

POLICY FOR THE CARE OF PRISONERS AND PATIENTS FROM HIGH SECURE HOSPITALS

This procedural document supersedes: PAT/PA 10 v.1 – Policy for the Care of Prisoners and Patients from High Secure Hospitals

Name and title of author/reviewer: (this version)	Rebecca Wilkey – Ward Manager - S12
Date revised:	June 2010
Approved by (Committee/Group):	Patient Safety Review Group
Date of approval:	1 October 2010
Date issued:	November 2010
Next review date:	August 2013 – Extended to August 2015
Target audience:	Trust-wide

WARNING: Always ensure that you are using the most up to date approved procedural document. If you are unsure, you can check that it is the most up to date version by looking on the Trust Website: www.dbh.nhs.uk under the headings → ‘Freedom of Information’ → ‘Information Classes’ → ‘Policies and Procedures’

**POLICY FOR THE CARE OF PRISONERS AND PATIENTS
FROM HIGH SECURE HOSPITALS**

Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date	Brief Summary of Changes	Author
Version 2	June 2010	<p>Many changes have been made, as follows, would suggest reading the document in full:</p> <ul style="list-style-type: none"> • Amendment form and contents page added • Change to management structure • Changes to DRI A&E • Details of new and updated policies in place that have an impact on this policy • Clearer guidelines regarding handcuffs • Introduction of premier bed side • Clearer instruction regarding medication • Clearer instructions regarding Outpatients, Treatment and Investigations • More detailed information regarding the Accident and Emergency Department • More detailed information for Admission • Added: Appendix 3 – Protocol for named high profile patients attending BDGH and Appendix 4 – Protocol for Unscheduled Transfer to DRI and BDGH from Rampton Hospital. • New sections: <ul style="list-style-type: none"> - Infection Control - Refusal of Treatment - Discharging the Patient - In the Event of a Death 	Rebecca Wilkey

**POLICY FOR THE CARE OF PRISONERS AND PATIENTS
FROM HIGH SECURE HOSPITALS**

CONTENTS

		Page No.
1	Introduction	4
SECTION 1:		
2	Background	5
3	Liaison between staff from prison/high secure hospital and hospital staff	5
4	Patients' Communication	6
5	Procedures for Registering on PAS	6
6	Procedures for Admitting Patients on PAS	6
7	Arranging Appointment or Admission Dates	7
8	Prescribing Medication	7
9	Infection Prevention Control	7
10	Refusal of Treatment	7
SECTION 2:		
11	Attending as an Outpatient for Consultation, Treatment and Investigations	8
12	Accident and Emergency Department	8
13	For Admission	9
14	Theatre and Recovery Environment	9
	14.1 Reception of Patient	9
	14.2 Anaesthetic Room	9
	14.3 During Surgery	10
	14.4 The Recovery Room	10
	14.5 Day Surgery Patients	10
15	Medical Imaging Department	10
16	Referral from wards and departments	11
	16.1 General X-Rays	11
	16.2 Special Examinations	11
17	Direct referrals from prison/high secure hospitals to departments	11
	17.1 General X-Rays	11
	17.2 Special Examinations	11
18	Discharging the Patient	11
19	In the Event of a Death of a High Secure Hospital Patient	12
APPENDICES:		
Appendix 1 - Procedure for Registering on PAS Prisons		14
Appendix 2 - Procedure for Admitting Patients on PAS Prisons		15
Appendix 3 - Protocol for Named National High Profile Patients when Attending BDGH		16
Appendix 4 - Protocol for Unscheduled Transfer to Doncaster Royal Infirmary and Bassetlaw District General Hospital from Rampton Hospital		17

