

Justice Health NSW Procedure

Transfer of Forensic Patients from Correctional Centres

Issue Date: 9 July 2025

Transfer of Forensic Patients from Correctional Centres

Procedure Number 6.142

Procedure Function Continuum of Care

Issue Date 9 July 2025

Next Review Date 9 July 2028

Risk Rating High

Summary This procedure outlines the responsibilities of Justice Health and Forensic Mental Health Network (Justice Health NSW) to ensure the safe transport of forensic patients from a correctional centre to a mental health facility or other community facility. This procedure does not apply to the transfer of forensic patients between correctional centres, which is the responsibility of Corrective Services NSW.

Responsible Officer Nurse Manager 5, Custodial Mental Health

Applies to

- ☐ Administration Centres
- ☐ Community Sites and programs
- ☒ Health Centres - Adult Correctional Centres or Police Cells
- ☐ Health Centres - Youth Justice Centres
- ☒ Long Bay Hospital
- ☒ Forensic Hospital

Other:

CM Reference PROJH/6142

Change summary Changed to a procedure from a policy under Custodial Mental Health. Significant changes in process of transport, organisation of the transport and contingency planning and actions in the event of an incident.

Authorised by Service Director, Custodial Mental Health

Revision History

#	Issue Date	Number and Name	Change Summary
1	August 2012	1.407 Transport of Forensic Patients from MRRC and SWCC	First Issue
2	May 2015	1.407 Transport of Forensic Patients from LBH, MRRC and SWCC	• Amalgamation of policies 1.202 Transport of Forensic Patients from Long Bay Hospital and 1.407 Transport of Forensic Patients from MRRC and SWCC
3	May 2018	1.407 Transport of Forensic Patients from LBH, MRRC and SWCC	• Changes to terminology relating to Violence prevention and Management procedures and designated carers • Amendments to CSNSW positions
4	June 2022	1.407 Transfer of Forensic Patients from Long Bay Hospital, Metropolitan Remand and Reception Centre and Silverwater	(Minor) Title Change • Position titles, Policies and related documentation reviewed/changed

		Women's Correctional Centre	<ul style="list-style-type: none">• Amendments to responsible positions on advice from Corrective Services NSW• Changes to terminology relating to Violence Prevention and Management procedures and designated carers• Changes to transport providers
6	May 2025	6.142 Transfer of Forensic Patients from Correctional Centres	<ul style="list-style-type: none">• Changed to a procedure from a policy• Authorised by Custodial Mental Health• Position titles, Policies and related documentation reviewed/changed• Significant changes in process of transport, organisation of the transport and contingency planning and actions in the event of an incident.

PRINT WARNING

Printed copies of this document, or parts thereof, must not be relied on as a current reference document.
Always refer to the electronic copy for the latest version.

Justice Health and Forensic Mental Health Network
PO BOX 150 Matraville NSW 2036
Tel (02) 9700 3000
<http://www.justicehealth.nsw.gov.au>

1. Table of Contents

2.	Preface	5
3.	Procedure Content.....	6
3.1	Introduction	6
3.2	Prior to Transfer	6
3.3	Risk Assessment and Escort Plan.....	7
3.4	Corrective Service (CSNSW) led forensic patients	8
3.5	Once the Date is Agreed for Mental Health Facility or Nursing Home or Residential Care Home Admission	8
3.6	Patient Transport Service (PTS) – Additional Actions.....	9
3.7	Transport of Forensic Patients to the Forensic Hospital	9
3.8	Justice Health NSW Escort – On the Day of Transporting the Patient	10
3.9	Justice Health NSW Escort - At the Time of and During the Transfer	10
3.10	Use of Sedation before or During Transport	11
3.11	Justice Health NSW Escort – In the Event of an Accident	12
3.12	Justice Health NSW Escort – Post transport/transfer.....	12
3.13	Justice Health NSW Escort - After the transfer in an event of an incident.....	12
3.14	Unexpected release	13
4.	Definitions.....	13
5.	Related documents.....	13

2. Preface

This procedure outlines the responsibilities of Justice Health and Forensic Mental Health Network (Justice Health NSW) to ensure the safe transfer and transport of forensic patients from a correctional centre including Long Bay Hospital (LBH) to a mental health facility or other community facility.

This procedure does not apply to the transfer of forensic patients between Correctional Centres, including LBH, which is the responsibility of Corrective Services NSW (CSNSW), otherwise normal movements between health centres. Please refer to the policy [1.395 Transfer and Transport of Patients](#).

