; BP, pulse, temperature, dental health, skin integrity
Blood testing	Hepatitis screen; HbA1c
Risk assessment	Sexual health, includes options for testing (blood, self swabs and urine) Syphilis, Chlamydia/Gonorrhoea, Trichomonas. Any positive result – recall for full sexual health screen. Cardio-Vascular Assessment as set out in the Ministry of Health Guidance for Primary Care Prostate cancer following Ministry of Health Guidance
Mental health status	General mental health; summary of mental health interventions (if any)
Immunisation status	Eligibility for flu vaccine / HPV / Tetanus booster New Zealand Immunisation Schedule
Eligibility for universal screening	Bowel cancer in areas with a screening programme for patients aged 60-74 years; (cervical cancer – women aged 20-65 and mammography – women aged 45-65)
Any health concern identified by patient	

³ Attended regularly means the patient is not under ongoing health supervision for a chronic or long standing health condition(s), or has attended health services infrequently for minor or acute health needs in the past two years. The purpose of the two yearly health assessment is to provide normally well people with a wellbeing assessment and offer screening and preventative health interventions.

Annual health assessment (65+)

- 9.40 All patients aged 65 years and older **who are not already regularly engaged** with health services will be offered an annual health assessment with a registered nurse.
- 9.41 Patients who are offered a 65+ annual health assessment will be identified through the health service recall system.
- 9.42 Patients who are booked for a 65+ annual health assessment must be prioritised for assessment. This means any appointment/recall for an annual health assessment that is deferred for **ANY** reason **MUST** be completed within one month of the original booking.

Minimum Components of 65+ Annual Assessment	Includes
Physical assessment	Weight and BMI; BP, pulse, temperature, dental health, continence (bowel and bladder health), skin integrity
Blood testing	HbA1c, hepatitis screen
Risk assessment	Falls; Sexual health, includes options for testing (blood, self swabs and urine) Syphilis, Chlamydia/Gonorrhoea, Trichomonas. Any positive result – recall for full sexual health screen. Cardio-Vascular as set out in the Ministry of Health Guidance for Primary Care Prostate cancer following Ministry of Health Guidance
Mental health status	Cognition (MoCA); General mental health; summary of mental health interventions (if any)
Vision and hearing	Macular Degeneration
Immunisation status	Flu vaccine / Tetanus booster New Zealand Immunisation Schedule
Eligibility for universal screening	Bowel cancer in areas with a screening programme for patients aged 60-74 years; (cervical cancer – women aged 20-70 and mammography – women aged 45-69)
Any health concern identified by patient	

Intervention and Support Unit (ISU)

9.43 Any patient who is assessed to be at risk in the course of any universal health screen or assessment will be referred to the ISU. [See also section 10 below](#).

Patients who are known to be at risk include:

- any patient who is at risk due to the nature of the charges against them; or
- any patient who discloses a risk of self harm or suicide; or
- any patient the registered nurse or a custody officer considers to be at risk of self harm or suicide; or
- any patient who presents with indications of a severe mental health condition; or
- any patient suspected of internal concealment; or
- any patient who is assessed to be at risk due to their cognitive ability and/or an intellectual disability; or
- any patient who requires additional monitoring when withdrawing from drugs and/or alcohol.

9.44 In most cases the decision to admit a patient to the ISU will be made jointly between the registered nurse and custodial staff. Where there is any disagreement between health and custodial staff about the indicators for admission to the ISU the HCM and the Principal Corrections Officer will be consulted. See also [M.05.01 Prison Operations Manual](#).

9.45 The registered nurse is responsible for documenting the clinical indicators that inform the decision to refer the patient to the ISU.

9.46 The registered nurse is responsible for recording a Transferability Constraint ([see section 19](#)) for any patient who is placed in the ISU.

10. Mental health screening

Standard

10.1 All patients are screened for self harm risk and mental health referral using the approved tools during the reception health screening process.

10.2 Health staff have the required knowledge and skills to screen for mental health risk.

10.3 All patients who meet referral criteria as a result of the mental health screening process are referred to Forensic Services.

Policy

10.4 All patients will be screened for suicide or self harm risk in the Receiving Office. Custodial staff will administer the [M.05.01 Reception Risk Assessment](#) and advise health staff of the outcome. The outcome of the custody M.05.01 Reception Risk Assessment will be recorded in the patient's electronic health record.

- 10.5 The registered nurse will undertake a self harm screen as part of the RHS and document the result in the patient's electronic health record.
- 10.6 See section 9.46- 19.49) above for information about admission to the ISU for patients at risk of self harm or suicide.
- 10.7 The registered nurse will administer the approved [Mental Health Screening Tool](#) as part of the IHA.
- 10.8 All patients will receive a Mental Health Screening Tool (MHST) as part of their UHA unless they have had a mental health screen within the last 12 months.
- 10.9 All patients who have a positive response to one or more areas of the MHST will be referred to Forensic Mental Health Services for triage and further assessment.
- 10.10 The HCM is responsible for ensuring there is a documented system for managing and monitoring referrals to Forensic Mental Health Services.
- 10.11 The registered nurse is responsible for referring any patient they consider requires further assessment, regardless of the outcome of the mental health screen, to Forensic Mental Health Services.
- 10.12 All referrals to Forensic Mental Health Service must be completed within 72 hours of a positive screen. **NB:** Any urgent referral must be sent on the day the patient is received in prison (within 8 hours). A semi urgent referral must be sent within 24 hours.
- 10.13 The HCM and medical officer are responsible to decide on the most appropriate alternative referral pathway for any patient when:
- there is a delay in accessing Forensic Mental Health Services; and / or
 - assessment of the referral by Forensic Health Services judges the patient does not meet the threshold for access to the service.

11. Brief intervention – Alcohol, Substance Involvement Screening Test (ASIST)

Background

- 11.1 The ASIST is a modified version of the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) developed by the World Health Organisation. The tool was designed to be used in primary health care settings where hazardous and harmful substance use may go undetected, or become worse. The version used in New Zealand prisons does not include screening for tobacco use due to the existing screening process linked to the provision of nicotine replacement therapy in prison.
- 11.2 The ASIST screens for a range of substances and determines a risk score for each substance (i.e. low, moderate or high). The screen involves asking patients questions about their alcohol and other drug (AOD) use across their lifetime and in the past 3 months. The outcome of the screen is a risk score which indicates the

level of intervention the patient should receive, and helps to ascertain which Department of Corrections programmes the patient is eligible for.

Standard

- 11.3 All patients, who have not been screened before they arrive in prison, receive a brief intervention for alcohol and other drug use, using the Alcohol, Substance Involvement Screening Test (ASIST), as part of the IHA.
- 11.4 The ASIST tool is administered by suitably trained staff⁴.

ASIST brief intervention policy

- 11.5 Screening for alcohol and other drug use is considered part of the patient's health pathway.
- 11.6 All consenting patients will be offered ASIST as part of the IHA or during a UHA **only if it has not already been completed in the community by a probation officer or case manager within the previous 6 months.**
- 11.7 The ASIST will not be undertaken as part of the RHS.
- 11.8 Registered nurses who administer the ASIST will be suitably trained to administer, interpret and respond to the outcome of, the screen.
- 11.9 The outcome of any ASIST screen, undertaken by any Corrections staff member, will be documented in IOMS to ensure it is visible to all Corrections staff and reduce repetition.
- 11.10 Custodial staff and/or Case Managers are responsible for checking IOMS for the patient's ASIST score, and to undertake any further actions indicated. This may require them to make a referral to an appropriate AOD programme.
- 11.11 The ASIST will also be documented in the patient's electronic health record using the screening tab (AOD ASIST).
- 11.12 When the ASIST is completed in hard copy for any reason, the information must be entered into IOMS on the same day.
- 11.13 In any case where a patient does not consent to the ASIST score being held in IOMS the hard copy form will be used. The result will be scanned into the patient's electronic health record and named AOD Assessment Result.

NB: The ASIST tool is not the only method of establishing the patient's alcohol and drug use. The registered nurse is responsible for assessing the patient's history of alcohol and drug use as part of the RHS and IHA.

ASIST Resources

- [HS 3.15.1 ASIST Results Sheet](#)
- [ASIST Manual](#)

⁴ Suitably trained staff are those who have undertaken training and who are confident to administer the ASIST.

- [Self-help strategies for cutting down or stopping substance use: a guide](#)
- [Risk of Injecting Card](#)

12. Day to day health assessment, treatment and management

Standard

- 12.1 The assessment, treatment and management of patients in Corrections Health Services follows evidence based Health Pathways.
- 12.2 The assessment, treatment and management of patients in Corrections Health Services comply with legislation, Departmental and professional standards.
- 12.3 The Health Centre has a documented system to assess and prioritise referrals for health assessment or treatment.
- 12.4 Referrals are triaged and prioritised to ensure health needs are assessed and treated on time and by the most suitably qualified health practitioner.
- 12.5 The patient receives an acknowledgement and / or an appointment in response to any Health Request Form within days of submitting the form.
- 12.6 The treatment and management of patients in Corrections Health Services is planned to respond to assessed need.
- 12.7 The treatment and management of patients in Corrections Health Services includes opportunistic, preventative and health promoting interventions.

Day to day health assessment, treatment and management policy

- 12.8 Health Services will accept written or verbal referrals for health assessment or treatment from patients or custodial staff.
- 12.9 Patient self-referrals, using the [HS 3-5-7 Health Request Form](#) (Health Chit), will be collected daily from the designated, secure deposit box located in the prison.
- 12.10 The HCM is responsible for ensuring there is a documented system to manage the secure deposit, storage, collection, triage and prioritisation of written referrals for health assessment or treatment.
- 12.11 The HCM is responsible for ensuring there is a documented system to manage health requests, from patients or custody officers, for health assessment or treatment.

As a minimum, the system must include:

- how patients are informed about how to access the Health Service
- how patients and Custodial staff (on behalf of patients) make referrals (written or verbal) to the Health Service
- who is responsible to collect health request forms
- who is responsible to acknowledge health requests – response / acknowledgement to patient required within 72 hours of receiving the request.

- 12.12 The HCM is responsible for ensuring there is a system to process and action health requests when Health Services staff are not on site.
- 12.13 See [section 7](#) for information about requests for service received from patients' family/whanau.
- 12.14 Corrections Health Services staff will follow evidence based health pathways to assess and manage emergencies and treat acute and long term health conditions.
- 12.15 Corrections Health Services staff will liaise with external providers to access necessary care or treatment for patients.
- 12.16 The medical officer or nurse practitioner and registered nurses are responsible for identifying health risks that require special consideration in the prison environment.
- 12.17 Medical officers, nurse practitioners and registered nurses are responsible for using the Health Alert function in IOMS and the [HS 5-1-1 Advice of Patient Health Status Form](#) to alert custodial staff to health implications associated with safe containment for any patient when a health risk is identified.
- 12.18 The HCM and Prison Director are responsible for overseeing and managing the system for health alerts to ensure the patient's health is not compromised by custodial practices or operational management.
- 12.19 An ACC claim will be lodged for any accident related injury (beyond superficial injuries treated and resolved with basic first aid) [See section 26](#) for more information about ACC.

Health promotion in day to day health assessment, treatment and management

- 12.20 The prison population is generally more at risk of preventable and readily treated health conditions due to lifestyle factors, poor health literacy and barriers to accessing health services.
- 12.21 Corrections Health Services staff are responsible for undertaking planned and opportunistic activities designed to promote health and wellbeing. This includes activities designed to reduce inequalities between the health of Māori and non-Māori patients, aid in early detection of communicable diseases or long term conditions and promote healthy behaviours in patients, staff and the wider community.
- 12.22 Health promotion information will be provided for patients in a range of formats to respond to varying literacy levels and the patient's readiness to accept information.
- 12.23 The HCM is responsible for maintaining links with local health promotion units to ensure Health Services participate in local health promotion initiatives and maintain up to date health promotion resources.
- 12.24 Health promotion activities provided for patients in Corrections Health Services will contribute to the achievement of national goals and align with [Government Health Strategy](#).

- 12.25 Opportunistic health promotion activities will be provided to reduce the risk of communicable diseases. In the prison setting this means screening, health education, advice, resources and prophylactics will be provided to:
- encourage the use of condoms / dental dams
 - discourage tattooing and body piercing
 - discourage sharing of items likely to transmit body fluids, including cups, bottles, eating utensils, needles or instruments used for tattooing or piercing
 - offer high risk patients tests for HIV, Hepatitis B, syphilis and other sexually transmitted diseases
 - screen patients with no or unknown history of immunisation for Hepatitis B
 - screen patients known to be at risk of Hepatitis C
 - promote universal serological testing for Hepatitis B and C, HIV and Syphilis as part of the IHA.
 - review immunisation status, offer catch up vaccinations, when needed, to improve protection from diseases set out in the [New Zealand Immunisation Schedule](#).
- 12.26 Planned health promotion activities will be undertaken to limit the spread of seasonal conditions and communicable diseases, for example hand washing, safe coughing and sneezing etiquette (<https://www.healthed.govt.nz/resource/stay-clean>) and immunisation programmes.

Corrections Health Services role in controlling notifiable diseases

- 12.27 Corrections Health Services will participate in activities designed to prevent, identify, treat and report notifiable diseases.
- 12.28 Health practitioners in Corrections Health Services are obliged by the [Health Act](#) to report notifiable diseases to the Medical Officer of Health.
- 12.29 The HCM is responsible for ensuring health practitioners in Corrections Health Services understand their obligations in relation to the reporting of notifiable diseases.
- 12.30 Health practitioners in Corrections Health Services will follow the [Ministry of Health Guidance on Controlling Communicable Diseases](#), to participate in the control of communicable diseases.
- 12.31 The HCM is responsible for managing the health and safety implications of any outbreak of any communicable disease in the prison, this includes managing for safe staffing and ensuring individual staff members and their families are not placed at risk. See also the [Health Services Infection Prevention Manual](#) for information about managing an outbreak in the prison.

13. Cardio-vascular risk assessment

Standard

- 13.1 Cardio vascular risk assessments undertaken in Corrections Health Services comply with [Ministry of Health](#) and [National Heart Foundation Guidelines](#).
- 13.2 Patients who meet the criteria for a cardio-vascular risk assessment receive the assessment within 8 weeks of the IHA.

Cardio-vascular risk assessment policy

- 13.3 Any new patient (first time in prison) who meets the criteria for a cardio-vascular risk assessment set out by the [Ministry of Health](#) will be booked for the assessment and a recall entered in MedTech at the IHA. The assessment will be completed within eight weeks.
- 13.4 Cardio vascular risk assessments will be prioritised and any assessment that is deferred for any reason will be rebooked and completed within one month of the original appointment.

14. Health care for older patients (65 and older)

Standard

- 14.1 Older patients are enabled to participate in maintaining their health and independence.
- 14.2 The management of older patients' health care prevents or delays the development or deterioration of long term conditions.

Health assessments, care and treatment for older patients policy

- 14.3 Older patients will be prioritised for early assessment when they request a health appointment.
- 14.4 Older patients will be recalled for follow-up of any health issue identified in the annual 65+ assessment.
- 14.5 Older patients serving sentences that mean they are likely to die in prison will be supported to end their lives with dignity (see [End of Life Care, section 25](#)).
- 14.6 The family/whanau of older patients will be involved in the older patient's care with the patient's consent and by arrangement with the HCM and Prison Director.

See also the

[Health of Older Person's Strategy](#)
[Health Services Guidelines for Minimising Falls](#)

15. Health care for pregnant women

- 15.1 Any woman who is pregnant when they are received into the prison will have a transferability constraint entered in IOMS.
- 15.2 Any woman who is known to be pregnant or is found to be pregnant at the RHS will be prioritised for an appointment with the medical officer or nurse practitioner.
- 15.3 Any woman who is known to be pregnant will receive the pregnant [woman's diet](#).
- 15.4 Planned appointments with the woman's lead maternity care will be facilitated, either in the health centre or through an escorted transfer to an external venue

16. Delayed or deferred health assessments/appointment

- 16.1 From time to time health assessments or appointments are delayed or deferred for a range of patient and service reasons.

Standard

- 16.2 Patients receive assessments and/or planned care within the specified time frame.
- 16.3 There is a system to track delayed or deferred assessments/appointments.

Delayed or deferred health assessment/appointments policy

- 16.4 The HCM is responsible for ensuring there is a local system to monitor delayed or deferred health screens, assessments or planned care, (including medical officer appointments and dental care).
- 16.5 The HCM is responsible for reporting the number of delayed or deferred assessments/appointments to the Prison Director monthly. The report will include the reasons for the delays or deferrals. These reports will be tabled at the quarterly site Clinical Governance meetings.
- 16.6 The HCM is responsible for assessing and prioritising deferred/delayed assessments/appointments for re-booking.
- 16.7 The HCM is responsible for ensuring any deferred or delayed assessment/appointment is rescheduled.
- 16.8 The Prison Director is responsible for working with health staff to facilitate patients' attendance at booked health appointments.

17. Treatment Plans/Care Plans

Standard

- 17.1 Care plans for patients in Corrections Health Services are documented using the approved READ codes and recalls in MedTech.

17.2 Treatment plans for patients in Corrections Health Services are documented using the [HS 3-5-3 Treatment Plan Template](#).

Care plan policy

- 17.3 The care planned for any patient who needs health interventions to manage day to day and minor health needs will be identified through READ codes for health interventions and recalls entered in the electronic health record.
- 17.4 The planned interventions will be reviewed by the health practitioner who attends the patient, whenever the patient presents to the health service, for any reason
- 17.5 The planned interventions will be updated to match the patient's most current health status.
- 17.6 The planned interventions will align with best practice and the approved health care pathway.
- 17.7 The health practitioner is responsible for documenting planned interventions, observations and the outcome of planned care in the daily record of care in MedTech.

Significant and / or complex health needs treatment plan policy

- 17.8 Significant and / or complex health needs are high health needs that are acute or chronic **and** complex. They may include:
- Any chronic disease (including mental illness)
 - Acute diseases, conditions or injuries that place the patient at significant risk (including mental illness)
 - Any disability, condition, disease or illness that requires complex nursing or medical intervention and oversight (including mental illness).
- 17.9 A treatment plan will be documented using the approved [HS 3-5-3 Treatment Plan Template](#) to set out the treatment needed for any patient with any significant or complex health need
- 17.10 The treatment plan will align with best practice and the approved health care pathway.
- 17.11 The treatment plan will be reviewed by the health practitioner who attends the patient, whenever the patient presents to the health service, for any reason.
- 17.12 The treatment plan will be updated to match the patient's most current health status
- 17.13 The HCM is responsible to ensure health practitioners review and update the treatment plan each time there is a change in the patient's presentation or health status, or any treatment is changed in any way.

18. Referrals to external health providers

Standard

18.1 Patients in Corrections Health Services are referred to receive health care and treatment from external providers when they need it.

Referrals to external health providers policy

- 18.2 The medical officer, nurse practitioner or registered nurse is responsible for referring any patient, who needs specialist assessment or management for an acute or chronic condition, to the most appropriate provider of those services. Use [HS 3.5.1 Referral Letter Template](#).
- 18.3 The HCM is responsible for ensuring there is a system for managing and monitoring referrals to external health providers.
- 18.4 The HCM and the Prison Director are responsible for managing the system for transferring patients to appointments with any external provider.
- 18.5 Any patient who requires ongoing care from an external service will have a transferability constraint entered in their IOMs record.
- 18.6 In the event a patient is transferred to another site the HCM is responsible for liaising with the HCM in the receiving site to arrange for the patient to continue to access the specialist care. This may mean:
- The HCM works with the Prison Director to arrange a transfer back so the patient can continue with treatment;
 - The HCM works with the receiving HCM and medical officer to arrange access to the specialist service at the new location.
- 18.7 Patients may be permitted to receive services from an external provider at their request [Corrections Regulations 2005 section 77\(3\)](#). The Prison Director is responsible for approving any request for a patient to access an external provider.
- 18.8 Patients who access services from an external provider are responsible for all costs related to the treatment. This includes the costs associated with transport if the patient leaves the prison to attend an appointment; or any charges levied by the provider if they are permitted to provide the services in the prison.

19. Transferring patients

Standard

- 19.1 The system for managing patient transfers is jointly managed between Corrections Health Services and custodial staff.
- 19.2 The system for managing patient transfers is designed to ensure patients can access the care they need.
- 19.3 The system for managing transfers prioritises health needs and clinical safety while maintaining the safe containment of people in prison.

Transferring patients policy

- 19.4 The HCM and the Prison Director are responsible for maintaining a written procedure for managing all aspects of Temporary Releases or Temporary Removals to enable patients to access external health services.
- 19.5 Health Services staff are responsible for advising custodial staff of the health risks and patient safety needs when any patient transfer is planned.

Advice of Patient Health Status

- 19.6 The Advice of Patient Health Status is used to provide a patient's health information only to the custodial staff that require the information to provide safe care, for example a custodial escort.

Transfers between prisons

- 19.7 Custodial staff are responsible for decisions to transfer patients between prisons.
- 19.8 Health Services staff are responsible for ensuring custodial staff have sufficient information to assess the risks of transferring patients between prisons.
- 19.9 Transfers between prisons will be managed to comply with
- 19.10 [M.04 Prison Operating Manual](#) (POM) (external movement transportation of prisoners) or [M.04.02.01 Use of mechanical restraints](#) in POM (exceptions to using waist restraints).
- 19.11 The HCM and the Prison Director are jointly responsible for maintaining a written procedure for managing the clinical safety of patients on transfer between prisons.
- 19.12 Health services staff are responsible for ensuring a Transferability Constraint is documented in IOMS for any patient where transferring between prisons is likely to result in a risk to their health or continuity of care.
- 19.13 Health Services staff are responsible for ensuring custodial staff are aware of the risks of transferring any patient who has a Transferability Constraint.
- 19.14 Health Services staff are responsible to consult with the HCM when a patient's health will be at risk as a result of a planned transfer.
- 19.15 The HCM and/or the Regional Clinical Director is responsible for escalating any concern about a patient's health to the Prison Director when a transfer is planned and Health Services staff are concerned about the risks to the patient's health status.
- 19.16 The registered nurse is responsible for ensuring the patients' health record and medicines are transferred with the patient.
- 19.17 The registered nurse is responsible for providing a summary of the patient's health information to the receiving prison using the patient transfer form.
- 19.18 The registered nurse is responsible for providing a verbal handover to the receiving nurse at the receiving prison, when the patient has high or complex health needs.

Health Alert in IOMS

- 19.19 The registered nurse is responsible for entering a Health Alert in IOMS to advise all custodial staff when a patient has a health condition that will need support from all custodial staff.
- 19.20 The Health Centre Manager is responsible for ensuring there is a written process in place to manage the system for health alerts.
- 19.21 The patient's health information will not be documented in IOMS except when the information is needed to ensure custodial staff can protect the patient's, or another person's health, wellbeing or safe containment e.g. a patient with epilepsy or a communicable disease. The patient will be informed of the reasons for holding any information about a health condition in IOMS. Consent from the patient will be sought to hold the information. The information may be held in IOMS without the patient's consent only when the safety or wellbeing of the patient or another person is the reason for holding the information in IOMS⁵.

Transferability Constraint

- 19.22 The registered nurse is responsible for recording a Transferability Constraint for any patient where a transfer to another prison will adversely affect their health, or the care planned to maintain their health.
- 19.23 A Transferability Constraint will be recorded for any patient who:
- is unfit for travel for any reason
 - is highly infectious – especially patients with a disease spread by droplet or airborne transmission
 - has a pending specialist or hospital appointment
 - is on a waiting list for a hospital appointment or admission
 - has an unstable health condition
 - has complex needs being managed by the DHB or other specialist provider
 - is on an Opioid Substitution Treatment (OST) Programme
 - is on the forensic caseload
 - is recovering from a recent hospital admission or surgery
 - is receiving counselling through ACC;
 - is receiving care from the Intervention and Support Programme (ISP) or from the Mental Health Clinician Programme.
- 19.24 A Transferability Constraint will be recorded to alert custodial staff to the risks of transferring any patient who requires particular care when:

⁵ Patient Information Privacy Information Code 1994 Rule 10 (1)(d)
<https://www.privacy.org.nz/assets/Files/Codes-of-Practice-materials/HIPC-1994-2008-revised-edition.pdf>

- there is limited access to specialists in other parts of the country (for example, cardiac surgeons, specialist oncologists)
 - the patient has complex health needs and has an existing relationship with an external service provider
 - the patient is likely to lose their place on a waiting list and necessary treatment will be further delayed.
- 19.25 The forensic service must be consulted when any transfer is planned for any patient on the forensic caseload. The forensic service will provide an opinion on the patient's suitability for transfer.
- 19.26 The Regional Clinical Director will be consulted when any transfer of any patient on the forensic caseload is planned. The Regional Clinical Director is responsible for approving the transfer based on an assessment of the patient's history, the health record, the forensic service opinion and the availability of suitable services in the new area.
- 19.27 The Regional Clinical Director is responsible for advising the Regional Director Practice Development and the Principal Health Advisor in any case where the transfer of any patient goes ahead against the advice of health services staff.
- 19.28 Health staff are responsible for reporting the incident through the Health Services Incident Reporting System when any patient is transferred against the documented advice of health staff.
- 19.29 When any patient who is being cared for under [Section 45 of the Mental Health Act](#) is transferred from the prison to an in-patient facility the HCM is responsible to ensure a [Trip Plan](#) is documented, to describe the care the patient needs while in transit.
- 19.30 When any patient in the Intervention and Support Unit is transferred between prisons for any reason, the Regional Clinical Director and the HCM will decide whether a [Trip Plan](#) is needed to ensure the safe transfer of the patient.

Receiving a patient returning from an after hours health centre or emergency department

- 19.31 The registered nurse is responsible for confirming that any patient being discharged from emergency department or after hours health centre back to prison health services can be safely managed in the prison.
- 19.32 Custodial staff are responsible for advising the HCM and / or health staff (including the on call nurse after hours) when any patient returns from an after hours health centre or emergency department.
- 19.33 Health Services staff will review any patient returning from an inpatient admission in emergency department, or assessment at an after-hours health centre.
- 19.34 After hours, the registered nurse on call is responsible for deciding whether the review is undertaken face to face or by phone.

Health care for patients attending court

- 19.35 The HCM is responsible for advising the Prison Director when any patient is medically unfit to attend Court.
- 19.36 The HCM is responsible for ensuring there is a plan to manage the care of patients who have health needs when they are required to attend Court.
- 19.37 The registered nurse is responsible for completing an [HS 5-1-1 Advice of Patient Health Status Form](#) to alert custodial staff to the assistance the patient may need due to their health condition and/or medicine the patient needs while at Court – see also Section 18 in the [Medicines Management Policy](#).
- 19.38 The [Advice of Patient Health Status Form \(716732\)](#) will advise custodial staff if the patient requires assessment in the health service on their return from Court.

20. Electrocardiograms

Standard

- 20.1 Electrocardiograms are only undertaken by suitably trained staff.
- 20.2 Electrocardiogram results are documented in the patient's health record.
- 20.3 Electrocardiogram equipment is maintained to manufacturer's specifications.

Electrocardiogram policy

- 20.4 All Corrections Health Centres will have a 12 lead electrocardiogram machine available.
- 20.5 All registered nurses in Corrections Health Services will complete the approved skill competency for undertaking electrocardiogram (ECG) recordings before they are authorised to undertake ECGs.
- 20.6 A suitably experienced / qualified medical officer or nurse practitioner must interpret any ECG. Registered nurses are not permitted to interpret any ECG.
- 20.7 If a medical officer or nurse practitioner is not available to interpret an acute ECG the patient must be referred to the emergency department or after-hours accident and medical centre.
- 20.8 The HCM is responsible for ensuring there is a written procedure to describe:
- how a patient will be referred to an external provider when a suitably qualified medical officer or nurse practitioner is not on site
 - how the ECG results, interpreted off site, are received back to the Health Centre
 - the process for urgent and non urgent ECG recordings
 - when and how registered nurses are trained to undertake ECGs.
- 20.9 Any ECG tracing must be scanned into the patient's electronic health record.

20.10 The registered nurse is responsible for documenting a record of the ECG, and the findings reported by the medical officer or nurse practitioner, in the patient's electronic health record.

21. Dental health assessment and treatment

21.1 The Department of Corrections acknowledges the importance of good oral health to general health and wellbeing. People in prison are provided with dental care under the access and eligibility criteria applicable in the community.

Standard

21.2 Patients receive emergency dental care when they need it.

21.3 Patients receive preventative and restorative dental care needed to maintain oral health.

21.4 Dentists providing dental care to patients meet the standards set out by the [Dental Council](#) and AS/NZS 4815:20.

Dental health and assessment policy

21.5 Dental services are provided by a dentist in a prison dental facility or by a contracted provider in the community.

21.6 Patients have the right to consent or decline to receive dental assessment and treatment.

21.7 Emergency dental care and first aid will be provided by registered nurses to comply with an approved health pathway

21.8 (refer [Medicines Management Policy](#)). The registered nurse is responsible for referring the patient to the prison dentist or an external provider in any case where a patient's dental condition worsens and/or when first line acute or emergency treatment does not resolve the presenting condition.

Eligibility for dental assessment and care

21.9 Any patient aged up to 18 years is eligible to receive dental care and treatment equivalent to the care and treatment provided for under 18 year olds in the community.

21.10 All patients will be eligible for:

- dental assessment and a treatment plan for the management of emergency or urgent dental needs;
- relief of pain including medicines, dressings and/or extractions;
- treatment of acute periodontal conditions;
- other required treatment based on assessment by the dentist and with prior approval from the Health Centre Manager.

21.11 Other required treatment **may** include:

- provision of single or multi-surface metallic or non metallic restorations, i.e. amalgams, composite or glass ionomer restorations only
- treatment of chronic periodontal disease
- root canal treatment of anterior teeth only
- extractions
- minor oral surgical operations, including the removal of impacted 3rd molars
- routine annual oral assessments which will be prioritised by agreement between the dentist and the HCM based on the available resource.

Exclusions

21.12 The Department of Corrections does not fund any dental treatment that is eligible for funding under the Accident Compensation Act 2001.

21.13 The following dental services are not funded by the Department of Corrections:

- cosmetic dental treatment (unless the patient pays the total cost of treatment and any related costs associated with attending appointments) [section 77 Corrections Regulations 2005](#);
- specialist dental services (provided by secondary dental services in hospital);
- specialist diagnostic services including imaging other than a normal x-ray, except where an orthopantomogram (OPG) is required for minor surgical procedures (minor surgery includes the removal of impacted 3rd molars).

Patient requests for dental assessment or treatment

21.14 The registered nurse is responsible for providing information about how to access dental services when the patient is received in prison.

21.15 Any referral for dental care will include a detailed description of the presenting dental problem.

HCM responsibilities in prison dental services

21.16 The HCM is responsible for ensuring the health centre has a written procedure for managing referrals to dental services.

21.17 The written procedure will describe the system for triaging referrals and managing the dental wait-list.

21.18 The HCM is responsible for ensuring dental equipment, including sterilisation equipment, is maintained to manufacturer's specifications and best practice standards.

Dentist responsibilities in prison dental services

21.19 The dentist is responsible for maintaining appropriate infection control procedures.

21.20 The dentist is responsible for discussing the costs of treatment with the HCM before the treatment is commenced.

- 21.21 The dentist is responsible for documenting any dental assessment and treatment in the patient's electronic health record. When the treatment is documented in hard copy, it must be scanned into the patient's electronic health record.
- 21.22 When dental care is provided by an external service the dentist is responsible for documenting the assessment and treatment provided and to provide a copy of the documentation to the Corrections Health Service.
- 21.23 Dental x-rays will be filed in the patient's hard copy clinical record.
- 21.24 When care is provided by an external dental service x-rays will be stored in the secure record management system of that service.

Dentures

- 21.25 Management of treatment related to dentures will comply with [Department of Corrections Prosthesis Policy](#)

22. Medical diets

- 22.1 Meals provided in New Zealand prisons are designed to meet the nutritional needs of most patients ([Corrections Act section 72](#)). The menu is based on advice from dietitians. Meals are low fat and are suitable for patients with diabetes. Standard meals include trim milk.
- 22.2 Dietary requirements related to personal preference, ethical or religious beliefs are managed by custodial staff. This includes, but is not limited to;
- vegetarian
 - vegan
 - religious limitations (for example no pork, no beef).

Medical diet policy

- 22.3 Food allergies and medical conditions requiring a medical diet will be taken seriously.
- 22.4 The registered nurse is responsible for identifying allergies to food or medicines in the RHS.
- 22.5 Any food allergy must be documented in the patient's electronic health record including any history, symptoms, and previous treatments.
- 22.6 A registered nurse, medical officer, nurse practitioner or a dentist can request that a patient receives a medical diet based on a clinical need.
- 22.7 The registered nurse is responsible for ordering meals to meet the clinical needs of any patient who indicates they need a medical diet at the RHS or at any other assessment.
- 22.8 The registered nurse is responsible for reviewing and confirming the patient's need for a medical diet at the IHA.

NB the patient will receive the medical diet ordered by the registered nurse unless further investigations establish there is no clinical reason for the patient to be on a medical diet.

- 22.9 Continuation of a medical diet must be approved by the HCM ([Corrections Act section 72](#)).
- 22.10 The order to continue the medical diet will be approved by the HCM only when the clinical reasons for the diet are verified.

NB: In order to manage workload, the HCM may direct another suitably qualified registered nurse to screen medical diet requests for validity before they are presented to the HCM for approval.

- 22.11 When any patient with diabetes requires additional food overnight, the HCM is responsible to advise the kitchen instructor and arrange for suitable food to be provided.
- 22.12 The medical officer or nurse practitioner is responsible for prescribing emergency medicine as necessary for any patient with a severe food allergy.
- 22.13 The registered nurse is responsible for placing an alert in IOMS to identify the patient's food allergy.

23. Clinical emergency management

Clinical emergency

- 23.1 A serious or life threatening health event involving any person on site at a prison, and which requires an emergency response and treatment from Health Services staff.

Standard

Health Services staff receive training to safely respond to and manage clinical emergencies.

- 23.2 There is a system for maintaining preparedness to safely manage clinical emergencies.

Clinical emergency management policy

- 23.3 The HCM is responsible for maintaining written procedures for managing clinical emergencies at the site.
- 23.4 The Regional Clinical Director is responsible for supporting the HCM to maintain the system for managing clinical emergencies at the prison.
- 23.5 Health staff will attend and respond to a clinical emergency once custodial staff have established the safety of the scene.

- 23.6 All registered nurses are required to have current Cardio-Pulmonary Resuscitation (CPR) certificate.
- 23.7 All registered nurses will complete Pre-Hospital Emergency Course (PHEC) training within 12 months of employment with Corrections Health Services, and will attend a refresher course every two years.
- 23.8 When the medical officer or nurse practitioner is on site at the time of any clinical emergency, the medical officer or nurse practitioner will also attend if necessary.
- 23.9 The registered nurse is responsible to ensure emergency equipment and medicines are transported to the site of the clinical emergency.
- 23.10 Registered nurses, nurse practitioners and medical officers will follow the best practice guidelines in health pathways for assessment and treatment when responding to clinical emergencies.
- 23.11 Registered nurses who are authorised by standing orders may administer or supply certain medicines in an emergency when a prescriber is not on site. See also the [Medicines Management Policy](#) for information related to standing orders.
- 23.12 Registered nurses are not permitted to take responsibility for cannulation, or setting up, monitoring, maintenance or administration of intravenous fluids or medication.
- 23.13 The medical officer or nurse practitioner may direct and supervise the registered nurse to cannulate,⁶ set up, monitor and/or administer intra-venous fluid or medicine.
- 23.14 Medicines administered in a clinical emergency must be documented in the patient's medication administration record.
- 23.15 The registered nurse is responsible for documenting the clinical emergency and any care provided in the daily record in the patient's electronic health record. Full documentation of the clinical emergency requires the use of the correct READ code for emergency treatment in MedTech.
- 23.16 The registered nurse and / or the medical officer is responsible for documenting the care provided during a clinical emergency in the [HS 3.8.1 Emergency Clinical Assessment Form](#)
- 23.17 The registered nurse, nurse practitioner and/or medical officer are responsible for documenting the care and treatment provided during the clinical emergency in the daily record in the patient's electronic health record. Medicines administered during the emergency must be documented in the patient's medicines administration record.
- 23.18 The registered nurse is responsible for completing an Advice of Prisoner Health Status Form and / or an alert in IOMS to advise custody staff of any health implications from a clinical emergency.
- 23.19 The registered nurse, medical practitioner or the nurse practitioner is responsible for providing a detailed hand-over to ambulance officers when the patient is

⁶ The registered nurse must have the training and skills needed to cannulate.

transferred by ambulance, using the accepted hand-over format [ISBAR](#)⁷ and / or a copy of the Emergency Clinical Assessment Form and / or a referral letter form from the MedTech outbox.

- 23.20 When any patient is transferred to hospital as a result of a clinical emergency, the usual policy for transferring patients will apply [see section 19](#).
- 23.21 The registered nurse is responsible for completing a Health Services Incident Report to describe the clinical emergency and the details of the health staff interventions, in any clinical emergency that results in serious harm or death.
- 23.22 Following a clinical emergency the registered nurse(s) on site will record any equipment or medicines issued and will advise the HCM as part of the review of the clinical incident.
- 23.23 The HCM will notify the Regional Clinical Director when any clinical emergency results in serious harm or death.
- 23.24 The HCM or a delegate is responsible for reviewing the clinical management of any clinical emergency resulting in serious harm or death with the health staff involved, on the day of the emergency.
- 23.25 The HCM or the registered nurse in charge (after hours or in the weekend) is responsible for ensuring all health staff who are involved in a clinical emergency where a death or serious harm has occurred are offered Post Incident Response Team (PIRT) and / or Employee Assistance Programme (EAP) services as support for debrief and reflection.
- 23.26 The HCM is responsible for implementing any quality improvement identified in any incident review and to consult with the Regional Clinical Director and / or the Principal Health Advisor when systems improvements are needed.

Clinical emergency training policy

- 23.27 Health Services staff will receive training to prepare them to respond to clinical emergencies.
- 23.28 Registered nurses are required to complete the [Skill Competency Assessment: Emergency Response and Emergency Equipment](#) during orientation.
- 23.29 All health staff will hold a current Cardio-Pulmonary Resuscitation (CPR) certificate.
- 23.30 All health staff will attend an annual (CPR) refresher course.
- 23.31 The annual CPR refresher will be supplied by an approved provider and will include:
- The use of the Automated Defibrillator (AED), CPR for adult, child, and baby; and
 - Airway insertion, use of a bag valve mask resuscitator and use of oxygen therapy for adults; and
 - The insertion of an artificial airway and use of for babies and children.

