

Home Office



STANDING ORDER 13

Health Care

HEALTH CARE

The aim of the prison health care services (medical, nursing, pharmaceutical) is to provide for prisoners, to the extent that the constraints imposed by the prison environment and the facts of custody allow, a quality of care commensurate with that provided by the National Health Service for the general community, calling upon the specialist services of the NHS as necessary and appropriate.

This Standing Order defines the responsibilities and duties of key members of the health care team at each establishment and sets out some guiding principles and procedures which are important to the achievement of that aim.

References to 'prisoner(s)' should be taken to mean any inmate of a Prison Service establishment.

OTHER RELEVANT ORDERS

Standing Order	Subject
1A	Reception procedure
1F	Escorts
1G	Production of prisoners at court
1H	Transfer
1I	Discharge
3D	Adjudications
3E	Control of violent prisoners
6A	Fitness for work
7C	Fitness for physical education
8	Unsentenced prisoners
1A	Health and safety

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MEDICAL OFFICERS' DUTIES AND RESPONSIBILITIES

1. The Managing Medical Officer (the most senior of the medical officers by grade) is accountable to the Director of Prison Medical Services for maintaining appropriate standards of medical and nursing care and to the Governor for the general performance, efficiency and cost effectiveness of the medical, nursing and pharmaceutical services and the conduct of medical staff. In the discharge of these responsibilities he or she will be advised and assisted by a Health Care Manager (see paragraphs 8 to 11). The health care, mental and physical, of individual prisoners is a responsibility which the Managing Medical Officer shares with medical officer colleagues and such other registered medical practitioners as may from time to time undertake medical duties or be called into consultation. The Managing Medical Officer shall be a member of the senior management team and attend management meetings as agreed with the Governor. He or she will also establish effective working arrangements with other appropriate service managers. With other members of the health care team the Managing Medical Officer will advise on and assist in the health education of prisoners.

2. The Managing Medical Officer will make arrangements for the performance of his or her duties and those of other health care staff in consultation with the Governor and will report to the Governor any matter relating to the health of prisoners generally, or any individual prisoner, which appears to the Managing Medical Officer to require the Governor's consideration.

3. The Managing Medical Officer or a doctor deputed by him or her will attend the prison on each week day, and on other days as necessary, and shall be on call at all times when a doctor is not in attendance. The Managing Medical Officer or a doctor deputed by him or her will:

- (a) separately examine as soon as possible and no later than 24 hours after reception all prisoners received
 - for the first time from court
 - from court after conviction or sentence
 - on transfer from another prison or return from an outside hospital after in-patient treatment or observation
 - after any temporary absence under police escort
 - after any other temporary absence unless in a category specified by the Managing Medical Officer after consultation with the Governor as one in respect of which an examination need not routinely be carried out;
- (b) conduct surgeries for all prisoners who wish to see a medical officer (in this connection the Managing Medical Officer will ensure that adequate facilities exist for prisoners to apply to see a member of the medical staff and for such applications to be recorded);
- (c) visit prisoners undergoing in-patient treatment or observation or who are under special supervision in any location (see paragraphs 29 and 31-32);
- (d) visit at least twice daily any prisoner placed in special accommodation or under body restraint as defined in paragraph 35 of this Order;
- (e) visit as soon as possible after adjudication or removal from association, and thereafter at least every three days, any prisoner undergoing cellular confinement as a consequence of a disciplinary award or removal from association for the maintenance of good order or discipline;

- (f) visit as soon as possible after removal from association and thereafter at least every 7 days any prisoner removed from association in his own interests;
- (g) examine prisoners for the purpose of such reports as are required for official purposes;
- (h) if a pharmacist is not in attendance, supervise the preparation of medicinal products; and
- (i) separately examine every prisoner to be discharged or transferred to another prison, and those to be temporarily released or discharged to court other than in prison custody, and make arrangements for continuity of medical care if appropriate.

4. The Managing Medical Officer or his or her deputy will, if temporarily absent from the prison, inform the nursing officer for the time being in charge of his or her movements so that he or she may be summoned urgently in case of need. At times when no medical officer is on duty at the prison the medical officer who is on call will similarly ensure that he or she may be contacted immediately should his or her services be required.

5. The Managing Medical Officer is responsible for

- ensuring that proper records are kept in accordance with Headquarters instructions
- the effective treatment and care of prisoners
- the effective running of the medical and nursing services
- the chronicling of noteworthy events, and
- the compilation of medical statistics.

The Managing Medical Officer will personally examine the records kept for these purposes from time to time, and will satisfy him or herself that effective arrangements exist to ensure the prompt transfer of relevant medical records when a prisoner is transferred to another establishment.