POLICY FOR THE CARE OF PRISONERS AND PATIENTS FROM HIGH SECURE HOSPITALS

1. Introduction

- 1.1 For the purpose of this policy prisoners and patients from high secure hospitals will be referred to as 'patients'.
- 1.2 Local prisons include HMP Doncaster, HMP Moorlands, HMP Lindholme and HMP Ranby.
- 1.3 High secure hospitals are Ashworth, Broadmoor and Rampton. Most patients referred to the Trust from within this category will be from Rampton High Secure Hospital.
- 1.4 The policy is separated into 2 sections. The **first section** outlines general care that applies to all areas and staff and includes:
 - Background
 - Liaison between staff from prison/high secure hospital and hospital staff
 - Patients' Communication
 - Procedures for Registering on PAS
 - Procedures for Admitting Patients on PAS
 - Arranging appointment or admission dates
 - Prescribing medication
 - Infection prevention control
 - Refusal of treatment
- 1.5 The **second section** relates to the care of patients attending specific areas:
 - As an Outpatient for consultation, treatment and investigations
 - Accident and Emergency Department
 - For Admission
 - Theatre and Recovery Environment
 - Medical Imaging Department
 - Referral from wards and departments
 - Discharging the patient
 - In the event of a death of a high secure hospital patient

SECTION 1:

2. Background

- 2.1 Prisoners and patients from high secure hospitals will only be treated within the Trust when in the judgement of the medical officer at the prison/high secure hospital, the treatment required cannot be provided within the prison/high secure hospital.
- 2.2 Category 'A' is the highest secure category and relates to people charged or convicted of the most serious crimes. A high level of security will be maintained by the escorting staff and the police will also be involved. Rampton patients do not have categories
- 2.2 Categories 'B', 'C' and 'D' relate to people of a lower security category than 'A' but they still require a high degree of security. These categories only relate to prisoners.
- 2.3 All categories of patients will be accompanied by at least 2 escort staff. The custody and security of the patient remains the responsibility of the escorting staff at all times. If a patient attempts to escape the escort staff will take charge of the situation. Trust staff should inform the bleep holder.
- 2.4 The primary decision whether the patient is handcuffed has to be made by the Prison/Police. If the patient is to have handcuffs and they need to be removed for a clinical reason agreement of the Prison Duty Governor/Director must be obtained.
- 2.5 Some patients from high secure hospitals may be handcuffed for outpatient attendances. The escort staff from the high secure hospital will have clear instructions about whether handcuffs can be removed and under what circumstances. Patients from high secure hospitals may not always be handcuffed.
- 2.6 Trust staff must not become involved in the custody and security of the patient; they should only involve themselves in the clinical care of the patient.

3. Liaison between staff from prison/high secure hospital and Trust staff

- 3.1 The Trust's Security Manager will be informed by the prison of any category 'A' prisoners or high risk patients from the high secure hospital that will be attending. A security examination may be made by staff from the prison/high secure hospital to identify security risks and any precautions required; Trust staff should make every effort to co-operate.

- 3.2 Trust staff should advise escort staff of any areas of concern.
- 3.3 If a patient attempts to escape the escort staff will deal with the management of this situation. Trust staff should inform the site bleep holder.

4. Patients' Communication

- 4.1 Staff should not acknowledge the patient's presence in the Trust.
- 4.2 No information should be given to enquirers by telephone. Requests for information about appointment dates and times, whether the patient is in the hospital or messages for the patient, should be re-directed to the prison or high secure hospital and reported to a member of the escorting staff.
- 4.3 If requests for information are alleged to have come from the prison/high secure hospital it is essential that the caller be asked to give their name, switchboard number and extension number and then phoned back.
- 4.4 Patients are not normally allowed to make or receive telephone calls, requests should be made to the escorting staff.
- 4.5 Patients should not be allowed to use the premier bed side television as they have free access to the internet. At Bassetlaw Hospital prisoners can use of a portable TV which is located in the Hospital Manager's office.
- 4.6 Patients may receive visits, during visiting times, from family or friends only after permission from the prison/high secure hospital has been obtained. The escorting staff will be contacted by the prison/high secure hospital to inform them who is visiting and when.
- 4.7 All items for the patient must be handed to the escorting staff this includes items left by visitors.