The objective of this procedure is to ensure that:

- Forensic patients are transported from a correctional centre to a mental health facility or other community facility in accordance with a lawful order from Court, the Mental Health Review Tribunal (the Tribunal), or the Secretary, Ministry of Health or delegate;
- Risk assessment is conducted by the treating team responsible for the patient and a thorough risk management plan for the transfer is devised;
- Appropriate security measures at a level prescribed by a pre-discharge risk assessment are employed on all transfers to safeguard the safety and security of staff and patient; and
- Continuity of care and the safety of the patient are promoted by transferring all relevant clinical and legal documents to the receiving facility and receiving treating team.

This procedure applies to forensic patients who are detained in correctional centres or released from custody subject to conditions, pursuant to an order under.

- a. sections [33](#), [47](#), [65](#), [81](#), [82](#), [83](#), [109](#) or [115](#) of the [Mental Health and Cognitive Impairment Forensic Provisions Act 2020](#), hereafter the [MHCIFP Act](#), or
- b. [section 7\(4\)](#) of the [Criminal Appeal Act 1912](#) (including that subsection as applied by section 5AA(5) of that Act) or

Forensic patients are allocated a primary agency, Justice Health and Forensic Mental Health Network (Justice Health NSW) or Corrective Services NSW (CSNSW) to act as provider of services, including case management, provision of reports and transfer of care planning. Justice Health NSW assume this responsibility where the primary presenting problem is a mental health impairment and CSNSW Specific Needs (SN), where the primary presenting problem is cognitive impairment under the Community Safety Program (CSP) or Statewide Disability Services (SDS). However, where there is a transport of a forensic patient to a care facility (except the forensic Hospital) then Justice Health NSW is responsible for this transfer. Refer to Policy [1.192 Primary Agency for Forensic Patients in Custody \(Adults\)](#).

In some instances, forensic patients may be transferred by the Justice Health NSW staff, NSW Ambulance, HealthShare NSW Patient Transport Service (PTS) or the NSW Police Force.

The power to implement security conditions that must be applied to the transport of forensic patients is contained in sections [115](#) and [117](#) of the [MHCIFP Act](#), which provides that a forensic patient 'is to be subject to any security conditions that the Secretary, Ministry of Health or delegate considers necessary.' This power is delegated to the Justice Health NSW Chief Executive (CE)/General Manager Forensic Mental Health, who has endorsed the security conditions and requirements set out in this procedure as being necessary for the safety and security of patients, staff and the community.

As such, this procedure is a lawful direction to staff that must be followed at all times while transporting a forensic patient. When implementing this procedure, the Justice Health NSW staff must ensure that they do so in a manner, that is consistent with the principles of care and treatment set out in the [MH Act](#). This includes the principle that any interference with the rights, dignity and self-respect of patients must be kept to the minimum necessary in the circumstances.

This procedure must be implemented by all staff, both clinical and administrative, involved in ensuring the safe transport of forensic patients from correctional centres to a designated mental health facility or other community facility.

3. Procedure Content

3.1 Introduction

- 3.1.1 Justice Health NSW is responsible for providing the escort and transport of forensic patients who require transfer from a correctional centre to a designated mental health facility or other place under an order from the Court, the Mental Health Review Tribunal (the Tribunal) or the Secretary, Ministry of Health or delegate. Justice Health NSW staff must establish with the Forensic Mental Health Service Manager (FMHSM) that the order authorising the transfer of the forensic patient is valid and current before arranging the transfer.

3.2 Prior to Transfer

- 3.2.1 The Tribunal sends an order for transfer of a Forensic Patient to a designated mental health facility or other community facility to the Forensic Mental Health Service Manager (FMHSM) via [REDACTED], the patient's treating team and to CSNSW.