⁷ ISBAR is the acronym for the format used to safely communicate critical medical information **I**dentify; **S**ituation; **B**ackground; **A**ssessment; **R**ecommendation.

- 23.32 Registered nurses are responsible for ensuring they have attended an annual CPR refresher.
- 23.33 All registered nurses will receive training to be certified in Pre-Hospital Emergency Care (PHEC) within 12 months of employment in Corrections Health Services.
- 23.34 All registered nurses will attend two yearly updates in advanced first aid to maintain PHEC competence.
- 23.35 All registered nurses are required to participate in an annual clinical emergency mock exercise. This may mean that more than one mock exercise is held to cover nurses on all shifts.
- 23.36 The HCM may require any registered nurse to attend additional training and/or to participate in competence assessment against the [Skill Competency Assessment: Emergency Response and Emergency Equipment](#) when there is any doubt about their clinical safety in responding to a clinical emergency.

Health Centre Manager responsibilities for clinical emergency training

- 23.37 The HCM is responsible for managing the roster to facilitate registered nurses' attendance an annual CPR refresher and PHEC training and refresher courses.
- 23.38 The HCM is responsible for ensuring all registered nurses can demonstrate emergency response skill competence as part of their orientation.
- 23.39 The HCM is responsible for ensuring that all nursing staff are able to attend an annual clinical emergency mock exercise. The clinical emergency mock exercise can be undertaken as part of part of a wider prison emergency mock exercise only when the mock exercise includes health related components.

Emergency equipment

- 23.40 Emergency medical equipment and medicines will be available in all prisons.
- 23.41 Emergency equipment will be stored in a clearly labelled bag or other mobile storage device and located to ensure ready access in an emergency. See [here](#) for the full list of emergency equipment required.
- 23.42 Emergency medicines will be held in a clearly labelled bag which is readily portable. See [here](#) for the full list of emergency medicines. See also the Corrections Health Services Medicines Management Policy for information related to emergency medicines and standing orders.
- 23.43 The medical officer/nurse practitioner emergency equipment and medicines will be held in a separate, clearly labelled bag which is readily portable. See [here](#) for the list of medical officer/nurse practitioner emergency bag equipment. The equipment in the bag, including any intravenous equipment, may not to be used by anyone other than the medical officer or nurse practitioner.
- 23.44 The registered nurse is responsible for replacing, or for making arrangements for replacing, any equipment or medicines used in a clinical emergency immediately following the clinical emergency.

- 23.45 The HCM is responsible for the purchase, supply and maintenance of clinical emergency equipment.
- 23.46 The HCM is responsible for ensuring there is sufficient clinical emergency equipment relative to the size of the prison, and that the equipment is located to ensure easy access in a clinical emergency.
- 23.47 The HCM is responsible for managing a system of regular checking to ensure:
- All required emergency equipment is available, includes medical officer/nurse practitioner bags;
 - All required emergency equipment is in working order, includes medical officer/nurse practitioner bags;
 - All required emergency medicines are available, includes medical officer bags;
 - All required emergency medicines are current (the use by date is current), includes medical officer bags.
- 23.48 An annual Clinical Emergency Policy and Equipment audit will be completed as part of the National Audit Schedule Audit.

Clinical emergency - death in custody

- 23.49 When a clinical emergency results in or is related to a death in custody the registered nurse, medical officer, and / or nurse practitioner are responsible for:
- following the instructions for managing a death in custody set out in the [Prison Operations Manual](#).
 - verifying death to comply with [Ministry of Health Guidelines](#)
 - documenting clinical interventions using the [HS 3-8-1 Emergency Clinical Assessment Form](#) and in the daily record
 - securing the patient's medication
 - directing management of the scene to maintain the deceased person's dignity.

See also the [Death in Custody Flow Chart](#) for guidance.

- 23.50 Custodial Staff are responsible for:
- following the directions set out in the [Prison Operations Manual](#);
 - managing the security of the scene;
 - contacting the next of kin.

24. Health care on release

Standard

- 24.1 The patient has current health information to support a transfer to general practice when they are released.
- 24.2 The patient has current health information to support continuity of access to the specialist services they need when they are released.

Health care on release policy

- 24.3 There will be a system in place so that Health Services and custodial staff share information about patients who are being released.
- 24.4 The registered nurse is responsible for reviewing and evaluating the health care that has been provided in prison and updating the patient's health record before they are released.
- 24.5 The registered nurse is responsible for completing the documentation needed to provide continuity of health care, including information for the case manager and a discharge summary for the patient and primary care, using the Front Sheet from the patient's MedTech record.
- 24.6 The registered nurse is responsible for ensuring the list of the patient's medicines is up to date in Medtech and accurately populates the Front Sheet summary before the form is used to provide a summary of the patient's care.
- 24.7 The registered nurse is responsible for complying with policy on transcribing as set out in section 11 of the [Medicines Management Policy](#)
- 24.8 The registered nurse is responsible for complying with section 26 of the [Medicines Management Policy](#) when preparing the patient for release.
- 24.9 When the patient is supplied with any medicine on release, the registered nurse is responsible to record the names of the medicines and the amount of each medicine supplied in the discharge summary.
- 24.10 The registered nurse is responsible for providing any patient with high or complex health needs with information about health care services in their release location and a summary of their health care and treatment in prison using [HS 3-5-4 Patient Health Release Information](#)
- 24.11 The registered nurse is responsible for ensuring there is a plan in place to enable patients with complex needs to access the services they need after they are released.
- 24.12 The Health Centre Manager is responsible to ensure there is a system in place to promptly respond to requests for patients' prison health records from primary health care providers.

Release of pregnant women

- 24.13 The registered nurse is responsible for advising the Lead Maternity Carer and, with the patient's consent, to provide a summary of their health record when any pregnant woman is released.
- 24.14 The registered nurse is responsible for providing any pregnant woman with a summary of her health record when she is released.
- 24.15 The registered nurse is responsible for providing the woman with information about maternity services in the area they will be released to.

25. End of life care

For the purposes of this policy patients approaching the end of life are those patients who are likely to die within the next 12 months.

This includes patients whose death is imminent (expected within a few hours or days) and those with:

1. advanced, progressive, incurable conditions;
2. general frailty and co-existing conditions that mean they are expected to die within 12 months;
3. existing conditions if they are at risk of dying from a sudden acute crisis in their condition;
4. life-threatening acute conditions caused by sudden catastrophic events.

In many cases where a person in prison is diagnosed with a terminal condition, or is at the end of their life, an application for release on compassionate grounds may be made to the Parole Board under [section 41 of the Parole Act](#).

This policy applies to the care of patients at the end of their life and/or patients who have a terminal condition (dying patients) and any case where a compassionate release is:

- not sought; or
- is not granted; and/or
- in the period between diagnosis and release on compassionate grounds.

NB: When providing end of life care Health Services staff must also refer to the [Corrections Health Services Informed Consent Policy](#)

Standard

- 25.1 The patient receives evidence based end of life care.

- 25.2 The patient is treated as competent to make informed decisions unless an assessment by a medical officer finds the patient is not competent to make such decisions.
- 25.3 Corrections Health Services staff are supported to provide end of life care by a multi- disciplinary team.

Compassionate Release

- 25.4 The process and requirements for managing a patient who meets the criteria for compassionate release under [section 41 of the Parole Act](#) are set out in the [Prison Operating Manual](#).
- 25.5 The HCM is responsible for informing the Regional Clinical Director and the Principal Health Advisor when any patient is being considered for compassionate release.

End of life policy

- 25.6 Patients dying in prison have the same rights to be involved in all decisions related to their care, and including their end of life care, as patients in any other health setting.
- 25.7 Approved health care pathways will inform assessment and management of the dying patient's symptoms.
- 25.8 The dying patient's support people/family/whanau may be involved in their end of life care with the patient's consent and by arrangement with the HCM and Prison Director.
- 25.9 End of life care will be coordinated by a multi-disciplinary team which will include custodial staff. The patient, and their family/whanau when the patient consents to their involvement, may be encouraged to participate as members of the team.
- 25.10 A review of the dying patient's medicines will be completed at least weekly. The medical officer or nurse practitioner is responsible for consulting with other prescribers to ensure medicines to manage common end of life symptoms are prescribed.
- 25.11 A treatment plan will be documented using the [HS 2-11-1 End of Life Treatment Plan Template](#). The plan will be available to all health staff caring for the patient.
- 25.12 The registered nurse will monitor and update the treatment plan with advice and support from the multi disciplinary team to manage changes or acute deterioration in the patient's condition.
- 25.13 The multi disciplinary team is responsible for collaborating with external social, health and cultural support providers so that the patient's reasonable requests can be met.
- 25.14 The patient and the multi disciplinary team will decide whether the patient will be transferred to another location to be closer to a hospital or other support systems.

- 25.15 An assessment of the patient's prognosis and the likely progression of their illness/disease will be shared with the DHB, and/or another local provider of end of life care, to plan for seamless transfer of care as needed.
- 25.16 The HCM, the Regional Clinical Director and the Clinical Quality Assurance Advisor will provide clinical leadership to support Corrections Health Services and custodial staff who are caring for a dying patient.
- 25.17 The Regional Clinical Director is responsible for reporting weekly on the care and condition of the dying patient to the Principal Health Advisor.
- 25.18 A dying patient who refuses life saving treatment, including Cardio-Pulmonary Resuscitation (CPR), will be encouraged to clearly set out their wishes in an Advance Directive see section 25.21–25.28 below.
- 25.19 In any case where a patient advises health staff that they do not want to receive CPR but do not stipulate the refusal to receive CPR in the Advance Directive, a Not for Cardio-Pulmonary Resuscitation (NCPR) Order will be initiated. See [section 25.32–25.40](#) below.
- 25.20 When a patient dies in custody registered nurses in Corrections Health Services are permitted to verify life extinct and complete the [Verification of Death Form \(Ministry of Health Guidelines for Verifying Death\)](#).

Advance Directive

- 25.21 Every competent patient in Corrections Health Services has the right to use an Advance Directive in accordance with common law (the [Health and Disability Consumers Code Right 7\(5\)](#)). Full policy on Advance Directives is found in the [Corrections Health Services Informed Consent Policy 2019](#).
- 25.22 The medical officer has the discretion to initiate a discussion with the patient about making an advance directive when the patient's presenting condition indicates an advance directive may be needed to set out the patient's decisions for their future care or treatment.
- 25.23 The HCM is responsible for working with the Prison Director to ensure custodial staff know about the patient's decisions in an [Advance Directive](#). The information will be recorded as a health alert in IOMs and in the medical warning tab in MedTech.
- 25.24 In general when the patient refuses life saving treatment in an Advance Directive, it should stipulate that the patient refuses cardio-pulmonary resuscitation (CPR).
- 25.25 When the patient sets out their refusal of CPR in an Advance Directive, the HCM is responsible for ensuring an Advice of Prisoner Health Status is completed to advise custodial staff that the patient refuses CPR; and for working with the Prison Director to ensure custodial staff know that the patient has a valid Advance Directive refusing CPR.
- 25.26 When a patient does not wish to receive CPR but does not document this decision in the Advance Directive a Not for Cardio-Pulmonary Resuscitation Order will be documented.

Not for Cardio Pulmonary Resuscitation Order

- 25.27 A Not for Cardio Resuscitation Order (NCPR) may be initiated by:
- a competent patient
 - a medical practitioner
- 25.28 Any NCPR Order must be documented on the approved [NCPR Form](#).
- 25.29 Any NCPR Order must be endorsed by the HCM and the Prison Director.
- 25.30 The NCPR Order will be located in the patient's health record.
- 25.31 The HCM is responsible for ensuring an Advice of Prisoner Health Status is completed to advise custodial staff about the NCPR Order and for working with the Prison Director to ensure custodial staff know that a NCPR Order is in place.
- 25.32 The HCM is responsible to ensure an alert is entered in IOMS and in MedTech to show the NCPR Order.
- 25.33 Health Services and custody staff will comply with the conditions set out in any NCPR Order.
- 25.34 Any patient, who has an Advance Directive or NCPR Order initiated in any other external service, must be referred to the Medical Officer for review when they enter or return to prison. The Medical Officer is responsible to review the Advance Directive or NCPR order with the patient and to document the conditions of the Advance Directive or NCPR order using the form approved for use in Corrections Health Services.
- 25.35 Any NCPR Order will be reviewed when a change in the patient's condition means the criteria no longer apply or when the patient is competent to make a decision to amend or revoke the order.

NB A NCPR Order means Corrections Health Services and custodial staff will not commence mouth to mouth resuscitation, cardiac compressions or use any defibrillator (AED device) when the patient stops breathing and/or their heart stops beating (there is no pulse).

Patient initiated Not for Cardio-Pulmonary Resuscitation (NCPR) Order

- 25.36 When the patient's condition means life saving treatment will be futile the medical officer is responsible for providing the patient with sufficient information to make a decision about the life saving treatment they will accept or decline.
- 25.37 A patient initiated NCPR Order will be documented when:
- the patient is diagnosed with a terminal illness or is at the end of their life; and
 - no curative treatment is available, or the patient has declined to receive treatment; and
 - the patient is competent to make an informed decision about the treatment they consent or decline to receive; and

- the patient has not set out their decision to consent or refuse to receive CPR in an Advance Directive.

Medically initiated NCPR Order

- 25.38 A medical practitioner is permitted to initiate a NCPR Order only when:
- the patient is not competent to make an informed decision; and
 - there is no EPOA or welfare guardian; and
 - the patient is at the end stage of life; and
 - CPR to maintain life would be futile or would prolong the patient's suffering; and
 - the patient has not set out their decision to consent or refuse to receive CPR in an Advance Directive; and
 - the medical practitioner has consulted with the HCM and the Prison Director.
- 25.39 The medical practitioner is responsible to document all consultations related to the decision to initiate a NCPR Order in the patient's electronic health record.

26. Accident Compensation Corporation (ACC)

Standard

- 26.1 Any patient who meets the criteria for eligibility for treatment under ACC is registered with ACC at the time of assessment, by the health practitioner undertaking the assessment.
- 26.2 Any ACC claim form is filed with ACC within five working days (or at any time for a sensitive claim).
- 26.3 ACC numbers are included in the discharge information provided to the patient and/or the patient's general practice provider.

ACC policy

- 26.4 Corrections Health Services will follow the [ACC Guidelines for Providers](#).
- 26.5 Registered nurses are required to be registered as ACC providers.
- 26.6 When a patient is allocated an ACC claim number in an Emergency Department or after-hours accident and medical centre the registered nurse is responsible to record the number in the patient's Medtech file using the Accident tab in the Patient Manager section.

27. Clinical documentation

Standard

- 27.1 Documentation of health care in Corrections Health Services meets professional and legal standards.
- 27.2 Documentation of health care in Corrections Health Services is presented in the approved format.

Clinical documentation policy

- 27.3 The term 'patient' will be used in any documentation related to consumers of health care in Corrections Health Services.
- 27.4 The patient will be identified by their first and/or last name. When using only the patient's last name it will be preceded by Mr / Ms / Miss / Mrs.
- 27.5 Any patient's health record will contain only that patient's health information.
- 27.6 Patient information is primarily collected and stored electronically. Hard copy health information is scanned into the electronic health record. Hard copy health information may be disposed of as described in [HS 2018/02 Retention of hard copy patient information](#).
- 27.7 Patients will be allocated a unique identifier for use in their electronic health record.
- 27.8 Documentation of any health intervention will be presented in the SOAPIE format (see [here](#) for more information on the SOAPIE format).
- 27.9 Electronic documentation will meet the standard when it:
- is timely – this means any episode of care will be documented at the time the care is provided
 - is clear, concise and free of jargon
 - is factual, relevant, accurate and current
 - is dated (day/month/year), and with the time recorded using 24 hr clock
 - clearly identifies the health practitioner who is recording the information
 - uses only [approved abbreviations and symbols](#)
- 27.10 Hand written documentation will meet the standard when it:
- is indelible (written in ink or biro)
 - is legible
 - is timely – this means any episode of care will be documented at the time the care is provided
 - is clear, concise and free of jargon
 - is factual, relevant, accurate and current
 - is dated (day/month/year), and with the time recorded using 24 hr clock
 - is signed by the practitioner with their name and designation printed alongside each entry
 - uses only approved abbreviations and symbols – see [here](#) for the list of Approved Abbreviations.

Documentation errors

- 27.11 Any error in any handwritten health record will be corrected by drawing a single line through the error. Erasing, using correcting fluid or any other means of completely deleting the error is not permitted.
- 27.12 The correction must be initialled to show the identity of the person making the change.

- 27.13 Any change to any electronic health record will be automatically logged in MedTech and can be audited.
- 27.14 Health Services staff are not permitted to make changes to correct health records documented by another practitioner. This applies to handwritten or electronic documentation.

Delayed documentation / late entries

- 27.15 In any circumstance where documentation (electronic or hard copy) of care or any health information is delayed, the practitioner is responsible to:
- clearly identify the entry as a 'late entry'
 - record the date and time of the late entry in a hard copy. The patient's electronic clinical file will automatically record the date and time of the entry
 - provide a full record of the care provided or the health information that was delayed.
- 27.16 Late entries or changes to the health record are not permitted when the case is, or may become, the subject of an investigation.

Training Module - Clinical Documentation

- 27.17 Newly employed nurses and Health Care Assistants will complete a documentation standards training module as part of their orientation programme.
- 27.18 Once completed the training module must be signed HCM or their delegate (usually the preceptor or team leader).
- 27.19 A record of the completed and signed training module will be kept in the employee's personnel file held by the Health Centre Manager.

Treatment Plan flowchart

For prisoners with Significant and / or Complex Health Needs that are acute or chronic **and** complex. They may include:

- Any chronic disease (including mental illness)
- Acute diseases, conditions or injuries that place the prisoner at significant risk (including mental illness)
- Any disability, condition, disease or illness that requires complex nursing or medical intervention (including mental illness).

The following prisoners must have a treatment plan
HIV / AIDS
Methadone
Hep C on Interferon
Diabetes on insulin

Use the treatment plan template in the Outbox in Medtech

Involve the prisoner in the development of the treatment plan where ever possible

Once the treatment plan has been completed

consider having folder with current treatment plans for easy reference in nurses station

Add a **recall date** for reviewing the treatment plan. It must not be more than 6 months

Place an **alert** on Medtech stating that the prisoner has a treatment plan and any other significant health issues that staff should be alerted to

Place a **signed** copy of the prisoner's treatment plan in the hard copy file

Consider whether a **transferability constraint** is required to be placed on IOMS. This is required if the prisoner needs to stay within the area for any health issues such as appointments at the DHB, or under forensic care. Ask your admin staff or HCM to do this.

Released under the Official Information Act 1982

1. Authority for Policy

- Corrections Act 2004
- Corrections Regulations 2005
- Official Information Act 1982
- Privacy Act 1993
- Health Information Privacy Code 1994
- Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights Regulation 1996
- Health Services Manual
- Department of Corrections Writing Standards Manual
- Department of Corrections Formatting Standards Manual

2. Purpose

The purpose of this policy and procedure is to ensure:

- there are nationally consistent procedures for the management of all complaints as they relate to the delivery of health care
- there is an effective method by which prisoners can make a complaint and express their concerns regarding their care and treatment
- that there are mechanisms in place to support the development of improvements in health care delivery
- Health Services meets their statutory obligations under the Health and Disability Code of Consumers' Rights.

3. Scope

This policy applies to all Health Services staff employed or contracted by Prison Services (PS) Health Services.

4. Definitions

4.1 Code

Each complaint requires a code. A code is a way of identifying trends so that Health Services can make improvements to prisoner safety and service delivery. The following are the Codes:

Code	Descriptor
CAT	Complaints related to clinical care and treatment
MP	Complaints related to anything related to medication – from prescribing to administration
DT	Complaints related to medical diets
SD	Complaints related to service delivery as opposed to care and treatment e.g. missed appointment, accessing the Medical Officer
HI	Complaints related to the obtaining or disclosing of health information
AC	Complaints made to accessing external health services
OTHER	Other complaints not captured in any other description

4.2 Electronic Complaint File

An electronic file created for each complaint. All activities in relation to the complaint are to be documented in this file. These files are stored by region, by year, in G\PPS\Database\Health Services\Complaints and Official Correspondence folder.

4.3 Health Services Staff

This means all Health Services Staff employed by the Prison Services and all Medical Officers, Dentists contracted to Prison Services.

4.4 Health Complaint

There are day to day requests, concerns, questions, issues raised by prisoners, custodial services and external health services. These will not be covered by this policy. It is expected that these matters are dealt with at the time, at the lowest possible level.

However, complaints about health services, that can't be resolved within five working days, or are deemed to be official correspondence – complaints (see 4.7 for definition of official correspondence) are covered by this Policy and Procedure.

4.5 Resolved Complaints

This means that all possible efforts have been made to address a person's / agencies concern for example, provided further information, referred them onto other appropriate services or changed a treatment intervention. There are times when complaints are unjustified or there are requests which can't be met due to policies, procedures or security issues for example. However, these must be explained to the person who is making the complaint.

4.6 Complainant

If a complaint is in relation to a prisoner's health requirement, then the prisoner who is the subject of the complaint is deemed the complainant. This is for the purposes of any acknowledgement letters and any update letters during the complaints process.

4.7 Official Correspondence – Complaints

This is a complaint that is received via National Office. It is also a complaint that has been received in the region from an official agency that is deemed to be complex and / or potentially places an individual or the Department at serious risk.

4.8 Health Services Complaint/Official Correspondence Register

An electronic file held within the database that contains a record of all complaints and official correspondence received concerning health services, and is maintained by the Regional Health Managers and the National Office Service Adviser. This is accessed using the following link <G:\PPS\Database\Health Services\Complaints and Official Correspondence>.

4.9 Tower Records Information Management (TRIM)

The electronic document management system which holds records of all official correspondence received at National Office. Once received the correspondence is issued with a coversheet and passed to the relevant service or group's manager for a response to be drafted.

4.10 Executive Services

National Office team who research and author official correspondence responses for Prison Services.

5. Health Complaints Policy

5.1 General Policy

- All Health Services staff will encourage and facilitate the early resolution of all health complaints at the lowest possible level
- All Health Services staff will accept complaints either verbally or in writing and if not able to be dealt with at the time, these will be referred to the Health Centre Manager
- Each Health Centre will have information about how to make a complaint to Health Services accessible and available to prisoners
- Any language or communication barriers to making a complaint will be appropriately addressed
- All health complaints will be treated sensitively, promptly and fairly
- All complaints will be referred to the Regional Health Manager (or delegate) who will allocate responsibility for following through on the complaint.

5.2 Information about making a Complaint

All prisoners have access on how to make a complaint in the “kiosk” located in each Prison

There is a national policy and procedure for all prisoner complaints in the [PS Operations Manual, Prisoner Complaints](#) (National Procedure). The following policy is in addition to this procedure. The following policy will apply to Health Services

- Information about how to complain must be visible and accessible to all prisoners in the Health Centre and will also be included in the Health Information Booklet on the prisoner kiosk and available in the all Health Centres

- [HS 2.4.3 Making a Health Complaint Information Sheet](#) should be visible and available in all Health Centres with the corresponding form available
- All Health Centres will prominently display information about the Health and Disability Advocacy Service as well as information about the Health and Disability Commissioner.

5.3 Time-frames for Addressing a Complaint

The following policy will apply:

- All health complaints must be acknowledged in writing within five working days, unless the complaint has been resolved within that five working day period
- Within ten working days following written acknowledgement of the complaint the Regional Health Manager (or delegate) must decide
 - whether the complaint is justified, or not
 - how much time or additional time is required to investigate the complaint. If it will take more than 20 working days to investigate the complaint then the prisoner must be informed and the reasons explained
- As soon as practicable following the decision about whether the complaint is justified or not the Regional Health Manager (or delegate) must inform the prisoner, verbally or in writing
- the reason for the decision
- any actions Health Services propose to take in regards the complaint
- any appeal procedure Health Services has in place
- Every month, following the complaint the Regional Health Manager (or delegate) will inform the prisoner about how the complaint is progressing. This must be completed in writing.

5.4 Information Required for the Prisoner

As well as the information required outlined in 5.2 of this document, the following must be available to all prisoners:

- Information that an independent advocate is available under the Health and Disability Commissioner Act 1994 and of the existence of the Health and Disability Commissioner
- A pamphlet with information about the Health and Disability Advocacy Service and the Health and Disability Commissioner
- Any health information relevant to the complaint that we have available.

5.5 Documentation following a Health Complaint

- Each complaint will be registered in the [Complaints/Official Correspondence Register](#) and given a corresponding number
- An electronic complaint file will be opened by the allocated number and prisoner name. All activities surround the complaint will be kept in this file.
- The electronic complaint file will be save by region under G\PPS\Database\Health Services\Complaints and Official Correspondence folder
- If hard copy information is required to be kept, then a hard file is to be opened according to the complaint number and prisoner name.

6. Health Complaints Procedure

6.1 Receiving a Health Complaint

The following procedures will apply:

- Try to resolve complaint if you are able
- Refer the complaint to the Regional Health Manager who will log the complaint in the [Complaints/Official Correspondence Register](#).
- Regional Health Manager (or delegate) open an electronic complaint file, by number and prisoner name.

6.2 Following a Health Complaint

The following procedures will apply:

6.2.1 Procedures within the First Five Days for General Health Complaints

- Speak with the prisoner, or the person acting on their behalf, to try to resolve the complaint within five days. If the prisoner has transferred prior to resolving the complaint, discuss this with the Health Centre Manager at the receiving prison
- Tell the prisoner that they are able to access external advocacy services, including the Health and Disability Advocacy Service or the Health and Disability Commissioner
- Ensure the prisoner has all their relevant health information in relation to the complaint

6.2.2 Procedures for an Unresolved Complaint between five – ten days following receipt of the complaint

- Continue to try and resolve the complaint
- Write to the prisoner acknowledging their complaint using [HS 2.4.1 Complaints Acknowledgement Form](#). Save this document in the prisoner's electronic complaint file
- Decide whether the complaint is justified or not. If you need more than twenty working days to investigate whether the complaint is justified write to the prisoner using the [HS 2.4.2 Update Complaints Acknowledgement Form](#). Save this document in the prisoner's electronic complaint file.
- Regional Health Manager to discuss any complaints that may have serious adverse impact on the prisoner, the Health Services staff or the Department of Corrections with the National Health Manager.
- Document your investigation and findings and place it into the electronic complaint file.
- Update the [Complaints/Official Correspondence Register](#)

6.2.3 Procedures for an Unresolved Complaint over 20 working days

- Inform the prisoner about the progress of their complaint in writing using the [HS 2.4.2 Update Complaints Acknowledgement Form](#). Save this document in the prisoner's electronic clinical record

- Update the [Complaints/Official Correspondence Register](#)

6.2.4 Procedures for an Unresolved Complaint over 70 working days and beyond

- Inform the prisoner about the progress of their complaint using the [HS 2.4.2 Update Complaints Acknowledgement Form](#). Save this document in the prisoner's electronic clinical record
- This must be completed every 20 working days
- Update the [Complaints/Official Correspondence Register](#)

7. Prisoner Complaints - PS Operations Manual

7.1 Prisoner Complaints PS Operations Manual

The Department of Corrections has a national policy to manage prisoner complaints. In order to ensure we meet the requirements of the [Prisoner Complaints PS Operational Manual](#) and our obligations under the Code of Health and Disability Services Consumers' Rights the following procedures are to be adhered to.

7.2 Prisoner Complaints PS Operations Manual Procedures

Once the Health Centre Manager or Team Leader has received the [PC.01.Form.01 Prisoner Complaint Form](#) from custody

- Follow all procedures in this document, including recording the complaint in the [Complaints/Official Correspondence Register](#) and writing to the prisoner if required
- Fill in the [PC.01.Form.01 Prisoner Complaint Form](#) and send it back to the custodial staff with the action that has been undertaken

- Document in the prisoner's electronic complaint file that you have completed the [PC.01.Form.01 Prisoner Complaint Form](#).

8. Official Correspondence - Complaints Policy

8.1 Official Correspondence Policy

The following policies will apply to official correspondence as defined in this document:

- Sections 6 and 7 of this policy and procedure applies to official correspondence - complaints except:
- any direct communication with the prisoner, will be undertaken by the region if required
- If the correspondence is managed by Executive Services, and the primary response is custodial based however it includes a Health Services query, the Executive Services Advisers will liaise with the Health Services Service Adviser who will identify the appropriate writer, co-ordinate the response and document accordingly.

8.2 National Office Official Correspondence Procedures

- Prison Services Executive Services Manager provides hard / electronic copies from the Ministerial Coordinator to the National Health Manager
- The National Health Manager will indicate to whom the official correspondence is delegated for follow up, and advise the Health Services Service Adviser who will coordinate the response and update author and unit details on TRIM
- The Health Services Service Adviser contacts the respective Regional Health Manager requesting a response to the National Health Services writer, or a draft as the primary writer and manages the response process
- Regional Health Manager (or delegate) will register complaint in the [Complaints/Official Correspondence Register](#), using the number allocated by National Office
- Regional Health Manager (or delegate) to open an electronic complaint file

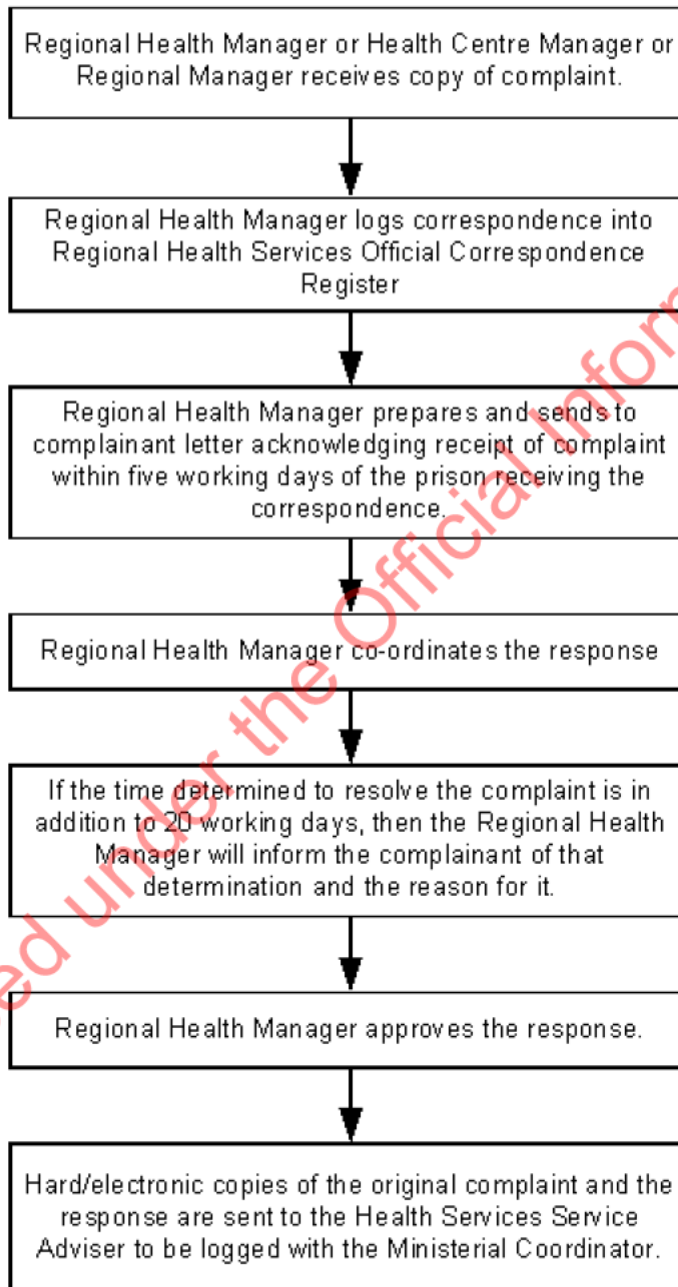
- National Office Health Services writer will be responsible for any follow up questions with the person/s providing information for the response
- The draft response will be prepared by the designated author.
- The National Health Manager will approve and sign – where applicable the final response
- The Health Services Service Adviser (SA) is responsible for
 - - printing the response on letterhead for the National Health Manager to sign on behalf of the General Manager
 - preparing / photocopy three signed copies of the response and forwarding to the Ministerial Co-ordinator to complete the process and log off on TRIM as completed
 - coordinating the responses from the regions
 - sending out all required prisoner letters and communications under Section 6 and 7 of this document
 - placing electronic copies of the original request (scanned) and the final response in the respective regional file found under G\PPS\Database\Health Services\Complaints and Official Correspondence folder

Released under the Official Information Act 1982

9. Flow Charts

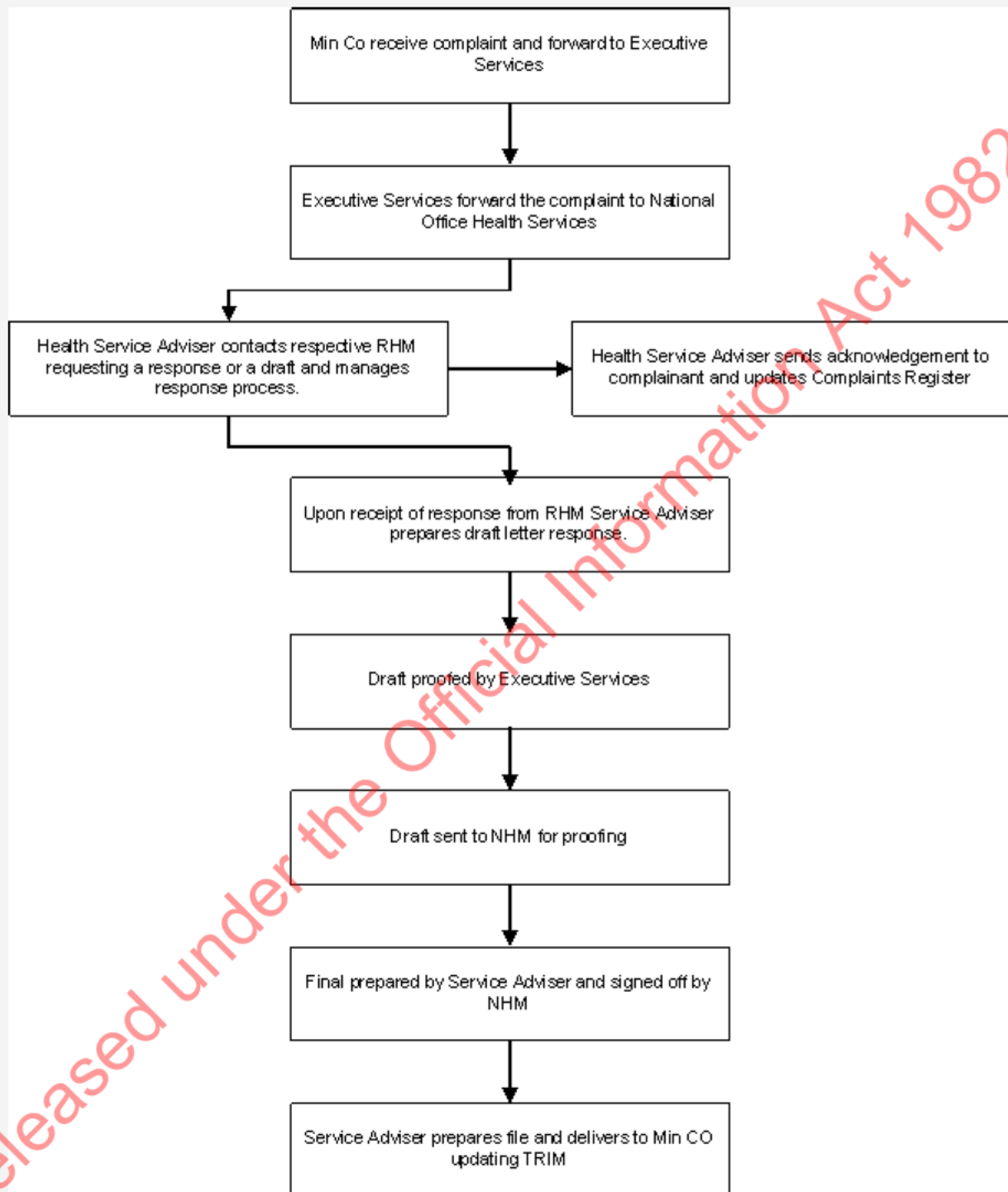
9.1 Regional Complaint Process

Regional Official Correspondence Process



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9.2 National Office Complaint Process



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Complaint Acknowledgement Form

HS 2.4.1

Name:
Prison:
Unit:
Date:

Cc: (if complaint made on behalf of prisoner insert name here)

Dear

Thank you for your complaint received on (insert date)
in relation to

Or

We have received a complaint from
in relation to

Currently we are investigating your complaint and it is our intention to provide you with information as soon as possible.

You can expect to hear from us within the next 20 working days. We also want to ensure you are aware that:

- independent advocates and resources are available to you. These include:
 - Health and Disability Advocacy Service – Phone 0800 555 050
 - Prison Inspectorate – Phone 0800 225 697
 - Office of the Ombudsman – Phone 0800 662 837
 - Health and Disability Commissioner – Phone 0800 11 22 33
- you can also:
 - have a copy of your health records
 - view the Department of Corrections, general complaints process at the Kiosk located in the Prison

Please let us know if you require any further information about your health care in relation to this complaint.

A pamphlet has been included with this letter about how you can access an advocate and / or the Health and Disability Commissioner.

Signed:

Title:

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Update Complaint Acknowledgement Form

HS 2.4.2

Name:
Prison:
Unit:

Cc: (if complaint made on behalf of prisoner insert name here)

Re: Health Complaint

This letter is to update you on the progress in relation to the health complaint you have made regarding

We are currently working on investigating your complaint however we require more time to fully complete this process.

The reason for this is

You can expect to hear from us within the next days/weeks.
(maximum is 4 weeks).

Signed

Date:

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MAKING A COMPLAINT ABOUT YOUR HEALTH CARE (To be Displayed in the Health Centre)

HS 2.4.3

How should I make a complaint?