5. Procedure for Registering on PAS

See Appendix 1

6. Procedure for Admitting Patients on PAS

See Appendix 2

7. Arranging appointment or admission dates

- 7.1 These should be made in conjunction with the prison/high secure hospital medical officer or escorting staff and not discussed with or within the vicinity of the patient.
- 7.2 Where possible the outpatient appointment should be at the start or the end of the clinic so that attendance time is kept to a minimum

8. Prescribing Medication

- 8.1 For out-patient or take home medication it is preferred that opiate and codeine based medication is not prescribed and wherever possible dissolvable or dispersible medication is provided.
- 8.2 For in-patients when pain is not controlled by simple analgesia refer to the pain team for support and advice.

9. Infection Prevention Control

- 9.1 All prison office and escorting staff must adhere to the Trusts Infection Prevention Control as for visitors to the Trust as they are not employees of the Trust.
- 9.2 All patients must be screened for MRSA on admission.
- 9.3 When the patient is known to have an infection then universal precautions are to be in place and Trust Policies to be followed. For the Management of Patients with MRSA - PAT/IC 6. For Clostridium Difficile - PAT/IC 26.

10. Refusal of Treatment

- 10.1 All patients have the right to refuse treatment please refer to the Trust Policy for Management of Advanced Decision to Refuse Treatment (ADRT) - PAT/PA 27.

SECTION 2:**11. Attending as an outpatient for consultation, treatment and investigations**

- 11.1 Reception staff will inform clinic staff of the patient's appointment time.
- 11.2 The escort staff will announce their arrival at reception, where the patient's details will be checked immediately.
- 11.3 The clinic nurse will be informed and wherever possible a consulting room or discrete location will be made available.
- 11.4 Should it be necessary for the patient to visit other departments, they will be contacted before the patient is sent there.
- 11.5 High profile patients from High Secure service determined with Hospital Manager at Bassetlaw Hospital will follow flowchart (Appendix 3).
- 11.6 If a prisoner/patient Does Not Attend (DNA) this should be documented in the patients notes.

12. Accident and Emergency Department

- 12.1 Category A prisoners at Bassetlaw to be managed in the interview room, or a designated room with a door.
- 12.2 Category A prisoners at Doncaster to be managed in a cubical if one available or sat in the general waiting area.
- 12.3 All other categories of patients to be managed in a private cubicle and when possible depending on the demands of the department are to be fast tracked through the department.
- 12.4 At Bassetlaw Hospital Accident & Emergency Department there are individual plans for named patients in the event of them having to attend A&E. These have been written in liaison with the A&E Department, Rampton Hospital and all of the relevant individuals and are updated on a frequent basis.
- 12.5 Patients from Rampton Hospital requiring several escorts, telephone communication takes place with the Accident and Emergency Department before the patient attends, to ensure the patients are dealt with effectively and safely. The Medical Officer (MO) from Rampton should liaise with Trust staff to give clinical information.

13. Admission

- 13.1 In collaboration with Nottinghamshire Healthcare Trust, there is a policy in place (CL/CP/25) which deals with the acute hospital care for an in patient (Nottinghamshire Healthcare NHS Trust) who requires care in the local Acute Hospital setting. This policy will be followed during the care of any patients from Rampton Hospital requiring admission to any of Doncaster & Bassetlaw NHS Foundation Trust site.
- 13.2 If the patient is to be admitted as an emergency the prison/high secure hospital will contact the appropriate department before attending.
- 13.3 Doncaster & Bassetlaw NHS Foundation Trust staff must handover correctly to the wards/departments so staff can ensure the prisoner/patients are placed correctly on arrival to ward/department.
- 13.4 All categories of patients will be accompanied by at least 2 escort staff. Where possible the patient will be accommodated in a separate room with en suite facilities, not on the ground floor and not with direct access to any exit or fire escape.
- 13.5 Escorting staff will be visited by senior staff from the prison/high secure hospital at least once every 24 hours.
- 13.6 The escorting officers must be informed that if the prisoner/patient requires a cigarette, that Doncaster & Bassetlaw NHS Foundation Trust is a non smoking Trust, and they must adhere to the Trusts Policy. It is therefore their responsibility to risk assess the prisoner deciding if they allow the prisoner/patient off the hospital grounds for a cigarette. Patients from High Secure Hospitals will not be allowed out for a cigarette.
- 13.7 It is anticipated that the period of treatment in the Trust will be as brief as possible. When discharge is to take place, the escort staff will contact their organisations so that arrangements can be made.