6. The Managing Medical Officer will prepare annually a report reviewing the state of health of the prison population and the state of medical, pharmaceutical and nursing services during the past year in accordance with Headquarters guidelines. In March and September of each year he or she will personally inspect the prison in the interests of health and hygiene. In the light of the inspection he or she will report to the Governor on the heating, ventilation, light, sanitary conditions, water supply, food, clothing, bedding, the general state of cleanliness and such other matters as he or she considers appropriate. The Governor will submit the report, with his or her observations, to Headquarters (Medical Directorate) and send a copy to the Area Manager. The prison dietary, food hygiene standards, and the quality and quantity of food and drinks served to prisoners will be regularly monitored.

7. The Managing Medical Officer has a general responsibility for ensuring that the training and development needs of medical and nursing staff are met and for making such local arrangements to that end as are practicable. In relation to nursing staff this responsibility will be exercised in consultation with the Health Care Manager.

DUTIES OF NURSING OFFICERS*

8. The Health Care Manager (the most senior nursing officer by grade) is responsible to the Managing Medical Officer for the performance of the nursing services and the maintenance of standards of nursing care which accord with the Code of Professional Conduct of the

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United Kingdom Central Council for Nursing, Midwifery and Health Visiting. He or she is responsible, in consultation with the Managing Medical Officer, to the Governor for the general conduct of nursing staff.

9. The Health Care Manager is responsible for

- the day to day running of the nursing services under the direction of the Managing Medical Officer
- the deployment and general management of nursing staff and the organisation of local training
- ensuring that all parts of the health centre including beds, bedding, clothing and appliances are kept clean and in good condition
- ensuring that patients receive the medicinal products, medical comforts, nursing care, diets and other forms of treatment prescribed by medical officers
- ensuring that medical records are properly kept and used in accordance with the Managing Medical Officer's directions, and
- ensuring that nursing staff receive appropriate training and have a working knowledge of relevant statutory provisions, Standing Orders and Headquarters instructions.

He or she will personally visit all parts of the health centre frequently as well as accompanying medical officers on their rounds as required. He or she will render such other assistance to the Managing Medical Officer and the Managing Medical Officer's medical staff as they may need.

10. In performing their nursing duties nursing officers act under the supervision of medical officers who are responsible for all aspects of the clinical treatment and care (including nursing care) of patients in their charge. Medicinal products which are available only on prescription in the general community may be administered only if they have been prescribed by a medical officer. 'General Sales List' medicines may be issued without prior reference to a doctor if they are of a kind approved and listed by the Managing Medical Officer. In an emergency a nursing officer is expected to carry out first aid measures to prevent harm or deterioration to health or to save life in circumstances in which it is not possible to obtain instructions from a doctor.

11. The duties of nursing officers include:

- carrying out basic nursing care and such specialist nursing care as is within their competence
- observing patients in their charge and alerting a medical officer to any matters relating to the health or treatment of a patient which are considered to warrant medical attention
- keeping accurate records of medication administered and other significant nursing duties undertaken, as required by the Managing Medical Officer, and
- advising medical officers on the statutory provisions, Standing Orders and Headquarters instructions and guidance relevant to the performance of their duties generally or the procedure in a particular case.

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- ensuring that medical records are properly kept and used in accordance with the Managing Medical Officer's directions, and
- ensuring that nursing staff receive appropriate training and have a working knowledge of relevant statutory provisions, Standing Orders and Headquarters instructions.

He or she will personally visit all parts of the health centre frequently as well as accompanying medical officers on their rounds as required. He or she will render such other assistance to the Managing Medical Officer and the Managing Medical Officer's medical staff as they may need.

10. In performing their nursing duties nursing officers act under the supervision of medical officers who are responsible for all aspects of the clinical treatment and care (including nursing care) of patients in their charge. Medicinal products which are available only on prescription in the general community may be administered only if they have been prescribed by a medical officer. 'General Sales List' medicines may be issued without prior reference to a doctor if they are of a kind approved and listed by the Managing Medical Officer. In an emergency a nursing officer is expected to carry out first aid measures to prevent harm or deterioration to health or to save life in circumstances in which it is not possible to obtain instructions from a doctor.

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- observing patients in their charge and alerting a medical officer to any matters relating to the health or treatment of a patient which are considered to warrant medical attention
- keeping accurate records of medication administered and other significant nursing duties undertaken, as required by the Managing Medical Officer, and
- advising medical officers on the statutory provisions, Standing Orders and Headquarters instructions and guidance relevant to the performance of their duties generally or the procedure in a particular case.



12. Nursing officers will not normally be required to undertake ordinary escort duty but will be assigned by the Managing Medical Officer in consultation with the Governor to escorts of prisoners considered to need care or observation.