You will have been informed about how to make a complaint on arrival. You may choose any of those options when making a complaint about your health care. Remember these options included contacting the:

- Health Centre Manager in the Health Centre at your Prison
- Prison Inspectorate on - 0800 225 697
- Speaking to a custodial officer or Unit Manager
- Health and Disability Advocacy Service - 0800 555 050
- Office of the Ombudsman - 0800 662 837
- Health and Disability Commissioners Office - 0800 11 22 33

Can I make a complaint directly to Health Services

Yes. We would like to hear from you.

How do I make a complaint directly to Health Services

You can choose any of the following options:

- Tell a Nurse
- Tell a Doctor
- Ask to speak with the Manager of Health Services
- Fill in the Health Services Complaints form

What can I expect?

- Every complaint made will be documented in your health file so there is a record of the complaint
- You can expect that the information you give us will be placed onto a Health Complaints Register. The register records your complaint and the actions taken to resolve the complaint.
- You can expect that if someone else makes a complaint on your behalf that we will seek consent to release your health information.
- You can expect that we will listen and deal with your complaint promptly and fairly
- You can expect that we take all complaints seriously and use information obtained to improve our service
- You can expect that we will resolve your complaint according to the Prison Services Policy and Procedure
- You can expect that if we are not able to resolve the issue for you that an explanation as to why will be made available to you
- You can expect that we might talk to custodial staff about your complaint if we need their help to resolve the complaint. You can expect that we will talk to you about this before we talk to custodial staff and obtain your consent.

What if I can't write?

All complaints whether in writing or by talking to us are taken seriously. Talking to us is the same as writing

We may ask that a complaint be put in writing but we will discuss this with you and ensure you have assistance to write.

How do I put it in writing?

You can use the Health Complaint Form.

Do I have to tell you my name if I put it in writing?

Yes, we can not accept complaints without a name. This is because we have to have your details so we can look into your complaint.

How do I give you my Complaint Form?

You can give it directly to a nurse or doctor, or you can ask a Custodial Officer to give it to Health Services, or if your prison has a box for requests to see Health Services you can put it in there.

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Prisoner Health Complaint Form

HS 2.4.4

To: The Health Centre Manager

Date:

Name:

Prison:

Tell us what your concern is:

Signed..... Date.....

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1. Authority for Policy

- Corrections Act 2004
- Corrections Regulations 2005
- Health Act 1956
- Health Information Privacy Code 1994
- Health and Disability Commissioner Act 1994
- Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996 ("Code of Rights")
- Health (Retention of Health Information) Regulations 1996
- NZS 8134.1:2008 Health and Disability Services (Core) Standards
- New Zealand Standards Health Records NZS 8153:2002
- Privacy Act 1993
- SNZ PAS 8170:2005 New Zealand: Primary Health Care Practice Management Systems Standards.

2. Purpose

The purpose of the policy is to ensure that health information standards are met to enable:

- Safe and effective primary health care services
- Effective and efficient access to health information
- Monitoring of the quality of patient care, treatment and health status.

3. Scope

This policy applies to all Health Services staff employed by, or contracted to, Corrections Health Services.

4. Objective

To ensure that:

- All Health Service staff receive guidance so that best practice standards can be implemented to ensure health information is managed effectively and efficiently.

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5. Definitions

5.1 Agent

A person authorised to act for and under the direction of another person when dealing with third parties. The person who appoints an agent is called the principal. An agent can enter into binding agreements on the principal's behalf and may even create liability for the principal if the agent causes harm while carrying out his or her duties.

5.2 Authorised Persons

Staff employed by Health Services or persons contracted by Corrections Health Services by management arrangement (e.g. General Practitioners) for the purposes of supporting the provision of healthcare, or undergoing clinical training under contract or formal agreement.

5.3 Confidentiality

Ensuring that information is kept secret/confidential and is accessible only to those authorised to have access at the appropriate time and in the appropriate manner.

5.4 Disclosure of Information

Making the information known to someone. A disclosure may be verbal or release of written documentation or a physical record.

5.5 Enduring Power of Attorney

A formal document under the Protection of Personal and Property Rights Act 1988 giving a person the right to act for another person should they be too ill or incapacitated to act for themselves in matters relating to money, property, personal care and welfare. Without an enduring power of attorney, no one else can deal with a person's affairs on his or her behalf. Family, spouse, etc may need to go to court to get this power.

5.6 Health File

Information describing every aspect of the health care or treatment provided to an identifiable patient, including information collected before or in the course of, and incidental to the provision of any health or disability service. The health file may include written, electronic or image information. Corrections Service holds health files in both hard copy (hard copy health file) and electronic form (patient's electronic clinical file).

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5.7 Health Information

Information about the physical and psychological health of an individual. This includes his or her medical history, disabilities, health and disability services provided, and information provided by that individual in connection with any donation by that individual of any body part or substance (Health Act 1956, Section 22B; Health Information Privacy Code 1994, Clause 4(1)).

5.8 Health Services

Disability services, health services or both, including health care procedures.

5.9 Health Services Staff

Health Service staff are the contracted providers, Nurses, Health Care Assistants, and Administration Support Officers employed by the Department of Corrections.

5.10 NHI Number

The National Health Index (NHI) number is a national unique identifier for people receiving health services.

5.11 Personal Information

Information about an identifiable individual (section 2 Privacy Act 1993).

5.12 Principal Caregiver

The friend of an individual or the member of an individual's family group or whanau or other person who is most evidently and directly concerned with the oversight of the individual's care and welfare.

5.13 Privacy Disclaimer Statement

A statement attached to a document (hard copy or electronic) sent to an external agent, which advises that the information contained in the document is private and confidential. If received by a person who is not the intended recipient, then any use of the information is unauthorised. The document must be erased (if electronic) or returned (if paper).

5.14 Representative

In relation to an individual, this means:

- Where that individual is dead – the deceased person's executor or administrator of his or her estate (i.e. appointed to be executor under the deceased's will);

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- Where the individual is under the age of 16 years – that individual's parent or guardian; or
- Where the individual is unable to give his or her consent or authority or exercise his or her rights, a person appearing to be lawfully acting on the individual's behalf or in his or her interests i.e. by way of enduring power of attorney.

5.15 Third Party

A person who requests the disclosure of health information about another person

6 Collection of Health Information

6.1 Purpose

Health information is collected to enable Corrections Health Services to:

- Provide a safe and effective primary health care service
- Assist custodial services provide safe and humane containment of patients
- Monitor the quality of patient care, treatment and health status
- Provide efficient administration for claims, service reviews, reporting requirements, and financial auditing.

6.2 Policy

It is our policy that:

- Privacy must be maintained when collecting information as far as is practicable in a prison environment. If there is particularly sensitive information, Health Services staff must ensure all options are considered to ensure privacy is maintained
- When collecting information, it may be necessary for security reasons that Custodial staff are present or in the vicinity. Custodial staff are also bound by legislation to ensure the information discussed remains confidential and is not discussed with others.
- The patient will be informed by the Health Services Information Booklet about Health Services at the prison where they are currently residing. This will be given out by the nurse when he / she completes the Reception Health Triage, or the Initial Health Assessment / Update Health Assessment.
- Information must be collected from the individual (Rule 2 of the Health Information Privacy Code). It is not necessary to comply with this rule if Health Services, on reasonable grounds, believes that:

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- the individual concerned authorises collection (the patient must be told that the information is being collected, why and who it will be collected from)
- compliance would prejudice the interests of the individual concerned prejudice the purposes of collection or prejudice the safety of any individual
- compliance is not reasonably practicable in the circumstances of the particular case
- the information is already publicly available
- the patient is unable to give authority and collection is obtained from the patient's representative or the representative authorises the information to be collected from someone else. The representative must still be informed about the purpose of collection as set out in point 4 above. This means that the Health Services staff must talk to the patient's representative and tell them why Health Services collects information
- information must be collected without unreasonable intrusion into the patient's personal affairs, and should not be taken unlawfully (e.g. by video) or by use of coercion
- Health Services staff must ensure that sufficient health information is collected from the appropriate sources. This is to ensure that Health Services is able to develop an assessment and further treatment plan as clinically indicated.

7. Access to Health Information

7.1 Policy

The following policies apply in relation to the access of health information:

- All patients have the right to ask for access to their health information unless any statutory provisions prevent this
Requests made by persons for health information about someone other than themselves are known as third party requests and are to be actioned under the Official Information Act 1982 (refer to your Team Leader, Health Centre Manager or Manager Regional Health if this occurs)
- The record belongs to the Department of Corrections. Therefore the patient is not able to have the original records but has the right to access this information and to take copies if required
- The patient is entitled to have the Department of Corrections confirm what health information is held that can be readily retrieved
- Access must be granted as soon as reasonably practicable and, in any event, within 20 working days of receipt of the request. An extension to this time limit may be granted in certain circumstances if:
 - the request is for a large quantity of information

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- consultations are necessary to make a decision on the request so that a response cannot be made within the original time limit
- The patient must be notified within 20 working days of any period of extension together with reasons and his or her right to complain to the Privacy Commissioner about that extension
- If a patient wishes to have his or her request to access health information processed urgently they must explain why. Health Services staff should record the reasons for urgency in the patient's electronic clinical file
- Health Services staff must transfer any request promptly within 10 working days if:
 - the information requested is not held by Health Services but is believed to be held by another agency; or
 - the information is held by Health Services but believed to be more closely connected to the functions/activities of another agency
- The information requested must be released to the patient in the form requested. It may be made available in a number of ways:
 - inspection of records
 - copies of documents
 - viewing file
 - transcript
 - excerpt or written summary
 - orally
- If Health Services staff are unable to provide the information in the form requested, the patient must be told why. For example, access may be made available in different forms if it would otherwise:
 - impair efficient administration
 - be contrary to any legal duty; or
 - prejudice the interests protected by Sections 27-29 of the Privacy Act 1993; or
 - be contrary to security policies of the Department of Corrections
- Parents and guardians do not have automatic rights of access to their children's health information. While parents or guardians are considered the representative of children under the age of 16, and so can request access on the child's behalf, there may be situations where the request of the parent or guardian may be declined. Any such situation should be directed as a matter of urgency to the Manager Regional Health who will discuss the matter with a Department of Corrections Legal Adviser
- Health Services will notify the patient within 20 working days:
 - whether the request is to be granted or refused; and
 - in what form the information is to be released
- There are a number of limited grounds for refusing access to health information set out in Sections 27-29 of the Privacy Act 1993. If health information is to be withheld by the Department of Corrections, the patient is entitled to know:

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- the reason for the refusal
- the supporting grounds; and
- his or her right to complain to the Privacy Commissioner and seek an investigation and review of that refusal
- Health Services staff are therefore required to familiarise themselves with the grounds of refusal. These include, among other reasons, the following:
 - disclosure would be likely to prejudice the maintenance of the law (Section 27(1) (c))
 - disclosure would be likely to endanger the safety of any individual (Section 27(1) (d))
 - disclosure would involve the unwarranted disclosure of the affairs of another individual or of a deceased individual (section 29(1) (a))
 - after consultation, the Department of Corrections is satisfied that disclosure would be likely to prejudice the physical or mental health of that individual (Section 29(1) (c))
 - the disclosure of that information (being information in respect of an individual who has been convicted of an offence or is or has been detained in custody) would be likely to prejudice the safe custody or the rehabilitation of that individual (Section 29(1) (e))
- If Health Services staff are uncertain whether or not any request should be refused, advice should be sought from a Department of Corrections Legal Adviser by the Manager Regional Health Services.

7.2 Procedure

In relation to any request by a patient for access to health information about themselves, Health Services staff are required to take the following steps:

- Ensure the identity / authorisation of the person making the request and record this
- Action the request within 20 working days and/or, if appropriate, transfer within 10 days or seek an extension on the time period where necessary
- Notify the patient of the action or proposed action to be taken by Health Services within 20 working days
- Seek the assistance of the Team Leader, Health Centre Manager or Manager Regional Health if the request is not straightforward
- Ensure the information requested is released in the form requested and received only by that person or his or her agent
- Take such security safeguards as are reasonable to ensure the information is not lost or accessed by an unauthorised person
- Notify the patient in writing of refusal of access giving reasons why, and right to complain to the Privacy Commissioner; and

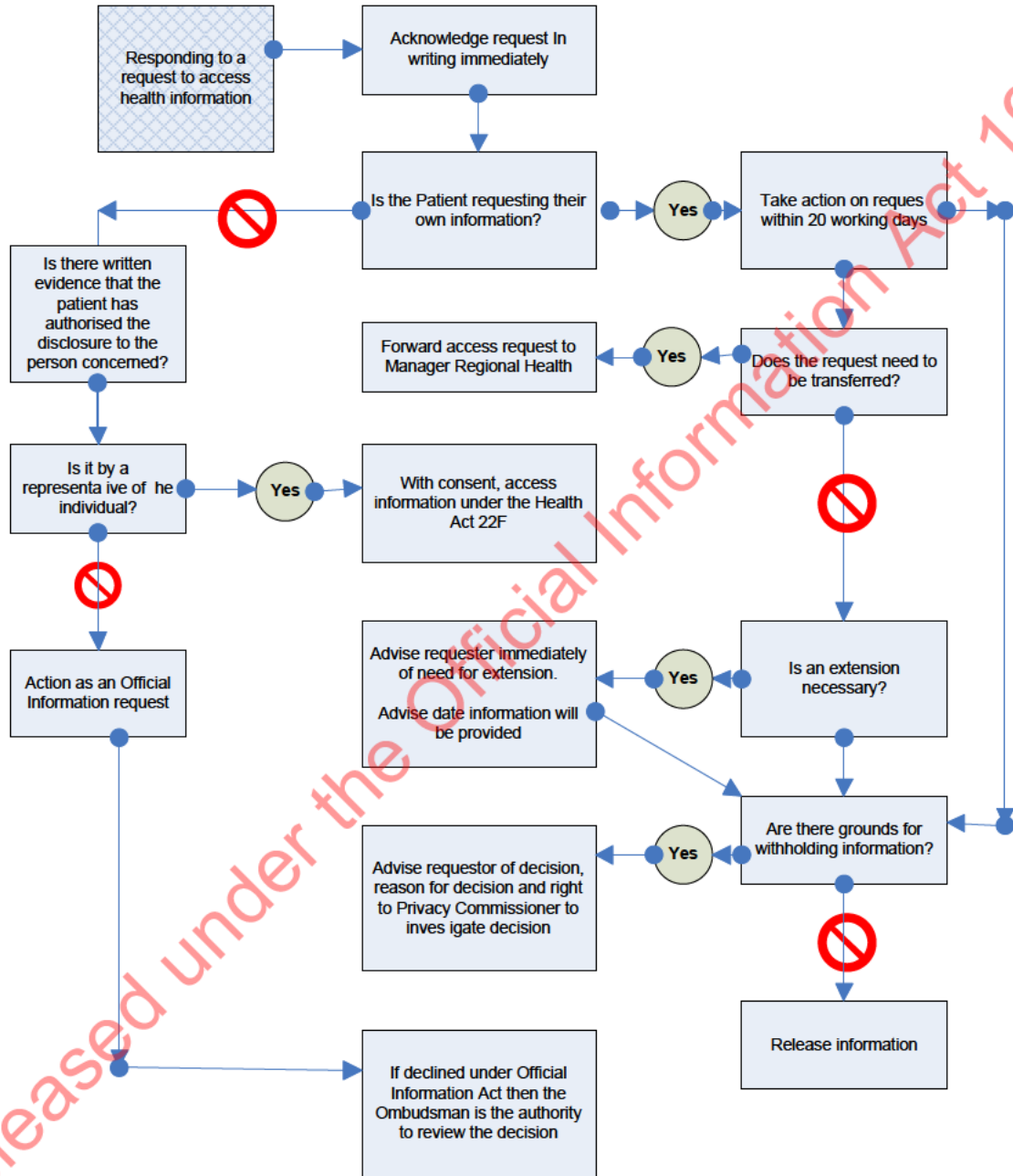
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- Document all requests for patient health information in the patient's electronic clinical file, the action taken and any reasons why information was withheld.

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The following is a flowchart to assist with accessing health information:



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8. Disclosure of Health Information

8.1 Policy

- Disclosure of health information includes persons making requests for health information about someone other than themselves. Such requests are commonly known as third party requests. Requests made by persons for health information about themselves are governed by Rule 6 of the Health Code (refer to Section 7 of this document)
- Health information may be released to a third party where:
 - the patient authorises release of the information. This must be in writing using HS 1-2-1 Release of Information Form; or
 - the patient is unable to give authority, and the patient's representative has authorised that release
- Health Services staff can disclose health information under Rule 11 of the Health Information Privacy Code to third parties if on reasonable grounds one of the exceptions under that Rule applies to the particular circumstances of the request. Health Services staff should ensure they are familiar with the exceptions
- There are also a number of exceptions to Rule 11 which permit disclosure where Health Services staff believe that it is not desirable or practicable to obtain the patient's consent and the disclosure is necessary. These exceptions include information released on the following grounds:
 - for the conduct of proceedings before any Court or tribunal
 - to avoid prejudice to the maintenance of the law by any public sector agency (including for the purposes of a public sector investigation/prosecution or for the prevention and detection of offences)
 - for the conduct of proceedings before any court or tribunal (proceedings commenced or are reasonably in contemplation)
 - to prevent or minimise a **serious** threat to public health or safety, or the life or health of the individual concerned, or another individual
 - it is not practicable to do so (on reasonable grounds)
 - information is disclosed by a registered health professional to a person nominated by the patient or principal caregiver or near relative in accordance with recognised professional practice and is not contrary to the patient's or representatives express request
- If release of health information is permitted under Rule 11 of the Health Code, disclosure must be made **only to the extent necessary** to meet the purpose of that particular request. In some cases, requests for information may be satisfied without disclosing any personal identifying information
- A number of other Acts authorise or require personal and / or health information to be made available (Sections 22C, 22D, 22F and 22G of the

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Health Act 1956). Others prohibit or restrict disclosure of certain information.

- Personnel responding to requests made in reliance of other Acts must satisfy themselves of that statutory authority and request written authority as evidence of the section of the Act upon which the requestor relies. Acts other than the Health Act include:
 - Social Security Act 1964
 - Children, Young Persons & Their Families Act 1989
 - Land Transport Act 1998
 - Victims' Rights Act 2002
 - Cancer Registry Act 1993
 - Health & Disability Commissioner Act 1994
 - Misuse of Drugs Act 1975
 - Medicines Act 1981.
- Check the particular legislative authority which authorises disclosure as some Acts have special conditions, e.g. section 66 of the CYF Act only imposes a mandatory duty to disclose information held relating to any child or young person if certain purposes are met (information requested must be for the purpose of determining whether that child or young person is in need of care and protection or for purposes of any care and protection proceedings). Section 22F of the Health Act requires Health Services staff to disclose health information in certain circumstances at the request of:
 - the patient concerned
 - the patient's representative; or
 - a person who is providing, or is to provide, health or disability services to any person
- A decision on any request may be:
 - to release all the information
 - to release some of the information
 - to provide the information in another form other than the form requested (e.g. electronically as opposed to hard copy information)
 - to release the information subject to conditions; or
 - to withhold all the information
- If any or all of the information is withheld, Health Services staff must notify the requestor in writing of the reasons and supporting grounds as to why the information is not to be released together with his or her right to seek an investigation and review by the Privacy Commissioner.

8.2 Procedure

In relation to disclosure of health information, Health Services staff are required to take the following steps:

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- Satisfy themselves of the identity / authorisation of the person making the request and record this
- Obtain the patient's prior written consent to disclose health information using H-S 1-2-1 Release of Health Information Form
- Acknowledge the request and record this in the patient's electronic clinical file
- Take action on the request within 20 working days and / or, if appropriate, transfer within 10 working days, or seek an extension on the time period where necessary
- Notify the requester of the action or proposed action to be taken by Health Services staff within 20 working days
- Seek the assistance of the Manager Regional Health if the request is not straightforward
- Ensure the information requested is released in the form requested if there are no grounds to decline, and received only by that person or his or her agent
- Use paper embedded with the words "Released Under the Privacy Act" (obtained via the Rimutaka Prison Print Shop) or have individual pages stamped with the same
- Take reasonable security safeguards to ensure the information is not lost or accessed by unauthorised persons
- Notify the requestor in writing of refusal of access, giving reasons, supporting grounds and information about the right to complain to the Privacy Commissioner
- Ensure all requests for patient health information and any reasons for disclosing information to third parties are documented in the patient's electronic clinical file.

9. Disclosure to Custody

9.1 Policy

It is our policy that:

- Health Services staff are permitted to disclose relevant health information to custody, on a "needs to know" basis, with the patient's consent.
- This means that health information must only be disclosed to the extent necessary to maintain a patient's welfare, safety or humane containment
- All patients must sign a Consent to Receive General Health & Dental Services Form (HS 2-1-1), or provide verbal consent which is indicated on the Reception Health Triage (RHT) advanced form, before information may be disclosed or health or dental services are provided
- Health Services staff need to be aware of when they are able to disclose patient information without consent (see Section 8 of this document)

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- Health Services staff should seek further support from the Team Leader / Health Centre Manager / Manager Regional Health if they are unsure about the extent of any disclosure
- Verbal consent to disclose information to custody is sufficient but must be recorded as 'verbal consent given or vcg' in the patient's electronic clinical file
- All Health Centres must have a written process in place for how Advice of Prisoner Health Status Form is disseminated to the appropriate custody staff on site
- Disclosure to custody in relation to harm to self or others may be disclosed without the patient's consent, as all patients are made aware of this on arrival. However, attempts must be made in the first instance to gain consent except where it may place you or the patient at risk.

9.2 Procedures

- If you have the patient's written or verbal consent
 - Decide what information is necessary and relevant to provide custody
 - Provide an Advice of Prisoner Health Status Form to the Principal Corrections Officer (or designated person on your site) stating information relevant to the unit where the patient is currently residing
 - Use the Health Alerts in IOMS to provide information that needs to be disseminated wider than the unit / prison the patient is currently in, particularly if the patient is likely to be transferred e.g. limiting use of waist restraint, or double bunking.

10. Disclosure to Case Managers and Psychologists

As a general rule, psychologists and Case Managers do not have an automatic right to access any health information held by Health Services. Health Services generally should not release any such information unless the patient consents to the release of his/her information or one of the exceptions under Rule 11 of the Health Information Privacy Code applies (see Section 8 of this document).

Parole Board Reports

It is possible for reports requested by the Parole Board to be written by psychologists or Case Managers without having access to the patient's health file. In such circumstances the psychologist or Case Manager will need to state that the report has been prepared without information from the patient's health file because the patient has refused to provide access to his/her health information.

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10.1 Policy

It is our policy that:

- Health Services staff are permitted to disclose relevant health information to Case Managers / psychologists, with the patient's prior consent
- Health information must only be disclosed to the extent permitted by the patient and as necessary for the purpose required by the Case Manager or psychologist
- Health Services staff need to be aware of when they are able to disclose patient information without the patient's consent (see Section 8 of this document) and Health Services staff should not hesitate to seek further support from the Team Leader / Health Centre Manager / Manager Regional Health if they are unsure about the making of or extent of any disclosure
- Written consent from the patient is preferred but where not possible verbal consent to disclose information to psychologists or Case Managers is sufficient and must be recorded as 'verbal consent given or vcg' in the patient's electronic clinical file.

10.2 Procedures

- Once you have the patient's written or verbal consent Health Services staff you must then decide what information is permitted to be disclosed and what is necessary and relevant to the psychologist or Case Manager. The Case Manager or psychologist must specify the information s/he is seeking from the patient's health file. It is not appropriate to hand the entire file to the Case Manager or psychologist as much of the information would not be relevant for their purposes.
- If the patient refuses to consent then Health Services staff should notify the relevant psychologist or Case Manager and no disclosure shall be made
The psychologist or Case Manager may then request access to the relevant health information under an exception of Rule 11 of the Health Information Privacy Code or the Information Privacy Principles under the Privacy Act 1993. The granting of any such request by Health Services staff will require reasonably sufficient evidence to justify that one or more of the exception under the Code and / or Privacy Act are applicable in the particular circumstance. Health Services staff should seek further support from the Team Leader / Health Centre Manager / Manager Regional Health if they are unsure about the extent of any disclosure or require legal advice.

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11. Correcting Information

11.1 Policy

It is our policy that patients have the right to:

- Request information about themselves be corrected
- Request, if errors or omissions are found or information needs to be corrected, that it should be added as a separate dated note, referencing the incorrect information statement from the individual about what information is incorrect. This can also be attached to his or her health record. If Health Services staff are not willing to make the corrections, the reasons why must be recorded in the patient's electronic clinical file together with the information the patient contends is correct.
- Request that a 'statement of correction' be attached to the contentious document if Health Services staff determines that such information shall not be amended as requested by the patient. This will ensure that both views are documented and can be read as such by subsequent readers.

12. Security of Health Information

12.1 Policy

It is our policy that:

- All Health Services health files, both active and inactive, must be held secure from theft, physical damage, loss, or unauthorised access
- When in use, records are to be retained in a place that protects them from public view or unauthorised access. The health file must not be left in any car or residence overnight
- Where there is a requirement for health file information to be faxed, a Department of Corrections privacy disclaimer statement is to be included on the fax cover sheet and sent with the medical information, with the words 'Private & Confidential' written on it
- The person sending the faxed information should take special care to ensure that the information is faxed to the correct fax number and recipient. Use of pre-programmed numbers may assist
- The person faxing information is responsible for ensuring the following information is recorded in the patient's electronic clinical file:
 - date the information was faxed
 - to whom it was faxed
 - fax number that medical information was sent to
 - access to health information shall be in accordance with the requirements stated in disclosure and release policy statement.

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- Where GP2GP is available health files / health information is transferred by this method in preference to faxing.

13. Storage of Health Information

13.1 Policy

It is our policy that

- Health files are not to be stored with custodial files
- Storage areas for health files must be secure, enable efficient access by authorised persons 24 hours a day and ensure the integrity of the health file media with respect to light, heat, humidity, moisture and vermin
- Health files should not be stored in corridors or by open doors to unlocked rooms that are not supervised or easily seen
- Health files not currently in use are to be returned to the appropriate storage areas
- Where storage logistics dictate, it is reasonable for a Health Centre to transfer health files to an off-site archive, provided that the same high level of security exists at the archive as at the Health Centre, and provided that such archived records are retrievable on demand.

14. Health File

14.1 Policy

It is our policy that: Health Services staff will be responsible for:

- Documenting clinical care given and all other significant events involved with this
- Ensuring each entry into the patient's electronic clinical file complies with the documentation and professional standards
- Ensuring all relevant records are obtained / used when providing care
- Ensuring all patients have an electronic clinical file and a hard copy health file
- Ensuring all relevant clinical entries / electronic documents are entered into the patient's electronic clinical file. Only notes / material that cannot be entered into the electronic clinical file should be in the hard copy file (for example, correspondence, written consent forms, medication signing sheets, clinical notes from external service providers who are not contracted to the Department of Corrections)
- Health Services staff will be aware:
 - of the existence of both hard copy health file/s and patient's electronic clinical file/s

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- that every patient who uses Health Services is assigned a National Health Index (NHI) number
- Health Services staff, when registering the patient, shall:
 - register the patient in the electronic clinical file system according to the MedTech Operational Instructions
 - ensure originals of reports are filed in the health file
- All Health Services MedTech Operational Instructions related to documenting on the patient's electronic clinical file must be followed.
- All health files must be held in a manner that facilitates ready access and the ability for health information collected while in prison to be accommodated when required.

14.1.1 Structure

- Labels to have the patient's full name, DOB, NHI, PRN
- On the left hand edge of the file place a Name Label and also on the reverse side. Using the A-Z labels place the first three letters of the surname and the first letter of the name, e.g. Joe Bloggs would be BLO J
- If the patient has more than one volume of health files the volume number must be clearly stated on the front of the health record with a permanent marker pen
- The file is sectioned into six parts with six subject dividers and one copysafe pocket
- The sections are (first to last):
 - Consent form / transfer form on top of the subject dividers
 - Clinical Notes includes Patient Health Requests
 - Forensic / At Risk – all Forensic Mental Health Notes and At Risk forms
 - Medication – medication sheets, prescriptions, anything related to medications
 - Lab / X-Ray Results - all laboratory results, x-ray results, scan results
 - Correspondence – all other paper work (hospital records, prison forms e.g. Advice of Prisoner Health Status Form, external appointments)
 - Old notes – notes from previous sentence/s or an old file that support a pre-existing condition
 - Copysafe pocket for easy access to dental records. It is to be placed on the bottom of the file so it lies on the left side. Place dividers on the right side
- All documentation to be filed in chronological order.

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14.1.2 Retention and Disposal

- Health Services is required to hold health files relating to patients who are, or have been in their care, until at least 10 years following the last treatment. This only applies to hard copy information all electronic information is not to be deleted.
- Health files are to be transferred to Archives New Zealand 10 years after the closure of the health file on:
 - all patients sentenced to 3 years or more in prison as a single sentence, including all health files on patients sentenced to preventive detention
 - all female patients
 - any health file which is considered to be significant or unusual, i.e. major escapes, deaths in custody, rare or unusual offences, notorious, highly publicised cases
 - every tenth record health file selected from an alphabetical sequence of the remaining files each time a set of files is evaluated for transfer to archives
- All other patient health files may be destroyed 50 years after closure of the health file
- It is the responsibility of Health Services, National Office in conjunction with the Manager Regional Health to provide guidance for how sites manage the archiving of files.

14.1.3 Retrieval

- All health files must be accessible to authorised people
- A system is maintained at each Health Centre which enables health records to be available at all times for patient health care
- Information on how to access the health record if stored off site needs to be available on each site.

14.1.4 Transferring

- 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 patient, prison transport is to be utilised and if unavailable the health file is to be sent by courier

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- When transferring health files with the patient, custody staff responsible for the escort will manage the health file as per Prison Operating Manual (POM) C.03 Patient General File Management
- An entry in the patient'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.

14.1.5 Lost Health Files

- When a health file is 'lost', the Health Centre Manager and Health Services staff of the area where the health file was last located are responsible for locating the missing file
- The Health Centre Manager is responsible for immediately contacting the Department of Corrections Privacy Officer by phoning 0800 555-500
- If the health file is unable to be found, a temporary health file will be created and marked as temporary
- If the original health file is subsequently found, the hard copy health files will be merged with all of the information placed into the original and the temporary health file is closed.

14.1.6 Merging

- Duplicate hard copy health files are to have the contents merged into one health file and the second health file is to be closed
- The Administrator Support Officer (ASO) is to complete the appropriate template and forward to the Clinical Quality Assurance Advisor (CQAA)
- All ASO staff are to be trained to use the Corrections Analysis and Reporting System (CARS) reporting system
- The ASO is to run at least monthly reconciliation reports from the CARS reporting system for their site.

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Appendix One

HS 2-1-4

Consent to Release Health Information form

I, _____ born _____

PRN _____ authorise/**do not** authorise (delete as required)

the Department of Corrections, and its Prison Services and Health Services groups to disclose information from my prison health services files both hard copy and electronic copy to _____

for the purpose of _____

I authorise the use of this information or part(s) of this information as described in this form and as part of correspondence with the above.

I am aware that the Privacy Act 1993 and the Health Information Privacy Code 1994 protects my individually identifiable health information. The privacy law requires me to sign an authorisation (this document) to authorise use and disclosure of my health information to a third party.

I understand that I have the right to revoke this authorisation at any time except to the extent that action has been taken in relation on it. I understand I must do so in writing and present the written revocation to the Department of Corrections. I understand the revocation will not apply to information that has already been disclosed and used pursuant to this authorisation.

I confirm I have read / have had read to me (delete as required) the content of this authorisation form and I understand those contents. I also understand that this authorisation to release my health information is voluntary.

I confirm I have had the opportunity to ask questions about this consent and to seek advice about it.

Signature of Prisoner: _____ Date: _____

Print Name: _____

Signature of Witness: _____ Date: _____

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Print Name:

Address:

Occupation:

Note: Consent is *not* required to release information to the Health and Disability Commissioner, the Ombudsmen, the Privacy Commissioner or directly to the prisoner. In all other instances, consent must be obtained from the prisoner before information can be shared with a third party.

Released under the Official Information Act 1982

Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003 Policies and Procedures

1. Authority for Policy

- Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003
- Corrections Act 2004
- Corrections Regulations 2005
- Health and Disability Services (Safety) Act 2001.

2. Purpose

The purpose of this policy is to:

- Support Health Services staff in complying with the legislation and the practice responsibilities relating to the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003.

3. Scope

This policy applies to all Health Services staff employed by or contracted to Prison Services (PS) Health Services.

4. Objectives

To ensure that:

- Prisoners with an intellectual disability are provided with the appropriate support
- All Health Services staff comply with the legislation and the practice responsibilities relating to the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003

- The delivery of nationally consistent management of prisoners identified with an intellectual disability.

5. Definitions

5.1 Care Manager

Care Managers are designated under the section 141 Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003 and employed by Regional Intellectual Disability Secure Services and Regional Intellectual Disability Supported Accommodation Services.

5.2 CPPS

Community Probation and Psychological Services

5.3 Compulsory Care Coordinator

Compulsory Care Coordinator's are designated by the Director General of Health under section 140 of the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003. Coordinators are employed by Regional Intellectual Disability Care Agencies who are contracted to the Ministry of Health.

5.4 Health Centre

A designated Health Centre located within a prison environment.

5.5 Health services

Disability services, health services or both, including health care procedures.

5.6 Health Services staff

The contracted providers and Nurses employed by Prison Services.

5.7 Intellectual Disability

As defined under section 7, Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003.

5.8 Medical Officer

A medical practitioner registered under the Health Practitioners Competency Assurance Act 2003 and the Corrections Regulations 2005, contracted to provide primary health care services in a prison.

5.9 MOH

New Zealand Ministry of Health.

5.10 NASC

Needs Assessment and Service Coordination Agencies.

5.11 Nurse

A person who is a registered Nurse means a health practitioner, who is, or is deemed to be registered with the Nursing Council of New Zealand, section 114(a) of the Health Practitioners Competence Assurance Act 2003, as a practitioner of the profession of nursing whose scope of practice permits the performance of general nursing functions and is employed by Prison Services.

5.12 PS

Prison Services.

5.13 RIDCA

Regional Intellectual Disability Care Agencies

5.14 RIDSS

Regional Intellectual Disability Secure Services

6. Policies

6.1 Service Level Agreement Policy

All Health Centres will develop a Service Level Agreement with the Needs Assessment and Service Coordination Agencies. The Service Level Agreement must include as a minimum:

- Health Centre screening and assessment process
- Health Centre liaison and referral procedures including name and contact details of both agencies
- Documentation requirements
- Time requirements for responses
- Review period of Service Level Agreement.

6.2 Application Policy

The following applies to any proposed application:

- Intellectual disability needs will be addressed in the first instance by Health Services staff and referred to the Medical Officer (or clinical psychologist) for further assessment as appropriate. Health Services practice is to refer to the Medical Officer
- Health Services staff must ensure that the Medical Officer (or clinical psychologist) is notified promptly after Health Services staff becomes aware that the prisoner's intellectual health requires attention. Health Services staff practice is to refer to the Medical Officer
- All applications must meet the requirements of the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003, section 29
- The Medical Officer (or clinical psychologist) will provide a medical certificate (IDCCR 003 form) to accompany any application within three days of examining the prisoner. The certificate must note the date of examination and any reasonable grounds for believing the prisoner has an intellectual disability
- All applications must be in writing and the reasons for believing that the prisoner has an intellectual disability as defined in the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003, sections seven and eight. Section eight outlines persons who are considered as not having an intellectual disability
- All arrangements for a prisoner requiring care and treatment to be admitted and detained in a Regional Intellectual Disability Secure Service (RIDSS) facility must meet the requirements of section 35 of the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003.

7. Procedures

7.1 Referral

The following procedure outlines the referral process:

Community Probation and Psychological Services (CPPS) have the responsibility to identify offenders with an intellectual disability at the Court stage. There are, however occasions when prisoners are identified in prison. CPPS will provide any documentation that identifies that the prisoner requires an assessment. The following procedures are to be followed:

- Health Services staff refers the prisoner to the Medical Officer (or registered clinical psychologist) for possible Regional Intellectual Disability Care Agency (RIDCA) referral. Health Service practice is to make the referral to the Medical Officer
- The Medical Officer (or clinical psychologist) examines the prisoner. If the prisoner meets the referral criteria for an intellectual disability assessment, the Medical Officer completes the required sections on the [Certificate Supporting an Application for Assessment form \(IDCCR 003\)](#) (word: 38KB) and provides the document to Health Services staff
- The Regional Health Services Manager or designated delegate makes an application to the RIDCA using the [Referral to RIDCA – Application for Assessment under Section 29 \(1\) of the Intellectual Disability \(Compulsory Care and Rehabilitation\) Act 2003 form \(IDCCR 002\)](#) (word: 70KB) and [Application for Assessment of Inmate or Former Special Patient’ form \(IDCCR 004\)](#) (word: 41KB). The latter form is to be signed by the Prison Manager
- The Regional Health Manager or designated delegate must notify the Prison Manager of the prisoner’s disability status.

7.2 Follow Up of a Referral Procedure

The RIDCA will appoint a Compulsory Care Coordinator for the prisoner and arrange an assessment of the prisoner to take place within seven days of receipt of the application. The following procedures apply:

- If the assessment is to take place at a RIDSS facility, the prisoner will be escorted for an assessment at the Prison Manager’s discretion whilst remaining in the Chief Executive’s custody
- The prisoner may not stay overnight at a RIDSS facility for the assessment unless a notice has been given by a Compulsory Care Coordinator under section 35 of the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003
- The Compulsory Care Coordinator may give notice under section 35, Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003 to the Prison Manager that the prisoner must stay at the RIDSS facility during any one or more of the following periods:
 - While the assessment takes place
 - While a needs assessment is conducted
 - While an application to the Family Court for a Compulsory Care Order is pending.
- The Compulsory Care Coordinator will provide notice of the outcome of the assessment to the Regional Health Services Manager or delegate

- The Regional Health Services Manager or delegate must inform the Prison Manager of the outcome of the assessment

7.3 Prisoner to Reside in a RIDSS Facility Procedure

- Where the Compulsory Care Coordinator has given notice under section 35 of the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003 that a prisoner must stay in a RIDSS facility, the prisoner ceases to be in the legal custody of the Chief Executive of Corrections.
- The Care Manager of the RIDSS facility now becomes legally entrusted with the proposed care of the prisoner and the prisoner is in the Care Manager's legal custody for the periods specified in the notice
- Legal custody of the prisoner is only returned back to the Prison Manager under the Corrections Act 2004, if the prisoner does not have one of the following:
 - An intellectual disability (Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003 section 38 (3) (b)), **or**
 - If the Compulsory Care Coordinator decides not to apply for a Compulsory Care Order for the prisoner under the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003 section 39 (5) **or**
 - A Judge rejects or directs the withdrawal of the application for compulsory care (Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003, section 42), **or**
 - When the prisoner ceases to be a care recipient (Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003, section 71), **then**
- The Compulsory Care Coordinator must immediately inform the Prison Manager and ensure the prisoner is returned to the prison that referred them for assessment.

