

Royal Hospital for Women (RHW)
BUSINESS RULE
COVER SHEET



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AUTHOR	Rachel Halpin, Standard 5 Clinical Lead
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Within this document we will use the term woman, this is not to exclude those who give birth and do not identify as female. It is crucial to use the preferred language and terminology as described and guided by each individual person when providing care.

1 BACKGROUND

The aim of this CBR is to ensure effective procedures for the safe management of woman in custody.

2 WHO IS RESPONSIBLE

- Security Services, Corrective Services, NSW
- NSW Police Force
- Justice Health, NSW
- Juvenile Justice, NSW
- Department Heads,
- Clinicians
-

NOTE: The security of woman in custody is the responsibility of the agency in whose custody they are held.

3 PROCEDURE

The following procedures must be observed by all staff in respect to the following:

3.1 Notification

Escorting officer/officers will:

- Notify the relevant NUM/MUM of the Department/Ward on commencing duty and include their facility and supervisor's name.
- Notify the NUM/MUM of any change in the number of staff assigned to the woman in custody.
- Relieving escorting staff are to identify themselves to the NUM/MUM.

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3.2 Parking and Transport

Escorting Officers should park only in designated Parking Spaces. The woman is to be moved discreetly throughout the hospital avoiding main entrances and high public traffic areas.

3.3 General Security Issues

The primary responsibility of the Escorting Officers is to provide adequate security and supervision at a level appropriate to the patient/woman in custody and circumstances pertaining to the woman. The woman will be kept under surveillance at all times.

- a) Hospital staff attending to the patient's/woman's care must identify themselves and their role to the attending Escorting Officer/s.
- b) Medical and Nursing/Midwifery staff must consult with Escorting Officer/s regarding the management of the patient/woman during medical treatment and procedures.
- c) It is expected that Escorting Officers exercise courtesy towards the hospital staff and the general public.
- d) It is expected that Escorting Officers restrict their access within the hospital only to areas required to provide medical treatment to the patient in custody.
- e) In the interest of public concern, all ward's, departments and units should as a matter of routine, provide seating arrangements for a woman in custody and escorting officers away from public waiting rooms.

To avoid conflict or inconsistency between the woman's medical needs and their security needs, the woman's medical needs should be given paramount consideration; however, security cannot be placed in jeopardy. Consequently, these issues should be subject to negotiation with medical staff and use of discretion by the Senior Escorting Officer. Should conflict remain unresolved, the Escorting Officer should seek assistance and clarification from the Correctional Centre's Manager of Security or General Manager of Correctional Services, Officer In Charge (OIC) or the Duty Officer. Information relating to future medical appointments must not be divulged to patients/women. Ensure escorting officers are aware of any health facility protocol to be followed.

3.4 General Conduct

A woman in custody admitted to a health facility for medical treatment are to be given the same consideration as extended to any other patient. Security Officers are to supervise a woman who is an outpatient or an inpatient for any Obstetric or Gynaecological matter. Personal matters pertaining to the woman is to be treated with strict confidentiality. A woman in custody's medical care is the responsibility of the hospital's medical and nursing/midwifery

staff. Normal considerations to treatment apply to a woman in custody with some exceptions e.g.

- Blood sampling in cases related to the provision of the Traffic Act- [Road Transport Act 2013 No 18](#)
- Medical examinations and blood sampling for evidence under the Crimes Act - [Crimes Act 1900 No 40](#)
- Medical examinations under the Children and Young Persons (Care and Protection) Act - [Children and Young Persons \(Care and Protection\) Act 1998 No 157](#)
- Court orders made under the Crimes (Forensic Procedures) Act - [Crimes \(Forensic Procedures\) Act 2000 No 59](#)

3.5 Number of Escorting Officers

The number of escorting/armed Escorting Officers and the use of instruments of restraint of a woman attending the hospital will be determined by the General Manager for Correctional Services, Officer in Charge (OIC) or Duty Officer as appropriate to the individual needs.

3.6 Firearms

Escorting Officers will carry firearms in accordance with their Policy and Procedures

3.7 Handcuffing of Patients/Woman in Custody

Instruments of restraints are to be used as determined by the General Manager for Corrective Services, OIC or Duty Officer in each individual case.

Handcuffs may be removed at the request of health professionals while the patient/woman is undergoing consultation, examination or treatment if, in the opinion of the Senior Escorting Officer, the removal does not jeopardise the security of the escort.

