

## Custodial Operations Policy and Procedures

### 6.6 Notifiable diseases

#### Policy summary

A prescribed health officer must report an inmate's serious infectious disease to a prescribed CSNSW officer. Notifiable diseases included in Schedule 2 to the *Public Health Act 2010* are serious infectious diseases, which includes Acquired Immune Deficiency Syndrome (AIDS) and Acute Viral Hepatitis (AVH).

Human Immunodeficiency Virus (HIV) is not a notifiable disease under the *Public Health Act 2010*; therefore an inmate's HIV status **cannot** ordinarily be disclosed by prescribed health officers to CSNSW.

A pro-active approach to the management of inmates with AIDS and Hepatitis is essential to maintaining a safe environment for all staff and inmates. It may also minimise the need to manage inmates in segregated custody.

#### Management of Public Correctional Centres Service Specifications

Service Specifications	Decency and respect Health services Professionalism and accountability Safety and security
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## Scope

This section applies to all correctional centres and other facilities administered by or on behalf of CSNSW.

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

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

# Table of contents

<b>1</b>	<b>Notifiable diseases</b>	<b>4</b>
1.1	Improvements in treatment	4
1.2	Disclosure of a notifiable disease	4
1.3	Disclosure of HIV	5
1.4	Disclosure of AIDS	5
<b>2</b>	<b>Placement and management of inmates with AIDS</b>	<b>6</b>
2.1	Governor's procedures	6
2.2	Segregated custody directions	7
<b>3</b>	<b>Infection prevention and control</b>	<b>8</b>
3.1	Policy	8
3.2	Procedures	8
3.3	Post exposure referrals, reports and investigations	9
<b>4</b>	<b>Public Health Response Group</b>	<b>10</b>
4.1	Policy	10
<b>5</b>	<b>Quick links</b>	<b>11</b>
<b>6</b>	<b>Definitions</b>	<b>11</b>
<b>7</b>	<b>Document information</b>	<b>12</b>

# 1 Notifiable diseases

## 1.1 Improvements in treatment

Improved access to testing has allowed for earlier diagnoses of HIV and Hepatitis. Screening for HIV and Hepatitis in inmates is conducted by JH&FMHN nurses as part of the *Early Detection Program: Screening for Blood Borne Viruses and Sexually Transmissible Infections*. An inmate must provide informed verbal consent prior to being tested.

Major advances in treatment and access to treatment for blood-borne viruses have significantly reduced the risk of transmission of HIV and Hepatitis C in correctional settings. AIDS is no longer considered a primary threat to the lives of individuals with HIV, who routinely achieve undetectable levels of HIV on treatment.

Improved access to direct acting antiviral (DAA) therapy also allows for treatment of Hepatitis C. JH&FMHN have set significant treatment targets to reduce the number of Hepatitis C carriers in inmate populations to reduce the overall risk of transmission.

## 1.2 Disclosure of a notifiable disease

Notifiable diseases included in Schedule 2 to the *Public Health Act 2010* are serious infectious diseases, which includes AIDS and AVH.

Under clause 290(1) of the *Crimes (Administration of Sentences) Regulation 2014* (the Regulation), as soon as practicable after forming an opinion that an inmate has, or appears to have, a serious infectious disease, a prescribed health officer must report that they have formed the opinion, and the grounds for the opinion, to a prescribed CSNSW officer.

Under the Regulation, a prescribed health officer is defined as:

- the Chief Executive, Justice Health and Forensic Mental Health Network (JH & FMHN), or
- a medical officer or other member of staff of JH&FMHN authorised by the Chief Executive, JH&FMHN, to exercise the functions of a prescribed health officer for the purposes of the provision.

A prescribed CSNSW officer is defined as:

- the Commissioner, or
- a correctional officer or departmental officer authorised by the Commissioner to exercise the functions of a prescribed CSNSW officer for the purposes of the provision.

In the case of a report from the Chief Executive, JH&FMHN, the prescribed CSNSW officer must carry into effect any recommendation contained in the report in so far as it is practicable to do so. If it is impracticable to carry a recommendation into effect, the prescribed CSNSW officer must report that fact to the Chief Executive, JH & FMHN (clause 290(2)), (3)) of the Regulation.