7.4 Custodial Follow Up Procedures

- For sentence calculation / parole / release purposes, the person's sentence of imprisonment continues to run while the prisoner is in that secure facility, or is on authorised leave from the RIDSS Facility. The sentence ceases to run if he or she escapes from the secure facility and does not begin to run again until the person is retaken (Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003, section 69)
- When the release on parole of an offender detained in a RIDSS facility is directed by the New Zealand Parole Board, or the offender reaches his or her

statutory release date, the offender is no longer liable to be detained under that sentence and must be “released” from the Penal Institution. In practical terms this means that offender must have his or her “release” processed on IOMS on his or her statutory release day (or on the nearest preceding day if the statutory release date is a non-release day) even though that offender is not physically in the prison

- It should also be noted that for the purposes of parole and release an offender detained in a RIDSS facility must be treated in the same manner as if he or she were detained in a penal institution (Section 10) (2) Parole Act 2002).

7.5 Next of Kin Notification Procedure for Transfers

- This process is managed by custodial staff
- In the event of the transfer of a prisoner from
 - A prison to a RIDSS, or
 - A RIDSS to a prison
- The Prison Manager must ensure that notice is given promptly to:
 - The prisoner’s next of kin or a person nominated by the prisoner and
 - If the prisoner is a service prisoner, the prisoner’s commanding officer
- If the prisoner asks the Prison Manager not to notify his or her next of kin, the Prison Manager must comply with the request.

7.6 Victim Notification Register Notification

- This process is managed by custodial staff
- Where VNR offenders are transferred to a RIDSS facility, the sending prison is to notify the Hospital VNR coordinator by telephone, email, or facsimile, of
- The prisoner’s VNR status
 - Victim contact details
 - The date the transfer of VNR operational responsibility occurs.
- The Hospital VNR Coordinators will advise the Department of Corrections when VNR patients are to be returned to the prison.

Informed Consent Policy

Corrections Health Services

DOCUMENT CONTROL

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Acknowledgement	CCDHB Informed Consent Policy 2013

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Released under the Official Information Act 1982

1. Introduction

The prison population covers both men and women but is predominantly male and young. Maori are over-represented. Many people in prison have had limited engagement with health and wellbeing services prior to imprisonment. Therefore they may not be aware of their rights as a health consumer and have little experience of participating in decisions about their health and wellbeing care.

The [New Zealand Bill of Rights Act 1990](#) sets out the rights of people in prison to be treated humanely and with dignity. The [Corrections Act 2004](#) and the [Corrections Regulations 2005](#) further set out the legal rights of people in prison and the requirements on the Department Of Corrections as the provider of custodial services. The [Human Rights Act 1993](#), the Bill of Rights Act 1990, the [Protection of Personal and Property Rights Act 1988](#), and the [Health and Disability Commissioner Act 1994](#) promote and protect the rights of citizens and health and disability services consumers in New Zealand. The [Code of Health and Disability Services Consumers' Rights](#) (the Code) (Appendix 1), sets out the rights of every health and disability services consumer and the duties of health care and disability services providers.

People in prison retain their rights as health consumers.

Under the Code, Rights 5, 6 and 7 mean people in prison who are patients in Corrections Health Services are entitled to receive adequate information, in a form that enables them to:

- understand their rights as a health and disability services consumer;
- understand their health condition(s), the health care or treatment available to them;
- participate in decisions about the health care or treatment they receive;
- consent to health care or treatment that is offered; or
- refuse health care or treatment that is offered.

The nature of imprisonment means there is potential for a considerable power differential between health practitioners and people in prison. Therefore it is critically important that Corrections Health Services staff:

- understand the rights of people in prison as health consumers;
- have the communication skills required to enable people in prison to understand and exercise their rights as health consumers; and
- are supported by a system designed to ensure the rights of people in prison are upheld.

The process of gaining informed consent is an opportunity to:

- develop the relationship between health practitioners and patients;
- increase health literacy by growing the patient's knowledge of their health condition(s) and treatment; and
- enable patients to exercise their rights by increasing their control and autonomy over their health care.

2. Purpose

This policy guides staff in Corrections Health Services to understand, respect and respond to the rights of people in prison as health consumers.

3. **Scope**

- 3.1 This policy applies to all Corrections Health Services staff, including regulated health practitioners and non-regulated staff. It covers full and part time employees, contractors, on call staff and trainees.
- 3.2 The policy sets standards that are generic and that apply across the range of physical environments and patient populations in the Corrections health care setting.
- 3.3 This policy relates to the [Corrections Health Services Health Care Pathway Policy](#); [Medicines Management Policy](#) and [Complaints Policies](#)

4 **Objectives**

- 4.1 To ensure the rights of patients, including those set out in the Code, are upheld in Corrections Health Services.
- 4.2 To provide Corrections Health Services staff with guidance so that practice complies with the legislative, professional and ethical obligations of providing health care and disability services for patients in Corrections Health Services.
- 4.3 To provide Corrections Health Services with a reference point for quality improvement and performance management.

Definitions

Advance Directive

a written or oral directive:

- (a) by which a consumer makes a choice about a possible future health care procedure; and
- (b) that is intended to be effective only when he or she is not competent.

Competence – Capacity to Consent

The terms used interchangeably through this policy to mean the ability of any patient to understand explanations about their health condition, the treatment options, and the consequences of the health care or treatment available to them; and to make choices about the care or treatment they consent or refuse to receive (the Code Right 7(2)).

Patients are assumed to be competent unless there are reasonable grounds to believe they are not competent or their competence is diminished.

Choice

A decision:

- (a) to receive health services
- (b) to refuse health services
- (c) to withdraw consent to health services (HDC Code definition).

Diminished Competence – Diminished capacity to consent

The patient's ability to understand the options and consequences of, and/or consent to, the health care or treatment available to them is affected by their mental or physical health, injury or medication. The patient retains the right to make decisions and give informed consent to the extent appropriate to their level of competence (the Code Right 7(3)).

Electronic health record

The record of health interventions and care provided for each patient. In Corrections Health Services and in many general practice settings the electronic health record is supplied and administered through the MedTech system.

Emergency

An emergency is a situation where action must be taken immediately for the preservation of life or health (physical or mental) to prevent permanent disability or death.

Corrections Health Services staff (also referred to as Health Services staff)

The contracted medical practitioners and dentists; and the registered and enrolled nurses, health care assistants and administration officers employed by the Department of Corrections to provide health services to offenders.

Health Care Assistant

An unregulated support worker, who may or may not have undertaken formal training. Health Care Assistants always work under the direction and supervision of a regulated health practitioner.

Health practitioner

The registered health professionals employed or contracted by the Department of Corrections to provide health and disability services.

Initial health assessment

A comprehensive assessment undertaken by a registered nurse. The Initial Health Assessment will be undertaken between 24 hours and thirty days of the person arriving in prison – the timing of the assessment is determined by the outcome of the Reception Health Screen.

Medical officer

A medical practitioner registered with the Medical Council of New Zealand appointed or engaged as a medical officer under section 20 of the Corrections Act 2004.

Medical practitioner

A medical practitioner registered with the Medical Council of New Zealand under the Health Practitioners Competence Assurance Act 2003.

Nurse practitioner

A health practitioner who is, or is deemed to be, registered with the Nursing Council as a practitioner of the profession of nursing; and for whom the Nursing Council has authorised a scope of practice that includes prescribing medicines. [Nurse practitioner scope of practice](#).

People/person in prison / Patient

The terms People/person in prison and patient are used interchangeably throughout this policy to describe people detained in prison and who are health or disability service consumers receiving health care from Corrections Health Services.

Reception Health Screen

The first contact a patient has with Corrections Health Services. The screen is undertaken by a registered nurse on the day a person arrives in prison to prioritise the patient's health needs. The Reception Health Screen determines the timing of further assessments and contacts with health practitioners.

Registered nurse

A health practitioner who is registered with the Nursing Council of New Zealand as a nurse, and whose scope of practice that permits the performance of general nursing functions.

DRAFT
Released under the Official Information Act 1982

5 General Principles

- 5.1 Patients in Corrections Health Services have the same rights under the [Health and Disability Commission Code of Health and Disability Consumers Rights 1996 \(the Code – Appendix 1\)](#) as other New Zealand health and disability services consumers.
- 5.2 Corrections Health Services staff have the same obligations under the Code as other providers of health and disability services in New Zealand.
- 5.3 The Department of Corrections (the Department) will provide an environment where Corrections Health Services staff can uphold patients' rights under the Code.

6 Standards

- 6.1 Patients in Corrections Health Services receive adequate information, about their health condition(s) and the treatment options available, to understand their health condition (s) and the care and treatments available to them (the Code, Right 6(1)).
- 6.2 Patients in Corrections Health Services receive adequate information to enable them to make informed choices about the health care or treatment they consent or refuse to receive (the Code, Right 6(2)).
- 6.3 The information provided to patients is documented in their electronic health record.
- 6.4 Informed consent (or informed refusal) to receive health care or treatment from Corrections Health Services is documented in every patient's electronic health record.

7 Policy

Right to be Fully Informed (the Code, Right 6)

- 7.1 Health practitioners providing care or treatment in Corrections Health Services are responsible to provide patients with adequate information to enable them to understand their health condition(s) and the care and treatment options available to them (the Code, Right 6 (1)).
- 7.2 Health practitioners providing care or treatment for patients in Corrections Health Services are responsible to provide adequate information to enable patients with adequate information to make an informed choice to consent or refuse to receive health care or any particular treatment(s) offered (the Code, Right 6 (2)).
- 7.3 Health care assistants and/or any other person providing delegated health or disability services in Corrections Health Services are obliged to ensure that, before the patient makes a choice or gives consent to receive those services, the patient has received adequate information to make an informed choice or give informed consent.
- 7.4 Adequate information includes but is not limited to:
- An explanation of the patient's condition;
 - An explanation of the treatment options available, including an assessment of the expected risks, side effects, benefits, and costs of each option;

- Advice of the estimated time within which the services will be provided;
 - Notification of any proposed participation in teaching or research including whether the research requires and has received ethical approval;
 - The results of tests;
 - The results of procedures.
- 7.5 Patients have the right to have information communicated in a way that enables them to understand it and to appreciate the implications for their health (the Code, Right 5).
- 7.6 Where the patient is provided with information, and is required to make a choice about care or treatment for a serious health condition, the patient will be allowed sufficient time to assess the information. The patient will be enabled to consult with others if necessary, to make decisions about the health care or treatment they will consent or refuse to receive.
- 7.7 Where necessary and reasonably practicable, the patient has the right to a competent interpreter to ensure they understand the information provided (the Code, Right 5).
- 7.8 Health practitioners are responsible to ensure the information provided to the patient is documented in the patient's electronic health record.
- 7.9 Every patient has the right to ask for and receive a written summary of any information provided to them and used to inform their decision to consent or refuse to receive the health care or treatment offered by Corrections Health Services (the Code, Right 6(4)).
- 7.10 If any person involved in the care or treatment of a patient has any reason to doubt that the patient has received adequate information, they must advise the health practitioner in charge of planning the patient's care. The health practitioner is responsible to confirm the patient understands the care or treatment being offered before any treatment commences.

Informed Choice and Informed Consent (the Code Right 7)

- 7.11 Patients are assumed to be competent to make choices about the health care or treatment they consent or refuse to receive (the Code, Right 7(2)).
- 7.12 Where there is doubt about a patient's competence to make informed choices about the care or treatment they consent or refuse to receive from Corrections Health Services, the patient will be assessed by a suitably qualified health practitioner (see also Diminished Competence section below).
- 7.13 The registered nurse is responsible to document the information provided to patients at the **Reception Health Screen** about:
- the health services available in prison,
 - how to access health services; and
 - how health information is collected and used.
- 7.14 The patient's understanding of the information will be reviewed at the **initial health assessment**. The information provided will be recorded using the [HS 2.1.1 Advice of General Health and Dental Services form](#). The patient will be asked, but is not

required to, sign the form to acknowledge the information they have received. The form will be held in the patient's electronic health record.

- 7.15 Information will be provided to enable the patient to consent or refuse to receive any health care or treatment before the care or treatment commences.
- 7.16 The patient will be asked, but they are not required to, to sign their consent or refusal to receive health care or treatment except in particular circumstances (see section 7.17 below). Provided the patient receives adequate information and is competent they may verbally consent or refuse to receive health care or treatment. In this case the consent or refusal will be documented in the patient's electronic health record using the words 'verbal consent given' or 'verbal refusal to accept treatment'.
- 7.17 In general any patient who has given verbal consent may receive the care or treatment they have consented to. **However** in the following circumstances **written and signed consent must be obtained** before care or treatment can commence:
- The patient is to participate in any health / dental research or teaching (the Code, Right 7(6)); or
 - The patient will be under a general anaesthetic (the Code, Right 7(6)); or
 - The procedure is experimental (the Code, Right 7(6)); or
 - There is significant risk of adverse effects on the patient (the Code, Right 7(6)); or
 - When the patient or Corrections Health Services requests written consent; or
 - Where consent is given by a substitute (see substitute consent section below); or
 - Where clinical video or photographic recordings (including digital photographs) are taken; or
 - For the storage, disposal and return of body tissue (the Code, Right 7(9)); or
 - Mantoux Testing; or
 - Annual influenza vaccination or vaccinations to respond to an outbreak; or
 - Specific procedures and tests/investigations, which are invasive (for example removal of warts, injections into joints, ear syringing or minor surgery)
- [HS.2.1.2 Consent to Receive Specific Medical or Dental Treatment Form](#)

Diminished competence

The competence required is relative to the seriousness of the decision.

- 7.18 Diminished competence may be a transient state because of illness, injury or medication, or may be permanent. In assessing competence the health practitioner must consider whether the patient can:
- (a) process information sufficiently to understand the nature of their condition and the proposed treatment;
 - (b) process the information and come to a decision about treatment;
 - (c) communicate their decision.
- 7.19 Where a patient has diminished competence they retain the right to make informed choices and give informed consent, to the extent appropriate for their level of competence (the Code, Right 7(3)).

- 7.20 The fact that a patient is either competent or has diminished competence to understand information and to consent or refuse to receive one particular treatment, does not automatically mean they are competent or not competent to consent or refuse to receive any other care or treatment.
- 7.21 If there is any question about any patient's competence in relation to any care or particular treatment a suitably qualified health practitioner is responsible to undertake an assessment to review the patient's competence.

Consent when the patient is not competent to make a decision

- 7.22 When a patient is not competent to give informed consent and there is no one available to provide substitute consent ([see sections 7.30 - 7.33 below](#)) Corrections Health Services may provide services where:
- (a) It is in the best interests of the patient; **and**
 - (b) Reasonable steps have been taken to ascertain the views of the patient; **and**;
 - (c) either
 - (i) If the patient's views have been ascertained and the Corrections Health Services staff believes, on reasonable grounds, that the provision of the services is consistent with the informed choice the patient would make if he or she were competent; **or**
 - (ii) If the patient's views have not been ascertained Corrections Health Services staff will consult with others who are interested in the welfare of the patient (eg next of kin or other family/whanau or the patient's usual general practitioner) to make decisions about care that it is reasonably believed the patient would make themselves if they were competent (the Code Right 7(4)).
- 7.23 When a patient is not competent to give informed consent and there is no one available to provide substitute consent the health practitioner may consult with the Regional Clinical Director.
- 7.24 When a patient is not competent to give informed consent and there is no one available to provide substitute consent the Department Legal Services Unit may be consulted for advice.
- 7.25 When a patient is not competent to give informed consent and there is no one available to provide substitute consent the health practitioner is responsible to document the clinical judgement on which any decision is based and the consultations that have occurred.

Consent in an emergency

- 7.26 In emergencies, if it is not feasible to obtain consent, treatment to prevent permanent disability or death may be provided without the patient's consent.
- 7.27 Treatment that is needed but is not essential to prevent permanent disability or death will be deferred until consent for the treatment can be obtained.

7.28 Clinical decisions about the treatment provided in an emergency and the reasons for the decisions will be recorded in the patient's electronic health record.

7.29 Information about the treatment provided during the emergency must be given to the patient as soon as they are competent to understand the information.

Substitute Consent

7.30 When a patient is assessed as not competent to consent to health care or treatment, another person may be permitted to consent on the patient's behalf.

7.31 Only certain people can consent to medical treatment on behalf of a person who is not competent to make an informed decision. They are:

- (a) The substitutes for children as set out in [s36\(3\) of the Care of Children Act 2004](#) (see also informed consent – young people in prison section below);
- (b) A welfare guardian appointed by the Court pursuant to [section 12 of the Protection of Personal and Property Rights Act 1988](#) that allows them to consent for health treatment; or
- (c) An Enduring Power of Attorney (EPOA) that allows them to consent for health treatment.

7.32 Welfare guardians and EPOA cannot refuse consent to any standard medical treatment or procedure intended to save the patient's life or to prevent serious damage to the patient's health.

7.33 When substitute consent is required the Principal Health Advisor or the Department Legal Services Unit should be consulted for advice.

Refusal / Withdrawal of Consent

7.34 Any patient who is competent can refuse the health care or treatment offered by Corrections Health Services (the Code, Right 7(7)).

7.35 Any patient who is competent can withdraw consent to receive health care or treatment offered by Corrections Health Services (the Code, Right 7(7)).

7.36 A competent patient who has withdrawn consent or refused care or treatment has the right to change their decision at any time (the Code, Right 7(7)). The new informed consent must be documented. The patient's entitlement to care or treatment will not be affected by any earlier decision to withdraw consent or refuse treatment.

7.37 A competent patient who refuses health care or treatment or withdraws consent to health care or treatment must not be coerced or threatened in any effort to have them change their decision.

7.38 If any competent patient refuses treatment or withdraws consent for treatment Health Services staff will:

- (a) Explore the patient's reason for refusal or withdrawal from treatment and provide further information if needed.
- (b) Explain the implications and risk associated with refusal of or withdrawal from treatment.
- (c) Offer the opportunity for the patient to discuss the decision with another member of the Health Services staff, or family / whanau if appropriate

- (d) Ask the patient to sign the [HS 2.1.3 Refusal / Withdrawal of Consent to Receive Health or Dental Services Form](#). File the form in the patient's electronic health record.
 - (e) Document the information that was offered to the patient to inform their decision.
- 7.39 If a competent patient refuses to receive, or withdraws consent for, care or treatment and there are likely to be immediate or life threatening consequences, the Health Centre Manager (HCM) must be advised. The HCM will consult with the Medical Officer and/or the Regional Clinical Director and/or the Principal Health Advisor. If necessary the Department Legal Services Unit may be asked for advice.

Advance Directive

- 7.40 Every competent patient in Corrections Health Services has the right to use an advance directive in accordance with common law (the Code Right 7(5)).
- 7.41 The medical officer has the discretion to initiate a discussion with the patient about making an advance directive when the patient's presenting condition indicates an advance directive may be needed to set out the patient's decisions for their future care or treatment.
- 7.42 When any patient elects to make an advance directive, the medical officer is responsible for providing adequate information to enable the patient to set out the health care or treatment they will consent or refuse to receive in the event they are not competent to make an informed choice.
- 7.43 The patient's decisions may be communicated verbally and must be documented using the [Advance Directive Form](#). The advance directive must be signed by the medical practitioner and, preferably (but is not required to be) by the patient.
- 7.44 An advance directive must contain a clear statement of the patient's choices about the future care or treatment they consent or refuse to receive in the event they are not competent to make informed choices.
- 7.45 The medical officer should include a statement in the Advance Directive to describe their assessment of the patient's competence to make the decisions set out in the advance directive, the information provided to enable the patient to make the decisions set out in the advance directive, and whether the patient is making the decision free from any undue influence.
- 7.46 When any advance directive is activated it should be carefully scrutinised to ensure it is valid in relation to the current circumstances. The following factors will be considered:
- (a) was the patient competent to make an informed decision when the decision(s) in the advance directive was made?
 - (b) did the patient make the decision free from undue influence?
 - (c) did the patient have adequate information to make the decision?
 - (d) did the patient intend their directive to apply in the current circumstances?
- 7.47 An advance directive cannot be ignored unless there are reasonable grounds to doubt one of the four factors listed above. However, a health practitioner may

question the validity of an advance directive, if it involves the refusal of treatment needed to save the patient's life or prevent permanent disability. In this case the health practitioner will consult with the HCM. The HCM may further consult with the Principal Health Advisor and the Legal Services Unit.

- 7.48 Any pre-condition(s) will be observed before the advance directive is activated.
- 7.49 Where the patient has made an advance directive and the patient is unconscious, or otherwise incompetent **and** has an EPOA or a Court appointed welfare guardian then the EPOA or welfare guardian may (but is not bound to) follow the patient's valid advance directive. Where there is any doubt about the patient's decision(s) in the advance directive and the health practitioner's recommendations then the EPOA or welfare guardian may seek direction from the Family Court.
- 7.50 The Health Centre Manager is responsible for ensuring the Prison Director is aware when any patient makes an advance directive, and that all custodial and health staff working with the patient are aware of the conditions set out in the advance directive.

Informed consent – young people in prison

- 7.51 The [Corrections Regulations 2005](#) defines a young person in prison as a person aged less than 18 years.
- 7.52 In almost all cases, young people in prison cared for in Corrections Health Services are aged between 16 and 18 years.
- 7.53 Young people in prison are a particularly vulnerable population due to their age and their generally poor life circumstances prior to contact with the Department.
- 7.54 For purposes of consent and in relation to the privacy of health information, young people in prison of or over the age of 16 have the same status as any adult. In addition the Code does not make distinctions based on age, meaning that young health consumers have the same rights as adult health consumers.
- 7.55 Any health practitioner assessing the competence of a young person in prison to understand information and consent to or refuse health care or treatment is advised to consider both the young person's age and their maturity and experience in similar circumstances.¹

Informed consent policy – young people in prison

- 7.56 In the unlikely event that a young person under 16 years old is held in a prison or youth unit, the HCM is responsible to consult with the Department Legal Services Unit for advice about the process for gaining consent to provide health care or treatment for the young person in prison.

¹ <https://www.cdhb.health.nz/Hospitals-Services/Child-Health/Documents/Charter-on-the-rights-of-children-New-Zealand.pdf>

<https://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2015/vol-128-no-1426-4-december-2015/6751>

<https://www.kidshealth.org.nz/principle-7-children-and-young-people-need-information>

<https://aut.researchgateway.ac.nz/bitstream/handle/10292/10153/vanRooyenA.pdf?sequence=4&isAllowed=y>

Care of Children Act, 2004
Children, Young Persons and their Families Act, 1989
Corrections Regulations, 2005.

- 7.57 Any young person in prison (aged 16 – 18 years) in Corrections Health services will be assumed to be competent to make decisions about their health care or treatment unless there are reasons other than their age that mean they have diminished competence.²
- 7.58 The young person in prison will receive adequate information to enable them to understand their health condition and the treatment available to them, in a form that matches their age, maturity, literacy and language level.
- 7.59 The young person in prison will receive adequate information to make an informed choice to consent or refuse to receive health care or treatment.
- 7.60 Informed consent or refusal to receive health care or treatment for a young person in prison must be documented by the health practitioner.
- 7.61 Where there is any doubt about a young person's competence, an assessment by a medical practitioner will establish whether they have the capacity to consent.
- 7.62 In an emergency only treatment needed to prevent permanent disability or death will be provided without the young person's consent.

² Consent in Child and Youth Health – Information for Practitioners, Ministry of Health, 1998

Appendix 1

The HDC Code of Health and Disability Services Consumers' Rights Regulation 1996

1. Consumers have Rights and Providers have Duties:

- 1) Every consumer has the rights in this Code.
- 2) Every provider is subject to the duties in this Code.
- 3) Every provider must take action to -
 - a) Inform consumers of their rights; and
 - b) Enable consumers to exercise their rights.

2. Rights of Consumers and Duties of Providers:

The rights of consumers and the duties of providers under this Code are as follows:

RIGHT 1 ***Right to be Treated with Respect***

- 1) Every consumer has the right to be treated with respect.
- 2) Every consumer has the right to have his or her privacy respected.
- 3) Every consumer has the right to be provided with services that take into account the needs, values, and beliefs of different cultural, religious, social, and ethnic groups, including the needs, values, and beliefs of Maori.

RIGHT 2 ***Right to Freedom from Discrimination, Coercion, Harassment, and Exploitation***

Every consumer has the right to be free from discrimination, coercion, harassment, and sexual, financial or other exploitation.

RIGHT 3 ***Right to Dignity and Independence***

Every consumer has the right to have services provided in a manner that respects the dignity and independence of the individual.

RIGHT 4 ***Right to Services of an Appropriate Standard***

- 1) Every consumer has the right to have services provided with reasonable care and skill.
- 2) Every consumer has the right to have services provided that comply with legal, professional, ethical, and other relevant standards.

- 3) Every consumer has the right to have services provided in a manner consistent with his or her needs.
- 4) Every consumer has the right to have services provided in a manner that minimises the potential harm to, and optimises the quality of life of, that consumer.
- 5) Every consumer has the right to co-operation among providers to ensure quality and continuity of services.

RIGHT 5
Right to Effective Communication

- 1) Every consumer has the right to effective communication in a form, language, and manner that enables the consumer to understand the information provided. Where necessary and reasonably practicable, this includes the right to a competent interpreter.
- 2) Every consumer has the right to an environment that enables both consumer and provider to communicate openly, honestly, and effectively.

RIGHT 6
Right to be Fully Informed

- 1) Every consumer has the right to the information that a reasonable consumer, in that consumer's circumstances, would expect to receive, including -
 - a) An explanation of his or her condition; and
 - b) An explanation of the options available, including an assessment of the expected risks, side effects, benefits, and costs of each option; and
 - c) Advice of the estimated time within which the services will be provided; and
 - d) Notification of any proposed participation in teaching or research, including whether the research requires and has received ethical approval; and
 - e) Any other information required by legal, professional, ethical, and other relevant standards; and
 - f) The results of tests; and
 - g) The results of procedures.
- 2) Before making a choice or giving consent, every consumer has the right to the information that a reasonable consumer, in that consumer's circumstances, needs to make an informed choice or give informed consent.
- 3) Every consumer has the right to honest and accurate answers to questions relating to services, including questions about -
 - a) The identity and qualifications of the provider; and
 - b) The recommendation of the provider; and

- c) How to obtain an opinion from another provider; and
 - d) The results of research.
- 4) Every consumer has the right to receive, on request, a written summary of information provided.

RIGHT 7
Right to Make an Informed Choice and Give Informed Consent

- 1) Services may be provided to a consumer only if that consumer makes an informed choice and gives informed consent, except where any enactment, or the common law, or any other provision of this Code provides otherwise.
- 2) Every consumer must be presumed competent to make an informed choice and give informed consent, unless there are reasonable grounds for believing that the consumer is not competent.
- 3) Where a consumer has diminished competence, that consumer retains the right to make informed choices and give informed consent, to the extent appropriate to his or her level of competence.
- 4) Where a consumer is not competent to make an informed choice and give informed consent, and no person entitled to consent on behalf of the consumer is available, the provider may provide services where -
- a) It is in the best interests of the consumer; and
 - b) Reasonable steps have been taken to ascertain the views of the consumer; and
 - c) Either, -
 - i. If the consumer's views have been ascertained, and having regard to those views, the provider believes, on reasonable grounds, that the provision of the services is consistent with the informed choice the consumer would make if he or she were competent; or
 - ii. If the consumer's views have not been ascertained, the provider takes into account the views of other suitable persons who are interested in the welfare of the consumer and available to advise the provider.
- 5) Every consumer may use an advance directive in accordance with the common law.
- 6) Where informed consent to a health care procedure is required, it must be in writing if -
- a) The consumer is to participate in any research; or
 - b) The procedure is experimental; or
 - c) The consumer will be under general anaesthetic; or
 - d) There is a significant risk of adverse effects on the consumer.

- 7) Every consumer has the right to refuse services and to withdraw consent to services.
- 8) Every consumer has the right to express a preference as to who will provide services and have that preference met where practicable.
- 9) Every consumer has the right to make a decision about the return or disposal of any body parts or bodily substances removed or obtained in the course of a health care procedure.
- 10) No body part or bodily substance removed or obtained in the course of a health care procedure may be stored, preserved, or used otherwise than
- (a) with the informed consent of the consumer; or
 - (b) For the purposes of research that has received the approval of an ethics committee; or
 - (c) For the purposes of 1 or more of the following activities being activities that are each undertaken to assure or improve the quality of services:
 - (i) a professionally recognised quality assurance programme;
 - (ii) an external audit of services;
 - (iii) an external evaluation of services.

RIGHT 8
Right to Support

Every consumer has the right to have one or more support persons of his or her choice present, except where safety may be compromised or another consumer's rights may be unreasonably infringed.

RIGHT 9
Rights in Respect of Teaching or Research

The rights in this Code extend to those occasions when a consumer is participating in, or it is proposed that a consumer participate in, teaching or research.

RIGHT 10
Right to Complain

- 1) Every consumer has the right to complain about a provider in any form appropriate to the consumer.
- 2) Every consumer may make a complaint to -
 - a) The individual or individuals who provided the services complained of; and
 - b) Any person authorised to receive complaints about that provider; and
 - c) Any other appropriate person, including -

- i. An independent advocate provided under the Health and Disability Commissioner Act 1994; and
 - ii. The Health and Disability Commissioner.
- 3) Every provider must facilitate the fair, simple, speedy, and efficient resolution of complaints.
- 4) Every provider must inform a consumer about progress on the consumer's complaint at intervals of not more than 1 month.
- 5) Every provider must comply with all the other relevant rights in this Code when dealing with complaints.
- 6) Every provider, unless an employee of a provider, must have a complaints procedure that ensures that -
 - a) The complaint is acknowledged in writing within 5 working days of receipt, unless it has been resolved to the satisfaction of the consumer within that period; and
 - b) The consumer is informed of any relevant internal and external complaints procedures, including the availability of -
 - i. Independent advocates provided under the Health and Disability Commissioner Act 1994; and
 - ii. The Health and Disability Commissioner; and
 - c) The consumer's complaint and the actions of the provider regarding that complaint are documented; and
 - d) The consumer receives all information held by the provider that is or may be relevant to the complaint.
- 7) Within 10 working days of giving written acknowledgement of a complaint, the provider must, -
 - a) Decide whether the provider -
 - i. Accepts that the complaint is justified; or
 - ii. Does not accept that the complaint is justified; or
 - b) If it decides that more time is needed to investigate the complaint, -
 - i. Determine how much additional time is needed; and
 - ii. If that additional time is more than 20 working days, inform the consumer of that determination and of the reasons for it.

8) As soon as practicable after a provider decides whether or not it accepts that a complaint is justified, the provider must inform the consumer of -

- a) The reasons for the decision; and
- b) Any actions the provider proposes to take; and
- c) Any appeal procedure the provider has in place.

3. Provider Compliance

A provider is not in breach of this Code if the provider has taken reasonable actions in the circumstances to give effect to the rights, and comply with the duties, in this Code

The onus is on the provider to prove it took reasonable actions.

For the purposes of this clause, "the circumstances" means all the relevant circumstances, including the consumer's clinical circumstances and the provider's resource constraints.

4. Definitions

In this Code,

"**Advance directive**" means a written or oral directive-

(a) **By which a consumer makes a choice about a possible future health care procedure; and**

(b) That is intended to be effective only when he or she is not competent:

"**Choice**" means a decision-

(a) To receive services:

(b) To refuse services:

(c) To withdraw consent to services:

"**Consumer**" means a health consumer or a disability services consumer; and, for the purposes of rights 5, 6, 7(1), 7(7) to 7(10), and 10, includes a person entitled to give consent on behalf of that consumer:

"**Discrimination**" means discrimination that is unlawful by virtue of Part II of the Human Rights Act 1993:

"**Duties**" includes duties and obligations corresponding to the rights in this Code

"**Ethics committee**" means an ethics committee -

(a) established by, or appointed under, an enactment; or

(b) approved by the Director-General of Health.

"**Exploitation**" includes any abuse of a position of trust, breach of a fiduciary duty, or exercise of undue influence:

"**Optimise the quality of life**" means to take a holistic view of the needs of the consumer in order to achieve the best possible outcome in the circumstances:

"**Privacy**" means all matters of privacy in respect of the consumer, other than matters of privacy that may be the subject of a complaint under Part VII or Part VIII of the Privacy Act 1993 or matters to which Part X of that Act relates:

"**Provider**" means a health care provider or disability services provider:

"**Research**" means health research or disability research:

"**Rights**" includes rights corresponding to the duties in this Code:

"**Services**" means health services, or disability services, or both; and includes health care procedures:

"**Teaching**" includes training of providers.

5. Other Enactments

Nothing in this Code shall require a provider to act in breach of any duty or obligation imposed by any enactment or prevents a provider doing an act authorised by any enactment.

6. Other Rights

An existing right is not overridden or restricted simply because the right is not included in this Code or is included only in part.

1. Authority for Policy

- Corrections Act 2004
- Corrections Regulations 2005
- Official Information Act 1982
- Privacy Act 1993
- Health Information Privacy Code 1994
- Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights Regulation 1996
- Health Services Manual
- Department of Corrections Writing Standards Manual
- Department of Corrections Formatting Standards Manual

2. Introduction

Official correspondence is correspondence that requires a formal or informal response. At National Office, all responses to official correspondence are approved and signed by a General Manager or delegate, and in the regions official correspondence replies to communication (formal/informal) are signed off by the Regional Health Manager.

Official correspondence is generated from organisations such as Ministers, members of Parliament, the Office of the Ombudsmen, Privacy Commissioner, Health and Disability Commission including Health and Disability Commission Advocacy services. These are in addition to general enquiries made to the Department concerning prisoner related health issues.

In the regions there is regular low level interaction (including telephone and email contact) in the management of enquiries to Health Services.

Prisoner complaints may be made by prisoners through the PPM B10 Prisoner Complaint policy and through the Health Services Complaints Policies and Procedures. This type of complaint is not to be confused with prisoner complaints raised through Official Correspondence.

However, if the official correspondence is a health complaint, then the Health Services Complaints Policy and Procedure must be read in conjunction with this policy and procedure.

3. Purpose

The purpose of this policy and procedure document is to:

- Provide a nationally consistent standard for the reply to official correspondence (formal and informal) from Health Services
- Provide a nationally consistent procedure for the management of official correspondence
- To provide the mechanism to track the volume of formal and informal correspondence.

4. Scope

This policy applies to all Health Services staff employed by PS Health Services who receive written / telephone request / email / fax requests for communication related to prisoner health issues.

5. Objectives

To ensure that:

- All Health Services staff are aware of and comply with the standardised procedure for responding to official correspondence
- The Department of Corrections Writing Standards Manual and Formatting Manual Requirements are met
- Responses to official correspondence are consistent whether originated from National Office or from the regions.
- A process is established to identify the volumes of official correspondence received at individual health centres and at National Office.

6. Definitions

6.1 Official Correspondence

Correspondence, telephone, email, and fax enquires received from an outside source requesting information relating to prisoner health or the well being of a specific prisoner.

6.2 Formal Official Correspondence

Correspondence that requires any of the following:

- A matter to be investigated or reviewed
- A response or follow up to a complaint
- A request for health records or information from health records.

6.3 Informal Official Correspondence

Correspondence that can be defined as a query that when responded to maintains good relationships between the person making the enquiry (for example, Ombudsmen or Privacy Commissioner) and the Department, and is received verbally either in person or via telephone and does not require a formal response. Examples may include a confirmation about general procedures or a request for high level information such as confirming health services provided in prisons. More typically these are received via telephone or e-mail

In the event the informal official correspondence requires a written response then it is escalated to a formal level and responded to accordingly.

6.4 Health Complaint

An expression of any dissatisfaction or concern by a prisoner about any aspect of health care delivery provided to him / her. A complaint may be verbal or in writing.

6.5 Complainant

If the complaint is in relation to a prisoner's health, then the prisoner who is the subject of the complaint is deemed the complainant, and the acknowledgement letter and any update letters should be sent to that prisoner.

6.6 Ministerial Coordinator

The Ministerial Coordinator at National Office manages the flow of correspondence to the Department.

6.7 Ministerial Adviser

An experienced staff member in the Ministerial Services team who can provide advice on the preparation of the response to official correspondence.

6.8 Health Services Complaint / Official Correspondence Register

An electronic file held within the database that contains a record of all complaints and official correspondence received concerning health services, and is maintained by the Regional Health Managers and the National Office Service Adviser.

6.9 Codes

Each piece of correspondence requires a code to be entered into the electronic register. This is used to identify trends related to complaints so that Health Services can make improvements to prisoner safety and service delivery. The codes are located in Section 8.6.

6.10 Tower Records Information Management (TRIM)

The electronic document management system which holds records of all official correspondence received at National Office. Once received the correspondence is issued with a coversheet and passed to the relevant service or group's manager for a response to be drafted.

6.11 Executive Services

National Office team who research and author official correspondence responses for Prison Services.

7. Management of Health Services Official Correspondence Policies

All formal official correspondence received by Health Services National Office, the Regional Health Managers and the Health Centre Managers is logged with the Ministerial Coordinator and responded to in an accurate and timely manner consistent with the Corrections Act and Regulations, Prison Services Policy and Procedure Manual (PPM), Health Services Manual, and the Department of Corrections Writing and Formatting Standards Manuals.

All official correspondence received by Regional Health Managers and Health Centre Managers is logged in the Health Services Complaints and Official Correspondence Register (written, verbal, email and fax requests) found at:

G:\PPS\Database\Health Services\Complaints & Official Correspondence Register

and responded to in an accurate manner consistent with the Corrections Act and Regulations, Prison Services Policy and Procedure Manual (PPM), Health Services Manual, and the Department of Corrections Writing and Formatting Standards Manuals.

All enquiries from the media are not deemed official correspondence and are to be directed to the Communications Unit at National Office.