3.8 Degree of Supervision by Escorting Officers

Escorting Officers are to ensure patients in custody do not engage in offensive or violent behaviour while at the facility.

Escorting Officers are not to utilise nursing/midwifery or other NSW Health Agency Staff, including Security Staff, to supervise a woman in custody at any time.

A woman in custody are not to be left unsupervised or unescorted at any time.

Access to a woman in custody is to be controlled at all times allowing as few entry and exit points as practicable. The Officer in Charge of the escort in consultation with the NUM/MUM is to negotiate the best and most secure area to hold the patient in custody.

3.9 Degree of continuous observation by a Nurse

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Custodial patients requiring continuous nursing/midwifery observation (1:1) must be allocated a bed in an appropriate clinical setting.

3.10 Patients Access to Television

A woman in custody may have access to television hire at their own cost, with the approval of the Officer in Charge (OIC) of the Escort. Visitors may be permitted to arrange television hire for the patient in custody by signing the contract and paying the fee.

3.11 Gifts

Gifts intended for the patient/woman in custody will not be accepted from visitors.

3.12 Visitors

Approval from the Officer in Charge (OIC) of the escort is to be given before a patient/woman in custody can receive visitors. Officers are responsible for screening/vetting visitors and enforcing any restrictions. Escorting Officers have the right to refuse or terminate visits. Visitors who have visiting restrictions will be denied visits. In the event that a visitor to a patient in custody refuses to leave the hospital room, the hospital security manager is to be contacted.

3.13 Media Enquiries

Ensure all inquiries from the public and the media regarding the release of any official information are channelled through to the relevant external Agency.

3.14 Use of Toilets by Patient's in Custody

If a woman has to use the toilet, the area must be thoroughly searched prior to use.

Provided the Escorting Officers have satisfied themselves that the continued charge and supervision of the patient/women and the security of the hospital will not be jeopardised, the patient should be allowed to use the toilet in private. However, the facility door must not be locked, even if this can only be prevented by the officer using his/her person as a physical barrier.

Should doubt exist as to the security of the area, one Officer should remain in the facility within sight of some part of the patient's body (e.g. foot or arm). During an armed escort and when there is need for one (1) Officer to supervise the patient in the toilet, the armed Officer must remain outside the room.

Vigilance should be exercised regarding external windows as they not only provide a means of escape, but also represent a hazard to suicidal patients in custody.

3.15 Telephone Calls

Patients in custody may be allowed to make one (1) telephone call to an approved number on admission to hospital. An escorting officer will make the call for the patient in custody. Phone calls from relatives, with regard to the woman's condition, is to be decided in consultation

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between escorting officers and clinicians as to who provides the information and how much information is provided.

3.16 Utensils

The woman is to be issued disposable utensils [knife, fork and spoon] for consuming hospital meals. No steel utensils to be issued.

3.17 Emergency Procedures

In the event of an emergency [evacuation, fire, etc.] Escorting Officers will be expected to take directions from the NUM/MUM to facilitate the removal of a woman in custody from her room, and the building to designated safe areas in accordance with evacuation procedures.

3.18 Related Policies/procedures

- Security arrangements for patients in custody POWH/SSEH CORP023

3.19 References

NSW Health “Protecting People and Property Manual”, Chapter 6
https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=IB2013_024

NSW Health GL 2013-002 “Management of NSW Police force Officers Firearms in Public Health Facilities & Vehicles”
https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=GL2013_002

NSW Health – NSW Police Force Memorandum of Understanding 2108 April 2018
<http://www.health.nsw.gov.au/mentalhealth/Pages/mou-health-police2018.aspx>

4 ABORIGINAL HEALTH IMPACT STATEMENT DOCUMENTATION

- Considerations for culturally safe and appropriate care provision have been made in the development of this Business Rule and will be accounted for in its implementation.
- When clinical risks are identified for an Aboriginal and/or Torres Strait Islander woman or family, they may require additional supports. This may include Aboriginal health professionals such as Aboriginal Liaison Officers, health workers or other culturally specific services

5 CULTURAL SUPPORT

- For a Culturally and Linguistically Diverse CALD woman, notify the nominated cross-cultural health worker during Monday to Friday business hours

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- If the woman is from a non-English speaking background, call the interpreter service:
NSW Ministry of Health Policy Directive PD2017 044-Interpreters Standard Procedures for Working with Health Care Interpreters.

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6 NATIONAL STANDARDS

Standard 1- Governance for safety and quality in Health Service Organisations.

7 REVISION AND APPROVAL HISTORY

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