Information about an inmate's notifiable disease must **not** be disclosed to anyone except for the purpose of exercising the functions of their office, or without written,

signed and dated consent from the inmate. Access to inmates' confidential health records is limited to:

- those named in the written permission from the inmate
- JH&FMHN staff
- other emergency medical personnel.

### **1.3 Disclosure of HIV**

HIV is not a notifiable disease under the *Public Health Act 2010*; therefore an inmate's HIV status **cannot** ordinarily be disclosed by a prescribed medical officer to a prescribed CSNSW officer.

Written records or any information identifying an inmate's HIV status are confidential and must not be recorded other than in the relevant health records, such as the inmate's confidential medical file. Recording an inmate's HIV status on any CSNSW form is unlawful and may attract a penalty.

### **1.4 Disclosure of AIDS**

Each month JH&FMHN will provide a list of inmates who have AIDS to:

- the Office of the Commissioner
- the Assistant Commissioner, Custodial Corrections (ACCC)

This list will include:

- the first two letters of the inmate's first name and the first two letters of their surname
- Master Index Number (MIN)
- location
- sentence details.

The ACCC must not disclose that an inmate has AIDS to any person except for the purpose of exercising the function of their office. However, the ACCC may disclose the results of a test to someone who needs the information to provide for the inmate's welfare, or for the good management of the correctional centre in which the inmate is housed.

## 2 Placement and management of inmates with AIDS

### 2.1 Governor's procedures

	Procedure	Responsibility
1.	<p>Develop a management profile of the inmate when notified of their AIDS status.</p> <p>This must include their behavioural history during the current and/or any previous sentences, with emphasis on offences against other persons.</p> <p>This profile will assist in determining whether the inmate:</p> <ul style="list-style-type: none"> <li>• could be considered a sexual predator or has a history of violent behaviour</li> <li>• requires any special management or placement.</li> </ul>	Governor
2.	Consult with the appropriate JH&FMHN staff to ensure the inmate receives counselling, support and medical treatment	Governor
3.	<p>Interview the inmate as part of the risk assessment process if the profile indicates that the inmate may be a sexual predator or a violent offender.</p> <p>Record the results of any interview and store with the inmate's management profile.</p>	Governor
4.	<p>Obtain an assessment of the inmate from a CSNSW psychologist and correctional officers involved in the management of the inmate, where possible.</p> <p>This must be done discreetly. People who are not entitled to know of the particular inmate's AIDS status should not be alerted.</p>	Governor
5.	<p>Determine the area where the inmate will be housed and verbally inform the:</p> <ul style="list-style-type: none"> <li>• Manager of Security (MOS)/ Functional Manager (FM), or</li> <li>• Officer in Charge (OIC)</li> </ul> <p>of the inmate's AIDS status.</p> <p>Emphasise that no written records of this information are to be maintained and the inmate's health status must not be disclosed to any other person.</p>	Governor
6.	Liaise with appropriate JH&FMHN staff to make sure the inmate receives proper counselling, support, and medical treatment.	Governor

	Procedure	Responsibility
7.	<p>Make sure the inmate is:</p> <ul style="list-style-type: none"> <li>provided with any additional clothing or heating that may be needed</li> <li>discreetly monitor for behaviour that indicates any increase in violent behaviour, changed reactions or other signs of distress.</li> </ul> <p>If changes are identified, the inmate should be referred urgently to the JH&amp;FMHN Health Centre for assessment.</p>	Governor
8.	<p>Verbally inform the Governor of the receiving correctional centre of the inmate's AIDS status and forward the inmate management profile if the inmate is to be transferred to another location.</p> <p>Make a record of this conversation in the receiving <i>Governor's journal</i> (<b>Note:</b> the inmate must be identified by initials only in records. For example, the notation could read: 'Received a phone call from Governor Smith, Reception and Induction Centre - inmate JM to be transferred today.'</p>	Governor

These procedures will apply to an inmate where it is alleged by the inmate that they have HIV or where it is disclosed by JH&MFHN.

## 2.2 Segregated custody directions

Inmates with AIDS and Hepatitis must be integrated into the mainstream correctional population as much as possible, and are to have a normal placement unless factors indicate otherwise.

A pro-active approach to the management of inmates with AIDS and Hepatitis is essential to maintaining a safe environment for all staff and inmates. It may also minimise the need to manage inmates in segregated custody.

Under no circumstances may an inmate be managed under a segregated custody order solely on the basis of AIDS or Hepatitis.

Inmates with AIDS and Hepatitis may be dealt with in a special management environment, such as limited association with other inmates, if the inmate exhibits unacceptable behaviour by using their AIDS or Hepatitis as a threat:

- to the personal safety of any other person,
- the security of the correctional centre, and/or
- the good order of the correctional centre.

These inmates may also be managed in segregated custody on the basis of:

- deliberately infecting or attempting to infect any person
- allegedly attempting to infect another person
- substantiated or credible reports that the inmate is using their AIDS or Hepatitis status to threaten any other person. These reports may originate from either within the correctional system or the community.

For example, if an inmate infects or attempts to infect a person via a needle-stick or sharps injury or any other form of exposure to blood or body substance they must be immediately restrained and placed in segregation, and the following procedures applied.

When an inmate is received from the police or court charged with infecting or attempting to infect any person, they are to be placed in segregated custody immediately on reception. During the reception process, the inmate is to be managed with the highest degree of caution.

A *Segregated custody direction* and the accompanying reports should reflect the reasons for an inmate being placed in segregated custody. This must not contain any reference to an inmate's AIDS or Hepatitis status.

The Commissioner or Governor issuing a direction must ensure that all legislative requirements are met and that the segregation is necessary for the reasons set out in the *Crimes (Administration of Sentences) Act 1999* prior to an inmate being placed in segregated custody (**refer to COPP section 3.4 Segregation of inmates**).

This policy will apply to inmates where it is alleged by the inmate that they have HIV or where it is disclosed by JH&MFHN.

### 3 Infection prevention and control

#### 3.1 Policy

In all cases where there has been, or there is the potential for exposure to infectious body fluids, the highest degree of caution must be applied.

#### 3.2 Procedures

	Procedure	Responsibility
1.	Immediately administer first aid to the affected person if a wound or potential exposure to infectious body fluids has occurred ( <b>refer to COPP section 13.2 Medical Emergencies</b> ), including: <ul style="list-style-type: none"> <li>thoroughly wash skin with liquid soap and water, do not encourage or express the needle-stick/sharps site to bleed, dry skin and cover site with an occlusive dressing</li> <li>spit or blow out fluids from mouth or nose, flush mouth, nose or eyes with water or normal saline (if available)</li> <li>if the eyes have been affected irrigate them with copious amounts of water.</li> </ul>	Discovering officer
2.	Report the incident to the Governor or duty officer immediately.	Discovering officer
3.	Secure the area where the incident took place and ensure that the crime scene is preserved.	Discovering officer

	<b>Procedure</b>	<b>Responsibility</b>
4.	Ensure the injured or affected person has been provided with immediate first aid and referred to a hospital or General Practitioner. Provide immediate outside medical attention, if required.	Governor/Duty officer
5.	Initiate steps to involve police where it is alleged that the inmate has deliberately infected another person.	Governor

### 3.3 Post exposure referrals, reports and investigations

When a person has been exposed to blood or body substances, the following procedures must be implemented:

	<b>Procedure</b>	<b>Responsibility</b>
1.	Notify the: <ul style="list-style-type: none"> <li>• ACCC</li> <li>• ACS&amp;I</li> <li>• State-Wide Manager, OS&amp;P</li> </ul>	Governor
2.	Contact the Employee Assistance Program (EAP) on telephone number 1300 687 327 and arrange for trauma debriefing for any staff member who has suffered medium/high risk exposure such as: <ul style="list-style-type: none"> <li>• a needle-stick or sharps injury</li> <li>• blood or body substance exposure</li> <li>• physical threat</li> </ul> Trauma debriefing may still be required in instances when an officer has been threatened but not physically attacked.	Governor
3.	Refer the affected staff member during post exposure discussion to: <ul style="list-style-type: none"> <li>• appropriate medical services for testing</li> <li>• the EAP that may be contacted by telephone on 1300 687 327)</li> </ul> The affected staff member must receive information on the: <ul style="list-style-type: none"> <li>• level of risk involved</li> <li>• precautions available</li> <li>• procedures to be followed.</li> </ul>	Governor/ Authorised officer
4.	Provide on-going support for any officer affected, particularly in the three-month window period between HIV tests. If a visitor to the correctional centre is involved, offer all necessary and appropriate support and assistance.	Governor

	<b>Procedure</b>	<b>Responsibility</b>
5.	Refer any inmate that reports a possible exposure to JH&FMHN, who will offer the inmate the <i>Early Detection Program: Screening for Blood Borne Viruses and Sexually Transmissible Infections</i> . If an inmate sustains a needle-stick injury, or a blood-spill exposure, refer them to JH&FMHN for counselling and possible voluntary testing.	Governor/ Authorised officer
6.	Ensure that the appropriate reports on the incident are completed and submitted.	Governor
7.	Make sure all serious incident procedures are followed in line with <b>COPP 13.1 Serious incident reporting</b> .	Governor/ Authorised officer
8.	Forward reports of these incidents to the Department of Communities & Justice Legal (DCJ Legal), to obtain legal advice on any question of liability or other legal issues that may arise.	Governor/ Authorised officer
9.	Notify the CSNSW Investigations Branch, who will attend the centre to investigate and determine whether criminal charges should be laid (there is no need for local police to be notified or to attend the correctional centre, as the Investigations Branch will be informed regardless of the time of day).	AC S&I

## 4 Public Health Response Group

### 4.1 Policy

When an inmate reports high-risk exposure, the local JH&FMHN Nursing Unit Manager (NUM) will investigate and determine the risk implications for inmates, staff, and community.

The NUM will consult with the JH&FMHN Population Health Unit and if required and/or determined by JH&FMHN, the Public Health Response Group (PHRG) will be convened. The PHRG will include the following members:

- Governor of the correctional centre
- Service Director, Population Health, JH&FMHN
- Executive Director, Clinical Operations, JH&FMHN (Chair).

The PHRG will determine the course of action required to contain and prevent any potential spread of a communicable disease transmission of blood borne viruses. The PHRG will report directly to the Assistant Commissioner, Custodial Corrections (ACCC) and the Chief Executive JH&FMHN.

The report must make recommendations for the management of the inmate(s).

Governors must take action consistent with these recommendations, and in line with the serious incident reporting procedures in **COPP section 13.1 Serious incident reporting**.

Standard reporting procedures must be followed, including (where applicable) the reporting of any incident to the SafeWork NSW.

## 5 Quick links

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

## 6 Definitions

ACCC	Assistant Commissioner, Custodial Corrections
Acquired Immune Deficiency Syndrome	<p>Acquired Immune Deficiency Syndrome (AIDS) is a disease caused by the Human Immunodeficiency Virus (HIV) which destroys the body's white cells, resulting in reduced immunity, and lowering of the body's resistance to infection and malignancy.</p> <p>According to the UNAIDS terminology guidelines (2007, 2015) the term HIV should be used unless specifically referring to AIDS with respect to making a specific clinical diagnosis as part of the spectrum of HIV-related illness.</p>
AIDS	Acquired Immune Deficiency Syndrome.
Authorised officer	The officer authorised by the Governor to perform the functions set out in this part of the Custodial Operations Policy and Procedures.
AVH	Acute Viral Hepatitis
COPP	Custodial Operations Policy and Procedures
CSNSW	Corrective Services NSW
DCJ Legal	NSW Department of Communities & Justice Legal
EAP	Employee Assistance Program
FM	Functional Manager
HPP	Health Privacy Principles
Human Immunodeficiency Virus (HIV)	<p>Human Immunodeficiency Virus (HIV) infects cells of the immune system, destroying or impairing their function.</p> <p>Infection with the virus results in progressive deterioration of the immune system.</p>
JH&FMHN	Justice Health & Forensic Mental Health Network
LOPs	Local Operating Procedures
MIN	Master Index Number
MOS	Manager of Security
NUM	Nursing Unit Manager
OIC	Officer in Charge
OS&P	Offender Services & Programs
PHRG	Public Health Response Group
S&I	Security and Intelligence, a branch of CSNSW

## 7 Document information

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