Note: Under Right 10 of the Health and Disability Commissioner Code any complaint received must be acknowledged in writing within five working days of receipt (Form HS 1-8-1). In the event it is determined that the complaint will need more than 20 working days to be investigated the complainant must be advised of that determination and the reason for it (Form HS 1-8-2).

8. Procedures

There are four procedures for managing official correspondence. The procedures are:

8.1 National Office Procedure

- The Prison Services Executive Services Manager provides hard / electronic copies from the Ministerial Coordinator to the National Health Manager.
- The National Health Manager will indicate to whom the official correspondence is delegated for follow up, and advise the Health Services Service Adviser who will coordinate the response and update author and unit details on TRIM.
- The Health Services Service Adviser contacts the respective Regional Health Manager requesting a response to the National Health Services writer, or a draft as the primary writer and manages the response process.
- If the correspondence is a complaint the Health Services Service Adviser prepares and sends a letter acknowledging receipt of the complaint to the complainant within five working days of the Department receiving the correspondence.
- The designated National Office Health Services writer will be responsible for any follow up questions with the person/s providing information for the response.
- The draft response will be prepared by the designated author.
- The National Health Manager will approve and sign – where applicable - the final response.
- The Health Services Service Adviser will inform the complainant of progress on the complaint at intervals of not more than 20 working days if there will be delays in providing a response.
- The Health Services Service Adviser is responsible for:
 - Printing the response on letterhead for the National Health Manager to sign on behalf of the General Manager
 - Preparing / photocopying three signed copies of the response and forwarding to the Ministerial Co-ordinator to complete the process and log off on TRIM as completed.

8.2 Custodial Services (National Office) the Primary Responder Procedure

If the correspondence is managed by Executive Services, and the primary response is custodial based however it includes a Health Services query, the Executive Services

Advisers will liaise with the Health Services Service Adviser who will identify the appropriate writer, co-ordinate the response and document accordingly.

8.3 Regional Health Services Procedure

If the official correspondence (written, verbal, telephone, e-mail or fax request) is received directly in the regions, by the Regional Health Manager, Health Centre Manager or the Regional Manager, the Regional Health Manager will:

- Log correspondence in the Regional Health Services Official Correspondence Register using the appropriate Code (see 8.6)
- If the correspondence is a complaint prepare and send to the complainant a letter acknowledging receipt within five working days of the prison receiving the correspondence
- Coordinate the response
- Approve the response
- For formal official correspondence requests place electronic copies of the original request (scanned) and the final response in the respective regional file found under G:\PPS\Database\Health Services\Complaints and Official Correspondence folder.
- Inform the complainant and the National Office Service Adviser of progress on the complaint at intervals of not more than 20 working days if there will be delays in providing a response.

8.4 Ombudsmen Correspondence

The Office of the Ombudsmen have initiated a process whereby all of their correspondence is directed to the Chief Executive. Correspondence relating to regional issues are copied to the relevant regions.

Although copied to the region, these letters are to be responded to by the region who are responsible for formulating, signing and sending the finalised response. This process should be started immediately upon receipt of the letter in the region.

The Health Services Service Adviser promptly emails or faxes the region to ensure the region is aware of the correspondence. If for any reason the region has not received the cc'd letter, National Health Services will then have an opportunity to provide a copy to the regions.

The finalised response is placed in the G:\PPS\Database\Health Services\Complaints and Official Correspondence folder.

In some circumstances National Office Health Services may ask to see the final response prior to it being sent to the Office of the Ombudsmen, or, decide that the issue has national significance and should be answered from National Office. In this case this will be communicated clearly to the region at the first opportunity. This should not deter regions from commencing immediately on receipt of the letter with the investigation / draft process.

8.5 Custodial Services (Region) the Primary Responder Procedure

If the correspondence is primarily custodial focused with a Health Services query it can either be managed by:

- The Regional Health Manager responding to the query/ies in a separate letter with a copy to the Regional Manager and it recorded in Health Services Official Correspondence Register (including the Code) or,
- Providing a response to the Regional Prison Manager for inclusion in the custodial response, and a final electronic copy of the correspondence placed in the G:\PPS\Database\Health Services\Complaints and Official Correspondence folder.

8.6 Codes

Every item of official correspondence requires a code to be entered into the Health Services Complaints / Official Correspondence Register.

This is used to identify trends related to complaints so that Health Services can make improvements to prisoner safety and service delivery.

The following Codes are to be used to ensure consistency of practice:

Code	Descriptor
CAT	Complaints related to clinical care and treatment
MP	Complaints related to anything related to medication – from prescribing to administration
DT	Complaints related to diets
SD	Complaints related to service delivery as opposed to care and treatment e.g. missed appointment, accessing the Medical Officer

Code	Descriptor
HI	Complaints related to the obtaining or disclosing of health information
AC	Complaints made to accessing external health services
OTHER	Other complaints not captured in any other description

9. Reporting

The Health Services Business Analyst will provide to the Corrections Health Management Team a monthly report on complaints / official correspondence statistics.

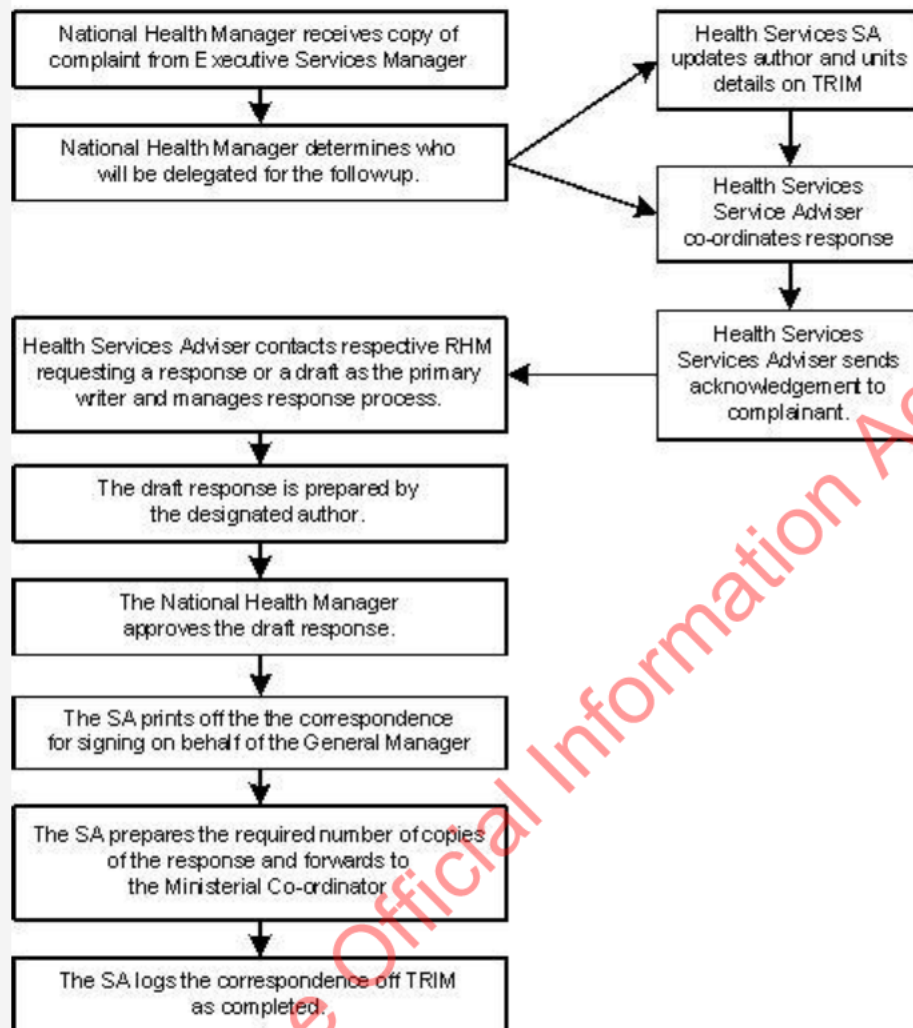
10. Flow Charts

10.1 National Office Official Correspondence Process

The following flow chart illustrates the National Office process for the management of official correspondence:

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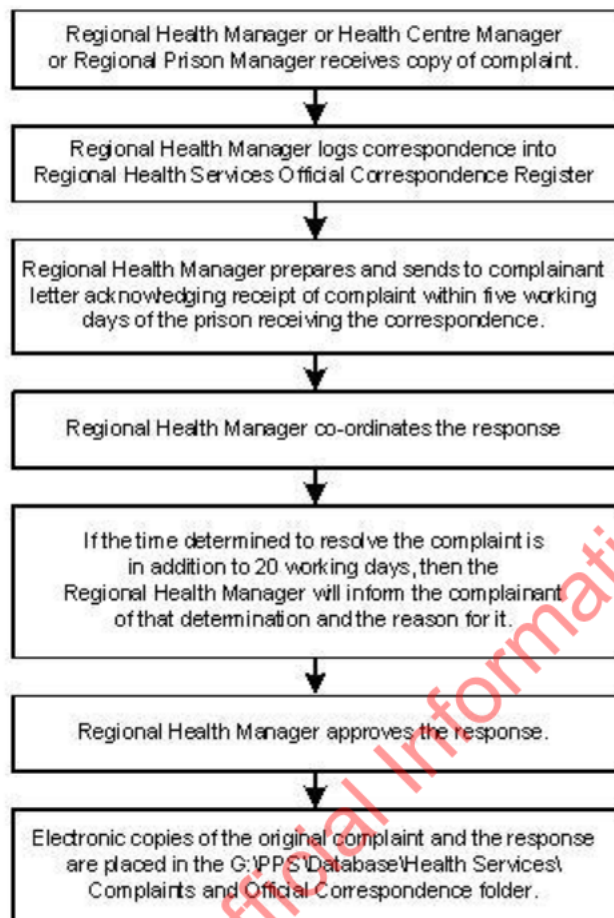
National Office Official Correspondence Process



10.2 Regional Official Correspondence Process

The following flow chart illustrates the regional process for the management of official correspondence:

Regional Official Correspondence Process



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Template - Official Correspondence Acknowledgement Letter HS1-8-1

Enter date

Enter name
Enter address

Dear *Enter title and name*

Re: *Enter prisoners name*

Thank you for your correspondence received on *Enter date* in relation to *Enter subject*.

Currently we are investigating this matter and it is our intention to provide you with information as soon as possible

Yours sincerely

Enter Regional Health Managers name
Regional Health Manager

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OC

Template - Official Correspondence Update Letter HS1-8-2

Enter date

Enter name
Enter address

Dear *Enter title and name*

Re: *Enter prisoners name*

This letter is to update you on the progress in relation to your correspondence in relation to *Enter brief summary of correspondence*.

We are currently investigating the circumstances surrounding this matter, and I am writing to advise that further time is required to fully complete this process.

The reason for this is *Enter brief explanation*.

It is anticipated that we will be able to respond within the next *Enter in the number of days/weeks – maximum is 4 weeks*.

Yours sincerely

Enter Regional Health Managers name
Regional Health Manager

OC

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Your health in prison



Introduction

While you are in prison you are entitled to health care that can be reasonably expected by people in the community.

In prison health centres we have nursing and medical services. We can also refer you for:



Mental health care



Dental care



Public health



Some disability support services



Specialist care and treatment from the local hospital



ACC provider

Each prison has a doctor who holds clinics in the health centre.

If you want to see the doctor you will usually see the nurse first. The nurse will check your health needs and in some cases may be able to treat your symptoms.

Appointments with the doctor are booked. There is a waiting list.

If you need information to help you look after your health in prison, ask an officer for a health request form to ask for time to talk to a nurse.

Staying healthy in prison

General Health

Infections and illness can spread easily when a lot of people live closely together. You can protect yourself from easily spread diseases. Shower everyday. Wash your hands with warm water and soap after you use the toilet and before you eat. Clean clothes should be worn.

Make sure you do not share anything that may spread blood, spit or semen from one person to another.

This includes:



Needles, pencils, wire or anything else used for tattooing



Razors, cups, or toothbrushes



Having sex with no condom or dental dam



Medicine

Medication is usually brought to the unit up to three times a day.

Some people will be able to hold their medicine. The nurse will talk to you about whether you will be able to hold your medicine or not.

You can ask the corrections officer for paracetamol (panadol) tablets if you have a minor health complaint or pain. You will be asked to sign for any panadol tablets when they are given to you.

If your pain continues, please get a health request form to ask to see a nurse or the doctor.



Dental care

If you have a painful or infected tooth, put in a health request form to see the nurse. The nurse may be able to get you medicine for your infected tooth and pain relief.

A dentist comes to each prison on set days. Appointments with the dentist are booked. There is a waiting list.



Mental health

Coming to prison can be very stressful.

If you find your mood is really low, day after day, speak to a corrections officer, the nurse or the doctor. They can help you with information about managing stress, relaxation and sleeping better.



Quitting smoking

Prisons are smoke free. If you are a smoker you can ask for nicotine lozenges and help to quit smoking when you first get to prison.



Sexual health

Condoms/dental dams are available from Health Services. Nurses will not discuss your use of condoms/dental dams with custodial staff.

Disability

Your disability needs will be assessed when you arrive in prison. Please tell the nurse if you need more help because of a disability.

Special Diet

The meals provided in prison are suitable for people on a diabetic diet. If you need a special diet because of another health condition please tell the nurse who will talk to you about your needs and order a medical diet if it is needed.

Physiotherapy

If you need to see a physiotherapist the prison doctor or specialist will refer you. This may also be covered by ACC.

Testing for Hepatitis B and C, and other communicable diseases

We offer a vaccination programme for Hepatitis B. We test for Hepatitis B, C and HIV. If you need it, we will support you with free treatment for these diseases.

We also offer other treatment for communicable (easily spread) diseases.

Tetanus booster vaccinations are available to those aged 45 and 65 years.

Your health information

We collect information about you and your health. We store your information securely. We only use your health information to:

- » Record the health checks, treatments and medicines you have. This means the nurses and doctors know what health care you have had.
- » Help the Prison Director and corrections officers to provide a safe environment for you and others
- » Help us make sure we offer quality health service.

You can ask to have your health information changed if you think it is not right. You can ask for your health information as part of planning for your release.

Is my health information shared with others?

Yes. Sometimes we need to share your health information. We will always ask for your consent before we share your health information. If we need to keep you or other people safe, we may share your health information without your consent.

We may share your health information with:

- » Corrections officers, if they need the information to keep you or other people safe.
- » Health providers like the hospital or your GP
- » Case managers and probation officers.
- » Cervical or breast screening register
- » The pharmacy for your medication.

What if I am unhappy with my treatment?

We try our best to provide a great health service. Sometimes we don't get it right. If you are unhappy about the care and/or treatment you receive from health services then you should talk to a member of the health services staff.

You have rights as a health consumer. You can get a copy of the 'Code of Health and Disability Services Consumers Rights' from the Health Centre. You also have the right to talk about your health care or treatment with the Prison Inspectorate or the Ombudsman, Health and Disability Commission Office, or the Health and Disability Advocacy Service.

When you are released

- » You will need to enroll with a doctor or medical centre near where you live as soon as possible after you are released.
- » Ask the nurse if you can have a short term supply of your medicines when you are released so you can keep taking the medicine you need until you can see the doctor for a new prescription.
- » You can ask the nurse for a summary of your health care in prison and the appointments and treatment you need after you are released.
- » If you need a full copy of your health record from the prison, please contact the health centre to ask for it.
- » If your doctor or health centre asks us for your prison health record, and you have given your consent, we will send a copy of your health record to your doctor or medical centre.



Te Kaunihera Tapuhi o Aotearoa
Nursing Council of New Zealand

Guideline: delegation of care by a registered nurse to a health care assistant

*Te whakarite i ngā mahi tapuhi kia tiakina
ai te haumarū ā-iwi*

*Regulating nursing practice to protect
public safety*

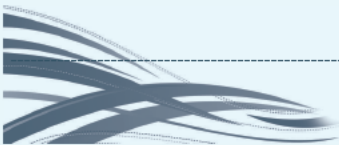
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Introduction

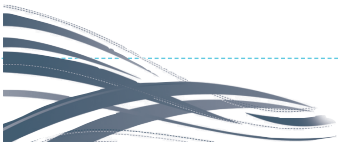
The Nursing Council of New Zealand has the authority under the Health Practitioners Competence Assurance Act 2003 (the Act) to set standards for nursing practice and provide guidance to nurses and employers. The purpose of this guideline is to assist nurses to make decisions about the delegation of activities to health care assistants. This guideline will also assist employers of nurses to understand the accountability and responsibilities of nurses in relation to delegation.

Changing demands within health care mean registered nurses are increasingly being assisted by health care assistants and other workers. Health care assistants are not regulated and do not have standardised educational preparation. Their role is determined by their employer and outlined in their job description. This guideline focuses on the activities that health care assistants might be asked to undertake by a registered nurse who has determined that the activity forms part of a nursing care plan. The Nursing Council is responsible for guiding registered nurses on how to safely direct, monitor and evaluate activities delegated to health care assistants.

When delegating to health care assistants, registered nurses should also consider that when nurses carry out care activities they take a comprehensive approach including consideration of the complex physical, social, mental and emotional needs of the health consumer, whereas a health care assistant may focus on the completion of the delegated activities.

Registered nurses should understand the role of the health care assistant to ensure they are not required to function beyond the limits of their education or knowledge and skills.

Note: health care assistants may have a variety of job titles such as carer, care giver, care assistant or health care support worker. For the purposes of this guideline the term health care assistant is used.



Understanding accountability

Registered nurses hold positions of trust and responsibility within the community. As registered health practitioners, nurses are answerable for their decisions and actions. They are professionally accountable to the Nursing Council and accountable under legislation for their actions. They must also answer to their employer and to health consumers, and must be able to justify their decisions. Registered nurses use their professional knowledge, judgment and skills to make decisions in partnership with health consumers based on their best interests. Registered nurses are responsible for ensuring the health care assistant has the knowledge and skills to undertake delegated tasks. They should inform health consumers when they are delegating aspects of nursing care to health care assistants.

Health care assistants are also legally accountable for their actions and accountable to their employer. They must therefore have the appropriate skills and knowledge to undertake activities, and be working within policy and the direction and delegation of a registered nurse. They must be careful not to lead health consumers to believe they are a nurse when undertaking aspects of nursing care.

Understanding delegation

Delegation is the transfer of responsibility for the performance of an activity from one person to another with the former retaining accountability for the outcome.

Direction is the active process of guiding, monitoring and evaluating the nursing activities performed by another. Direction is provided directly when the registered nurse is actually present, observes, works with and directs the person; direction is provided indirectly when the registered nurse works in the same facility or organisation as the supervised person but does not constantly observe his/her activities. The registered nurse must be available for reasonable access, i.e. must be available at all times on the premises or be contactable by telephone (in community settings).

The principles of delegation

1 The decision to delegate is a professional judgment made by a registered nurse and should take into account:

- (a) the health status of the health consumer
- (b) the complexity of the delegated activity
- (c) the context of care, and
- (d) the level of knowledge, skill and experience of the health care assistant to perform the delegated activity.



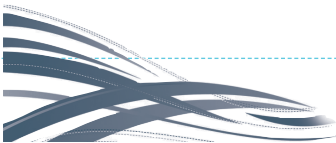
- 2 The decision to delegate must be consistent with the service provider's policies.
- 3 The registered nurse must ensure the health care assistant who has been delegated the activity:
 - (a) understands the delegated activity
 - (b) has received clear direction
 - (c) knows who and under what circumstances they should ask for assistance
 - (d) knows when and to whom they should report.
- 4 The registered nurse is responsible for monitoring and evaluating the outcomes of delegated nursing care.

The responsibilities of the registered nurse

The scope of practice of registered nurses can be found in Appendix 1.

1 Assessment and monitoring of the health status of the health consumer

- (a) The health consumer must have a plan of care developed by a registered nurse who has undertaken a comprehensive assessment.
- (b) The registered nurse must determine the level of skill and knowledge required to ensure the safety, comfort and security of the health consumer before delegating care. This must be based on an assessment of the health consumer including consideration of the complexity of the care required rather than the tasks to be performed.
- (c) The registered nurse must provide ongoing monitoring of the health status of the health consumers for whom he/she is responsible. This must be planned along with the necessary support and guidance that will be provided to the health care assistant performing the delegated activity.
- (d) The registered nurse must be directly involved with the health consumer when the health consumer's responses are less predictable or changing, and/or the health consumer needs frequent assessment, care planning and evaluation.



2 Providing direction

- (a) It is the registered nurse's responsibility to provide direct or indirect guidance according to the nature of the delegated activities and the abilities of the health care assistant to whom the activity is delegated. He/she must be available for timely advice regarding any nursing needs. If the registered nurse, whose role it is to provide direction, is off the premises and not contactable, another registered nurse must be contactable for such guidance.
- (b) Processes for seeking contact and support with the registered nurse must be clearly documented and communicated within the nursing setting.
- (c) An appropriately educated and experienced registered nurse may direct care across more than one setting if health consumer needs are predictable and the requirements for timely response are able to be met.

3 Evaluating and monitoring of care

- (a) The registered nurse retains accountability for evaluating whether the health care assistant carrying out the delegated activities maintains the relevant standards and outcomes. The registered nurse must be able to state the name and designation of the health care assistant they are delegating to.
- (b) The registered nurse is responsible for monitoring and evaluating the outcomes of delegated nursing care.

4 Risk assessment

- (a) If the registered nurse has made a professional judgment that delegation is inappropriate, she or he must communicate (and document) this to the health care assistant and the employer.
- (b) The registered nurse is responsible for reporting to the most senior person on shift or the unit or site manager (and documenting) any concerns that may jeopardise patient safety. This includes situations where designation, number or skills of available staff are insufficient to meet the assessed needs of the consumer.



The Five Rights of Delegation

The Five Rights of Delegation, identified in Delegation: Concepts and Decision-making Process (National Council of State Boards, 1995), can be used as a mental checklist to assist registered nurses to clarify the critical elements of the delegation decision-making process.

1. Right Activity

An activity that, in the professional judgement of the registered nurse, is appropriate for a specific health consumer.

2. Right Circumstances

Appropriate health consumer group, available resources and other relevant factors considered.

3. Right Person

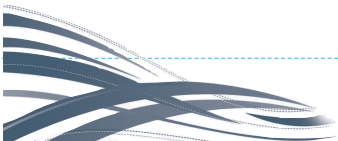
Right person is delegating the right activity to the person with the right skills and knowledge to assist the right health consumer.

4. Right Communication

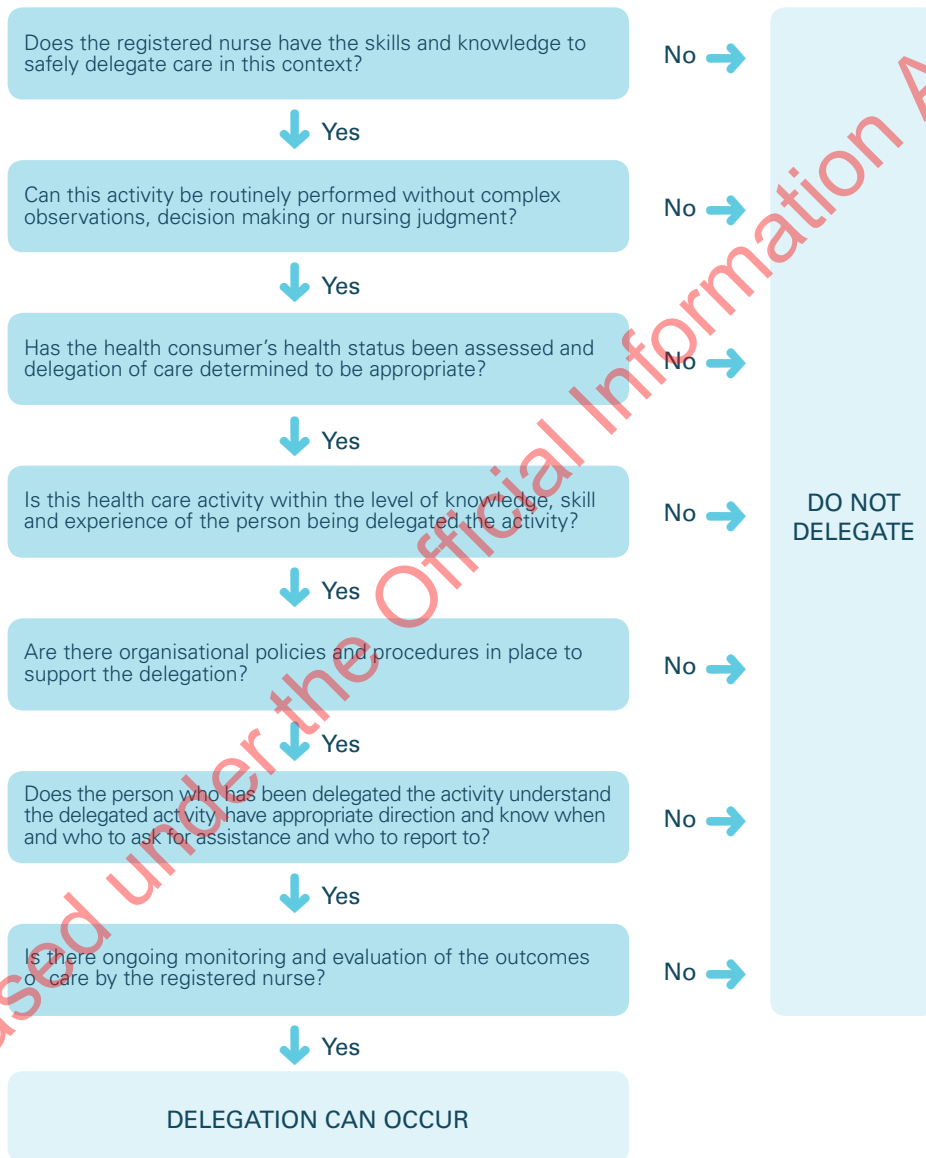
Clear, concise description of the activity to be undertaken, including the objective, and expected outcomes.

5. Right Direction

Appropriate monitoring, evaluation, intervention, as needed, and feedback.
(Adapted from National Council of State Boards (1995) Delegation: Concepts and Decision-making Process.)



Decision-making process for delegation by a registered nurse



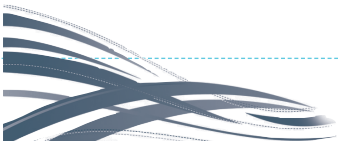
The responsibilities of the person carrying out the delegated activities

- (a) The person performing the delegated activity is accountable for his or her own actions.
- (b) The person must inform the registered nurse if they have not been trained to perform an activity.
- (c) The person must not accept any direction or delegation they feel is beyond their capabilities.
- (d) The person must inform the registered nurse if the delegated task appears more complex or if they are uncertain of the requirements or the health consumer's response at any stage of the activity.

The responsibilities of the employer

Employers are accountable and responsible for their employees. The Nursing Council recommends that employers have appropriate systems in place, including workload calculations with time factored in, to support the safe delegation of nursing care. Employers are also guided by their responsibilities under the Code of Health and Disability Services Consumers' Rights and the Health and Disability Services Standards. The Nursing Council assumes that registered nurses will be employed by healthcare employers who will support them to meet their professional obligations.

- (a) The employer is responsible for ensuring the skills mix of staff provides a safe standard of care to health consumers.
- (b) The employer is responsible for the employment of suitable staff to perform care provision and care supervision roles and to training that supports the provision of safe and competent care.
- (c) The employer must ensure there are clear role descriptions for nurses based on their scope of practice, direction/delegation policies and communication systems to support the registered nurse in this role.
- (d) The employer must have processes in place for monitoring the standard of care and for staff to document and report health consumer related concerns.
- (e) The employer is responsible for ensuring registered nurses are supported and are competent to safely delegate care.



- (f) The employer is responsible for ensuring health care assistants have appropriate job descriptions and understand their delegated activities and responsibilities.
- (g) Employers and managers who are not registered nurses are expected to seek professional advice on the designation, number and skills of the staff required to meet the assessed care needs of health consumers and to support the delegated tasks as determined by the registered nurse.

Circumstances influencing the safe delegation of care

On initial registration, registered nurses require experience, support and guidance to develop confidence in direction and delegation. Professional supervision may assist nurses to develop skill and confidence in delegation. New nurses, particularly nurses in their first year of practice, and casual nurses working on a shift-by-shift basis may find it difficult to delegate safely through lack of time or experience to form sound clinical judgment. They should be guided by more experienced registered nurses. Health care assistants will require support to make decisions on determining whether they have the appropriate skills to undertake delegated activities.

Factors influencing a registered nurse's ability to delegate are: her/his level of experience, staffing levels, the acuity of patients, the number of staff, the workload, the policy, quality and risk management frameworks, and access to other health professionals to support delegation and direction. Workload calculations need to include time factored to safely delegate.

Situations where responsibility for delegation is not clear

Registered nurses may work in situations where their responsibility and accountability for the delegation of care are not clear. For example, nurses and health care assistants or support workers may be employed by different agencies. A nurse may be engaged to provide clinical services for health consumers who are supported or assisted by others. In cases where nurses are employed as consultants or resource persons and are not in supervisory roles, nurses are responsible for their own practice and must provide care consistent with the standards established by the nursing profession, but are not expected to be responsible for the overall care of health consumers or for the care workers who provide that care.



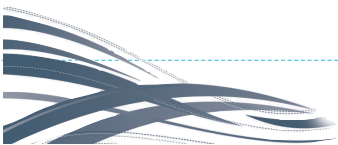
Where another, such as an employer, has the responsibility to assign care, the employer becomes accountable for delegation. The nurse has the responsibility to intervene (or give professional advice) if she or he feels the proposed delegation or assignment is inappropriate or unsafe. A registered nurse may be held responsible where an unsafe system is in place if the nurse ignores or complies with such a system leading to harm or potential harm to health consumers.

Employers are responsible for developing policies, job descriptions and memoranda of understanding that clarify the relationship between registered nurses and other workers employed in a health setting. This is particularly important in community settings when they are employed by different agencies.

Registered nurses, who are unclear about their duties and responsibilities, should clarify with their employers whether they, the registered nurses, are responsible for direction of the work of other health care workers. If so, the registered nurses are responsible for the delegations they make and guidance they provide.

(Adapted from Nurses and Midwives Board, New South Wales (2007), *Delegation and Supervision, by Registered Nurses of Medication Administration within Aged Care Facilities.*)

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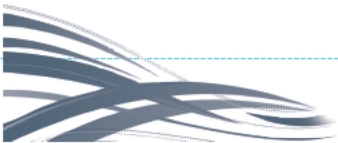


Glossary

Accountability	Being answerable for your decisions and actions.
Appropriate	Matching the circumstances of a situation or meeting the needs of the individual or group.
Assessment (of skill or competence)	A systematic procedure for collecting qualitative and quantitative data to describe progress and ascertain deviations from expected outcomes and achievements.
Collaborate	Work together, cooperate with each other.
Competence	The combination of skills, knowledge, attitudes, values and abilities that underpin effective performance as a nurse.
Condition	A restriction or limit included in a scope of practice under the Health Practitioners Competence Assurance Act.
Context	The environment in which nursing is practised. It refers to the type of service and complexity of service required by people. It could also include the resources available, the physical setting or health facility, the amount of clinical support and/or supervision from nurses and the access to other health care professionals.
Delegation	The transfer of responsibility for the performance of an activity from one person to another with the former retaining accountability for the outcome.
Direction	The active process of guiding, monitoring and evaluating aspects of nursing care performed by another. Direction is provided directly when the registered nurse is actually present, observes, works with and directs the person; direction is provided indirectly when the registered nurse works in the same facility or organisation as the supervised person but does not constantly observe his/her activities. The registered nurse must be available for reasonable access, i.e. must be available at all times on the premises or contactable by telephone (in community settings).



Enrolled nurse	A nurse registered under the enrolled nurse scope of practice.
Health assessment	A comprehensive health assessment is the assessment of a consumer's health status for the purposes of planning or evaluating care. Data are collected through multiple sources, including but not limited to, communication with the consumer, and where appropriate their significant others, reports from others involved in providing care to the consumer, health care records, direct observation, examination and measurement, and diagnostic tests. The interpretation of the data involves the application of nursing knowledge and judgment. Health assessment also involves the continuous monitoring and reviewing of assessment findings to detect changes in the consumer's health status. (ANMC, 2007).
Health care assistant	A person employed within a health care, residential or community context who undertakes a component of direct care and who is not regulated in law by a regulatory authority.
Health consumer	An individual who receives nursing care or services. This term represents patient, client, resident or disability consumer. This term is used in the Health Practitioners Competence Assurance Act (2003)
Nursing judgment	The ability to analyse and interpret the individual needs of a health consumer, evaluate the significance of each circumstance, compare the effect of the outcome of each action or alternative, and draw conclusions to make a decision that achieves the best outcome.
Registered health practitioner	A person who is registered under the Health Practitioners Competence Assurance Act, e.g. midwife, medical practitioner, occupational therapist.
Registered nurse	A nurse registered under the registered nurse scope of practice.



Responsibility

A charge or duty that arises from one's role or status in a profession or organisation.

Stable and predictable health outcomes

Refers to circumstances where a health consumer's health status can be anticipated, a plan of care can be readily established, and is managed with interventions that have predictable outcomes (Nurses Board of South Australia, May 2005).

Supervision

Supervision is provided by a registered nurse to an enrolled nurse who works under the direction of another registered health practitioner. The registered nurse provides guidance and feedback on the enrolled nurse's practice. This may include:

- monthly face-to-face meetings
- discussion of practice issues
- discussion of professional development and learning needs
- review of work content/nursing activities
- discussion of professional responsibilities and scope.



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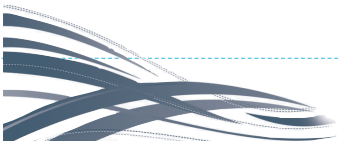
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Appendix 1

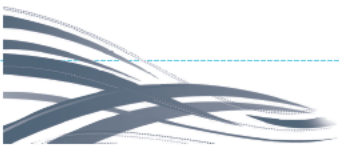
The registered nurse scope of practice

Registered nurses utilise nursing knowledge and complex nursing judgment to assess health needs and provide care, and to advise and support people to manage their health. They practise independently and in collaboration with other health professionals, perform general nursing functions, and delegate to and direct enrolled nurses, health care assistants and others. They provide comprehensive assessments to develop, implement, and evaluate an integrated plan of health care, and provide interventions that require substantial scientific and professional knowledge, skills and clinical decision making. This occurs in a range of settings in partnership with individuals, families, whānau and communities. Registered nurses may practise in a variety of clinical contexts depending on their educational preparation and practice experience. Registered nurses may also use this expertise to manage, teach, evaluate and research nursing practice. Registered nurses are accountable for ensuring all health services they provide are consistent with their education and assessed competence, meet legislative requirements and are supported by appropriate standards. There will be conditions placed in the scope of practice of some registered nurses according to their qualifications or experience limiting them to a specific area of practice. Some nurses who have completed the required additional experience, education and training will be authorised by the Council to prescribe some medicines within their competence and area of practice.

The Nursing Council Competencies for Registered Nurses describe the skills and activities of registered nurses.



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Te Kaunihira Tapuhi o Aotearoa
Nursing Council of New Zealand

www.nursingcouncil.org.nz

Clinical Governance Framework Policy

Corrections Health Services

DOCUMENT CONTROL

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1. Introduction

- 1.1 The Department of Corrections is committed to patient (prisoner) safety and continuous quality improvement in all aspects of patient care. The Treaty of Waitangi principles of partnership, participation and protection underpin all aspects of providing culturally competent care.
- 1.2 Clinical governance is acknowledged as being central to all aspects of clinical quality improvement and assurance programmes.
- 1.3 Clinical leadership is fundamental to improving patient safety and service quality, workforce satisfaction and effectiveness.
- 1.4 The clinical governance framework supports and guides Corrections Health Services staff to engage, participate and contribute to improving safety and service quality.
- 1.5 This document describes the clinical governance systems and processes that Corrections Health Services will follow and embed in the delivery of safe and competent primary health care.

2. Scope

- 2.1 This policy applies to all staff employed by, or contracted to, Corrections Health Services.
- 2.2 It will also apply to any external members of clinical governance committees

3. Definitions

3.1 Clinical Governance Framework

Corrections Health Services subscribes to Scally and Donaldson's 1998 concept of clinical governance.

'A framework through which organisations are accountable for continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care can flourish'

The following diagram outlines the Corrections Health Service clinical governance framework.

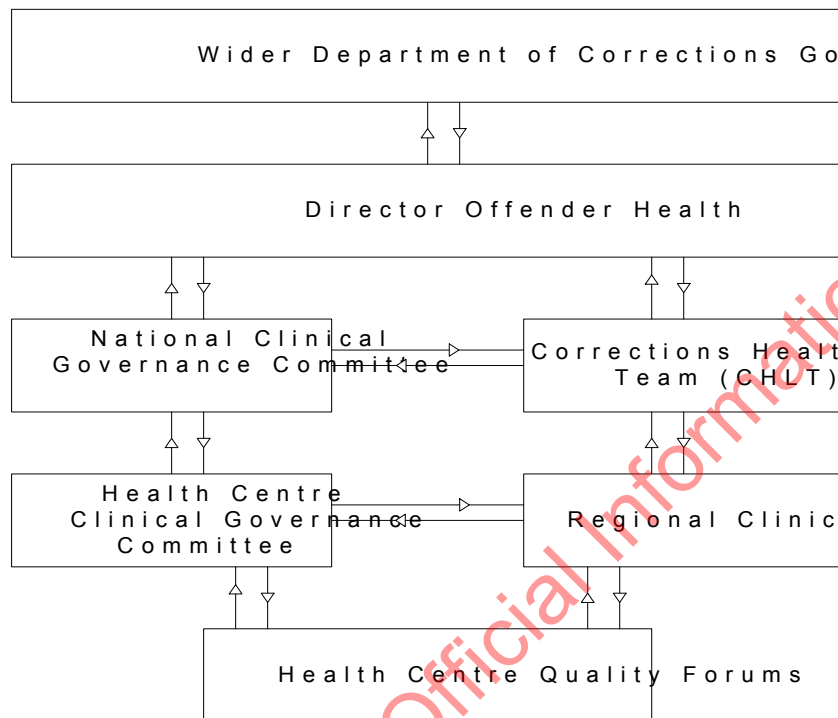
HIGH QUALITY CARE

<i>Clinical Effectiveness</i>	Risk Management	Quality Assurance and Continuous Quality Improvement	Professional Development	Information and Knowledge Management
Clinical leadership Evidenced based health care Best practice models of care Clinical pathways Clinical KPIs League tables Patient experience surveys Clinical speciality portfolios	Incident management system (HSIR) Risk action plans Health & Safety Tracker	Annual quality plan Policies and procedures Local & national audit schedules Clinical & case reviews Peer reviews & learnings Recommendations Database Accreditation / certification Programme Complaints processes Surveillance	Professional Development Recognition Programme (PDRP) Orientation / mandatory training programme Workforce development Health Leadership Forums Learning and Development database Portfolios	Document control and management Electronic clinical file system for clinical documentation
Safety / No Blame / Open Culture				

Communication	Leadership	Ownership	Patient Involvement
---------------	------------	-----------	---------------------

3.2 Clinical Governance Structure

The clinical governance structure describes how all Corrections Health Services staff will be involved in supporting the framework.