DUTIES OF PHARMACISTS

13. The Pharmacist is responsible to the Managing Medical Officer of the establishment at which he or she is based (and to the Managing Medical Officer of any other establishment assigned to him or her) for the performance of the pharmaceutical services, and for maintaining pharmaceutical standards in accordance with the Code of Ethics of the Royal Pharmaceutical Society. The Pharmacist will make suitable arrangements for the procurement, storage and maintenance of drugs, medicinal preparations, dressings, pharmaceutical sundries, surgical instruments and other medical equipment and for the promotion of economy in their use. He or she will regularly inspect all locations where medicinal products are stored at all establishments for which he or she is responsible.

14. The Pharmacist is also responsible for formulating and dispensing medicines, and for the issue of medicinal products, dressings, pharmaceutical sundries and medical equipment to the medical and nursing staff of all establishments assigned to him or her. The Pharmacist will be a source of advice to the Managing Medical Officers and Health Care Managers on the management and administration of medicinal products. No compounding will be undertaken other than by a pharmacy technician or a trained compounder. In the absence of a pharmacy technician or compounder medicines will be obtained from the nearest convenient establishment with a pharmacist or from another source approved by the supervising Pharmacist.

15. During leave absences arrangements should be made for the duties of the Pharmacist to be undertaken by a locum tenens or in some other suitable way.

DRUGS, MEDICINES AND INSTRUMENTS

16. The Managing Medical Officer has overall responsibility within the health centre for the security of the pharmacy and the control of drugs, medicines, surgical instruments and other medical items which in a prison pose a risk of unauthorised use. The Managing Medical Officer will in particular determine who shall have access to the pharmacy and will personally ensure that the arrangements for control of keys to the pharmacy, and to secure cupboards within the pharmacy, are satisfactory. At establishments with a pharmacist in post day to day responsibility for these matters will be delegated to the Pharmacist. At other establishments the supervising Pharmacist will advise. All security arrangements in the pharmacy and other areas of the health centre will be determined in consultation with the Head of Operations.

17. An inventory of surgical instruments will be kept by the Pharmacist. The inventory will be kept up to date and the Managing Medical Officer and Pharmacist will write off and arrange for the safe destruction or disposal of unserviceable instruments. Surgical instruments will be kept in a locked cupboard when not in use. The Pharmacist will ensure that the arrangements for storage and stock control of medicinal products and for their issue in each of the establishments for which he or she is responsible meet proper pharmaceutical standards.

MEDICAL AND TREATMENT RECORDS

18. A discrete medical record will be opened for every prisoner on first reception and a record of treatments prescribed and administered will be kept for every prisoner treated. The records will be maintained with appropriate regard to the requirements of medical continuity and confidentiality.

PRESCRIPTION AND ADMINISTRATION OF MEDICINES

19. No drugs controlled by misuse of drugs legislation will be administered to a prisoner in the treatment of drug addiction except on the written authority of a medical officer holding a licence under current regulations or another doctor so licensed. Such authority must be entered in writing in the prisoner's medical and treatment records.

20. No 'Prescription Only' medicine or other medicinal product will be administered to a prisoner unless prescribed by a medical officer or another doctor acting as locum tenens or consultant to a medical officer. In an emergency a 'Prescription Only' medicine may be administered to a prisoner on the oral instructions of a medical officer or other doctor acting as locum tenens or consultant to a medical officer. In that event written instructions must be provided within 24 hours and entered in the treatment records.

21. No form of medicinal product should be administered for more than 28 days without fresh written instructions from a medical officer or doctor acting as locum tenens or consultant to a medical officer.

MEDICINES, DRUGS AND PRESCRIPTIONS HELD BY PRISONERS

22. The reception medical officer will be informed when medicines, drugs or prescriptions form part of a prisoner's private property on reception. If a medical officer is not immediately available the nursing officer on duty in reception should consider what if any medicines need to be retained by the prisoner for essential treatment until the prisoner can be seen by a medical officer. A medical officer should be consulted by telephone before allowing a prisoner to retain a 'Prescription Only' medicine. No prisoner should be allowed to retain a drug controlled by misuse of drugs legislation except on the written authority of a medical officer holding a licence under current regulations or another doctor so licensed. Controlled Drugs found in the property of prisoners should not be destroyed (but should be stored securely in accordance with current regulations governing the safe custody of such drugs) if there is any possibility that they may be required for forensic or criminal investigation.

NOTIFICATION AND STATISTICAL RECORDING OF DRUG ADDICTS/DEPENDANTS

23. The reception of a prisoner who is considered to be or suspected of being addicted to a drug controlled by misuse of drugs legislation must be notified in the prescribed form to the Home Office Drugs Branch. Notification is an important statutory requirement and must always take place when clinically indicated. A copy of the form should be placed in the prisoner's medical record. A list of such cases should be kept for statistical purposes. A separate list should be kept for statistical purposes of prisoners who in the opinion of the reception medical officer are addicted to or dependent upon any type of drug, other than alcohol, not controlled under misuse of drugs legislation.