14. Theatre and Recovery Environment

14.1 Reception of Patients

The escort staff will accompany the patient to the appropriate theatre department, where routine theatre checks will be carried out.

14.2 Anaesthetic Room

The escort staff will accompany the patient to the Anaesthetic Room. In Orthopaedic Theatres, one escort will remain with the patient whilst the other one must remain outside the Anaesthetic Room doors. In all other theatres both or more escort staff will remain with the patient during the

induction of the anaesthetic. The decision to remove handcuffs prior to, or following, the induction of anaesthesia will be taken in consultation with the Anaesthetist.

14.3 During Surgery

14.3.1 For prisoners having a general anaesthesia the escort staff will leave the patient when anaesthetised and must remain at the theatre reception/ rest room. For regional and local anaesthesia prison escort staff will accompany the patient to Theatre and wait in the Post Anaesthetic Room to allow observation.

14.3.2 Under normal circumstances prison escort staff will not accompany a patient from the anaesthetic room into the theatre. However, in certain circumstances, for example, the escort staff are concerned for the safety of staff, they may, in consultation with the senior member of the theatre team, accompany the patient into theatre.

14.3.3 For patients from high secure hospitals, having a general anaesthesia, a member of the escort staff must be able to observe the patient at all times. For regional and local anaesthesia, escort staff will be present in theatre.

14.3.4 Upon completion of the surgical procedure a member of the theatre team will notify the escort staff that they may accompany the patient from the Post Anaesthetic Room to the Recovery Room. The recovery staff must be informed prior to the transfer of the patient's imminent arrival.

14.4 The Recovery Room

The patient will be recovered in a single bay screened by curtains with the escort staff in attendance.

The member of the recovery team attending the patient will inform the escort staff when it is safe to apply restraints to the patient.

14.5 Day Surgery Patients

As the policy above and including the following points:

- The patient will be accommodated in a designated area of the ward away from other patients.
- The escort staff will accompany patients having had a procedure under local anaesthetic directly from theatre to the ward.

15. Medical Imaging Department

Ensure all x-ray rooms have two doors both of which must be lockable.

Escort staff who accompany the patient should not stand in close proximity to the patient during the examination. The escort staff will stand behind the protective lead screen however if that is not possible a lead apron will be provided to all staff who stand within the “controlled area” (2 metres from the x-ray tube). All decisions should be made prior to the patient entering the x-ray area.

16. Referral from Wards and Departments

16.1 General x-rays

Wards and departments **must** ring the Medical Imaging Department before the escort staff are sent to the department to arrange a convenient time.

16.2 Special Examinations

These include CT scans, Ultrasound, Barium's, MRI and Nuclear Medicine. These examinations normally require an appointment, as the patient will need preparation before hand. Request cards need to be sent to the department and an appointment will be made in consultation with the prison/high secure hospital.

17. Direct Referral from Prison/High Secure Hospital

17.1 General x-rays

The prison/high secure hospital will telephone the x-ray department in advance to make an appointment for the patient in order to ensure that relevant staff and equipment are available. It is not appropriate for patients to arrive unannounced, as this will disrupt the service to other patients and increase waiting times. If patients do arrive unannounced it may not be possible to attend to them and they may need to return at a later date when relevant staff and equipment can be made available. This is especially important at Retford and Montagu Hospitals which have limited facilities. Non-Urgent referrals will not be done after 4.30 p.m. as this would compromise the On-Call Radiographer.

17.2 Special examinations

An appointment is always necessary for the above examinations, the request card must be send to the department and an appointment will be made in consultation with the medical officer at the prison/high secure hospital. For urgent referrals the requesting medical officer from the prison/high secure hospital must ring the department and fax the request card.