3.3 Corrections Health Leadership Team (CHLT)

3.3.1 Includes the Director Offender Health, Principal Health Advisor, Regional Clinical Directors and Team Leader Business Support.

3.3.2 Corrections Health Leadership Team has overall responsibility for clinical governance activities. The team's role is to

- facilitate an environment which supports clinical governance
- ensure adequate resources are provided to support clinical governance within budgetary constraints
- maintains overall accountability for clinical governance.

3.3.3 Principal Health Advisor

The person responsible for strengthening clinical practice and management of the national clinical governance structure.

3.3.4 Director Offender Health

The Director Offender Health is responsible for providing support to the Principal Health Advisor; providing information sharing between the wider

Department and National Clinical Governance; and escalating potential risk to the Deputy Chief Executive, Service Delivery, and to the National Commissioner.

3.3.5 **Regional Clinical Directors**

The Regional Clinical Director Health is the primary source of expertise and the spokesperson on health practice within the region. This position advises and supports the Regional Director Practice Delivery, Corrections Services.

3.3.6 **Team Leader, Business Support**

The person managing the day-to-day work of the Business Support team.

3.4 **Regional Clinical Team**

The Clinical Team is the Regional Clinical Director (RCD) and the regional Clinical Quality Assurance Advisors (CQAA).

3.5 **Corrections Health Services**

Corrections Health Services include disability services and health care procedures.

3.6 **Corrections Health Services Staff**

Corrections Health Services staff is the contracted providers, and those employed directly by Corrections Health Services.

4. **Health Services Forums and Committees**

4.1 These are forums and committees established to support the activities of clinical governance so that all Health Services staff have an opportunity to contribute and be involved in these activities. The following outlines these forums and committees.

4.2 **Health Centre Quality Forums**

4.2.1 The Health Centre Quality Forums are an opportunity for all Health Centre staff on prison sites to be involved in clinical governance.

4.2.2 The forums operate in each Health Centre each month (minimum) with standard agenda items and can be attached to general staff meetings. The terms of reference for these forums are in appendix one of this document.

4.3 **Health Centre Clinical Governance Committee**

The Health Centre Clinical Governance Committee is a quarterly meeting held in every Health Centre. It is chaired by the Health Centre Manager (HCM), or delegate, and will include a medical officer, senior custodial officer, and a designated nurse representative. It may also include the CQAA, RCD and other contracted providers or invited guests (e.g. dentist, forensic staff, physiotherapist, pharmacist).

The terms of reference for this committee are in appendix two of this document.

4.4 **National Clinical Governance Committee**

The National Clinical Governance Committee has a national overview of clinical governance activities and provides advice to the Corrections Health Leadership Team.

The terms of reference for this committee is in appendix three of this document.

5. References

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Health Safety and Quality Commission <http://www.hqsc.govt.nz/>

Ministry of Health <http://www.health.govt.nz/>

Released under the Official Information Act 1982

Appendix One – Health Centre Quality Forums Terms of Reference

1. Purpose

The purpose of the Health Centre Quality Forum is to involve all Health Services staff in

- 1.1 Strengthening clinical practice through quality improvement activities
- 1.2 informing the Health Centre Clinical Governance Committee on key areas of risk, quality activities and on areas of professional development required
- 1.3 reviewing clinical risks, complaints, incidents and identifying areas of improvement.

2. Composition

2.1 Membership

The Health Centre Quality Forums will include the

- 2.1.1 Health Centre Manager, and Team Leader (if applicable)
- 2.1.2 Health Staff (RNs, ENs, and HCAs where appropriate)
- 2.1.3 Clinical Quality Assurance Advisor (if available)
- 2.1.4 Administration Support Officers (ASO) (where applicable).

2.2 Chairperson

The HCM or delegate will chair the meeting.

3. Meetings

3.1 Frequency

The Health Centre Quality Forum will meet, at a minimum, each month and can be a component of a routine staff meeting.

3.2 Agenda

The Health Centre Manager will take responsibility for the agenda.

Standard agenda items will include:

- 3.2.1 review clinical incidents for previous month
- 3.2.2 portfolio reports (may vary from site to site). This must include infection control
- 3.2.3 surveillance stats
- 3.2.4 educational needs of staff
- 3.2.5 review any current clinical policies and procedures out for comment

- 3.2.6 audits / clinical reviews and action plans
- 3.2.7 current practice projects (including clinical effectiveness projects or monitoring) / innovations
- 3.2.8 clinical high risk register
- 3.2.9 complaints (PCO1s, Health & Disability, Advocacy)
- 3.2.10 Cornerstone – annual review status / reaccreditation progress
- 3.2.11 health promotion activities.

3.3 **Minutes**

Minutes of the meeting will be taken by the ASO and held in a central folder in each Health Centre. They are to be distributed to the CQAA and RCD

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Appendix Two – Health Centre Clinical Governance Committee

1 **Purpose**

The purpose of the Health Centre Clinical Governance Committee is to collaborate with all health professionals working in the Health Centre to provide an assurance to the Prison Director, Regional Clinical Director and Clinical Quality Assurance Advisor that all activities in the clinical governance framework are being monitored and managed effectively.

2 **Responsibilities**

- 2.1 Review and analyse the Health Centre clinical incidents and make any recommendations, including any required action plans.
- 2.2 Review and analyse the Health Centre complaints / prisoner feedback and make any recommendations, including any required action plans
- 2.3 Review Health Centre quality forum minutes.
- 2.4 Review outcomes of clinical audits / clinical reviews or clinical effectiveness initiatives and plan and / or implement any required actions
- 2.4 Monitor specific projects related to clinical safety e.g. medication safety
- 2.5 Discuss and identify any actions to address complaints made to external agencies
- 2.6 Identify issues to be raised or addressed at a regional / national level
- 2.7 Identify any professional development requirements for the team and plan how these may be addressed
- 2.8 Identify any opportunities to support prison-wide initiatives.

3 **Composition**

3.1 **Membership**

The Health Centre Clinical Governance committee may include the following

- 3.1.1 Health Centre Manager
- 3.1.2 Nurse representative
- 3.1.3 Clinical Quality Assurance Advisor (if available)
- 3.1.4 Regional Clinical Director (if available)
- 3.1.5 Medical Officer
- 3.1.6 Senior Custodial Manager (e.g. Residential Manager, Prison Director)
- 3.1.7 Invited others, e.g. dentist, forensic staff, pharmacist, Maori health representative

There is the ability to invite other stakeholders as required particularly if there are specific issues that need to be discussed requiring specialist input.

3.2 **Chairperson**

The chairperson will be the Health Centre Manager, or designated to the CQAA or Regional Clinical Director if they are unable to attend the meeting.

4 **Meetings**

4.1 **Frequency**

The Health Centre Clinical Governance Committee will meet every three months.

4.2 **Agenda**

The Health Centre Manager will take responsibility for the agenda.

4.3 **Minutes**

Minutes of the meeting will be taken and held in a central folder in each Health Centre and sent to the Prison Director, Clinical Quality Assurance Advisor and Regional Clinical Director. The HCM will ensure that the minutes are distributed to all health staff.

5. **Reporting**

5.1 The Health Centre Clinical Governance Committee reports to the Regional Clinical Director.

5.2 The CQAA is responsible for ensuring that any matters raised at the Health Centre Clinical Governance needing to be escalated to National Clinical Governance meetings are advised to the Principal Health Advisor for placement on that agenda.

Appendix Three – National Clinical Governance Committee

1 Purpose

- 1.1 The purpose of the National Clinical Governance Committee is to support Corrections Health Services (CHLT) by
 - 1.1.1 Providing advice on the strategic direction for clinical health services
 - 1.1.2 Providing assurance to the Department of Corrections that the activities in the clinical governance framework are being monitored and managed effectively.
 - 1.1.3 Promote a ‘no blame’ and open culture.

2 Powers & Scope

The National Clinical Governance Committee has no executive powers but is able to make recommendations to relevant internal committees / agencies / organisations.

3 Responsibilities

- 3.1 Discuss CHLT recommendations in relation to clinical incidents, clinical reviews, and complaints.
- 3.2 Review progress and outcomes of audits on the national audit schedule.
- 3.3 Review progress against recommendations and action plans following audits and reviews.
- 3.4 Discuss and review the national health risk action plan.
- 3.5 Review progress on the national annual quality plan.
- 3.6 Review any relevant reports as they relate to patient care.
- 3.7 Provide advice and recommendations related to best practice, clinical effectiveness and patient safety.

4 Composition

4.1 Membership

- 4.1.1 Director Offender Health, Corrections
- 4.1.2 Principal Health Advisor, Corrections
- 4.1.3 All Regional Clinical Directors, Corrections
- 4.1.4 Clinical Quality Assurance Advisor representative, Corrections
- 4.1.5 Three external health representatives (one being a Medical Officer)
- 4.1.6 Health Centre Manager representative, Corrections
- 4.1.7 Ministry of Health representative

- 4.1.8 Maori health representative
- 4.1.9 Prison Director representative
- 4.1.10 Clinical representative from Serco
- 4.1.11 All members will sign a conflict of interest register. All external members will sign a confidentiality agreement
- 4.1.12 There is the ability to invite other members as required.

Representatives will be for a period of two years.

4.2 **Chairperson**

The Chairperson will be the Principal Health Advisor, or delegate.

5 **Meetings**

5.1 **Frequency**

The National Clinical Governance Committee will meet three times a year. Additional teleconferences or meetings may be required to enable specific advice to be provided in a timely manner.

5.2 **Agenda**

The Principal Health Advisor will be responsible for coordinating the agenda.

5.3 **Minutes**

Minutes of the meeting will be taken and distributed to relevant leadership and governance committees.

5.4 **Quorum**

Four members constitute a quorum. One of those must be the Director Offender Health or Principal Health Advisor. Two external members must be in attendance.

5.5 **Terms of Reference**

The Terms of Reference will be reviewed annually.

Continuous Quality Improvement Policy

Corrections Health Services

DOCUMENT CONTROL

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1. Purpose

The aim of this policy and procedures document is to:

- (a) Provide a framework for continuous quality improvement
- (b) Provide objectives and guidelines for continuous quality improvement
- (c) Support the Department's vision, outcomes and goals
- (d) Ensure that Corrections Health Services has a strong emphasis on patient safety and improving the quality of the services we deliver
- (e) Ensure that all staff are able to participate in developing the health service by having access to resources and methods to monitor, measure and develop services.

2. Introduction

Quality is the cumulative result of the interactions of people, individuals, teams, organisations and systems. It can be defined as "The degree to which the services for individuals or populations increase the likelihood of desired health outcomes, and / or increase the participation and independence of people with a disability, and are consistent with current professional knowledge"¹

Quality improvement includes continuous quality improvement and quality assurance activities. While both are important it is recognised that a focus on quality improvement leads to better outcomes and supports quality assurance activities.

All quality and improvement activities will, where appropriate, align with the Ministry of Health the Health Safety and Quality Commission directions for quality health delivery in New Zealand.

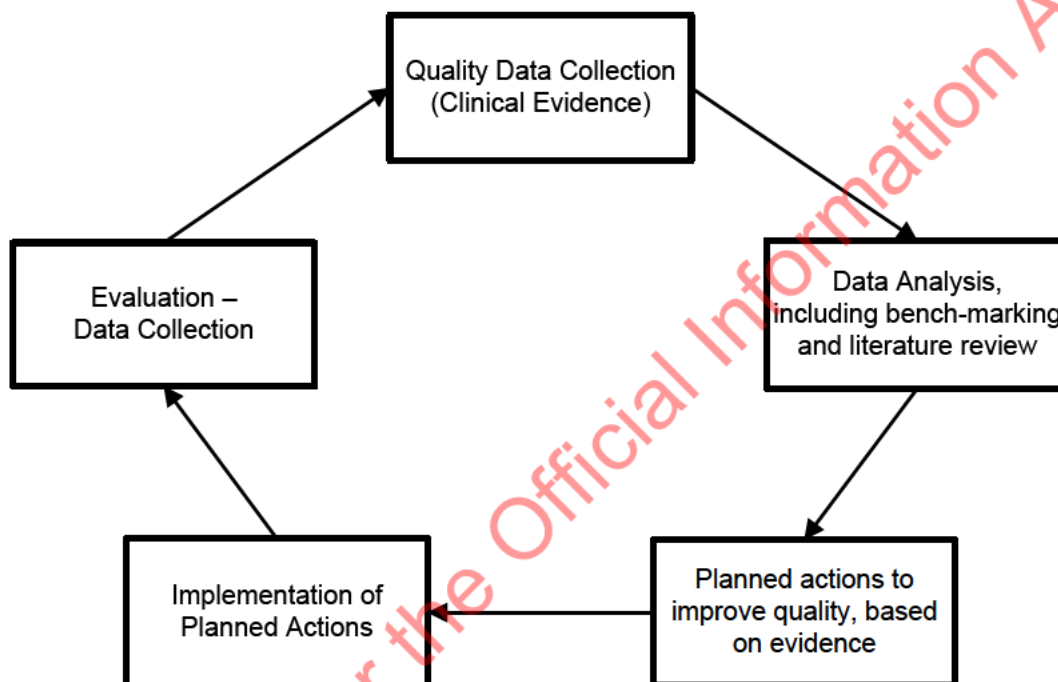
Partnership, participation and protection principles of the Treaty of Waitangi are the foundations of quality improvement and assurance in the Health Services. The health status of Māori is a documented concern of Maori people, health professionals and the government. The Department of Corrections acknowledges that the health status of Māori is disproportionately affected and is committed to equitable health care delivery to improve the health status, knowledge and literacy of our Māori population.

¹ Ministry of Health (2003) Improving Quality (IQ): A Systems Approach for the New Zealand Health and Disability Sector.

Continuous Quality Improvement includes:

- (a) An explicit concern for quality which is vested in teams
- (b) The viewing of quality as the search for continuous improvement even if the status quo is already of a high standard
- (c) An emphasis on improving work processes to achieve desired outcomes
- (d) Working towards efficient and effective systems and processes to achieve high-quality health outcomes.

The following is a diagram of process for improvement activities in Health Services:



3. Scope

This policy applies to all Corrections Health Services staff employed by or contracted to Corrections Services, Health Services and includes the Prison Director or their delegate.

4. Definitions

4.1 Case Review

A case review is a review of a patient's clinical file to provide Corrections Health Services with an overview of key aspects of clinical care and provide assurance that safe and competent care has been provided. This means:

- (a) Noting the chronology of events relevant to the incident
- (b) Identifying any improvements required in clinical practice

- (c) Identifying any compliance / practice / employment or performance issues.

4.2 Clinical Review

A Clinical Review is a comprehensive review of the systems and processes relating to a sentinel event, serious / complex incident, near miss incident or patient complaint. A clinical review may identify a performance issue but this is not the purpose of the review.

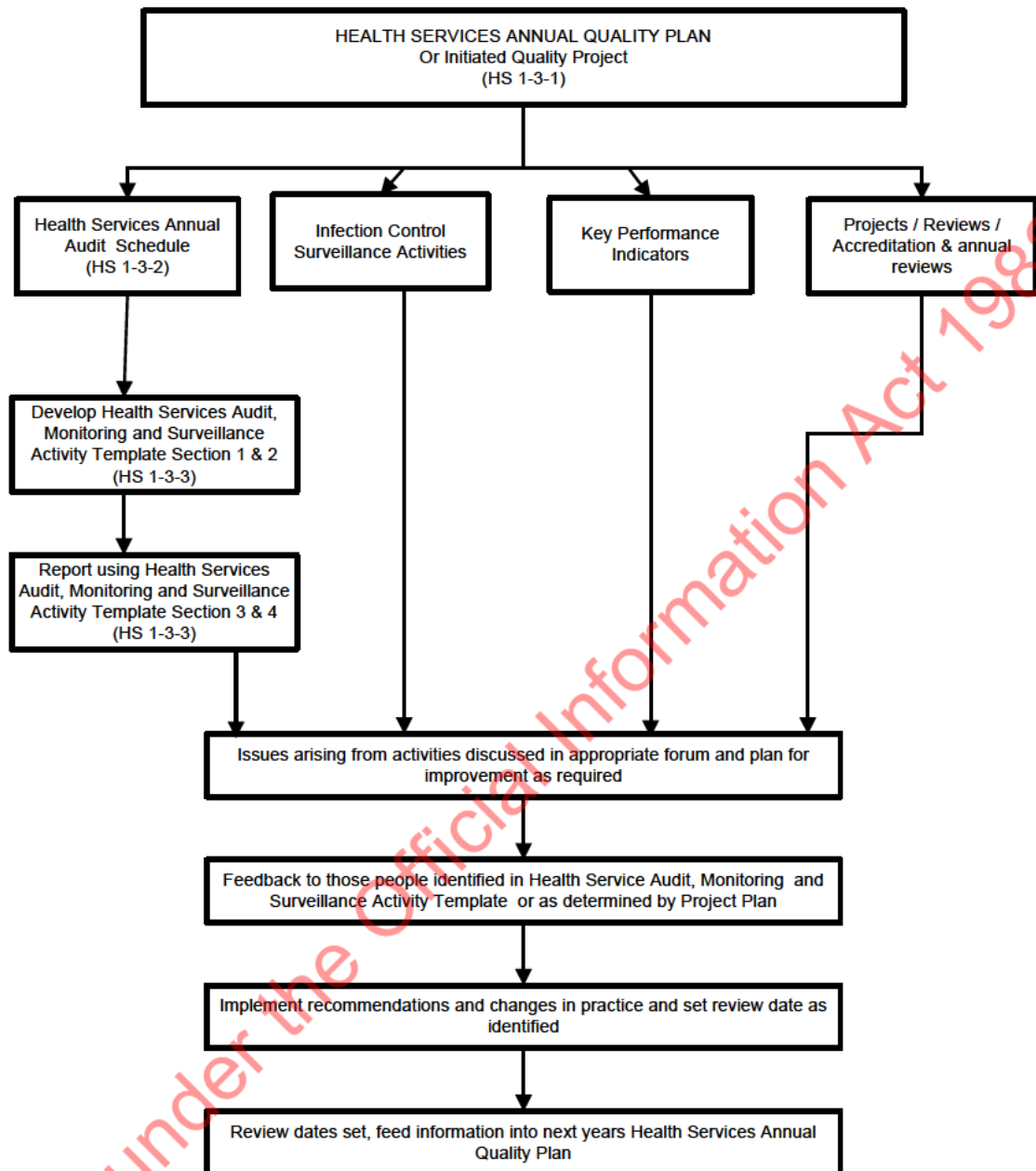
A clinical review means:

- (a) Noting the chronology of events
- (b) Reviewing and analysing whether the clinical interventions met current best practice standards and guidelines
- (c) Reviewing all systems and processes against relevant Corrections Health Services policies and procedures and if applicable Department of Corrections policies and procedures

5. Continuous Quality Improvement Policy

- 5.1 This policy must be read in conjunction with the Clinical Governance Framework, located on the Department of Corrections intranet.
- 5.2 Corrections Health Services will have a continuous quality improvement system and process for the development, implementation and review of all health services delivered to patients.
- 5.3 These systems and processes will be reviewed annually to ensure they are achieving quality improvement outcomes.
- 5.4 Corrections Health Leadership Team (CHLT) will have overall responsibility for developing and monitoring the annual quality plan. This plan will reflect the future direction of the service, regular monitoring of standards and services, surveillance and monitoring of health outcomes
- 5.5 The Regional Clinical Directors and Clinical Quality Assurance Advisors will provide guidance and support for quality improvement and assurance systems and processes implemented in their regions
- 5.6 The Prison Director and Health Centre Manager are responsible for the implementation and completing of identified quality assurance and improvement activities.
- 5.7 All Health Services staff are able and encouraged to initiate any quality improvement process in their region or site or with the assistance of Health Centre Managers, Clinical Quality Assurance Advisor and / or Regional Clinical Directors.
- 5.8 Benchmarking exercises and appropriate research analysis will be incorporated into all quality improvement planning activities.

The following is a flow chart of the annual process related to all quality improvement activities:



6. Health Services Annual Quality Plan

- 6.1 Corrections Health Leadership Team will develop the national [Health Services Quality Plan](#) at the beginning of each financial year. The plan will be developed following input from local and national clinical governance committees.
- 6.2 The plan will prioritise the key improvements that are to be achieved for the year.
- 6.3 The completed [Health Services Quality Plan](#) will not preclude any other quality improvement activities being implemented throughout the year.
- 6.4 The Corrections Health Leadership Team will review feedback annually and outcomes of the previous year's plan
- 6.5 The [Health Services Quality Plan](#) will be made available and accessible to all Health Services staff, key stakeholders and patients

- 6.6 A review against progress in the implementation of the national [Health Services Quality Plan](#) will occur at every Corrections Health Leadership Team meeting and National Clinical Governance meeting.

7. Health Services Annual Audit, Monitoring and Assurance Schedule

- 7.1 The Corrections Health Leadership Team, in consultation with the Clinical Quality Assurance Advisors, will develop a [Health Services Annual Audit, Monitoring and Assurance Schedule](#), which will support the objectives of the annual plan
- 7.2 The Principal Health Advisor will consult with the Internal Audit team to see if there are any specific audits that need to be completed to support any of their activities
- 7.3 Each region may develop their own audit; monitoring and assurance activities that support the national objectives and support any specific quality improvements in their region if there are region or site specific requirements
- 7.4 The Clinical Quality Assurance Advisors will develop the audit tools (in consultation with the Principal Health Advisor) required for each audit, monitoring or assurance activity using the Health Services Audit, Monitoring and Assurance Activity Template
- 7.5 The Clinical Quality Assurance Advisors will coordinate the audit, monitoring and assurance activities in each region.
- 7.6 The Prison Director, in conjunction with the Health Centre Manager, is responsible for ensuring any quality activity is completed within the required time-frame.

8. Feedback and Outcome From Quality Activities

- 8.1 Feedback and outcomes of all quality improvement and assurance initiatives /activities is important to ensure there is continuous improvement. The procedures outlined are to be followed.
- 8.2 The Clinical Quality Assurance Advisor's will report all quality activities conducted in the regions in the Clinical Quality Assurance Advisor's monthly report to the Regional Clinical Director, local and National Clinical Governance Committees, and Corrections Health Leadership Team.
- 8.3 The Clinical Quality Assurance Advisors will enter all recommendations into the Recommendations Database.
- 8.4 It is the responsibility of the role identified in the Recommendation Database to complete all recommendations within the required time-frame.

9. Clinical Reviews / Case Reviews

- 9.1 The Principal Health Advisor is responsible for initiating and coordinating all clinical and case reviews, in consultation with the Regional Clinical Director.
- 9.2 Clinical reviews will be completed on all deaths in custody except where a patient has died of apparent / obvious natural causes there is discretion by the Principal Health Advisor and Regional Clinical Director as to whether a clinical review is completed. A case review must be completed if it is decided that a clinical review is not required

- 9.3 A Terms of Reference must be developed for all clinical reviews. The format to be used is the [Health Services Terms of Reference for Clinical Review Template](#)
- 9.4 The [Health Services Report for Clinical Review Template](#) is to be used for the report following a clinical review
- 9.4 The clinical review, and its recommendations, will be signed off by the Corrections Health Leadership Team (CHLT).
- 9.4.1 Any recommendations and implementation plans will be shared and discussed with the appropriate Health Centre, or where there are national recommendations with all Health Services, in local Quality Forums, and local Clinical Governance meetings.
- 9.4.2 The Clinical Quality Assurance Advisor is responsible for ensuring that the Prison Director has a copy of the clinical review once it is signed off by CHLT and subsequently is notified of any recommendations or implementation plans resulting from the clinical review.
- 9.4.3 The Health Centre Manager, in conjunction with the Prison Director, is responsible for ensuring that any recommendations or implementation plans are actioned in a timely manner.
- 9.4.4 The Clinical Quality Assurance Advisor is responsible for ensuring that any recommendations are added to the national Recommendations Database (HS1-3-8).

10. Stakeholder Feedback

- 10.1 Health Centres will ensure that there are mechanisms in place for patients to provide feedback. This may include, but is not limited to, using information on the patient experience by using focus groups, use of a suggestion box, using feedback forms, and informal complaints or comments made by patients.
- 10.2 At least one three yearly patient experience survey will be conducted at each site with a focus on quality improvement.
- 10.3 Any improvements and recommended changes of practice are to be discussed and recorded in the Health Centre Quality Forum meeting minutes and communicated back to the patients.

11. Monitoring Recommendations / Improvements from all Quality Improvement and Assurance Activities

- 11.1 A recommendations table is to be maintained to capture all recommendations and improvements from all quality improvement / assurance activities.
- 11.2 It is the responsibility of the Clinical Quality Assurance Advisors to maintain the recommendations table.
- 11.3 It is the responsibility of the Health Centre Manager, in conjunction with the Regional Clinical Director and Prison Director, to monitor and ensure that all regional and local recommendations are implemented.
- 11.4 It is the responsibility of the Principal Health Advisor to monitor and ensure that all national clinical recommendations are implemented
- 11.5 It is the responsibility of the Director Offender Health to ensure all national recommendations, other than clinical, are monitored and implemented.

- 11.6 The recommendations table is to be placed on the agenda at all regional and national Health Services meetings.

12. Clinical Governance and Associated Committees

12.1 Clinical Governance activities and associated committees or forums

- 12.1.1 Are acknowledged as being central to all clinical quality improvement and assurance programme
- 12.1.2 Will have Terms of References developed and implemented for all clinical governance committees or forums
- 12.1.3 May have activities that complement or differ from the clinical quality improvement or assurance activities in this document. These will be reflected in the Terms of Reference and any related policy and procedures.

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HS 1-3-3

Health Services Audit, Monitoring and Assurance Activity Template

Site:

Section One: General

Title	<i>(what is the title of this audit)</i>
Objectives	<i>(What is the purpose of the activity? What are you measuring, determining or evaluating?)</i>
Person/s Responsible	<i>(who is the person responsible for coordinating the audit, conducting the audit, analysis the results, completing the final report, sending the final report and providing feedback to appropriate people)</i> <i>(Who are the people going to carry out the audit/monitoring or surveillance activity – may be any member of the Health Services Team)</i>
Methodology	<i>(How are you going to undertake the activity, what method are you going to use e.g. random sample, sample between determined time-frames, file audit, clinical observation, the evidence sources and references if required)</i>
Location	<i>(Where is the quality activity to be conducted)</i>
Reporting and time-frame	<i>(When does the quality activity need to be completed and to who needs to be sent the final report)</i>

Section Two: [Name of Audit] Tool

Standard	Response (e.g. Yes/No/NA, Compliant, Non Compliant, Partially Compliant)	Comment <i>(include risk issues noted, factors that may have affected compliance, remedial actions or recommendations required)</i>
<i>(e.g. all patients have a signed consent form)</i>		
<i>(e.g. Hand basins in clinical areas are equipped with hands free operable controls)</i>		
<i>(E.g. Does the health clinic have information on guidelines and treatment of communicable diseases?)</i>		

Section Three: Results

Additional Comments

Areas of commendation

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Section Four: Further Action

Improvements / Recommendations:

Improvements to be made:	Action Required for Improvement	Person responsible and timeframe for completion

Feedback:

Audit to be shared, and discussed at the monthly Quality Forum and local Clinical Governance meetings.

Person Responsible for Audit

Name:

Date:

Designation:

CQAA Reviewed

Name:

Date:

Regional Clinical Director

Name:

Emailed on:

Health Services Report for Case Review Template



Case Review

Title i.e. first name & surname

Title i.e. reason for review

PRN

Date

Name of Prison

Conducted by:

Name

Designation

Health Services

Content

Background

Relevant Clinical History

Noting the chronology of events relevant to the incident

Identifying any clinical improvements in practice

Identifying any compliance / practice / employment or performance issues

Health Services Report for Clinical Review Template



Clinical Review

Title i.e. first name & surname

Title i.e. reason for review

PRN

Date

Name of Prison

Conducted by:

Name

Designation

Health Services

Content

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Purpose

Background

Terms of Reference

Methodology

Relevant Clinical History

Chronology of Events

Policy and Procedure table (if applicable)

Findings and Analysis

Summary

Recommendations *(Include a date for achieving each recommendation)*

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Clinical Review Terms of Reference Template

Internal Memorandum

..... Practice Group

To:

File Reference:

cc:, Principal Health Adviser

From:– Regional Clinical Director

Date:

Subject: Terms of Reference for: Prison

Purpose

The purpose of this memorandum is to advise you that a Clinical Review is required to be completed in relation to of on at Prison. This review will primarily focus on the Department's systems and processes. This will support Health Services identify any areas requiring improvement to enhance patient clinical safety.

Terms of Reference

To report on the health care leading up to the

To review the clinical interventions provided to

To report on whether relevant Health Services departmental policies and procedures were followed

To report on whether relevant Health Services standards of care were met

To make findings and recommendations regarding compliance with Departmental health systems/procedures including how was clinically managed overall.

To report any other significant matters that may arise as a result of the review.

To report on any areas of good or best practice identified for sharing with the wider corrections health service

Specifically this report should focus on

Methodology

A review of electronic and hard copy clinical files.

Interview nurses and at Prison who may be able to provide information pertinent to the care provided to

Interview any other staff member involved in the care of that may be able to clarify any matters that arise as a result of the initial interviews.

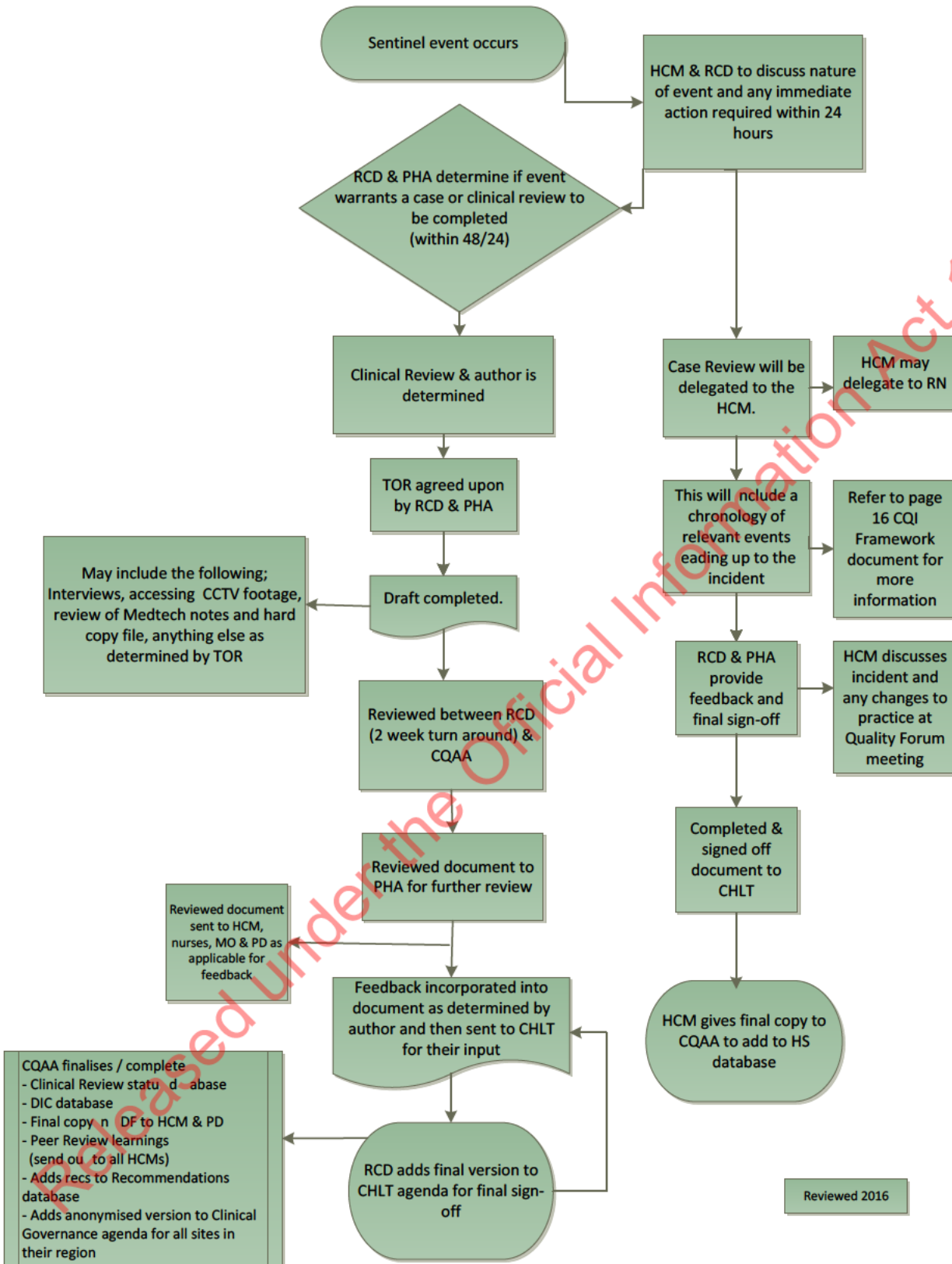
A review of the Health Service Manual policies that are specifically relevant to the matters reviewed in this report.

This report will not focus on staff conduct or performance. These are issues that will be managed separately through the Department of Corrections Human Resources processes.

The Review will be completed, and a draft presented by

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Clinical and Case Review Flowchart



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.

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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 or 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](#)

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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.

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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

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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.

HDU Framework

High Dependency Unit
Rimutaka Prison

Released under the Official Information Act 1982

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1 Authority for Policy

- Corrections Act 2004
- Corrections Regulations 2005
- The New Zealand Disability Strategy 2001
- NZS 8134:2001 Health and Disability Sector Standards
- The Code of Health and Disability Services Consumers' Rights 2009
- Health Practitioners Competence Assurance Act 2003
- Privacy Act 1993.

2 Purpose

The purpose is to:

- provide a clear, transparent and clinically safe process for prisoners entering and exiting the High Dependency Unit (HDU)
- provide the guiding principles and operating procedures for the HDU.

3 Scope

This policy applies to all Corrections staff and service providers contracted to Corrections Services working in the High Dependency Unit at Rimutaka Prison.

4 Guiding Principles

The following principles will underpin the functioning of the unit:

- offender centric - the needs of prisoners will be central to its operation
- multidisciplinary approach - a collaborative approach to service delivery which recognises the contribution of each professional, including clinical and non-clinical staff
- innovation - includes flexible unit regimes, individualised management plans, new approaches to working with external agencies, cross department co-operation
- provide a safe and secure environment where prisoners can be supported to maintain / improve their level of functioning
- Prisoners will be effectively supported in their transition out of prison if their sentence allows or to age with dignity within the prison
- Prison Operations Manual (POM) will apply to the HDU however there may be exceptions required to support the guiding principles. These exceptions will be managed by custodial staff on an individual basis (e.g. extended unlock hours).

Definitions

5.1 High Dependency Unit (HDU)

A unit at Rimutaka Prison accommodating prisoners who have ongoing and complex health or disability needs as a result of ageing or other medical conditions and who require additional assistance with their day-to-day activities of daily living.

5.2 HDU Assessment Panel

A group comprising of health and custody staff responsible for the decision making process involving prisoners being transferred to and from the HDU. The panel must comprise of a minimum of four people, two people from Health Services and two custodial staff. Where required the panel will consult with specialist health providers.

Health Services staff will include two of the following; Health Centre Manager, Team Leader, prison doctor; custodial staff will include two of the following, Residential Manager, Principal Corrections Officer, or designated Senior Custodial Officer.

5.3 Needs Assessment Service Coordination (NASC) agency

The local Needs Assessment Service Coordination agency that provides the initial assessment to determine the level of care and support services required. Hutt Valley Service Coordination Centre (HVSCC) is the NASC agency in the Hutt Valley for persons 65 years and older. Life Unlimited caters for individuals up to and including 64 years.

6 Entry and Exit Policy

6.1 General Policy

- Prisoners should normally be consulted in the decision making process in relation to their referral to the HDU. Where a prisoner is not able to be consulted, for example due to diminished capacity, then their family/ whanau or external support network should be consulted (where appropriate). While the final decision will be with Corrections Services, involvement must occur to ensure the transfer is in the best interests of the prisoner
- A referral form will be completed, see appendix one of this document
- An assessment by the local older persons Needs Assessment Service Coordination agency (NASC) will be completed at the originating prison. This assessment must be completed within four weeks of the referral being received at Rimutaka Prison. The assessment must indicate that the prisoner requires rest home level care

- Prisoners will be returned to their originating prison if it is deemed by both health staff and custodial staff that the HDU is not the appropriate place for that individual.
- The prisoner's file must be reviewed by the Health Centre Manager of the referring prison to ensure that any outstanding external health appointments or procedures are completed prior to a potential transfer to Rimutaka Prison HDU, or appropriate arrangements have been made following the transfer
- The prisoner must be reviewed by the Residential Manager or Custodial Services Manager of the referring prison to ensure that there are no custodial reasons why the prisoner can not be transferred to the Rimutaka Prison HDU
- On acceptance for the HDU, the NASC in the originating area will be required to initiate an interNASC transfer process to HVSCC (or Life Unlimited). This ensures that the interRAI assessment and all other relevant information are available in the Hutt Valley

6.2 Entry Criteria

The following is the criteria for entry to the HDU:

- The prisoner must be assessed as requiring rest home level care as determined by the originating NASC using the interRAI tool. If the prisoner has dementia there must be sign-off from a Psychogeriatrician to complete the NASC process
- The prisoner must be assessed as having no custodial reasons to prevent the transfer (e.g. on going serious violence to others)
- The prisoner must not need 24 hour complex nursing care.