ETHICAL PRINCIPLES

24. In carrying out their duties and responsibilities medical officers should at all times observe the United Nations Code of Medical Ethics and principles relating to the role of health personnel in the protection of prisoners and detainees against torture and other crimes, inhuman or degrading treatment or punishment.

CONSENT TO TREATMENT

25. In general prisoners are free to accept or decline any medical or psychiatric treatment offered to them. Invasive medical procedures (including procedures necessary for the

administration of medicine) should not be carried out in the absence of the consent of the prisoner (or of a prisoner's parent or guardian if he or she is under 16 years of age) unless without such procedures the prisoner's life would be endangered, serious harm to him or her or to others would be likely, or there would be an irreversible deterioration in the prisoner's condition. (Special considerations govern procedures in the event of food refusal – see paragraphs 39-40). Where treatment involves the administration of a general anaesthetic or other procedure in which there is a risk to life or limb the consent of the prisoner, parent or guardian (as appropriate) should be obtained in writing. Before undertaking such treatment in the case of a prisoner who has reached the age of 16 but is still under 18 years of age, the parent or guardian should, if possible, be informed even if the prisoner's consent has been obtained.

CONSULTATION

26. ~~A medical officer has authority to call another medical practitioner into consultation, and shall do so if time permits before carrying out any invasive medical procedure in the absence of the prisoner's consent. A medical officer should also wherever possible consult the doctor or hospital previously responsible for a patient's treatment where the diagnosis or previous medical history is in doubt, or where the prisoner is considered liable to commit acts of violence against him or against others.~~

VISITING PRACTITIONERS

27. The Managing Medical Officer may, with the approval of the Medical Directorate, arrange for specialist services to be provided by visiting medical or paramedical practitioners on a sessional basis if that is considered to be the most appropriate arrangement medically and economically. Sessional appointments under a contract for service will be made by Headquarters after they have been advertised in accordance with open competition procedures, except in cases in respect of which a local appointment procedure has been approved by Headquarters. Visiting practitioners will be remunerated for their service in accordance with instructions issued by Headquarters.

MEDICAL MANAGEMENT OF PRISONERS WHO FALL SICK

28. Prisoners who report sick and are fit to leave their cell or dormitory will be seen by a medical officer in the health centre at the next scheduled surgery. Prisoners whose condition gives cause for concern or who state that they are too ill to attend the health centre will be seen immediately by a nursing officer who will decide whether a medical officer should be called and whether the prisoner should be removed either to the health centre to await medical examination or to an outside hospital. If the nursing officer considers for any reason that the prisoner should not be removed the medical officer will attend upon the prisoner in his or her cell or wherever he or she is located.

29. The medical officer may give special instructions relating to the regime to be accorded to a prisoner requiring medical or nursing oversight who is not located in the health centre or a medical wing or annexe. Such instructions should be reviewed from time to time by the medical officer and the prisoner should be visited at least once a day by a member of the medical or nursing staff.

ADMISSIONS TO THE HEALTH CENTRE

30. The admission of prisoners to the health centre as in-patients will be at the sole discretion of the Managing Medical Officer or medical or nursing staff acting on his or her behalf.

SPECIAL SUPERVISION

31. The initial medical assessment of all prisoners admitted to the health centre on or shortly after reception into prison, or as a result of concern about their mental state, should include consideration of any special arrangements needed for their supervision to prevent attempts to harm themselves or commit suicide. Where it is considered that special supervision is medically indicated the medical officer will order supervision in one of the following forms:

- (a) continuous supervision, in which the prisoner is observed by a designated officer who remains constantly in his or her presence; or
- (b) intermittent supervision, in which the prisoner is observed by a designated officer at intervals of not more than 15 minutes.

Exceptionally, the nursing officer in charge may order the use of special supervision provisionally in circumstances in which a medical officer is not in attendance. In such a case the instructions of the medical officer on call should be obtained as soon as possible by telephone.

32. Instructions by a medical officer relating to the special supervision, or observation, of a prisoner will be specified in the prescribed form as soon as practicable, and entered in the prisoner's medical record and other appropriate documents. Such prisoners will be visited frequently by medical officers.

33. When a prisoner is in the health centre or under special supervision or observation elsewhere in the prison, the medical officer will be consulted before any news unfavourable to the prisoner is communicated to him or her.

HOMICIDE CASES

34. The location of a prisoner charged with any form of homicide will be specially arranged by a medical officer who will advise the Governor as to what steps should be taken for observation or other purposes. Prisoners charged with murder will initially be placed under observation in the health centre or other location approved by the Managing Medical Officer for that purpose.