Bed Availability/Acceptance of Forensic Patient

- 3.2.2 Where a forensic patient is accepted or in the case a bed becomes available in the near future for admission to a designated mental health facility, the admitting team liaises with FMHSM.
- 3.2.3 FMHSM make sure that acceptance is for the correct person and there is a current order. The FMHSM will check that the proposed transfer meets the conditions contained in the order.
- 3.2.4 After verifying the legality of the order to transfer the forensic patient from the correctional centre, FMHSM provides a copy of the order to the Metropolitan Regional Manager & Forensic Liaison Officer CSNSW or CSNSW delegates so that s/he has notice that an order under [section 24](#) of the [Crimes \(Administration of Sentences\) Act 1999 \(CAS Act\)](#) will be required for transfer to FH.
- 3.2.5 FMHSM also notify the treating team, Care Coordinator, Clinical Director, Nurse Manager and Nurse Unit Manager of CMH about the proposed transfer to FH and liaise with Care Coordinator when the bed becomes available at the mental health facility to agree to a transfer date.
- 3.2.6 In preparation for transfer from a correctional centre, the treating team must.
1. Liaise with the Forensic Mental Health Service Manager to organise and confirm details of the transport
 2. Liaise with the Nurse Unit Manager (NUM) of the transferring correctional centre (custodial mental health or primary Care) and the NUM3, Custodial Mental Health, Nurse Manager 5, Custodial Mental Health.
 3. Discuss with the patient a basic plan to transport from a correctional centre, see [section 3.5.1](#).

4. Discuss with the patient's designated carer/principal care provider, a basic plan to transport the patient from a correctional centre, see [section 3.5.1](#).
5. If the person identifies as Aboriginal or Torres Strait Islander, contact the location to refer the patient to the Aboriginal Peer Worker or equivalent position in their facility.
6. Liaise with CSNSW at the local correctional centre to receive property.
7. Liaise with Metropolitan Regional Manager & Forensic Liaison Officer CSNSW or CSNSW delegates that they appoint an officer on the day with whom the escort staff can liaise if there are any issues.

Information Security

- 3.2.7 Consultation with the patient, carer(s) and family must be carried out in a way that does not divulge matters relating to security, which includes the proposed date of transfer. Note that the patient's:
- 'Designated carer' is defined by [section 71](#) of the [MH Act](#), and
 - 'Principal care provider' is defined by [section 72A](#) of the [MH Act](#).

3.3 Risk Assessment and Escort Plan

- 3.3.1 Prior to the transport of patients by Justice Health NSW staff, a risk assessment and escort plan must be completed by the treating psychiatrist or delegate, incorporating strategies to manage all key issues and risks; must documented in the medical file in the patient's progress notes (JHeHS).
- 3.3.2 The risk assessment and Escort Plan should be conducted by the patient's treating psychiatrist or delegate and must be documented in JHeHS. This risk assessment may include multi-service team input (prior and on the day of transfer). The risk assessment must include, but is not limited to:
- An assessment of the risks of harm to self and/or to others.
 - Absconding or any other untoward medical events.
 - Patient's current physical condition (this includes medical issues that require medical equipment and physical size of the patient).
 - The risks associated with the use of any medication required during the journey.
 - Gender identity (one staff member of same gender identity is to be included on escort)
 - Escort plan includes considered locations to stop for rest and refreshment during journeys.
- 3.3.3 Examples of identified concerns, may include:
- Deterioration in mental state
 - Recent medical compromise including Covid positive
 - Patient was informed of the transfer date
- 3.3.4 The risk assessment and escort plan should include consideration given to the age, and disability needs of the patient being transferred and what their needs will be in reception which includes the time they may need to change clothing in reception.
- 3.3.5 The risk assessment and plan should include consideration for the amount of property a patient may have i.e., frames, and belongings, and how that will be carried to the transport and to the receiving end.
- 3.3.6 If, following the risk assessment, the treating team decides that the patient cannot be transported on the agreed date due to a serious concern relating to the safety of the patient or other persons, then the treating team must escalate concerns to:
- Clinical Director, Custodial Mental Health
 - Nurse Manager 5, Custodial Mental Health
 - FMHSM
 - local NUM
 - Receiving treatment team

- 3.3.7 Transport can be delayed until the serious concern has been resolved if appropriate. The risk assessment and escort plan must be revisited and updated as needed.
- 3.3.8 However, in cases where there are prolonged concerns regarding a medium secure placement or transport such as a recent serious medical event, or a major deterioration in mental state requiring more assertive mental health care then the treating team seek to vary the order with the Tribunal. Refer to procedure [6.014 Managing Forensic Patients in Correctional Centres](#).

3.4 Corrective Service (CSNSW) led forensic patients

- 3.4.1 CSNSW contact Justice Health NSW and inform of an order made by the Tribunal for transfer of care to an external care facility.
- 3.4.2 Custodial Mental health manager (NUM3, Silverwater Complex and NUM3, Long Bay Complex) to receive a handover of care and request the following of information:
- Any tribunal reports
 - Any mental health or cognitive assessments/reports
 - Any risk assessments
 - Details of designated carers and/or guardianship orders.
 - Details of previous incidents relating to transport and detention in custody
 - Details of receiving facility including person to liaise, address, contact numbers,
- 3.4.3 Custodial Mental health manager (NUM3, Silverwater Complex and NUM3, Long Bay Complex) to determine an appropriate escort team for the patient based on availability, including nominating an escort lead.
- 3.4.4 Based on the information gathered and Justice Health NSW records, the escort team complete a risk assessment and escort plan as per [section 3.1](#).

3.5 Once the Date is Agreed for Mental Health Facility or Nursing Home or Residential Care Home Admission

- 3.5.1 Two Justice Health NSW staff from Custodial Mental Health (CMH) is considered to be the minimum acceptable staffing level for the transfer of forensic patients from correctional centres. Whenever possible, one of the staff should be the patient's care coordinator either Recovery and Reintegrate Clinical Nurse Consultant (R&R CNC) or Older People Mental Health Services (OPMHS).
- 3.5.2 If the patient is female, at least one of the escorts staff should be female, wherever possible.
- 3.5.3 If the forensic patient identifies as Aboriginal or Torres Strait Islander, then consideration should be made to have an escort staff member with an Aboriginal and/or Torres Strait Islander if a staff member is available.
- 3.5.4 The escort plan must identify the nearest general hospital emergency departments along the route that the transfer will take.
- 3.5.5 The escort plan needs to be discussed with NM5, CMH and NUM3, CMH for nomination of escort staff.
- 3.5.6 Medication, if required, is ordered and supplied in accordance with the policy [1.395 Transfer and Transport of Patients](#) and [6.049 Medication Guidelines](#).
- 3.5.7 An appropriately-sized vehicle must be booked. Justice Health NSW vehicles may be booked through Corporate Services via booking intelligence. Booking/escort staff must have annual declaration of driver licence and login access to the booking site. Refer to [Booking and Using Pool Vehicles](#).
- 3.5.8 Business Services are responsible for the management of the JHAC and JHOP vehicle pools. Each vehicle pool has their own way of managing cars and car keys. If you need to collect the keys for a departure outside of business hours, then please collect them the day before and make sure your booking dates reflect this. Please

- add a note to your booking to state "collecting keys DD/MM due to early departure on DD/MM."
- 3.5.9 Staff seeking to garage a pool vehicle at a private residence overnight or over a weekend, then they must complete the Overnight Garaging Form CORP064. Approval signatures are required when requesting overnight garaging by both: Line Manager, Service Director, or General Manager.
 - 3.5.10 Once your form has been signed, please TRIM the approved form to the relevant container and forward to MyCorporate. Please place the TRIM record number in the notes section of your vehicle booking to assist with vehicle allocation.
 - 3.5.11 Nurse Manager or Nurse Unit Manager to provide the names of the nominate staff to the care coordinator who will assist in facilitation of transfer and returning the escort staff back to correctional centre.
 - 3.5.12 All staff involved in the escort must review the patient's history including items such as warning signs and risk factors regarding the patient's mental status.
 - 3.5.13 The care coordinator must liaise directly with the receiving mental health service and document the process.
 - 3.5.14 The patient must be engaged regarding the transfer and transport, but this must be done in a way that does not divulge matters relating to security (including the proposed date of the transfer).
 - 3.5.15 The patient's treating team must take all reasonable steps to notify the patient's designated carer/principal care provider of the proposed transfer. Note that this action is mandated by [section 78\(1\)\(b\)](#) of the [MH Act](#). The transfer should be discussed with the patient's designated carer/principal care provider and, where possible, family but this must be done in a way that does not divulge matters relating to security, which includes the proposed date of the transfer.

3.6 Patient Transport Service (PTS) – Additional Actions

- 3.6.1 The risk assessment may determine a need for assisted transport.
- 3.6.2 The care coordinator books the Patient Transport Service (PTS) to facilitate the transfer to the mental health facility or Nursing Homes and provides the appropriate contact details if PTS need to contact the treating team for any updates prior to transfer. Inform PTS not to contact next of kin with transfer details.
- 3.6.3 PTS can be booked via:
 - 1. The Patient Flow Portal or
 - 2. Greater Metropolitan Booking Hub on [REDACTED]. Refer to eligibility criteria for PTS.
- 3.6.4 The care coordinator must ensure the current weight of the patients for the PTS booking for the appropriate vehicle transfer bed according to the patient's weight.
- 3.6.5 Nurse Manager or Nurse Unit Manager to provide the names of the escort staff to the care coordinator who will assist in facilitation of transfer and returning the escort staff back to correctional centre.
- 3.6.6 Care Coordinator communicates the escort plan with the FMHSM with provision of escorting staffs name and PTS booking number.
- 3.6.7 An escort vehicle from the Pool vehicle must follow the PTS in order to bring the Justice Health escorting clinician back to the originating correctional centre. For booking a pool car, refer to [Refer to Booking and Using Pool Vehicles](#).

3.7 Transport of Forensic Patients to the Forensic Hospital

- 3.7.1 When a forensic patient is accepted to the FH, the treating team must contact the FMHSM. The FMHSM must consult with the Corrective Service NSW (CSNSW) Metropolitan Regional Manager & Forensic Liaison Officer to determine placement and transport arrangements and to finalise any paperwork required by CSNSW.

- 3.7.2 When the bed becomes available at the FH, the FMHSM issues a Notice of Transfer. This notice and the order are forwarded to the Metropolitan Regional Manager & Forensic Liaison Officer CSNSW, CDCMH, R&R CNC, OPMHS CNC, NMCMH, NUM CMH.
- 3.7.3 Transport arrangements must be made in accordance with the procedures associated with the administration of security conditions and information sharing protocols between CSNSW and Justice Health NSW in relation to forensic patients.
- 3.7.4 The Treating Team and Metropolitan Regional Manager & Forensic Liaison Officer (or CSNSW delegate) will negotiate the transfer of care date and time, in order to ensure the completion of paperwork and compliance with Mental Health legislation.
- 3.7.5 The following information/documents must be included by the Custodial Mental Health treating team:
- Complete a Mental Health Discharge Transfer form in JHeHS
 - All preparation of patient transfer and transport in accordance with the policy [1.395 Transfer and Transport of Patients](#).

3.8 Justice Health NSW Escort – On the Day of Transporting the Patient

- 3.8.1 Escort lead is to contact Metropolitan Regional Manager & Forensic Liaison Officer CSNSW or CSNSW delegate appointed officer on the day with whom the escort staff can liaise if there are any issues.
- 3.8.2 The MoS, CSNSW or delegate is required to provide the final CSNSW authorisation for the forensic patient to leave the correctional centre, after verifying that a valid order has been issued.
- 3.8.3 The Maroubra (LBH) or Auburn Police Station (MRRC, SWWCC), or other police station as appropriate, and the police station at the destination must be informed of the proposed transfer.
- 3.8.4 The patient's mental health status must be assessed and documented in the patient's health record (JHeHS). Any change in any risk factors must be addressed prior to the patient leaving the correctional centre.
- 3.8.5 The patient's property and money is collected and packed.
- 3.8.6 The escort staff should consider the age, and disability needs of the patient being transferred and what their needs will be in reception which includes the time they may need to change clothing in reception.

Positioning in car

- 3.8.7 The patient must sit in the rear of the vehicle with an escort facing the front of the vehicle, diagonally opposite from the driver's seat.

Long distance travel and fatigue/driver management

- 3.8.8 Where the travel is scheduled to take longer than two hours, consideration must be given to how driver breaks will affect the patient and their suitability to be managed during rest breaks. Consideration must also be given to the patient's ability to handle long trips and the types of breaks they may require, i.e. is their suitable toilet facilities available for the patient's needs.

3.9 Justice Health NSW Escort - At the Time of and During the Transfer

- 3.9.1 The escort staff must ensure that patient's medication (if any), property, money and all documentation - Discharge Summary, copy of JHeHS progress notes, The Tribunal orders and any other relevant documents are transferred with the patient.
- 3.9.2 Two escort staff (not including Patient Transport Service staff) is the minimum acceptable level of escort. Whenever possible, one of the staff members should be the patient's care coordinator.