6.3 Convening of the Panel

Our policy is that:

- A meeting of the panel is convened
- This meeting is to take place within 10 working days of a referral being received to consider an application/referral
- One panel member will be responsible for communicating (in writing on the referral form) to the referring prison the outcome of the decision made by the panel. Prior to a decision being made further information may be requested
- The panel will respond with a decision to the referring prison's Health Centre Manager and Residential Manager within five working days.

If a referral is received (and accepted) and there are no available beds the panel will place the prisoner on a waiting list. Where there is more than one prisoner on the waiting list the panel will prioritise the order in which prisoners will occupy the next available bed i.e. the waiting list will be managed on a needs basis, not based on the date of referral.

The Health Centre Manager will ensure that the referrer is informed about the progress of the waiting list.

6.4 Appeal Process

- The referring prison has five working days to appeal the decision made by the panel
- The final decision following an appeal will be determined by the Rimutaka Prison Director and Principal Health Advisor. The final decision must be made and conveyed to the referring prison's Health Centre Manager and Residential Manager within ten working days
- The referring prison may re-refer the prisoner at a later date if the prisoner's situation deteriorates.

6.5 Transporting Prisoner to Rimutaka Prison

The referring prison must take into consideration the prisoner's physical limitations and / or cognitive impairment when escorting the prisoner to Rimutaka Prison. For example, it may be more appropriate to drive the prisoner in a car than place the prisoner on the escort bus. During any external transport / escort the prisoner will be managed occurring to their assigned security classification.

6.6 Exit Policy

Prisoners will exit the HDU in the following ways:

- The prisoner is returned to their originating prison as their physical or cognitive condition does not warrant remaining in the HDU. If this occurs the NASC will need to complete an interNASC transfer to the originating area
- The prisoner has a SED / SRD or is paroled and released into the community. This will require a multidisciplinary approach prior to the release date to exit prison as per POM. If the prisoner is to be released into a residential facility HVSCC will be required to complete an interNASC transfer if the facility is outside of the Hutt Valley DHB area
- There are either behavioural or security concerns that can no longer be managed safely in the HDU. In this situation the prisoner will be returned to the originating prison unless there are valid reasons why this should not occur
- The prisoner's health improves to a standard where the prisoner can be managed satisfactorily in a mainstream unit
- If the prisoner's required level of care deteriorates to the extent that 24 hour registered nurse care is needed. In the event that this occurs a multi-disciplinary team will work with the local NASC towards transferring the prisoner to a hospital level care facility. If a prisoner requires transfer to a hospital level care facility there

must be input by a geriatrician¹. If the facility is a dementia care facility this requires input by a psychogeriatrician²

- The prisoner wishes to return to another prison and this can be accommodated
- Natural death.

7. Prisoner Induction

The purpose of the induction process into the HDU is to enable prisoners to be transitioned into the environment in an efficient, effective and safe manner, ensuring that prisoners are aware of their rights and responsibilities; are provided with the necessary information around the prison rules, HDU routines and procedures and to answer questions or queries.

Depending on the cognitive capability of the prisoner it may be appropriate for a Health staff member to sit in on the interview. Custodial staff will then record accordingly on the prisoner's file notes.

A case officer is assigned to a prisoner within 3 days of the prisoner entering a unit. A [case management file notes form](#) is started when the prisoner enters the HDU.

Addressing immediate needs, other than health, on entry into the HDU is the responsibility of the unit custodial staff but on occasion will require specialist involvement. In these cases, the staff member conducting the immediate needs assessment will contact the Case Manager to discuss the case.

8 Offender Management Plans

Prisoners in the High Dependency Unit will be assigned a Case Manager within 7 days of arriving in the unit.

Newly sentenced prisoners who arrive in the unit will have their initial Offender Plan prepared and finalised as per the Case Management guidelines:

- Within 28 days of sentence commencement date (SCD) for prisoners who have 26 weeks or less left to serve
- Within 60 days of SCD for prisoners who have more than 26 weeks left to serve.

Note: No plan is completed for prisoners who have less than 28 days left to serve, and Corrections Services creates and manages offender

¹ The prisoner would come under the Social Security Act on release.

² An Enduring Power of Attorney or Welfare Guardianship is required.

plans for remand prisoners on a continuous period of remand of eight weeks or more.

Prisoners with an existing Offender Plan will have their offender plan reviewed within 14 days of the Case Manager assignment to ensure the rehabilitation and reintegration activities are current, relevant and suitable for the prisoner.

The Case Manager will work collaboratively with custodial staff, Health staff and other stakeholders to ensure the Health Treatment Plan targets specific activities to meet the needs of each prisoner.

9 Health Treatment Plans

All prisoners will have a current treatment plan. It will be the responsibility of the Team Leader to ensure that all treatment plans are reviewed at least six monthly. Treatment plans should refer to the following documents (where applicable), but is not limited to:

- Health Care Pathway Policy and Procedures
- End of Life Guidelines.

10 Informed Consent Policy

This policy applies and is located by accessing the Health Services Manual (front page of Cornnet) / Consumer Rights / Informed Consent.

11 Constructive Activities

Health Services will work collaboratively with custodial staff and case managers to promote and provide assistance to prisoners participating in constructive activities. Health staff and custodial staff will involve other third parties as part of a multi-disciplinary approach to keep prisoners occupied in meaningful activities.

Referral Form – High Dependency Unit (HDU)

Rimutaka Prison

This template is to be used for all referrals to the HDU. The referral must be completed and forwarded to the Health Centre Manager, Rimutaka Prison.

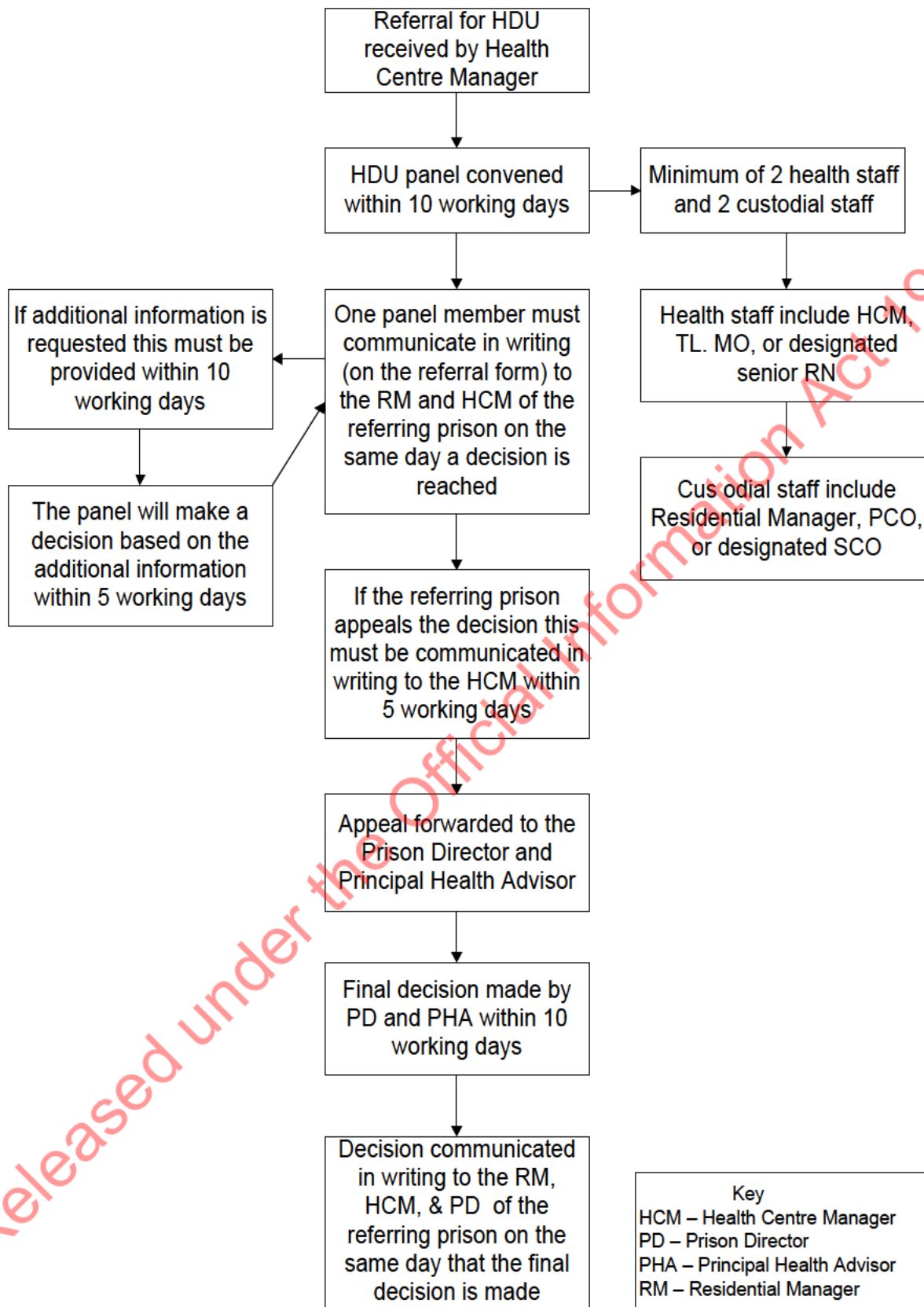
The HDU is a national facility to accommodate prisoners who have ongoing and complex health or disability needs as a result of ageing or other medical conditions who require additional assistance with their day-to-day activities of daily living.

Each prisoner transferred to the HDU will be assessed for a period of up to three months. During this time a decision will be made to determine if the prisoner will remain in the HDU or returned to their originating prison.

Each referral will be assessed by a panel. The referrer will be notified of the decision made by the panel.

Name of person making the referral	
Position of person making referral	
Date	
Name of Prisoner	
PRN	
Current Prison	
Assessment by local Needs Assessment Service Coordination (NASC) agency completed within last 4 weeks.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the NASC agency recommend that the prisoner requires rest home or higher level care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any custodial considerations that should be considered prior the transfer of this prisoner to the HDU?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signed off by CSM or Residential Manager	
Are there any health concerns that should be considered prior to possible transfer? (impending external health appointment, requires additional	<input type="checkbox"/> Yes <input type="checkbox"/> No

support during escort etc.)		
Has the prisoner been consulted in the decision making about the transfer? (Where dementia is involved the family should be involved. If this is not possible consultation must occur with the Prison Manager).		<input type="checkbox"/> Yes <input type="checkbox"/> No Comment
The following attachments are included (a) NASC assessment (completed within last 4 weeks)		<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Evidence of custodial considerations which have been discussed and mitigated		<input type="checkbox"/> Yes <input type="checkbox"/> N/A
To be completed by HDU panel and returned to the referrer		
Date of meeting by panel		
Names and positions of panel members		
Decision by the panel	Transfer accepted for initial assessment	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Transfer declined	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Decision pending more information	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Prisoner placed on waiting list	Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for declining this application		
Earliest date prisoner can be accommodated in HDU		
Who is responsible for contacting the referrer?		



Incident Reporting Policy

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1 Authority for Policy

- Health & Disability Commissioner, Code of Health and Disability Services Consumers' Rights Regulation 1996
- NZS 8170:2005 Standards New Zealand - Primary Healthcare Practice Management Systems
- NZS 8134:1.2. 2008 Health and Disability Services (Core) Standards- Organisation Management Standard 2.4
- Prison Health and Disability Support Services Specifications (PHDSSS)
- Prison Operational Manual (PSOM) Incident Reporting IR.06.

2 Purpose

The purpose of this policy is to:

- Provide a nationally consistent approach to the management of healthcare incidents in order that health practitioners, managers and staff respond effectively to all incidents that occur in the Health Services
- Ensure the safety of prisoners who receive clinical care and treatment
- Ensure incidents are identified and learned from
- Keep key persons informed of incidents
- Ensure quality improvements are made to prevent recurrence of incidents
- Ensure incidents are notified to external agencies as required by legislation and / or Contracts / or Service Level Agreements.

3 Scope

This policy applies to all Health Services staff employed by or contracted to Health Services.

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4 Definitions

4.1 Accident

Means an event that -

- (a) causes any person to be harmed; or
- (b) In different circumstances, might have caused any person to be harmed.

4.2 Administrator

In the Health Services Incident Reporting (HSIR) program this user can access all the pages and functionalities within HSIR including the pages to create forms, determine security policies, create users, define roles, manage schedules, and set up alerts.

4.3 Adverse event

An incident that has resulted in unanticipated death or major loss of function not related to the natural course of the prisoners illness or underlying condition.

4.4 Adverse reaction

As unexpected harm arising from a justified action where the correct process was followed for the context in which the event occurred.

4.5 Apology

An expression of regret. An apology is not allocating blame or may not be about accepting fault.

4.6 Classification

Is an arrangement of concepts into classes (groups or sets of like things, such as “contributing factors”, “incident types” and “patient outcomes”) and their subdivisions.

4.7 Complaint

Is an expression of dissatisfaction by a complainant. In many instances, complaints are incidents that have occurred in a health or disability service, but that have been reported by a prisoner, carer of family member, or service user.

4.8 Contributing factor

Is defined as a circumstance, action or influence (such as poor rostering or task allocation) which is thought to have played a part in

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the origin or development of an incident, or to increase the risk of the incident.

4.9 End User

This is the term in the HSIR program for Health Services staff that can enter incident files and only view incident files that have been submitted by them.

4.10 Error

Failure of a planned action to be completed as intended.

4.11 Health practitioner

Is a health service provider. The term health practitioner includes medical practitioners, nurses, and allied health professionals.

4.12 Health Services Incident Reporting (HSIR)

This is a program that captures incident data for reporting purposes. It can be accessed from any PC that is connected to the Department of Corrections network.

4.13 Incident

An incident is defined as “an event or circumstance which could have, or did lead to unintended and / or unnecessary harm to a person, and / or a complaint, loss or damage”.

4.14 Incident Management

Is a systematic process for identifying, notifying, prioritising, investigating and managing the outcomes of an incident and acting to prevent recurrence.

4.15 Incident type

Is a descriptive term for a category made up of incidents of a common nature, grouped because of agreed shared features.

4.16 Investigation

Is defined as a searching inquiry in order to ascertain facts.

4.17 Manager

In the HSIR program the term Manager refers to what a Manager User can perform in the system. They can complete all the tasks of an End

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User as well as actively manage files, manage folders, use search methods, work with In System Alerts, manage Tasks and view reports.

4.18 Near Miss

Any event which could have resulted in an incident or accident if:

- The situation had not been rescued in time to prevent harm occurring
- A recurrence of the event could result in harm.

4.19 Notification

Is the process of reporting an accident, incident or near miss.

4.20 Open disclosure

Open disclosure (OD) is a transparent approach to responding to an incident / adverse event that places the consumer/ prisoner central to the response. This includes the process of open discussion and ongoing communication with the consumer/ prisoner. An OD approach also includes support for staff and the development of an OD culture where staff are confident that the associated investigations will have a quality improvement rather than punitive focus.

4.21 Rapid Response Report

This is a warning alert to health staff of substantive risks which are new (or not well known) and could be prevented (HS 1-12-1).

4.22 RL6: Risk

This is the name for the HSIR application for reporting incidents and managing incident files.

4.23 Root Cause Analysis (RCA)

A systematic process where those factors which contributed to an incident are identified by reconstructing the sequence of events and repeatedly asking “why” until the underlying root causes (contributing factor/hazards) have been explained.

4.24 Severity Assessment Code (SAC)

Is a numerical score given to an incident, based on the consequence or outcome of the incident and the likelihood that it will recur. A matrix is used to stratify the actual and/or potential risk associated with the incident. This is the score used in New Zealand District Health Boards to score incidents and report back to the Ministry of Health.

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4.25 Sentinel Event

A clinical event which has resulted in:

- An unanticipated death or major permanent loss of function not related to the natural course of the prisoner's illness / underlying condition / pregnancy / childbirth
- A major system failure in Health Services
- Suicide of a prisoner if Health Services were involved in any resuscitation procedures and / or the prisoner was currently receiving health services interventions (including any external health services)
- One of the following (even if the outcome did not result in death or major permanent loss of function):
 - invasive procedure or intervention on the wrong prisoner
 - errors of omission or commission that result in significant additional treatment or are life threatening, for example, medication errors.

5. Introduction

The delivery of health care is complex and there are inherent risks associated with the delivery of that care for prisoners, clinicians, and other Health Services staff and for the Department of Corrections.

Incidents need to be managed via a process that is robust and which is able to identify themes and trends around prisoner care. These themes and trends can lead to strategies to reduce or eliminate reoccurrence, and make recommendations for improvements.

A consistent, standardised approach to incident reporting processes, including definitions ensures actions are managed appropriately and maximises opportunities to learn.

6 Principles

The Health Services Incident Reporting Policy and Procedure is based on the following principles:

- **Transparency and open disclosure** – prisoners are told what went wrong and why and offered an apology. Feedback to prisoners and staff reporting incidents is considered to be important

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- **Openness of incident reporting** – incidents are reported and acknowledged without fear of blame; the reporting of incidents is encouraged
- **Systems focus, not individuals** – the review of incidents under this policy is focused on systems and processes rather than the individual involved in the incident. Individual performance review and management processes are separate from this systems review process
- **Emphasis on learning and improvement** – the system is orientated towards learning from incidents and employs improvement methods for this purpose
- **Obligation to act** – the obligation to take action to remedy problems is clearly accepted and the allocation of this responsibility is unambiguous and explicit
- **Accountability** – individual and the departmental responsibilities and accountabilities are clear
- **Fairness** – staff, prisoners, and visitors involved in incidents are entitled to fair treatment
- **Appropriate prioritisation of action** – action to address problems is prioritised and resources will be directed to those areas where the most useful improvements are possible
- **National consistency** – all health centres commit to implementing a consistent approach to incident management to facilitate national learning and action; national processes are financially, intellectually, and technically well resourced and effective
- **Local commitment and action** – a national approach starts with local commitment; all health centres act locally to learn and improve quality of care.

7. Incident Management

7.1 Incident Management Policy

The following policies will apply:

- All Health Services staff will comply with the reporting and management of incidents according to the procedures in this document
- All Health Services staff will proactively seek to identify incidents through direct observation, facilitated discussion, complaints, reviews, investigations or audit
- All staff will report incidents in the HSIR program, and if appropriate in the Integrated Offender Management System

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(IOMS) when they occur or when they become apparent. The report must fully describe the incident and relevant actions

- All Health Services staff must follow the Department of Corrections Health and Safety policy for the reporting of hazards and accidents
- Health Services staff must follow the Department's requirements relating to Death in Custody (PSOM IR.03)
- All Health Services staff must comply with notification to other agencies as legislatively required i.e. Public Health Emergency – Ministry of Health (MOH). For example an outbreak of a notifiable infectious disease (This information can be located via MOH website)
- All health staff reporting incidents must complete all the mandatory fields and give their opinion of how the incident may have been prevented
- Health Services staff must acknowledge to the prisoner (if involved) that an incident has occurred and explain the process from here.

7.2 Incident Management Procedures

7.2.1 Immediate Action

- Take action once an incident is identified to mitigate any immediate risk to a prisoner or staff member ensuring:
 - that the immediate needs and safety of those involved are managed
 - the environment is made safe if required
 - any evidence is retained e.g. documents and reports,
 - any defective drugs or equipment are withdrawn from use and retained
- Notify the Medical Officer if the incident has impacted on the clinical care and treatment of prisoners. Use your clinical judgement to decide the time-frame for notifying the Medical Officer. However, it can be no longer than 72 hours
- Notify your next line manager immediately if the incident is serious (refer Appendix 1 Guidelines of Classification for Incident Reporting)
- Discuss with the prisoner any immediate action that may be required.

7.2.2 Notification

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- Report the incident using the HSIR program. You can access this application via the Start menu / Programmes / Corrections Applications / HSIR or via the following website address <http://hsirsvr/RL6HealthSuite/default.aspx>
- Report the incident as soon as possible and before the Health Services staff member/s finish their shift
- Fill in the IOMS Incident Report form if there is a:
 - death in custody
 - witnessed assaults
 - witnessed events that threaten the safety and security of the prison.
 - **serious** and **imminent** threat to others (harm to self is reported through either the PSOM M.05 Prisoners at Risk of Self Harm or an [Advice of Prisoner Health Status Form](#) to the Principal Corrections Officer).
- If the incident is prisoner related: document what occurred and the care the prisoner received following the incident in the prisoners electronic clinical file. Note: a copy of the incident form does not get filed in the prisoner's clinical file.

8 Post Incident Management

8.1 Post Incident Management Policy

The following policy will apply:

- All Health Services staff will be responsible for implementing and following all procedures in the post incident section of this document
- All Health Service staff will document all clinical interactions related to an incident in the prisoners electronic clinical file
- All incidents will be analysed, reviewed and follow-up actions implemented using the procedures outlined in this section of the document
- Managers Regional Health are responsible for ensuring all their regions incidents are followed up and tasks completed
- Staff conducting the Root Cause Analysis / or clinical review must be trained in the incident review process
- The HSIR automatically allocates a severity level based on the information entered
- All incidents will be given a SAC score based on the severity level allocated to the incident in the HSIR. This will be the responsibility of the Clinical Quality Team

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- The SAC score will be rated as:
 - serious 1
 - major 2
 - moderate 3
 - minor 4
 - minimal 4.

8.1.1 Investigation and Analysis

- All notified incidents must be analysed to a depth that reflects:
 - the seriousness of the actual harm / loss
 - the seriousness of the potential harm / loss
 - the likelihood of recurrence.
- All Health Services staff must ensure that the analysis of a incident occurs in an environment that
 - is supportive of all involved, and ensures their rights are upheld
 - analyses and manages incidents in a professional manner
 - enables trending of data where possible
 - uses information to improve prisoner / staff safety and / or service quality
 - allows benchmarking against internal, national or international data, which is used to inform actions to be taken, and planning processes for quality improvements
- The Health Services staff member analysing the incident must:
 - ensure that other staff, prisoners, custodial staff, contracted providers and external health provider's services or any other relevant people / services are involved in the analysis as appropriate
 - identify, where possible, follow up actions which address the causes of the event, and prevent recurrence and / or reduce the consequence of the event.

8.1.2 Recommendations and Feedback

- All recommendations from investigation / reviews are to be entered into the Health Services Recommendation Database by the CQAA
- It is the responsibility of the assigned Manager to ensure recommendations are followed up and feedback provided to staff
- All Health Services staff are responsible for implementation of improvement and recommendations reported following incidents

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- An action plan / recommendations must include suitable timeframes and identify who is responsible for completion of each recommendation
- The person who initially completed the incident report must receive feedback in a timely manner from their Manager and can view the incident files they have submitted in the HSIR
- Health Services staff involved in the incident must be informed of the outcomes / recommendations.

8.2 Post Incident Management Procedures

8.2.1 All incidents

- Health Centre Manager or delegate must:
 - open the file and review the incident including an analysis of the events that occurred
 - complete an investigation at a Health Centre level
 - develop an action plan if required
 - assign tasks to staff if required
 - document in HSIR the outcomes and recommendations
 - close the incident in HSIR when completed.
- Provide feedback on the outcome of each incident to all appropriate people / services
- Report at least monthly on all incidents to all Health Centre staff as a regular agenda item at the Health Centre Quality forum
- Clinical Quality Assurance Advisor to review the reported incidents in the HSIR program and report to the HCM any additional requirements including:
 - if there are any further actions required to fully investigate the matter from a quality perspective
 - make any recommendations to ensure quality improvement occurs.
- The Manager Regional Health is responsible for:
 - ensuring the incident files are submitted, reviewed and that the required outcomes and tasks are completed
 - maintaining an overview of all incidents, monitoring trends and ensuring required recommendations / actions are undertaken for their region.
- The relevant timeframes for completion of incident follow up is:
 - 28 days for incidents severity level minimal, minor / moderate
 - 70 days for incidents severity level serious or major.

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8.2.2 Minimal / Minor / Moderate

All minimal / minor and moderate incidents will require:

- Health Centre Manager to review the incident and follow up at a site level
- Outcomes and quality improvements to be entered into HSIR
- Complete review and close of file in the HSIR within 28 days

8.2.3 Serious and Major Incidents

Serious incidents:

- Director Offender Health, Manager Regional Health and Clinical Director to determine the type and level of review required
- A clinical review must be completed within 70 calendar days
- A final report from this clinical review must be provided to the Director Offender Health, Manager Regional Health, and Clinical Director.

Major incidents:

- Health Centre Manager to provide an in-depth review of the incident in the incident file in HSIR
- Clinical Quality Assurance Advisor in conjunction with the Manager Regional Health must conduct an overview of the incident. The type of report or review will depend on the circumstances.

8.2.4 Reporting

- The Health Centre Manager is to report all incidents at their site with staff at the monthly Health Centre Quality forum
- Clinical Quality Assurance Advisor to report on incidents, findings, trends, recommendations / actions at Regional Health Centre Manager meetings
- A three monthly report from the Clinical Quality Assurance Advisor's to Health Service staff will show current trends and volumes of incidents reported regionally
- Clinical Director to report three monthly on trends and volumes to the National Corrections Health Management Team meeting
- Clinical Director to report an overview of incidents at the National Clinical Governance meetings
- For external reporting within the Health sector the SAC score is to be used. The severity level will determine which SAC score to allocate. This will be the responsibility of the Clinical Quality team.

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8.2.5 *Improvement action / recommendations*

- Clinical Quality Assurance Advisors to:
 - place all recommendations from Clinical Reviews on the Health Services recommendations database
 - review the effectiveness of preventative / improvement actions taken at the Health Centre three monthly Clinical Governance meeting
- Health Centre Managers check and ensure recommendations / actions are appropriate and implemented for all incidents. This may be in consultation with the Manager Regional Health
- Director Offender Health and Clinical Director in consultation with the Manager Regional Health will be responsible for approval of recommendations and allocation of resources to achieve implementations of any improvements

8.2.6 *Feedback*

To Prisoners (open disclosure)

- Disclosures (4.20 of this document) must be made to the prisoner about the incident. An apology needs to be made to the prisoner if necessary. Please Note: if the incident severity level is serious or major any apology **must** first be discussed with the Manager Regional Health, who should obtain legal advice if necessary
- The Health Centre Manager or their delegate is responsible for keeping the prisoner informed of all events from the incident that have affected / involved them
- This is to be done in conjunction with relevant Custodial Services staff, if appropriate
- Details about the incident and any harm experienced and any other subsequent clinical actions should be fully documented in the prisoner's electronic clinical file
- In circumstances where discussion with the prisoner is not possible or appropriate, his or her next of kin, designated contact person, or representative may be informed. However this must be a managed process and must be discussed with the Manager Regional Health
- Provide support / interpreter if the prisoner's cultural and ethnic identity requires this service.

To staff

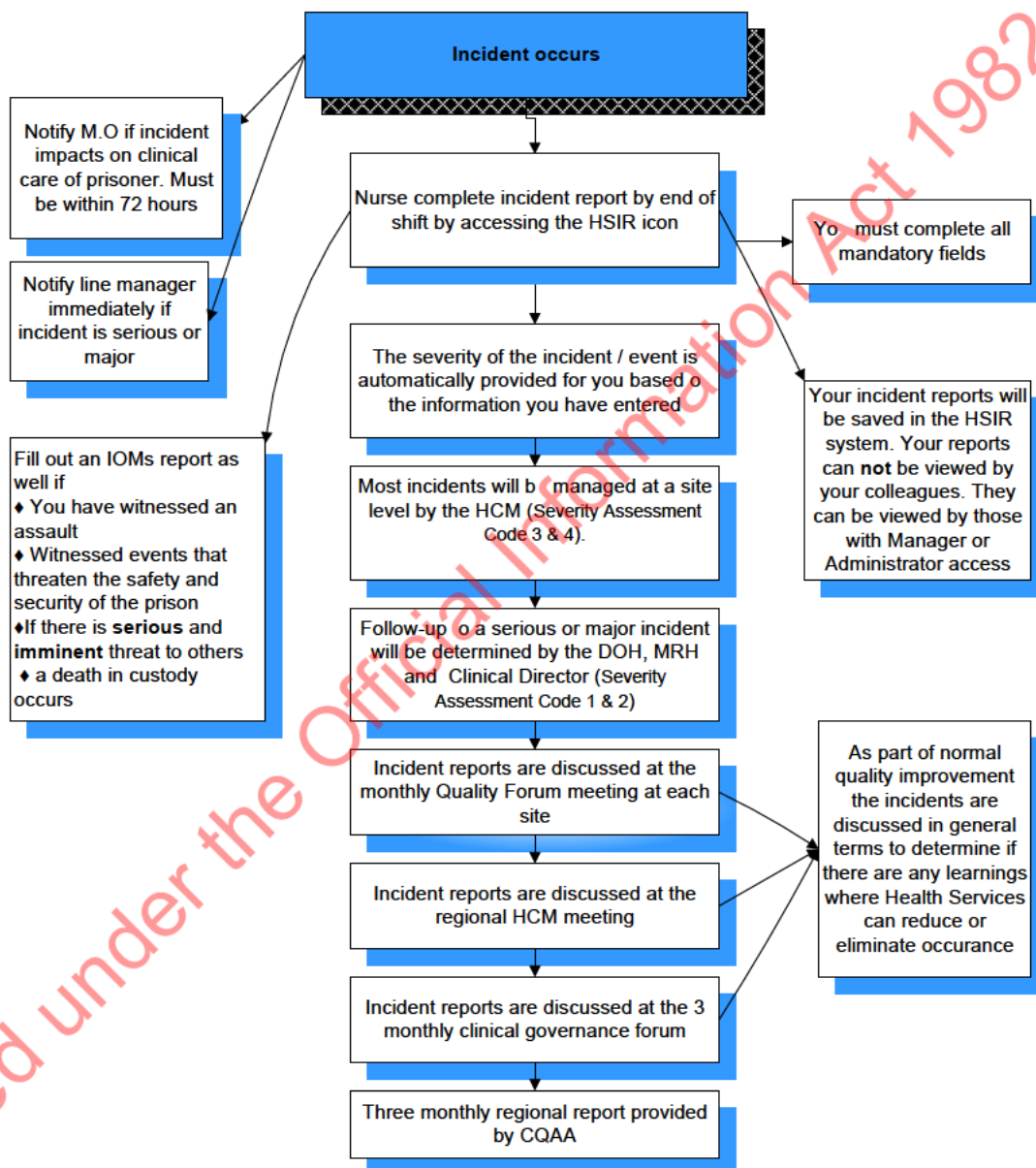
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- Individual staff can review feedback in the HSIR to any incident they have submitted
- Health Centre Manager is to present feedback on incidents to the relevant clinical team at Health Centre meetings
- All serious incidents the Manager Regional Health will manage the feedback to staff. The feedback will be based on a Clinical Review or similar investigation
- All major incidents the Health Centre Manager will provide feedback to the relevant clinical team. The feedback will be based on the level of investigation completed
- All moderate, minor, minimal incidents the Health Centre Manager will provide feedback at regular Health Centre Quality forums
- An overview of the Health Centres Incident reports are discussed at three monthly Clinical Governance meetings as a regular agenda item.

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Flow chart of actions following an incident



Key
HSIR (Health Services Incident Report)
Health Centre Manager (HCM)
Clinical Quality Assurance Advisor (CQAA)
Manager Regional Health (MRH)
Director Offender Health (DOH)
Administrator (refers to level of access to HSIR and includes Business Support Team)
Manager (refer to level of access to HSIR and includes Clinical Director, MRH, CQAA, & HCM)

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9 Rapid Response Notice

- The Clinical Director, at any time may issue a Rapid Response Notice. If major risks are identified, which requires an immediate action to be implemented nationally it will be sent to the Managers Regional Health for dissemination to all staff
- The Clinical Director will consult with the Director Offender Health and the Managers Regional Health before the Rapid Response Notice is sent
- Anyone can request the Clinical Director to consider issuing a Rapid Response Notice if they have identified a serious risk affecting all of the Health Service
- All staff must comply with any action identified in the Rapid Response Notice.

Rapid Response Notice Form

HS 1-12-1

Rapid Response Notice

Date...../...../.....

From:

Title:

Risks identified:

Plan to mitigate risk:

Timeframes:

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Appendix One Guideline of Classification for Incident Reporting

Risk Rating	Examples of events (incidents- accidents- hazards)	
Minimal No Injury Low financial Impact	Management/ Responsibility Health Centre Managers.	Staff complaints re minimal delays in "service" (e.g. equipment, test results). Prisoner fall, no injury sustained and no medical assessment required. Prisoners who elect to refuse treatment against medical advice Minimal disruption to services
Minor / Moderate Medical treatment required High Financial Impact	Health Centre Managers, Managers Regional Health. If clinical include Medical Officer.	Staff injury or fall resulting in lost time up to five working days. Unsafe staffing levels/delays due to staffing levels. Violence with physical contact. Prisoner injury caused by staff (not resulting in serious harm). Fall requiring first aid or medical treatment. Self harm causing injury. Any treatment related incident, prisoner not harmed. Sexually aggressive or inappropriate behaviour. Documentation errors. Events involving emergency response with actions. Unauthorised release of information. Exposure to hazards.
Major Extensive injuries Major financial impact	Health Centre Manager, Manager Regional Health, Director Offender Health. If clinical include Medical Officer.	Staff injury or fall, resulting in lost time or more than 5 working days. Complaints regarding clinical competence. Prisoner injury resulting in serious harm. Medication events - patient condition adversely affected as a result. Any treatment related event where prisoner is harmed. Threatening to kill. Assault against a prisoner by staff. Power or equipment failure compromising patient safety.
Serious	Health Centre Manager, Manager Regional Health, Director Offender Health. If clinical include Medical Officer.	Death in custody. Unanticipated major permanent loss of function not related to the natural course of the prisoner's illness or underlying condition. Errors of omission or commission that result in significant additional treatment or are life threatening (e.g. medication errors, iatrogenic injury, recall of prisoners). Serious injury involving staff. Attempted or alleged sexual abuse of rape.

Appendix B

Prison Health Mandatory Read Codes

Health Indicator	Read Code
Cardiac	
Cardiac disease	G.12
Hypertensive disease	G2.00
Acute myocardial infarction	G30.00
Heart Disease Screen	68B.00
Diabetes	
Type 2 Diabetes Mellitus	@c10E.00
Type 1 Diabetes Mellitus	@C10F.00
Asthma	
Asthma	H33.00
Obesity	
Obesity	C380.00
Epilepsy	
Epilepsy	F25.00
Mental Health	
Anxiety state	E200.00
Schizophrenic disorders	E10.00
Depression NOS (not otherwise specified)	Eu32z.00
Bipolar Disorder	Eu31.00
History of Psychiatric Disorder	146.00
Dependence	
Alcohol Dependence	E23.00
Drug Dependence	E24.00
Methadone (currently prescribed)	E240.12

Communicable/Infectious Diseases	
HIV Screening	6827.11
HIV Positive	43C3.11

AIDS	A788.00
Hepatitis C	A70z0.00
Hepatitis B (viral – means an acute infection)	A703.00
Hepatitis B surface antig +ve (means prisoner is a carrier)	43B4.00
Hepatitis B Immunity Test	43B.12
Hepatitis A	A701.00
Rheumatic fever (history of)	14A1.00
Tuberculosis	A1.00
Gonorrhoea	A98z.11
Chlamydia (type in Chlamydia infection)	A78A.00
Syphilis	A97.11
Immunisations/Vaccinations	
Measles Mumps Rubella (MMR)	65M1.00
Tetanus	656.00
Meningitis vaccination	6571.00
Influenza vaccination	65E.00
1st Hepatitis A vaccination	65FA.00
2nd Hepatitis A vaccination	65FB.00
Immunoglobulin injection (Hep B)	650.11
Booster hepatitis B	65F4.00
1st hepatitis B vaccination	65F1.00
2nd hepatitis B vaccination	65F2.00
3rd hepatitis B vaccination	65F3.00
4th hepatitis B vaccination	65F6.00
Screening	
Mammography - screening	6862.11

Cervical Smear Screening	685.12
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Disability	
Intellectual Disability	E3.00
(this codes should not used unless a specialist diagnosis has been made)	
Hearing Loss	F59.00
Sight Impaired	F49.14

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1. Introduction

Introduction

The Health Services is aligned with the wider Department of Corrections Risk Management Framework and Policy while recognising there are some specific processes that need to occur to manage clinical risk. Health Services Risk Management Guidelines have been developed to ensure that there is a consistent, standardised approach to risk management within the service.

The following guidelines and responsibilities describe how Health Services will align with the Department of Corrections Risk Management Framework and should be read in conjunction with them. They are:

- Risk Management Policy
- Risk Management Process Guide
- Risk Management Strategy Guide
- Risk Registers
- Issues Registers

2. Scope

Scope

This Risk Management Guidelines applies to all Health Services staff employed by or contracted to Prison Health Services.

3. Health Services Responsibilities

Health Services Responsibilities

All Health Services staff have the following responsibilities for:

- Identifying risks and reporting them

- Reporting individual prisoner clinical risk as per the Health Services Clinical High Risk Register Policy and Procedure
- The National Health Manager is the owner of the National Risk Register and the person named in the risk owner column in the National Risk Register is to be the person responsible for managing that identified risk
- The National Health Manager is responsible for the Risk Management Framework being implemented within CHMT
- The Health Services National Risk Register must be reviewed and updated by the Corrections Health Management Team (CHMT) at each meeting
- The National Health Manager is responsible for communicating the national health risks to the Prison Services Management Team
- The Clinical Director is responsible for ensuring the National Risk Register is reviewed at the National Clinical Governance Committee meetings
- The Regional Health Managers are the owners of the Regional Risk Registers and the person named in the risk owner column in the Regional Risk Register is to be the person responsible for managing that identified risk
- The Regional Health Managers are responsible for the Risk Management Framework implemented within the regions
- The Regional Health Managers are responsible for communicating any regional health risks to the Regional Management Team
- The Regional Risk Register must be reviewed and updated at each regional Health Centre Managers meeting
- All regional risks that still indicate red, following a treatment strategy, must be escalated to CHMT by the Regional Health Manager. CHMT will then consider whether the risk should be placed on the National Risk Register.
- The Health Centre Managers are responsible for implementing the Risk Management Framework at their Health sites
- The Health Centre Managers are responsible for communicating any site health risks at the site Prison Management Meetings
- The Health Centre Managers are responsible for informing all Health staff at that site of the risks identified and reviewing these at their Health Centre Quality forums
- The Clinical Quality Assurance Advisors are responsible for ensuring the Health Centres and national risks are reviewed at the Health Centre Clinical Governance Committee meetings.