SPECIAL MEDICAL ACCOMMODATION AND RESTRAINTS

35. Except in an emergency, a prisoner will be placed in a protective, unfurnished or observation room in the health centre, a cell elsewhere in the prison designated as a medical observation cell or in a loose canvas restraint jacket only on the instruction of a medical officer or other doctor acting as locum tenens or consultant to a medical officer. Account will be taken of current guidelines on the use of protective rooms, unfurnished rooms and loose canvas restraint jackets. Exceptionally, the nursing officer for the time being in charge may authorise such action in the absence of a medical officer. In that event, urgent steps must be taken to seek endorsement of the action by a medical officer or other doctor. The instructions, and endorsement where appropriate, will be recorded in the prisoner's medical record and other appropriate documents. ~~The Governor and Board of Visitors will be notified on the~~ prescribed form when a patient is placed in a protective room or loose canvas restraint jacket. A daily list will be submitted to the Governor and a weekly list to the Board of Visitors of patients confined in unfurnished rooms during the previous 24 hours or seven days respectively. (See Order 3E as regards the use of special non-medical accommodation and restraints.)

REPORTING INCIDENTS OF DELIBERATE SELF-INJURY OR ATTEMPTED SUICIDE

36. Incidents of deliberate self-injury or attempted suicide should be reported to Headquarters (Medical Directorate) in the prescribed form, and recorded for statistical purposes.

SERIOUSLY ILL PRISONERS

37. If a prisoner becomes seriously ill the matter will be reported without delay to the Governor, the Chaplain and the Probation Officer. The Governor will make arrangements to inform the prisoner's relatives or next of kin. Special visits will be allowed in accordance with Order 5A where appropriate.

38. When the medical officer in charge of the case is of the opinion that:

- the illness of a prisoner is likely to terminate fatally within a brief period and the risk of further crime has passed
- a prisoner is likely to be bedridden or similarly incapacitated until his or her earliest date of release and there is no risk of his or her committing further crime before that date if released, and
- in either circumstance the prisoner is in a fit state to be moved and has relatives or friends who would be able and willing to take care of him or her or to make other suitable arrangements for his or her care if the prisoner were released

a report will be submitted in the prescribed form to Headquarters (Medical Directorate) so that consideration may be given to recommending the prisoner's early release from custody. A report should also be submitted if there are considered to be other compelling medical grounds for early release.

PRISONERS REFUSING FOOD OR DRINK

39. When it appears to any member of staff that a prisoner is not taking food or fluids the Governor and a medical officer will be informed. The prisoner will normally be admitted to the health centre and his or her state of health monitored. A report will be submitted in the prescribed form to Headquarters (Medical Directorate). Thereafter weekly reports will be submitted in the prescribed form while the prisoner continues to refuse food or fluids.

40. If the prisoner continues to refuse food and/or fluids and his or her weight falls significantly, or his or her health is in danger of being impaired, an outside consultant should be called in to examine the prisoner. If the consultant confirms that the prisoner's capacity for rational judgement is unimpaired by illness, mental or physical, the medical officer in charge of the case will tell the prisoner that he or she will continue to receive medical supervision and advice, and food and fluids will be made available to him or her, but that there is no rule of practice which requires any medical officer to resort to artificial feeding. The prisoner should be further informed that the consequent and inevitable deterioration in his or her health may be allowed to continue without medical intervention unless he or she specifically requests it. This advice should be given in the presence of another member of the medical or nursing staff and the fact that it has been given recorded. It is essential that the prisoner should not be left with any misunderstanding. The medical officer may consider it desirable to repeat the procedure from time to time.

41. In the case of a prisoner whose capacity for rational judgement is found to be impaired by illness the decision whether to interrupt a period of self-starvation by recourse to artificial feeding by whatever means is a matter for the medical officer's clinical judgement. The decision should however be taken after full consultation with an outside consultant.

42. The medical management of prisoners refusing food and/or fluids should be kept under regular review. If the establishment does not have a full time medical officer, or facilities for 24 hour nursing care, consideration should be given to transferring the prisoner to an establishment with such facilities. Consideration should also be given to whether transfer to an outside hospital might become necessary, and the medical officer should make appropriate contingency plans at an early stage.

43. As soon as the medical officer advises that the prisoner's stated intentions are to be taken seriously the Governor should tell the prisoner that unless he or she specifically directs otherwise the prisoner's spouse or next of kin will be informed. In the case of a prisoner under the age of 18 the next of kin will be informed irrespective of his or her wishes. This will be in advance of, or in addition to, the notification required in the case of a prisoner becoming seriously ill (see paragraph 37).