18. Discharging the Patient

- 18.1 Please refer to the Policy for the Discharge of Patients from Hospital - PAT/PA 3 when discharging all patients.

- 18.2 No outpatient appointment should be given directly to the escorting staff. All appointments need to be sent direct to the medical officer at the prison/high secure hospital.
- 18.3 If the patient requires a next day appointment or if no postal services available the medical officers at the prison/high secure hospital should be contacted directly with the date and time.
- 18.4 All immediate post operative instruction should be telephoned and written information sent to the medical officer at the prison/high secure hospital.
- 18.5 Patients discharge medication to be given to the escorting staff and explained to the medical officer at the prison/high secure hospital when contacted.
- 18.6 The patient should not be given any information relating to their discharge.

19. In The Event of a Death of a High Secure Hospital Patient

- 19.1 In all cases of a death of a High Secure Hospital patient within the sites of Doncaster and Bassetlaw NHS Foundation Trust, it will be treated as a '*death in custody*'. This requires a full investigation by the police in liaison with Senior Managers from Rampton and Ranby Hospital.
- 19.2 In the event of a patient death in the Resuscitation Room at A&E – Bassetlaw, the deceased can be moved to Room 7 if the room is required for anyone else prior to the arrival of police officers.

In these circumstances:

- a) The decision is to be made by the Nurse/Doctor in Charge of the A&E Department at that time.
 - b) Rampton deceased must not be moved from that area. An emergency case requiring the Resuscitation Room must be the only reason for the move.
 - c) The deceased should not be disturbed as described above with all equipment being left in situ including the endotracheal tube.
 - d) Names of the staff moving the trolley into Room 7 to be noted.
 - e) Officers to be told of the move and the reasons upon their arrival
- 19.3 Following the verification of death of a High Secure Hospital patient within the Trust setting, it is required that all resuscitation equipment is left at the

scene. All cannulas, intubation equipment, ECG stickers, drains and any other invasive procedure equipment must be left in situ.

- 19.4 Unless safety prevails staff are requested not to touch any equipment within the area until advised to do so by the police officers who will attend the scene.
- 19.5 Nursing staff must not attempt at any last office's procedures and the area should be sealed off until the arrival of the Criminal Investigations Department (CID) and a team from Scene of Crime Officers (SOCO).
- 19.6 High Secure Hospital Duty Nurse Manager will be informed of a death of the patient immediately by High Secure Hospital staff and following this, identified Senior Managers from the Hospital will attend the site.
- 19.7 Any patient documentation should be made available for the police. Liaison with relatives will be dealt with by High Secure service staff. The identification of the deceased in the case of sudden death will be carried out by the Police with a relevant member of High Secure Hospital staff. The police will escort the body to the mortuary.

Appendix 1

Procedure for Registering on PAS Prisons

When a referral for an appointment or a request for admission is received from the Prison Medical Officer, it is no longer necessary to record the permanent (usual) address on PAS.

The address of the prison should be entered into the address field on the first PMI screen. The first line of the address must be 'c/o Medical Officer'. There is no requirement to record anything in the Mailing Address field on the second PMI screen.

However, in order to establish whether or not the patient is already registered on PAS, it may still be necessary to contact the Medical Centre at the Prison in order to check if they have any previous address information.

It is important that the prison address is recorded as the permanent address for security purposes. No correspondence from the hospital should be sent to a prisoner's home address.

It is essential that the prison address is recorded on PAS in order that the system can correctly identify the Responsible Commissioner – see Medical Records Policy MR13 (Establishing the Responsible Commissioner).

To add a GP for the patient, initiate a PAS GP file search by entering 'MED' on a non-local search. There is a Medical Officer included for each of the local prisons and the appropriate one should be selected. Do not enter the GP details in free-text format.

High Secure Hospitals

It is still necessary to record the patient's home address on the first PMI screen. The hospital address is recorded in the Mailing Address field on the second PMI screen, the first line of the address must be 'c/o Medical Officer'. If the home address has not been provided, it should be requested via the Hospital Medical Health Centre.