4. Risk Management Process

Risk Management Process

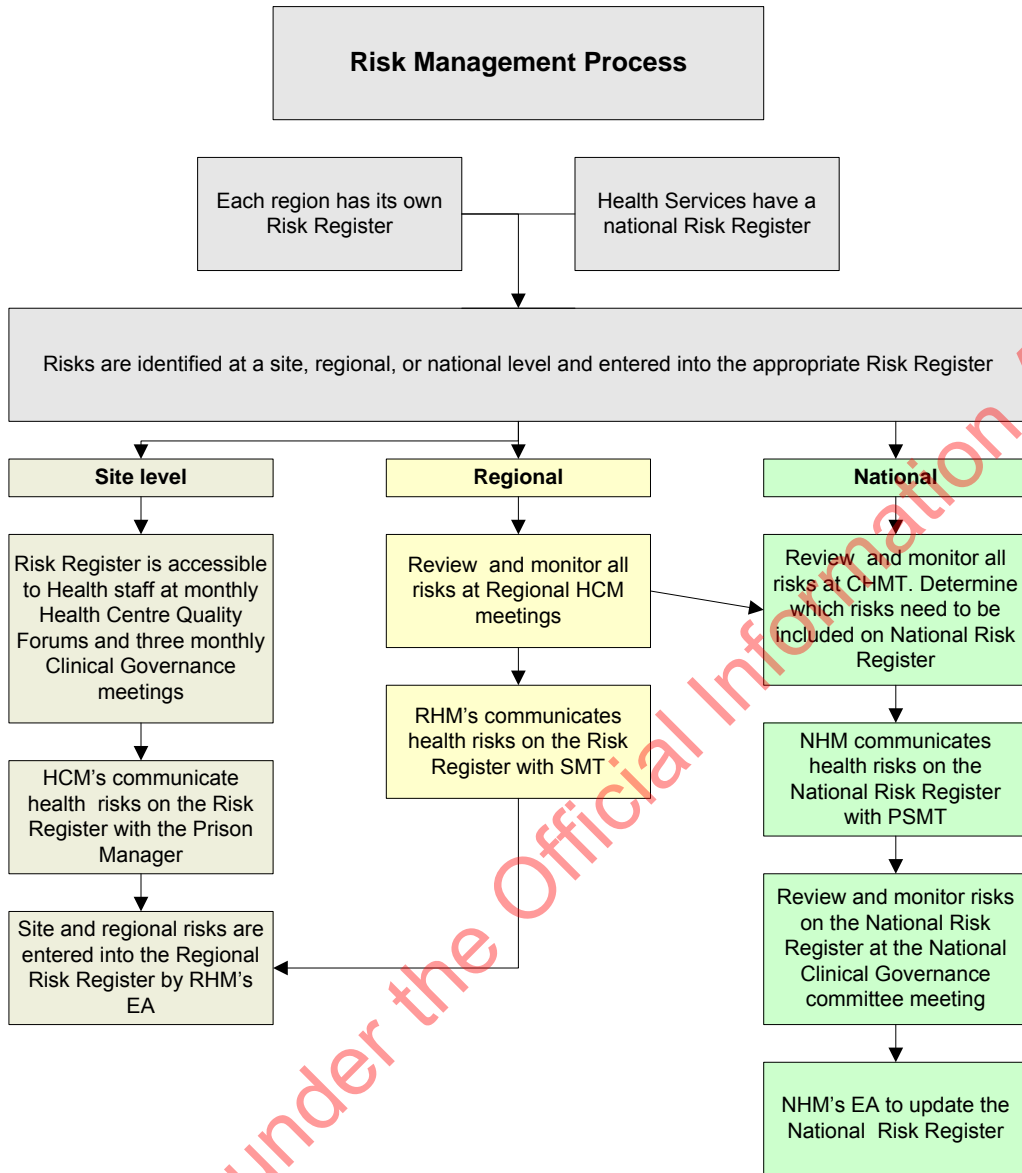
- Identify all risks to Health Services at CHMT meetings
- Document all national identified risks into a Health Services National Risk Register. This is to be done by the National Executive Assistant (EA)
- Identify all site and regional Health risks at Health Centre Managers meetings
- Document all regional and site risks into the Regional Risk Register. This is to be done by the Regional Executive Assistant
- Review and monitor all risks at the CHMT meetings and the EA to update the National Risk Register
- Review and monitor all regional and site risks at the Health Centre Managers meetings and the regional EA to update the Regional Risk Register.
- The information on the Risk Register's must be accessible to the Health Services staff at all Clinical Governance forums nationally, regionally and at sites
- Health Centre Managers must communicate the health risks that are on the Risk Response plan with the site Prison Management Team
- Regional Health Managers must communicate the health risks that are on the Risk Response plan with the Regional Prison Services Management team
- National Health Manager must communicate the health risks that are on the Risk Response plan with the Prison Services Management team.

5. Risk Register Rules

Risk Register Rules

- The Risk Register's will be saved in the Health Services database using the following link <G:\PPS\Database\Health Services\Risk Management>.
- The Risk Register data entry is to be completed only by the EA's in the regions and at National office.

6. Risk Register Flowchart



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Standing Orders Practice Manual

Corrections Health Services

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1 Accepted Abbreviations

RN	Registered Nurse employed by the Department of Corrections
EN	Enrolled Nurse employed by the Department of Corrections
HCM	Health Centre Manager
RCD	Regional Clinical Director
CQAA	Clinical Quality Assurance Advisor
MO	Medical Officer
CHS	Corrections Health Services
CHLT	Corrections Health Leadership Team
SOAPIE	Acronym used for documentation of assessment under headings: S ubjective, O bjective, A ssessment, P lan, I ntervention, E valuation

2 Introduction

- 2.1 The purpose of this document is to provide a guide to operationalising the Corrections Health Services Standing Orders Policy (2018).
- 2.2 Standing orders authorise a specified person to administer or supply specified medicines for specified reasons, without a prescription.
- 2.3 The standing orders' system in Corrections Health Services (CHS) was reviewed in 2017 as part of the review of the Medicines Management Policy (see Appendix 4 for CHS Standing Orders Policy) and implemented in April 2018.
- 2.4 In this document a prescriber is a medical officer, a dentist, a nurse practitioner or an optometrist.
- 2.5 Any prescriber (the issuer) may issue any standing order from the national suite of approved standing orders that the HCM and issuer agree will be used in the facility.
- 2.6 The HCM may delegate any responsibility described in the standing orders system to another suitably qualified RN.

3 Standing Orders Policy

- 3.1 Each Health Centre must have a hard copy of the Standing Orders section of the Medicines Management Policy (Appendix 4) on site. The HCM is responsible for ensuring that every person who is working in the CHS standing orders system (Managers, RNs, MOs, and Dentists) have read and understood the policy.

3.2 The HCM is responsible for ensuring that each Standing Order Competency Register is signed by every person who is working in the standing orders system to show they agree to comply with the Standing Orders Policy (see Appendix 2).

4 Issuing Standing Orders

4.1 The list of medicines, available for administration or supply under standing orders in Corrections Health Services, will be decided by the Corrections Health Leadership Team (CHLT).

4.2 The suite of national standing orders will comply with legislation and best practice prescribing guidelines.

4.3 A standing order will be **written** for each medicine by a prescriber appointed by the CHLT:

- using the CHS standing orders template (Appendix 1)
- to comply with the legislation, guidelines issued by the Ministry of Health and best practice for prescribing the medicine.

4.4 The prescriber(s) and the Health Centre Manager (HCM) at each facility will decide which medicines from the national suite will be available under standing orders at that facility (based on the health needs of the prison population and the skill mix of the nursing staff). It is strongly recommended that the HCM consults with the Regional Clinical Director (RCD) when making these decisions.

4.5 The prescriber(s) at each facility will **issue** the standing orders for that facility.

4.6 Each standing order may be issued by each prescriber. Where there is a group of prescribers providing health care at any facility, the prescribers may nominate one prescriber to issue and be responsible for monitoring all the standing orders for the facility.

4.7 Any change to any standing order must be approved by CHLT. CHLT will decide on the process to consult on the change. Any change must align with best practice and prescribing guidelines.

4.8 The issuer is responsible for ensuring the standing order is legible.

4.9 The specifications of a national standing order cannot be changed by an issuer.

4.10 The issuer is responsible for working with the HCM to monitor the administration or supply of medicines under the standing order.

4.11 The national standing orders will specify the assessment criteria and/or the assessment pathway to support clinical decision making before the administration or supply of the medicine under the standing order.

- 4.12 The national standing orders will specify the minimum competence requirements for registered nurses (RNs) administering or supplying the medicine under the standing order.
- 4.13 The national standing orders will be flexible to allow the issuer to specify a local assessment pathway.
- 4.14 Each national standing orders will specify monitoring, including countersigning requirements. The issuer of each standing order will have discretion to specify alternate monitoring arrangements for any standing order, when they are assured there is a satisfactory monitoring system established (see Section 8).
- 4.15 The HCM is responsible for assuring the issuer that any RN administering or supplying medicine under the standing order has met the specified competence requirements and that there is a system in place for monitoring safe practice.
- 4.16 When an issuer leaves the organisation, or is on extended leave (more than 3 months) the standing order(s) will be re-issued by another prescriber.

5 Specifying Competence Requirements

- 5.1 Each standing order will authorise RNs who have met the approved competence requirements to administer or supply the medicine under the conditions set out in the standing order. The approved competence requirements are:
- Registered nurse with a current practising certificate
 - Completed orientation to Corrections Health Services
 - Completed on-line module Introduction to Standing Orders – available through HealthLearn – (successful completion means a pass mark in the assessment quiz)
 - An audit of five randomly selected cases, where a medicine was administered under a standing order, shows the RN's documentation meets the standard - see Section 6 and Appendix 3.
 - The RN has participated in a case review of one randomly selected case where a medicine was administered under a standing order.
- 5.2 Any standing order may specify additional competence requirements for RNs authorised under the standing order e.g.:
- Completed additional specified on line learning package or other education programme.
- 5.3 Registered nurses will be permitted to undertake the required on-line module(s) using Department computers, during paid working hours.

- 5.4 Completion of the required module(s) can be used in professional portfolios as evidence of continuing professional development.

6 Competence Assessment

- 6.1 The implementation of the revised standing orders policy requires all RNs to be assessed and their details entered in each Standing Orders Competency Register before they are authorised to administer or supply a medicine under a standing order.
- 6.2 The HCM has discretion to waive the requirement to complete the specified on-line module (Introduction to Standing Orders) if the RN can demonstrate equivalent prior learning. Notwithstanding this, the initial audit of cases where the RN has administered or supplied medicines under standing orders must be completed as well as the case review.
- 6.3 The HCM is responsible for assessing the competence of RNs to administer or supply medicines under standing orders. The HCM may delegate any or all of the competence assessments to another suitably qualified RN.
- 6.4 Even if parts of the competence assessment are delegated to another RN, the HCM retains overall responsibility for ensuring the competence of RNs on the register.
- 6.5 The initial standing orders competence assessment **for staff employed prior to 31 March 2018** will include:
- Verification that the RN has completed the on line learning module 'Introduction to Standing Orders' or has evidence they have undertaken an equivalent education activity.
 - Documentation audit — * a minimum of 5 episodes of care (where a standing order was used to supply medicine) for each RN (Audit Tool Appendix 3). The audit will examine randomly selected cases from the previous 6 months (the RCD and/or CQAA and/or a suitably qualified RN may assist with the audit).
 - A clinical conversation where the RN presents a case review of one randomly selected case where the RN has administered a medicine under a standing order. The RN will be required to describe the assessment and decision making process undertaken before the standing order was activated. The issuer and/or the RCD and/or the HCM and/or a more experienced RN peer may be involved in the case review.
 - The RN is required to provide evidence of successful completion of additional modules in HealthLearn before (cellulitis; uncomplicated UTI; chlamydia; acute asthma in adults; Ibuprofen and tonsillitis and sore throat) he/she can be authorised to treat those conditions. A number of the new standing orders provide a

recommended timeframe for completion of these modules. It is recommended that the HCM identify specific timeframes for completion of these in their site specific implementation plan (see HCM implementation checklist).

* **NB:** in Health Centres where standing orders are used infrequently, the HCM will consult with the RCD to determine a suitable audit sample.

- **Staff employed after 31 March 2018** are required to complete the 'Introduction to Standing Orders' module in HealthLearn and the additional required modules (cellulitis; uncomplicated UTI; chlamydia; acute asthma in adults; Ibuprofen and tonsillitis and sore throat). On successful completion of the specified modules the RN can be provisionally included in the relevant standing order competency registers and be permitted to administer and supply medicines under those standing orders. A more experienced RN may be appointed to mentor and or supervise the new RN's practice under standing orders at the discretion of the HCM.

AND

- The HCM or their delegate will undertake a random audit as above within six months of the RN being authorised to administer and supply medicines under standing orders. On the successful completion of the audit – the provisional status will be removed and the RN will be subject to the standard continuing competence requirements.

6.6 When the audit shows the RN has met the required standard for all five cases and the RN has participated in the case review, the HCM is responsible for entering the RN's details in the relevant standing orders competence registers (Appendix 2).

6.7 The RN is required to sign each register to verify they have read and understood the standing order policy and that they agree to comply with it.

6.8 The RN is required to sign each standing order to acknowledge they accept the conditions of the authorisation to administer or supply a medicine under that standing order.

6.9 The HCM or their delegate is responsible for auditing a further 5 (for prisons with a population under 200) or 10 (for prisons with a population of more than 200) randomly selected cases for each RN within the first 12 months of the RN first being authorised to administer or supply medicines under standing orders.

Annual competence assessment

6.10 The HCM (or their delegate) is responsible for reviewing each RN's practice with standing orders at the annual performance review.

- 6.11 The HCM (or their delegate) is responsible to audit a minimum of 10 randomly selected cases for each RN on the register each year.
- 6.12 Once the HCM (or their delegate) is satisfied the RN is competent in the standing orders system the RN's details will be updated in the relevant standing orders competency registers.

When the audit criteria are not met

- 6.13 When the initial audit of 5 randomly selected cases shows partially met or unmet criteria the HCM is responsible to plan, with the RN, to improve practice and achieve competence.
- 6.14 The RN will not be authorised to undertake any standing order until the initial standing orders competence assessment is satisfactorily completed.
- 6.15 The plan may include specific requirements such as: the RN is required to undertake specified professional development (may consist of on line learning relating to anti microbial resistance or pain management for example); the RN is required to work with a more experienced peer to assess patients and administer or supply medicines under standing orders for a specified time before reassessment; more frequent audits are undertaken of the RN's administration or supply of medicines under standing orders; a case review with a prescriber is recommended.
- 6.16 The plan will include an expected completion and review date.
- 6.17 The RCD may provide advice to support the development of an improvement plan.
- 6.18 Once the HCM and RCD are satisfied (by auditing) the RN meets the standard for administering and supplying medicines under standing orders, the RN's details can be entered in the relevant standing order competence register. The RN is then authorised to administer or supply medicines under that standing order issued at that facility. The RN is then subject to annual competence assessment through audit and performance review.

Peer audit

- 6.19 RNs will be encouraged to develop the skills needed to undertake documentation audits as peer reviewers.
- 6.20 The RCD and CQAA will work with the HCM to implement a peer audit system in each facility.
- 6.21 The results of peer audits may be used for annual competence assessment for those RNs on the register.
- 6.22 The HCM is responsible for monitoring the quality of peer audit and to manage the process to minimise any risks from collusion or professional bullying.

Inter-professional development

- 6.23 The CQAA may support the HCM and the facility to implement a system for professional development through presentation of cases at regular team meetings. RNs may use evidence of presenting cases in their professional portfolio, for annual performance review and in Professional Development and Recognition Programme (PDRP) assessments.

7 Documenting Standing Orders

- 7.1 The registered nurse is responsible for documenting the assessment; analysis of assessment information leading to a clinical decision; and administration or supply of medicine under any standing order in the patient's electronic health record (MedTech) using the SOAPIE format.

- 7.2 Documentation of any case where medicine is administered or supplied under any standing order will meet the standard when the following criteria are complete:

- Medication chart clearly shows – name, NHI, date of birth and allergy status

Subjective view: the patient's description of the presenting problem including:

- nature, onset, duration, symptoms
- previous experience with a similar complaint and any previous treatment

Objective view: the assessment, physical observations, examinations and tests undertaken in response to the presenting history, symptoms and signs. Objective view is informed by:

- General appearance
- Vital signs including as applicable: temperature, respiratory rate, oxygen saturation, heart rate, blood pressure, glasgow coma scale (GCS) or
- level of consciousness (LOC) assessment
- Clinical examination specific to presenting problem e.g. swelling, inflammation, bruising, discharge, itch, rash, range of motion, chest sounds, pain assessment and other observations as necessary.
- Previous medical history
- *Red flags including:* current medications, pregnant or lactating, previous doses of medicines, allergies or previous reactions, exclusions or complicating factors.

Analysis: the nurse's analysis of the subjective view and the objective findings from the assessment. The analysis informs the clinical decision making and provides a rationale for next steps in treating the patient.

Plan: the immediate and longer term interventions required to treat the presenting issues:

- Nursing and medical care
- Special diet/fluids or restrictions
- Monitoring
- Tests and exploratory examinations
- Referrals
- Medicines.

Intervention: description of the actions taken includes:

- Medicine administered or supplied
- Other treatment – eg. bandaging/dressing
- Consultation with other practitioners
- Transfer arrangement
- Follow up appointment / treatments - required / booked
- Instructions for medicine use / expected outcomes / possible side effects.

Evaluation

- Review of the care provided
- Follow up of planned interventions to record outcome
- Review and any changes to the plan
- MedTech documentation complete – medication tab and administered in clinic tab
- Medication Administration Record complete.

8 Monitoring Standing Orders

Countersigning

8.1 The issuer is responsible for countersigning each administration and supply of medicine under each standing order until the issuer and the HCM have agreed a suitable audit regime.

8.2 Once a suitable audit regime is agreed, the issuer may amend the monitoring requirements in the standing order and re-issue the standing order.

N.B. The audit of standing orders to monitor the safety of the system is separate from the audit of individual RNs' documentation to assess and monitor competence.

8.3 A suitable audit regime will require a sample of the administration and/or supply records for each standing order to be audited each month using the audit tool (Appendix 2). The sample size will follow the minimums set out in the [Ministry of Health Standing Orders Guidelines](#):

- 50 percent of administration and/or supply records if there are 20 or fewer in total;
- 20–30 percent of administration and/or supply records if there are 21–100 records in total;
- 15–20 percent of administration and/or supply records if there are over 100 records in total.

8.4 As a minimum, the monthly audit will examine the documentation to establish:

- the RN had the specified competence to administer the medicine under the standing order
- there is evidence of assessment to establish the safety of administering the medicine, red flags are documented, allergies, precautions and exclusion criteria were considered
- assessment findings align with the decision to administer or supply the medicine under the standing order
- the medicine was supplied or administered as specified in the standing order – correct dose, route and instructions for the patient
- treatment is documented including monitoring and follow-up or referral.

8.5 If any supply / administration records show non compliance with the standing order – the audit sample size for that standing order will be doubled in the next monthly audit.

8.6 The HCM and the issuer are responsible for investigating non compliance and to develop a plan for improved compliance. The HCM may call on the RCD or CQAA for support to manage the agreed improvement process.

8.7 The HCM and the issuer are responsible for providing clinical advice and mentoring to ensure RNs have sufficient support to comply with the standing order and that medicines are safely administered and/or supplied under standing orders.

9 Review of Standing Orders

9.1 The Principal Health Advisor is responsible for ensuring the national standing orders are reviewed annually by CHLT.

9.2 The review will examine:

- whether the standing order is valid to meet the health needs of patients

- whether the standing order is valid against best practice for prescribing the medicine
 - whether practice is compliant with the standing order. RCDs will provide CHLT with a summary report showing the findings from monthly audits at each facility to inform the review.
- 9.3 Each national standing order will be reviewed and re-written each year by the prescriber appointed by CHLT.
- 9.4 Each standing order will be issued each year by prescribers at each site as in section 4.

10 Supply of Medicines for Administration or Supply under Standing Orders

- 10.1 Oral medicines available for administration under standing orders will be dispensed in blister packs for single patient use.
- 10.2 In some cases, for example, emergencies, the medicines are held in the emergency bag and may be administered as required under a standing order. The management of emergency medicines is covered in the CHS Medicines Management Policy and in the CHS Clinical Emergency Policy.

11 Reporting Incidents

- 11.1 Any error or incident relating to the administration or supply of a medicine under a standing order must be reported to the HCM.
- 11.2 The HCM will decide if an investigation is needed.
- 11.3 The incident must be reported through the Health Services Incident Reporting System (HSIR) and clearly states that the incident or error relates to a standing order.
- 11.4 The CQAA is responsible for running a report from HSIR monthly to monitor the incidents relating to standing orders and to report to the HCM and the issuer.
- 11.5 The HCM is responsible for managing any practice issues with any RN concerned. This may include a practice improvement plan or any of the activities described to achieve competence with standing orders in Section 6.
- 11.6 The issuer is responsible for providing clinical advice and oversight as required.

12 Adverse Reactions to Medicines Administered or Supplied under Standing Orders

- 12.1 If a patient has an adverse reaction to a medicine administered or supplied under a standing order, immediate treatment must be provided as necessary.

- 12.2 The issuer must be notified any time a patient has an adverse reaction to a medicine administered or supplied under a standing order.
- 12.3 The HCM and the issuer may decide to undertake a case review.
- 12.4 Any adverse reaction must be documented in the patient's electronic health record in MedTech and an incident reported in the HSIR system.
- 12.5 Refer to the [Medicines Management Policy](#) for further information on managing adverse reactions to medicines (Section 9 Standing Orders and Section 14).

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Issued: 00/00/0000		Review date: 00/00/0000
Medicine Standing Order Title	<p>Name the condition you are treating under this standing order – eg, urinary tract infection (UTI), scabies.</p> <p>A standing order covers the treatment of a specified condition. This may involve directions for several different medicines with clear indications for the use of each medicine.</p>	
Rationale	<p>Explain why the standing order is necessary.</p>	
Organisation/clinic	<p>Name and address of the organisation where the standing order is being used.</p>	
Scope (the condition and patient group)	<p>eg, for the treatment of UTI in females.</p>	
Medicine/s	<p>Name, strength and dose form.</p>	
Dosage instructions for each medicine	<p>eg, 300 mg at night for 3 days.</p>	
Route of administration	<p>eg, oral, deltoid intramuscular or deep subcutaneous injection.</p>	
Indication/circumstances for activating the standing order	<p>eg for the treatment of a UTI (with frequency, urgency and/or dysuria and positive dipstick test) without complicating factors.</p>	
Precautions and exclusions that apply to this standing order	<p>eg, pregnancy, breastfeeding, allergies, contraindications.</p>	
Persons authorised to administer the standing order	<p>Name or class of health professional (eg, registered nurses).</p>	
Competency/training requirements for the person(s) authorised to administer	<p>eg, prior to administering paracetamol under this standing order the registered nurse is required to undergo the in-house training on the policy, procedure and documentation requirements for standing orders. A record of this training will be kept.</p>	
Countersigning and audit	<p>The standing order must specify whether countersigning is or is not required for every administration and/or supply (and under what circumstances).</p> <p>Note: The standing order must be either individually countersigned or included in the monthly audit by the issuer. If countersigning is required, define the timeframe (eg, within 24 hours of administration); if countersigning is not required, define the audit sample (eg, 20% of standing order treatments once a month).</p>	
Definition of terms used in standing order	<p>eg, dysuria is pain or difficulty on urination.</p>	

Additional information	Documentation (administration/supply information – including validated dose reference charts); initial and ongoing assessment requirements. Note any supporting documents, eg, policy, guidelines or decision support tools, attached to this standing order.
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Signed by issuer:

Name:		Date:	
Title:			

Notes:

This standing order is not valid after the review date. The review date is one year after the date that the order was signed by the issuer.

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Appendix 3 - Standing Order Documentation Audit Tool HS 3-2-8

STANDING ORDER DOCUMENTATION AUDIT TOOL HS 3-2-8

Key for Audit: 0 = not met
2 = partially met
3 = met or not applicable

Patient Sample	1		2		3		4		5	
NHI										
Subjective Data										
Objective Assessment										
Impression										
Is the SO medication clinically indicated and meets the activation criteria based on assessment completed										
The plan of treatment is documented as :										
> medicines supplied or administered										
> instructions for the patient										
> plan for follow up (monitoring, testing, referral)										
Documented administration information (Medication Chart and Medtech) includes	MT	Chart	MT	Chart	MT	Chart	MT	Chart	MT	Chart
> Medication Name										
> Dose										
> Route										
> Amount administered										
> Time given										
> Length of Course										
> Known Allergies										
The mangement of any adverse reaction is documented (if applicable)										
'Medication Administered in Clinic' tab in medication tab is ticked										
Score out of 69	0		0		0		0		0	
Documentation meets required standard Yes/No										
Comments:										
Remedial Action Plan:										

Appendix 4 - CHS Standing Order Policy (2018)

Standing Orders in Corrections Health Services

- 9.1 The prescriber must sign the medication chart and record the verbal order in the medicine tab of MedTech within seven working days¹.
- 9.2 Standing orders are issued to authorise the administration and/or supply of specified prescription medicines when a prescriber is not available.
- 9.3 A Standing Order is a written instruction issued by a medical practitioner, a dentist, a nurse practitioner or an optometrist to authorise a specified person or class of people (in Corrections Health Services this means registered or enrolled nurses) to administer and/or supply specified medicines under specified circumstances. The following classes of medicines may be administered or supplied under a standing order:
- prescription, restricted or pharmacy only medicines
 - controlled drugs listed in Parts 1 and 3 of Schedule 2 to the Misuse of Drugs Act 1975
 - controlled drugs listed in Parts 2 to 7 of Schedule 3 to the Misuse of Drugs Act 1975.

NB: A standing order can authorise a specified person or class of person to administer or supply medicine without a prescription. A standing order **cannot require** anyone to administer or supply a medicine. It is always the responsibility of the registered nurse to use professional judgement and approved clinical decision support tools when deciding whether or not to administer or supply a medicine under a standing order.

Standard

- 9.4 Standing orders issued in Corrections Health Services comply with [the Medicines \(Standing Order\) Regulations 2002](#).

Policy

- 9.5 A standing order may be issued by a medical practitioner, a dentist an optometrist or a nurse practitioner (the issuer).
- 9.6 Each Health Centre must have a hard copy of the Standing Order section of the Medicines Management Policy on site. The HCM is responsible for ensuring every person who is working in the standing order system (Managers, RNs,

¹ Medicines Regulations 1984 40a (1) & (2) and Medicines regulations 1984 44h (i, ii, iii); NZNO Guidelines for Nurses on the Administration of Medicines, 2014 (pp28-29).

Nurse Practitioners, Medical Officers, and Dentists) have read and understood the policy.

- 9.7 The HCM is responsible for having a register signed by every person who is working in the standing order system to show they agree to comply with the Standing Order Policy.
- 9.8 The Corrections Health Leadership Team will agree the medicines that will be administered or supplied in Corrections Health Services under standing orders.
- 9.9 Standing orders may be written for use in all Corrections Health Services by a medical practitioner, dentist, nurse practitioner or optometrist appointed by the Director Offender Health, as recommended by the Corrections Health Leadership Team.
- 9.10 Standing orders will be issued by the medical officer(s), dentist(s), optometrist(s) or nurse practitioner(s) in each health centre.
- 9.11 One medical officer (or dentist, or optometrist or nurse practitioner) may be delegated, by a group of medical officers (or dentists, or optometrists or nurse practitioners) at any individual health centre, to issue and oversee each of the standing orders in that health centre.
- 9.12 All standing orders must be copied to the dispensing pharmacy once they are signed by the issuer.
- 9.13 The issuer of any standing order must be satisfied the conditions specified in any standing order will be met.
- 9.14 If the issuer of any standing order leaves the organisation or takes leave for more than three months, the medical practitioner, dentist, optometrist or nurse practitioner responsible for health care at the facility must review and re-issue the standing order.
- 9.15 Modifications made through over-writing or crossing out will void the standing order.
- 9.16 Any change to any standing order must be approved by the Corrections Health Leadership Team. The standing order will be re-written using the Corrections Health Services Standing Order template and circulated to be issued by the medical practitioner, dentist, nurse practitioner or optometrist in health centres.
- 9.17 Registered nurses, and in some cases enrolled nurses, with the required education and who have successfully completed the specified competence assessment will be authorised to administer or supply specified medicines under standing orders.
- 9.18 The standing order will specify the approved training and competence assessment.

- 9.19 The HCM (or a suitably qualified delegate) will assess and monitor the competence of any registered nurse or enrolled nurse administering or supplying medicine under any standing order. Initial competence assessment will comprise successful completion of a specified on-line learning module and random audit of a specified number of episodes of care where a standing order has authorised the administration or supply of medicine (See Standing Order Practice Manual)
- 9.20 The HCM (or a suitably qualified delegate) will maintain an up to date Standing Order Competency Assessment Register (Appendix 2).
- 9.21 The registered or enrolled nurse must sign the register to show they have read and agree to comply with this Standing Order Policy.
- 9.22 The Regional Clinical Director will support the HCM to manage and monitor the standing order system.
- 9.23 The issuer and the HCM (or their delegate) are jointly responsible for monitoring compliance with standing orders. They are required to ensure there is a process for investigating adverse events, and for reporting corrective actions resulting from any such investigation to the Regional Clinical Director.
- 9.24 Every standing order will be reviewed at least annually.
- 9.25 The assessment and indications for administering any medicine under any standing order must be recorded in the patient's electronic health record.
- 9.26 Any adverse or unexpected reaction to any medicine administered or supplied under any standing order must be reported to the HCM and the issuer.
- 9.27 Any adverse or unexpected reaction to any medicine administered or supplied under any standing order, and any treatment for the adverse or unexpected reaction, must be recorded in the patient electronic health record.
- 9.28 Medicines supplied or administered under any standing order must be available on site, and with some exceptions (e.g. Oxygen), pre-packaged and labelled by a pharmacy for single patient use.

Standing orders are used for emergency or one off administration of a medicine. Standing orders may authorise a short course of a medicine for an acute health condition. Standing orders may not be used to administer medicines needed for repeated episodes of care or to manage chronic conditions. When a patient repeatedly requires medicine under a standing order they must be prioritised for a medical assessment.

Roles and responsibilities for standing orders

9.29 **The issuer** of the standing order has overall responsibility for all aspects of the standing order. The Issuer must ensure the standing order meets legislative requirements². The Issuer is responsible for:

- issuing the standing order using the Corrections Health Services Standing Order template;
- specifying the assessment required before the medicine is administered under the standing order;
- reviewing each standing order at least once per year, re-issuing the standing order when any changes are made to the national standing order;
- specifying the countersigning requirements for the standing order;
- ensuring there is a process in place for:
 - audit of the standing order if countersigning is not required
 - annual competence review for the registered nurses administering or supplying medicine under the standing order
 - monitoring compliance with the standing order
 - reporting and investigating clinical incidents
 - document control.
- provide clinical advice and oversight to ensure compliance with the standing order.

9.30 **Registered nurses and enrolled nurses** who are authorised to administer or supply medicine under a standing order are responsible for:

- having the required experience, and undertaking the specified training and competence assessment before they administer or supply any medicine under a standing order;
- participating in an annual competence review;
- undertaking and accurately documenting the specified assessment before administering or supplying any medicine under any standing order;
- knowing the indications for the medicine, usual administration route and dose, contraindications and side effects of any medicine administered or supplied under any standing order;
- providing patient education about the intended use and expected outcomes from any medicine administered or supplied under any standing order;
- administering or supplying the medicine according to the specifications in the standing order;
- advising the Issuer of any adverse or unexpected reaction to any medicine administered or supplied under any standing order;
- recording any medicine administered or supplied under any standing order in the patient's medication administration record and the medication tab in MedTech;

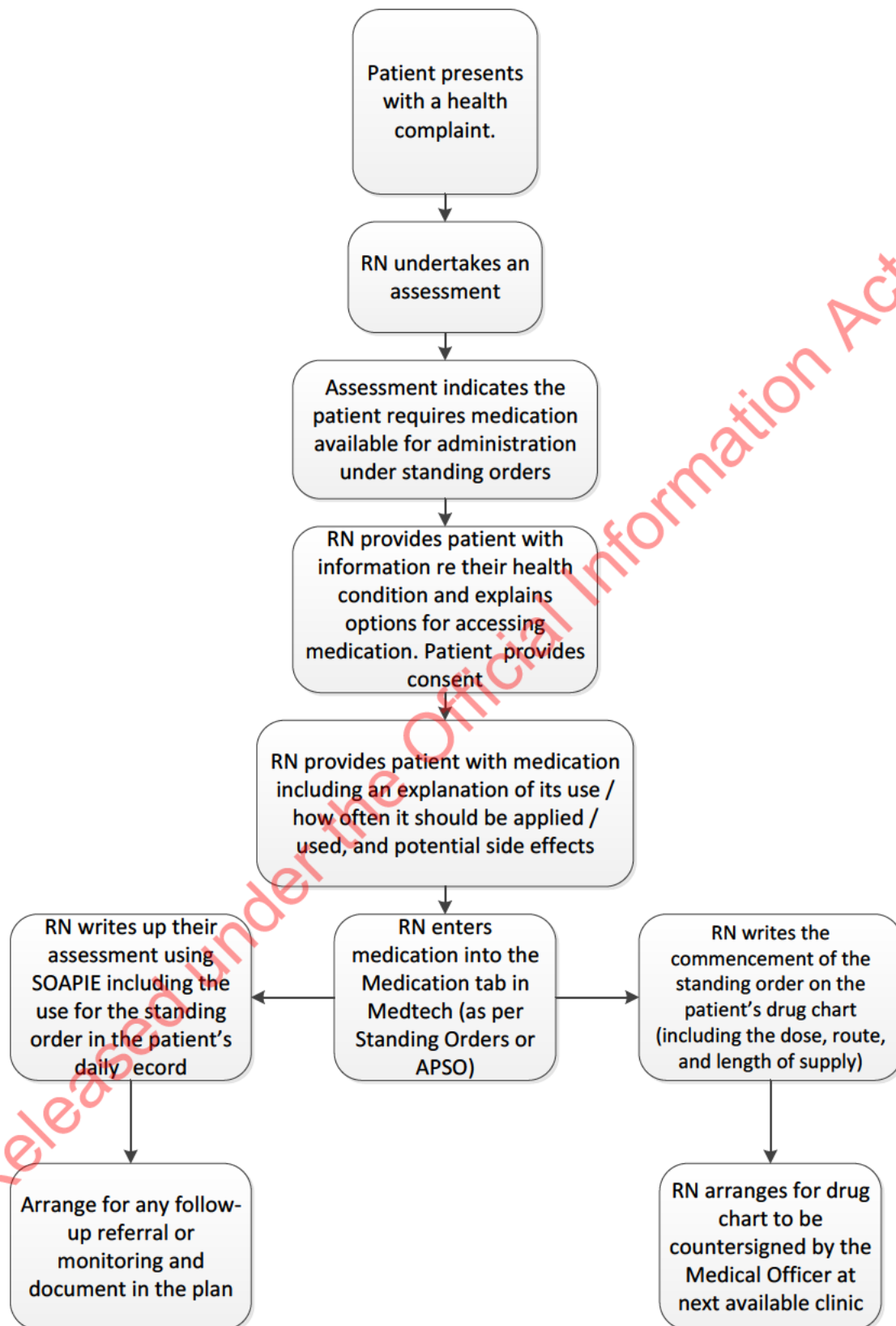
² The Medicines Act 1981; Medicines Regulations 1984; Medicines (Standing Order) Regulations 2002; Misuse of Drugs Act (1975); Misuse of Drugs Regulations (1977).

- accessing professional development as required to remain competent to administer or supply medicine under standing orders;
- accessing clinical advice to ensure compliance with standing orders.

9.31 **The HCM** is responsible for:

- ensuring registered nurses or enrolled nurses have undertaken the approved training and competence assessment before they are authorised to administer or supply any medicine under any standing order;
- ensuring annual competence reviews are undertaken for the registered nurses or enrolled nurses authorised to administer or supply any medicine under any standing order;
- maintaining the standing order competency assessment register;
- ensuring the dispensing pharmacist has a record of the current standing orders for each prison;
- ensuring a copy of this policy is attached to the folder containing hard copies of each standing order issued at the Health Centre and that all staff have signed the policy to acknowledge they will comply with it;
- monitoring the standing order system for the local Corrections Health Service:
 - ensure all standing orders comply with legislation and Department policy
 - investigate critical incidents and report corrective actions taken as a result of the investigation through the Health Services Incident Reporting System
 - document control.
- providing clinical advice and oversight to ensure compliance with the standing order
- The HCM may delegate the day to day management of the standing order system to a suitably qualified registered nurse. The HCM retains overall responsibility for the standing order system in each Health Centre.

Appendix 5 - Standing Order Process



**Implementation Standing Orders Policy
Check List for Health Centre Manager
April 2018**

Pre 31 March 2018		Date Completed
1	Ensure all nursing staff have completed their Introduction to Standing Orders e-learning module	
2	Ensure all nursing staff have had current practice standing order documentation audited	
3	Ensure all nursing staff have presented their case study re standing order supplied	
Post 2 April 2018		Date Completed
4	Print new Standing Orders	
5	MO and HCM in consultation with RCD decide on which Standing Orders will be issued on site	
6	MO to review and sign new Standing Orders – timeframe to be completed by Friday 27 April 2018	
7	Send a copy of all newly signed Standing Orders to the pharmacy to update their records	
8	Remove ALL previous hard copies of Standing Orders from the Health Centre replacing them with the new Standing Orders	
9	Ensure copy of Standing Orders Policy (excerpt from medicines policy) is placed with the hard copy of new standing orders	
10	Remove ALL old stock of standing order medication which does not correspond to the new standing orders and return to the pharmacy	
11	Update the Pharmacy Order form to reflect the new Standing Orders	
12	Ensure all health staff are aware of the changes in Standing Orders (from old to new). Discuss at Team Meeting and email staff	
13	HCM/MO to sign off competency of RN to use each Standing Order	
14	Ensure the Standing Order Register for each medication is signed by the nurse (and countersigned by the HCM) who has met competency to supply the standing order medication	
15	In conjunction with RCD, identify a go-live date	