- If the patient has a diagnosis of dementia with BPSD it would be preferable for the clinician known to them to sit in patient transport with the patient.
- 3.9.3 If the forensic patient identifies as Aboriginal or Torres Strait Islander, then consideration should be made to have an escort staff member with an Aboriginal and/or Torres Strait Islander if a staff member is available.
- 3.9.4 The escort(s) staff must (re)assess the mental state of the patient at appropriate intervals during the transfer.
- 3.9.5 Clinical handover should be provided to PTS staff if applicable.
- 3.9.6 If the patient becomes agitated or aggressive during transfer, the vehicle must be stopped and NSW Police is to be contacted. Staff are not to attempt to restrain the patient or physically prevent an attempt at absconding. This will not be applicable if Patient Transport Service is involved and PTS will follow their own protocol based on the scenario. (Please Note: Mechanical Restraints must not be utilised in this circumstance).
- 3.9.7 In the event of a patient becoming physically aggressive towards a staff member and all avenues for de-escalation have been exhausted, as a safety measure to staff then [Section 81\(2\)](#) of the [Mental Health Act 2007](#) permits an authorised person (escort staff) to 'use reasonable force' to restrain the person in any way that is reasonably necessary in the circumstances. Reasonable force in this context means force that is proportional to the threat faced and the minimum force needed to stop the patient absconding or harming him/herself, the staff or any other person. In this context, Justice Health staff must not utilise mechanical restraints.
- 3.9.8 Under the circumstances of a low risk patient such as an elderly frail person with dementia, [Section 81\(2\)](#) of the Mental Health Act 'reasonable force' may include gently holding the patient's arms to continue the escort to the destination to prevent escape and/or accidental self-injury due to confusion.
- 3.9.9 The driver or lead escorting clinician must notify the receiving facility that there is a change in transport. That the patient is now transported by ambulance/police due to aggressive behaviour, and assistance will be required at the end of transfer or inform them that the patient has absconded.
- 3.9.10 In case of the patient absconding, the Mental Health Review Tribunal must be reported and if after hours, report on an emergency outside office hours [REDACTED]
- 3.9.11 A comprehensive Clinical Handover at the receiving destination must be provided at the completion of transfer.
- 3.9.12 Any critical incidents must be immediately reported to NSW Police via the emergency services number (000) and their attendance requested. Critical incidents include but are not limited to: actual or attempted absconding; actual or attempted assault of any person; and actual or attempted self-harm.

3.10 Use of Sedation before or During Transport

- 3.10.1 [Section 81\(3\)](#) of the [MH Act](#) allows a patient to be sedated by a person authorised to administer medication, if it is necessary to enable safe transport.
- 3.10.2 Patients may be given medication orally before or during the transfer if such medication has been prescribed by a medical practitioner. The medical practitioner who prescribes such medication must also prescribe a monitoring regime to be followed by the escorting staff and document during the risk assessment. Generally, any forensic patient who has been given an intramuscular medication, should not be transported for at least four hours unless they are being transported to a hospital or Emergency Department by NSW Ambulance.
- 3.10.3 Patients who have received intramuscular medication within twelve hours prior to departure must be reviewed by a medical practitioner before leaving the correctional centre (this is not inclusive of regular long-acting depot medication). Most psychotropic medications have a sedating effect to some degree and the majority of forensic patients are prescribed such medications as part of their treatment. The level of risk this entails will be reflected in and managed via the risk assessment. A patient

who is transported may be given medication orally before or during the transfer if such medication has been prescribed by a medical practitioner.

3.11 Justice Health NSW Escort – In the Event of an Accident

3.11.1 Any driver involved in a motor vehicle accident is required to stop and render assistance if able to do so. Whether on official business or not, the driver must:

- Stop at the scene.
- Attempt to make the scene as safe as possible
- Render assistance to any person injured
- Arrange emergency services as required
- Exchange vehicle and licence information with the other driver(s)
- Not admit liability

3.11.2 The police must be called to the scene of the accident when any of the following occurs:

- Any of the drivers involved in the accident fail to stop after the accident
- Any of the drivers involved in the accident appear to be under the influence of drugs or alcohol

3.11.3 The Police line for reporting an accident is 131 444.

3.11.4 Call emergency services number (000) in an emergency and request police assistance and an ambulance when:

- A person is injured or killed
- The vehicle being used to transport the patient is damaged and cannot be used to complete the transfer and organise an alternative emergency transport for the patient if does not require to attend the local hospital for an injury or suspected injury.
- A staff member is injured and cannot safely complete the transfer and organise an alternative emergency transport for the patient.

3.12 Justice Health NSW Escort – Post transport/transfer

3.12.1 The lead escorting clinician must notify the FMHSM, Custodial Mental Health treating team and the patient's designated carer/principal care provide (as required by the MH Act) that the transfer has been completed.

3.12.2 The reception staff at the JHAC located on the ground floor of the Administration building are available to accept keys being returned from 8:00am - 4:30pm Monday to Friday.

3.12.3 The lead escorting clinician must complete the transfer and handover details in the patients progress notes in JHeHS at the end of shift, or at the beginning of the next shift if the return is out of hours.

3.13 Justice Health NSW Escort - After the transfer in an event of an incident

3.13.1 Any incidents (or near miss's) must be recorded in the incident management system (ims+).

3.13.2 All incidents (or near miss's) must be reported to the Custodial Mental Health Operations Manager - Assertive Care.

3.13.3 The FMHSM and the patient's designated carer/principal care provider must also be notified (as required by the MH Act) that the transfer has been completed or not completed.

3.13.4 In case of the patient in hospital due to injury on the escort, the Mental Health Review Tribunal must be reported the location and incident and if after hours, report on an emergency outside office hours [REDACTED].

3.14 Unexpected release

- 3.14.1 Where a forensic patient is on remand, sentenced or unexpected release but under the Tribunal order require admission in particular mental health facility, addressed in the Tribunal orders or a legal order made by the court.
- 3.14.2 The Custodial Mental Health team should liaise with FMHSM to confirm the legalities for the transfer of the patients and confirmation of the tribunal orders.
- 3.14.3 After verifying the legality of the order to transfer the forensic patient from the correctional centre, FMHSM provides a copy of the order to the Metropolitan Regional Manager & Forensic Liaison Officer CSNSW or CSNSW delegates so that they are notified about the releasing condition from Justice Health NSW perspectives.
- 3.14.4 The patient must be referred to an Assertive Mental Health Care Area for coordination of the orders if possible.
- 3.14.5 The Treating team must communicate with the receiving mental health facility or other health facility such as a nursing home to organise the bed for the patients at the end of the sentence or in case unexpected release or bail is granted.
- 3.14.6 The risk assessment may determine a need for assisted transport. Transport arrangements must be made in accordance with the procedures associated with the administration of security conditions and information sharing protocols between CSNSW and Justice Health NSW in relation to forensic patients. The Treating Team and Metropolitan Regional Manager & Forensic Liaison Officer or CSNSW delegate will negotiate the transfer of care date and time, in order to ensure the completion of paperwork and compliance with Mental Health legislation.

4. Definitions

Must

Indicates a mandatory action to be complied with.

Should

Indicates a recommended action to be complied with unless there are sound reasons for taking a different course of action.

Medication Chart

Refers to a paper-based (Long Stay Medication Chart, National Inpatient Medication Chart) or electronic medication order.

Patient Health Record

A hybrid record of paper-based and electronic information pertaining to the health of the patient.

5. Related documents

Legislations

[Crimes \(Administration of Sentences\) Act 1999 \(CAS Act\)](#)
[Criminal Appeal Act 1912](#)

	Mental Health Act 2007 Mental Health and Cognitive Impairment Forensic Provisions Act 2020 Work Health and Safety Act 2011
Justice Health NSW Policies, Guidelines and Procedures	1.075 Clinical Handover 1.141 Release Planning and Transfer of Care Policy – Adult to External Providers 1.192 Primary Agency for Forensic Patients in Custody (Adults) 1.231 Health Problem Notification Form (Adults) 1.395 Transfer and Transport of Patients 5.011 Alleged Assaults and Incidents Involving Patients 5.135 Security Risk Management 6.014 Managing Forensic Patients in Correctional Centres 6.049 Medication Guidelines 6.139 Custodial Mental Health Patient Flow Procedure 7.018 Risk Management Procedure Electronic Medication Management Solutions (eMEDS)
Justice Health NSW Forms	
NSW Health Policy Directives and Guidelines	PD2012_050 Forensic Mental Health Services PD2018_013 Work Health and Safety: Better Practice Procedures PD2019_020 Clinical Handover – Standard Key Principles PD2019_050 Electronic Medication Management System Governance and Standards PD2020_047 Incident Management PD2022_023 Enterprise-wide Risk Management PD2023_031 NSW Health Vehicle Procurement and Use
Other documents and resources	Custodial Operations Policy and Procedures (COPP) , Section 19 Escorts and Section 23 Release of Inmates NSW Ambulance NSW Police Force Memorandum of Understanding 2018 Patient Transport Service (PTS)