Appendix 2

Procedure for Admitting Patients on PAS Prisons

The method of admission will be either A&E or Other Immediate unless the patient is being admitted electively.

The source of admission should be Option 3 – Penal Establishment.

In the remarks field, enter the appropriate prison – e.g. Lindholme.

If the Method of Admission is Other Immediate, in the Referrer field enter 'S' for Search; enter 'REF' for a non-local search and select 'Non-Referring GP'.

High Secure Hospitals

These patients do not have registered GPs and no free text entries should be made. Rampton patients should be allocated the 'No Registered GP' code from PAS. Refer to the PAS training guide for further information on recording Medical Officers as GPs.

The Method of Admission should be accurately recorded, check with the ward if in doubt but these patients should not be recorded as GP referrals. They will usually be via A&E or Other Immediate, unless they are being admitted for an elective procedure.

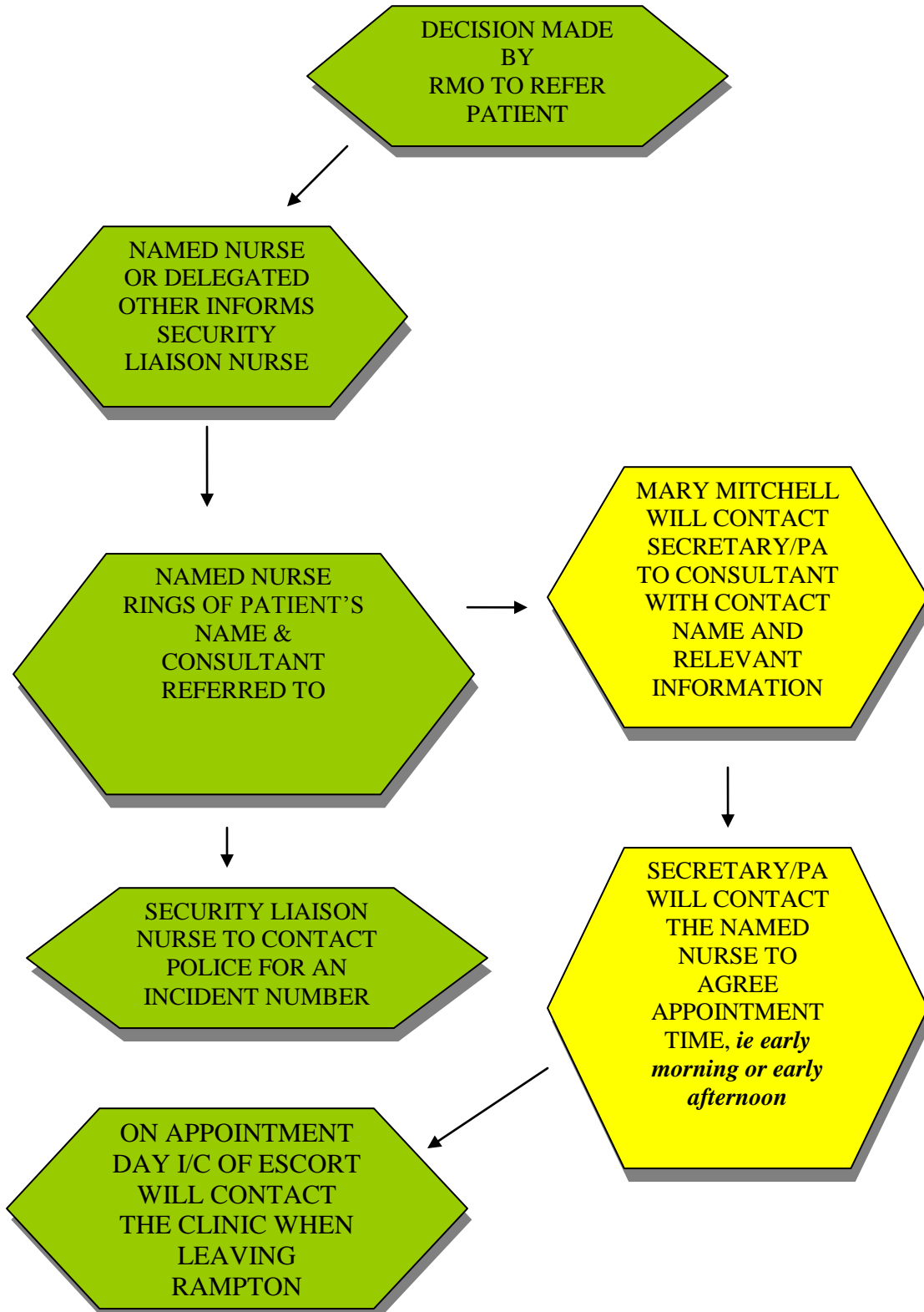
The source of admission should be Option 4 – Ashworth / Broadmoor / Rampton.