PREGNANCY

44. When a clinical investigation establishes that a prisoner is pregnant the examining medical officer will report the fact to the Governor. If the birth is expected to take place while the prisoner is in custody the prisoner should be informed that arrangements will be made at the appropriate time for her to be removed to a suitable local hospital or clinic. The plans for the delivery phase should be explained to the prisoner as soon as is clinically appropriate.

45. If the medical officer is of the opinion that the birth is likely to coincide with the prisoner's earliest date of release a report in the prescribed form should be made in good time to Headquarters so that consideration can be given to the possibility of early release to enable the prisoner to have the baby in a hospital near her home.

REPORTING OF BIRTHS

46. In reporting the birth of a child in prison to the Registrar of Births, Marriages and Deaths care will be taken that the wording of the notification does not identify a prison service establishment as the place of birth.

INFECTIOUS DISEASE

47. The Managing Medical Officer will make arrangements which ensure that the Governor is notified immediately of any prisoner who is identified as suffering from a contagious or infectious disease, and of any prisoner who is identified as a carrier of infectious disease for whom special precautions are considered appropriate. He or she will also make such arrangements as are necessary to prevent the spread of disease and to safeguard the health of other prisoners and staff. Cases of HIV infection, AIDS, or AIDS related illness, should be reported immediately to Headquarters (Medical Directorate) in accordance with current instructions.

48. When a prisoner is diagnosed as having an infectious disease which is notifiable under the Public Health (Control of Disease) Act 1984 or regulations made under that Act, the proper officer of the local authority in whose area the establishment is located should be notified at once. Outbreaks (ie multiple cases) of such diseases and of other significant infectious diseases should be reported to Headquarters (Medical Directorate) giving details of the precautions taken and the suspected or known origin of the infection.

49. Local authority environmental health officers should be contacted and called into consultation in the event of a significant outbreak of infectious disease where food is the suspected vector of infection. Their specialist assistance should be sought in investigating the source of an outbreak of food poisoning.

DENTAL CARE

50. A prisoner is eligible for all forms of dental treatment available under the National Health Service. A prisoner who requests dental treatment will be seen in the first instance by a medical officer who, if he or she considers dental treatment to be appropriate, will refer the prisoner for such treatment as the dental surgeon considers necessary and appropriate within the terms of his or her National Health Service contract. The statutory charges normally incurred by the patient under the National Health Service arrangements will be met by the prison.

OPTICAL TREATMENT

51. A prisoner who requests optical treatment will be seen in the first instance by a medical officer who will refer the prisoner to the optician if he or she considers that to be appropriate. Except in the cases of unsentenced prisoners who have not been continuously in prison custody for 4 months, and prisoners with less than 4 months of a determinate sentence still to serve, a financial contribution within prescribed limits will be made by the prison towards charges made for tests and for the supply of spectacles, or replacement lenses, which the optician considers to be clinically appropriate. The maximum rates of contribution will be notified by Headquarters from time to time. Prisoners who wish to be supplied with more expensive spectacles or lenses than can be purchased at the current rate of prison contribution must meet the whole cost themselves from private cash or earnings. Unsentenced prisoners who have not been continuously in custody for 4 months, and prisoners with less than 4 months of a determinate sentence still to serve, may be supplied with spectacles or replacement lenses if they are able and willing to meet the cost from their private cash or earnings.

52. Prisoners who are wearing contact lenses on their reception into prison should normally be allowed to retain them on the understanding that responsibility for their upkeep and replacement, if necessary, is theirs. If they are unwilling to meet the necessary expense they must revert to spectacles and arrangements should be made for spectacles to be supplied if they are not already in possession of them. In circumstances in which contact lenses are clinically indicated (eg cases of extreme myopia where they are recommended by an ophthalmologist as essential for refractive correction) they should be supplied at no cost to the prisoner, together with any solutions necessary for their maintenance. No financial contribution should be made by the prison to the cost of supply of contact lenses for cosmetic reasons.

HEARING AIDS

53. A prisoner may be referred by a medical officer to the local National Health Service hearing aid centre if a hearing aid appears to be clinically indicated. Any National Health Service charge for the supply and fitting should be met from prison funds. Prisoners who wish to buy a hearing aid privately may be allowed to use their private cash or earnings for the purpose provided that the medical officer sees no clinical objection. It should be made clear to prisoners contemplating the private purchase of a hearing aid that it will be their responsibility to meet the cost of purchase, maintenance and repair.

TRANSFERS FOR MEDICAL OR SURGICAL REASONS

54. If a medical officer considers it advisable that a prisoner be transferred to another prison for a medical or surgical reason he or she will make a recommendation in the prescribed form. The recommendation, endorsed by the Governor, will be forwarded to the Governor of the potential receiving prison or (if the prisoner is security category A, or is serving a sentence of imprisonment or custody for life or a sentence under section 53 of the Children and Young Persons Act 1933) in triplicate to Headquarters (Medical Directorate).

TRANSFER FOR PSYCHIATRIC INVESTIGATION/TREATMENT

55. Where a medical officer is of the opinion that a prisoner:

- (a) requires investigation at a psychiatric centre in the prison service or would benefit from psychiatric treatment in such a centre; and
- (b) is willing to be transferred to another establishment for investigation and/or treatment if such a course is decided on; and
- (c) has at least 6 months of his or her sentence to serve, or if not, there are compelling and overriding reasons in favour of such investigation or treatment;

he or she will recommend, in the prescribed form, the prisoner's transfer to a prison which is known to have appropriate facilities for such investigation or treatment. The recommendation, endorsed by the Governor, will be forwarded to the Governor of the potential receiving prison or (if the prisoner is security category A, or is serving a sentence of imprisonment or custody for life or a sentence under section 53 of the Children and Young Persons Act 1933) in triplicate to Headquarters (Medical Directorate).

REMOVAL OR RELEASE FOR PHYSICAL CARE

56. **In-patient care.** A medical officer may make arrangements for a prisoner to receive in-patient treatment, investigation or observation in an outside hospital when in his or her judgement it is essential that the treatment etc should be carried out while the prisoner is in custody and it is not practicable for the treatment etc to be provided by the Prison Medical Service at another prison. It is particularly important to consider the possibility of treatment etc within the prison system in the case of prisoners whose security status is such that a prison officer escort and bedwatch would be required if it were to be received outside.

57. Where the criteria in paragraph 56 are met, the medical officer will seek Headquarters (Medical Directorate) authority for the prisoner's removal under section 22(2)(b) of the Prison Act 1952 in the prescribed form. If the prisoner is security category A the Governor will seek authority for the removal separately from DOC1 Division in accordance with current instructions. When in the medical officer's opinion it is imperative that the prisoner be removed to hospital in advance of written authority, the authority should be obtained by telephone. Only where the medical officer is of the opinion that any delay would endanger the prisoner's life will he or she personally authorise the prisoner's removal. The Governor's power of temporary release under Prison Rule 6 and Young Offender Institution Rule 6 should not be used to enable a prisoner to receive in-patient treatment in an outside hospital.

58. Where temporary removal for in-patient treatment, investigation or observation has been approved, the Governor should inform the hospital management on the prescribed form that while in hospital the prisoner will still be in legal custody until his or her sentence expires or is otherwise terminated, and that the prisoner should not be removed from the hospital or be permitted to go outside the premises without the Governor's authority. The hospital management should also be asked to inform the Governor should the prisoner attempt to do so, or to take his or her discharge or to abscond, or should the prisoner die. The prisoner should not, as far as the hospital arrangements permit, be removed to the hospital from prison until immediately prior to the proposed treatment, investigation or observation. Arrangements will also be made with the hospital management for the prisoner to be returned to prison as soon as his or her presence in the hospital is no longer clinically necessary.

59. **Out-patient care.** A prisoner who is eligible and suitable for temporary release under Prison Rule 6 or Young Offender Institution Rule 6 may be released by the Governor in order to receive out-patient treatment or investigation recommended by a medical officer, provided that an overnight absence is not involved. Current instructions should be followed.

PRIVATE TREATMENT

60. If unconvicted prisoners wish to be attended by a doctor or dentist of their choice, and will pay any expense incurred, the Governor shall, if he or she is satisfied that there are reasonable grounds for the request and unless he or she is directed to do otherwise, allow the prisoner to be visited and treated by a nominated doctor or dentist in consultation with the medical officer in clinical charge of the case.

61. A prisoner, whether unconvicted or convicted, may receive in-patient treatment in a private hospital or clinic, or a private room in a National Health Service hospital, only in exceptional circumstances. For such an arrangement to be considered a medical officer must have satisfied himself

- that in-patient hospital treatment is necessary
- ~~that it is clinically advisable that the treatment~~ be carried out during the period in which the prisoner is likely to be in custody
- that the treatment cannot be carried out in a prison service hospital
- and that either
 - the prisoner could be treated significantly earlier privately in a hospital within reasonable distance of the prison than under National Health Service arrangements
 - or the prisoner had received an appointment for private in-patient treatment before he or she came into prison.

The Governor must also satisfy him or herself that the prisoner has private medical insurance, or otherwise has adequate funds at his or her disposal, and that suitable arrangements will be made for all costs (including the cost of any necessary prison officer escort or bedwatch) to be met. There must also be assurance that the prisoner will not remain in hospital longer than necessary and that facilities will not be provided for the prisoner which might be enjoyed by a private patient in the community but which are not necessary for the purpose of medical treatment. Where these criteria are satisfied, and the medical services provided at the hospital are considered to be of an adequate standard, the medical officer may arrange for the treatment to be received privately. It will not normally be appropriate to allow a prisoner to receive out-patient treatment on a private basis.

CONTINUITY OF CARE AFTER DISCHARGE

62. Where a prisoner is receiving medication immediately prior to discharge or has a medical history in custody which it would be medically appropriate to bring to the notice of the general practitioner, clinic or hospital assuming responsibility for the prisoner's health care on discharge, the medical officer will seek to communicate the salient details. Where the medical history in custody includes mental disorder requiring continuity of treatment or care, whether or not the prisoner is considered to be detainable under the Mental Health Act 1983, the medical officer should consider inviting the medical practitioner concerned (with the patient's consent if appropriate) to visit the prison for the purpose of making his or her own assessment of the prisoner's need on discharge.

63. A close working relationship between the health centre and the probation department should be established to ensure that patients with needs receive appropriate social support during custody and after discharge.

MENTALLY DISORDERED PRISONERS: LEGAL PROVISIONS AND PROCEDURES

64. Medical officers will familiarise themselves with the terms of the Mental Health Act 1983 (in particular Part III of that Act), the Criminal Procedure (Insanity) Act 1964, the explanatory memorandum on the 1983 Act and Code of Practice, issued by the Department of Health, and current Headquarters instructions.

65. During the course of their examination of prisoners on reception medical officers will be alert for cases where appropriate action might include a reference in a report to court

- as to fitness to plead or a recommendation for remand to hospital for report or treatment under, respectively, section 35 or 36 of the Mental Health Act 1983
- or a recommendation for hospital order or an interim hospital order under, respectively, section 37 or 38 of the Act.

Such advice should be offered to the court whenever it is clinically indicated **and irrespective of whether it has been expressly sought.**

66. When transfer to hospital under section 47 or 48 of the Mental Health Act 1983 is indicated by the medical officer's clinical assessment the appropriate procedures should be instituted promptly.

67. If a medical officer considers that a prisoner in any of the categories described in section 48(2) of the Mental Health Act 1983 (prisoners other than those serving a sentence) is suffering from a form of mental disorder described in section 48(1) of that Act of such a nature or degree that he or she is in urgent need of being removed to a hospital for treatment, he or she will submit reports to the Criminal Policy Department (C3 Division) in the prescribed form with a view to the issue of a transfer direction by the Secretary of State.

68. If a medical officer considers that a prisoner serving a sentence of imprisonment as defined in section 47(5) of the Mental Health Act 1983 is suffering from a form of mental disorder described in section 47(1) of that Act of such a nature or degree that the prisoner should be removed to a hospital for treatment, he or she will submit reports to C3 Division in the prescribed form with a view to the issue of a transfer direction by the Secretary of State. The medical officer will also ensure that C3 Division is immediately notified of any changes to the prisoner's earliest date of release (EDR) which occur between the submission of these reports and the issuing of a transfer direction.

69. On receipt of the Secretary of State's warrant directing transfer under section 47 or 48 of the Mental Health Act 1983, arrangements should be made direct with the hospital named in the order for the transfer to be carried out without delay. The transfer direction ceases to have effect after 14 days from the date it is made, unless the prisoner is transferred to the specified hospital during that time. In case of difficulty or delay in arranging transfer, an immediate report should be made to C3 Division. Where a prisoner transferred to hospital under section 47 is the subject of a restriction direction under section 49 of the 1983 Act, arrangements should be made to ensure that C3 Division and the hospital authorities are told of any changes to the prisoner's EDR **as soon as they occur.**

70. If a prisoner who is shortly to be discharged from custody is, in the opinion of the medical officer, ~~suffering from a form of mental disorder~~ of a nature or degree which makes it appropriate for him or her to be admitted to a hospital on release from custody, either informally or under Part II of the Mental Health Act 1983, an early approach should be made to a consultant psychiatrist at a hospital within whose catchment area the prisoner's home address is situated. If that is unsuccessful, the medical officer should approach the Regional Medical Officer of the Regional Health Authority (in Wales, the district medical officer) responsible for the hospital concerned and seek his or her help in arranging the patient's admission. If arrangements for admission to a hospital can be made and the consultant

psychiatrist considers that this should be informal, the medical officer should afford the prisoner and the receiving hospital such help as he or she is able to give to assist the successful completion of the arrangements.

71. The pending discharge of a prisoner who is considered suitable for compulsory detention under Part III of the Mental Health Act 1983, but in whose case it has not been possible to arrange admission to a hospital, should be notified in the prescribed form to the District Medical Officer for the area in which the prisoner intends to reside. The prisoner should be informed that this notification is being sent.

72. Arrangements for the continuity of care on discharge of a mentally disordered prisoner are described in paragraph 62.