In the Remarks field, enter the appropriate hospital – e.g. Rampton.

If the Method of Admission is Other Immediate, in the Referrer field enter 'S' for Search; enter 'REF' for a non-local search and select 'Non-Referring GP'.

Appendix 3

Protocol for Named National High Profile Patients
when Attending BDGH



Appendix 4

PROTOCOL FOR UNSCHEDULED TRANSFER TO DONCASTER ROYAL INFIRMARY AND BASSETLAW DISTRICT GENERAL HOSPITAL FROM RAMPTON HOSPITAL

RAMPTON HOSPITAL

WARD ACTION CARD

PATIENT XXXX

IDENTIFIED PERSON

- In the event of an emergency
Contact Duty Nurse Manager - bleep 7414
Contact ward/duty doctor
- When decision to transfer is made (either 999 or hospital transport) inform ward to instigate ward Action Card
- Collate information: Emergency Proforma
Emergency Medical & Information File

WARD ACTION CARD

On receiving call from Manager in charge to instigate action to transfer

- Instigate staff to collect protective equipment (Duty Manager to authorise)
- Contact 24/7 Team at:
Bassetlaw District General Hospital (BDGH) – **01909 500990, Bleep 3235**
Doncaster Royal Infirmary – **01302 366666, Bleep 1393**

Inform them of instigation of **CODE – GP** and estimated time of arrival
999 transfer – possible immediate departure
Hospital transport – timed departure
- Wait for return call from Acute Trust to inform us that they are ready to receive (max 45 minutes) – if no response after 45 minutes contact again.
- Inform Dr Milne of current situation
- Inform Ward Manager of current situation
- Inform 24/7 bleep holder at Acute Trust on departure and confirm estimated time of arrival

7414 DUTY MANAGER ROLE

- Liaise with C.R.O re staffing for escort – protective equipment trained
- Liaise with Duty Security Manager and Duty Doctor
- Authorise use of protective equipment
- Initiate Emergency Proforma
- Inform Chief Executive of current situation
- Liaise with Public Relations in preparation for any adverse publicity on arrival at BDGH

ESCORTING MANAGER/IDENTIFIED PERSON IN CHARGE

- Brief resume of patient
- Issues regarding event
- Emergency Medical File to accompany patient
- Completed X-Ray form if appropriate
- Act as liaison link with Rampton Hospital
- Act as liaison link with A&E Sister/Charge Nurse – keep A&E informed of any condition deterioration and any changes to arrival time.
- Risk assessment of patient to be made before medical/nursing intervention unless patient unconscious

ON ARRIVAL AT ACUTE TRUST

- Staff member to report to A&E Reception and inform of arrival
- Acute hospital staff will advise on entrance to be used
- A&E Sister/Charge Nurse will determine treatment area to be used (dependent on treatment needs)
- Escorting Manager / Identified person in charge to liaise with A&E Sister/Charge Nurse throughout.

EMERGENCY MEDICAL & INFORMATION FILE

Contents:

- Relevant medical history
- Known allergies
- Current medication regime
- Recent significant events (updated monthly)
- Risks & Management Strategies

PROLONGED ADMISSION

- Liaise with Barbara Pryse re facilities/procedures available at Rampton
- Risk Management Strategies for overnight admission
- Area Risk Assessment

Action Protocol:

Review Date: