COPP 6.1 Prisoner Access to Health Care

Prison

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| PrinciplesAs referenced in the [Guiding Principles for Corrections in Australia, 2018](http://justus/intranet/department/standards/Pages/ops-standards.aspx):4.1.5 Prisoners are provided with appropriate health practitioners to deliver the right care at the right time, consistent with equivalent codes of conduct and professional/ethical standards as those applying to public health services in the community.4.1.9 Prisoners are provided with respectful and culturally appropriate health care.2.3.15 Appropriate and timely notifications are made to prisoners in the event of the death or life threatening illness or injury of a family member, with support provided to address their individual needs and continued wellbeing. |

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# Scope

This Commissioner’s Operating Policy and Procedure (COPP) applies to all prisons administered by or on behalf of the Department of Justice (the Department).

# Policy

The Department has a responsibility to ensure health care is provided to prisoners[[1]](#footnote-1). Primary health care shall be available in prisons, with secondary and tertiary care generally provided at community health facilities, where necessary.

Prisoners do not have access to the Medicare benefits provided by the Australian Government since the State Government provides prisoners their health services[[2]](#footnote-2).

Prisoners may be permitted to have medical aids brought into prison with them or delivered at the gate in their possession in prison, in accordance with [COPP 3.1 – Managing Prisoner Property](http://justus/intranet/prison-operations/Pages/prison-copps.aspx).

Smoking in prisons shall be managed in accordance with [COPP – 6.7 Smoke Free Prisons](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.wa.gov.au%2Fsystem%2Ffiles%2F2022-11%2FCOPP-6.7.docx&wdOrigin=BROWSELINK).

The Department encourages prisoners to take responsibility for improving their health status and preventing illness.

The next of kin/legally appointed guardian are advised where a prisoner has a serious injury or illness.

Prison staff shall be aware that a prisoner’s health information is confidential and shall not be shared unless with Health Services staff for medical reasons.

For more information on the medical items and services raised in this COPP, Prison Officers should contact Health Services staff, including the Director of Medical Services (DMS).

# Access to Prison Health Centre

## Prisoner request

### Prisoners may request a primary health consultation, with the Prison’s Health Centre (Health Centre), at no cost. Superintendents shall ensure procedures are in place for prisoners to request appointments with the Health Centre.

### Health appointments will be assessed and triaged by the onsite Health Services staff.

## Officer request

### Prison Officers are to contact the Health Centre and request an assessment by Health Services staff, where there are concerns for the health and wellbeing of a prisoner.

# Medical Costs

## Overview

### Prisoners shall be provided with oral, optical and audiological services and items consistent with the Western Australian (WA) Public Health System where there is a genuine clinically assessed need for treatment.

### Any medical services and items not paid for or supplied through the WA Public Health System or the National Disability Insurance Scheme (NDIS) shall be paid for by the prisoner, which includes (but not limited to):

1. optical care/aids and accessories (other than basic frames and single vision lenses)
2. dental care (refer to Section 4.2)
3. hearing aids
4. podiatry items including orthotics and specialist footwear
5. ancillary health services and supplies.

### If a prisoner requests the purchase of any additional medical item, the prisoner shall bear all costs associated with obtaining the item (private consultation fees, the cost of the item, procedural costs, staff time and transport costs).

### To pay for the item, the prisoner shall complete the **C63** Form. The prisoner is required to demonstrate the ability to pay for the item before the item is ordered.

### In exceptional circumstances, the DMS may approve the provision of a medical service or item above those normally provided where it is assessed to be critical for the prisoner’s health.

## Dental examinations and treatments

### Prisoners are eligible for routine dental examinations and treatments that are available to the general public through the WA Public Health System. Prosthetic and/or orthodontic treatment (including, but not limited to cosmetic treatment, crowns bridges and wires and cost of staff time incurred) are available at the prisoner’s own expense.

## Optical examinations and optical aids

### Prisoners are eligible for routine optical examinations of a type available to the general public from the WA Public Health System.

### The Department will not fund contact lenses for a prisoner.

### If a prisoner is permitted to have contact lenses in prison (refer to [COPP 3.1 – Managing Prisoner Property](http://justus/intranet/prison-operations/Pages/prison-copps.aspx)), it is the prisoner’s responsibility to cover the cost and care of their contact lenses including the cost of cleansing solution. Contact lens solution can be purchased through the prison canteen.

## Audiological tests

### Prisoners are eligible for routine audiological (hearing) tests of a type available to the general public through the WA Public Health System.

## Orthopaedic appliances

### Prisoners with disabilities or who are permanently or temporarily incapacitated as a result of an illness, injury or congenital condition may require specialised medical equipment/appliances or surgical footwear.

### Items shall only be ordered where it is considered beneficial to the prisoner as clinically assessed by Health Services.

### Following an appropriate assessment, Health Services may provide these items where they would be available for free in the WA Public Health System, following approval by the DMS.

## Replacement of medical and health items

### Prisoners are required to bear the cost of replacement, loss or damage to items (i.e. hearing aids and batteries, glasses, dentures).

# Prisoner with Disability

### A prisoner with a disability shall be managed in accordance with [COPP 4.8 –Prisoner with Disability](http://justus/intranet/prison-operations/Pages/prison-copps.aspx).

# Private Health Consultation and Treatment

## Overview

### Prisoners may request a private health consultation and treatment provided the prisoner meets all associated costs. For more information about Health Services procedures see [Health Services Policies and Procedures (PM 37 - Private Health Consultations for Adult Patients)](http://justus/communities/health-services/Pages/Policy-and-Procedure.aspx).

### Prisoners may request an absence permit for an external private health consultation, in accordance with [COPP 14.5 – Authorised Absences and Absence Permits](http://justus/intranet/prison-operations/Pages/prison-copps.aspx).

### Approval for a private health consultation will be considered by the DMS in consultation with the Superintendent. Consideration of the request will include:

1. are there clinical grounds for private consultation?
2. are the clinical services not reasonably available in the WA Public Health System?
3. can the prisoner meet the associated costs?

# Health Education Program

## General requirements

### Prisoners shall have access to a range of culturally appropriate health education programs and information. In addition, prisoners shall have access to specific information related to their identified medical condition where available.

### Prisoners receive mandatory blood borne virus education:

1. within 14 days of being received into prison; and
2. within 3 months prior to release to community (refer to [Appendix A – Blood Borne Virus Education Program](#_Appendix_A_–)).

## Provision of condoms and dental dams

### Condoms are to be available to all prisoners on such terms and at such times as the Superintendent considers appropriate.

### Dental dams are to be available to all prisoners on such terms and at such times as the Superintendent considers appropriate.

# Medical Emergency and Hospitalisation

## General requirements

### In the event a prisoner has a medical emergency, prison staff shall follow the prison’s relevant Emergency Management Plan.

### If there are no Health Services staff on duty, the most senior Prison Officer may contact the on-call Medical Practitioner.

### A message should be left if not answered, which will be responded to at the first available opportunity.

### All advice provided shall be recorded by the Prison Officer on TOMS, including the name of the Health Services staff member providing the advice.

### Where a prisoner requires hospitalisation, the escort shall be conducted in accordance with [COPP 12.3 – Conducting Escorts](http://justus/intranet/prison-operations/Pages/prison-copps.aspx).

### The Superintendent shall consider contacting a prisoner’s next of kin in accordance with section 8, however this shall not delay the treatment or request for assistance.

### The Superintendent shall ensure TOMS is checked for a guardianship alert so that a prisoner’s guardian is contacted in cases where treatment decisions may be required (refer to [Information on Guardianship Orders and Administration Orders](http://justus/intranet/prison-operations/Documents/guardianship-admin-orders-guide.pdf)).

### If a Prison Officer involved in an incident, has reasonable suspicion that there has been a transfer of bodily fluids, they shall follow procedures at [COPP 13.1 - Appendix C – Mandatory Testing of Prisoners for Infectious Diseases](http://justus/intranet/prison-operations/Pages/prison-copps.aspx).

### Placement in an observation or medical observation cell requires careful consideration and should be for the shortest time possible. Refer to [COPP 4.9 – At-Risk Prisoners](http://justus/intranet/prison-operations/Pages/prison-copps.aspx) and [COPP 5.2 – Observation Cells](http://justus/intranet/prison-operations/Pages/prison-copps.aspx).

# Next of Kin Notifications

## General requirements

### In accordance with [COPP 2.1 – Reception](http://justus/intranet/prison-operations/Pages/prison-copps.aspx), the next of kin details in the TOMS Receiving Module shall be completed. If a prisoner is not in a condition to clearly indicate their wishes at that time, the module should be completed as soon as is practicable.

### The Superintendent/OIC shall, subject to security considerations, ensure the prisoner's next of kin/legally appointed guardian is advised of the removal of the prisoner to a hospital or other place of assessment/treatment as a result of serious injury or illness.

## Hospitalisation for other reasons

### The Superintendent/OIC shall consider notifying the next of kin/legally appointed guardian in the event a prisoner is taken to a medical facility for other reasons. The consideration shall include the following:

1. severity of the injury/illness. Medical advice will be important in determining the severity of the condition
2. physical/emotional impact of the injury/illness to the prisoner
3. impact of the notification on the next of kin or other nominated person (e.g. the person may be in poor health)
4. security considerations.

## Notification

### If notification is to occur, the Superintendent/OIC has the discretion to immediately notify the next of kin/legally appointed guardian or wait until the following day if the occurrence happens at night. The Superintendent shall take into account:

1. severity of the injury/illness
2. advice of medical staff
3. the wishes of the prisoner if they are capable of expressing them clearly
4. any physical or intellectual disability (including drug withdrawal), which may prevent the prisoner from clearly expressing their wishes
5. any other known factors.

### If the guardian contact details are not available on TOMS, the Disability Coordination team can be contacted to check the TOMS Guardianship Order/Administration Order alert.

## Decision to delay or not to notify next of kin/legal guardian

### If the next of kin/legally appointed guardian notification has been delayed, or it has been decided not to notify the next of kin/legally appointed guardian because of security considerations, Escorting Officers shall immediately inform the Superintendent/OIC when Health Services staff advise:

1. death is imminent or
2. the prisoner is physically incapable of escape.

### This information shall be used to review any earlier decision to delay notification or not to notify the next of kin/legally appointed guardian.

## Recording

### The reasons for notifying or not notifying the next of kin/legally appointed guardian shall be recorded by the person making the decision in TOMS offender notes.

### Unsuccessful attempts in contacting the next of kin/legally appointed guardian shall be recorded in TOMS offender notes.

## Deterioration of a prisoner’s health

### After hospital admission, Escorting Officers shall immediately inform the Superintendent/OIC when Health Services staff advise:

1. a significant change of a prisoner’s status (e.g. the condition becomes serious, there are health complications, or the prisoner is unexpectedly transferred to an Intensive Care Unit)
2. the prisoner has been diagnosed with a terminal medical condition
3. there is a serious or imminent threat to the prisoner’s life.

### The Superintendent/OIC shall notify the prisoner’s next of kin/legally appointed guardian, subject to security considerations.

### Escorting Officers shall immediately inform the Superintendent/OIC, when a prisoner has been diagnosed with a terminal medical condition and requests to notify person(s) who are not listed as next of kin. The Superintendent/OIC shall consider notifying the other person(s) to the prisoner’s hospitalisation/diagnosis.

### The Superintendent/OIC shall update the DMS of a prisoner’s deterioration.

# After Hours Medical Care

## Health Centre staffed 24/7

### Sites having 24/7 Health Services staff may approach the Nurse to attend the prisoner, who will then provide the medical care in consultation with the On-Call Medical Practitioner.

## Health Centre without 24/7 staff

### Sites without 24/7 Health Services staff will require the attending Prison Officer (first responder) to attend to the prisoner and if required to contact the On-Call Medical Practitioner via the designated phone number.

### If leaving a message, an appropriate phone number should be provided for the Medical Practitioner to call back and provide further instructions.

### The contact with the Medical Practitioner shall be recorded on TOMS.

# Standing Orders

## General requirements

### Superintendents may develop Standing Orders compliant with this COPP as operationally required.

### For prisons requiring a Standing Order this shall be compliant with [COPP 1.3 – Standing Orders](http://justus/intranet/prison-operations/StandingOrders/Forms/AllItems.aspx) and the Departments [Operational Policy and Procedure Framework](http://justus/intranet/department/standards/Pages/ops-standards.aspx).

### The Standing Order may include:

1. process for a prisoner to request an:
* local (prison) Health Centre consultation
* additional medical/health item(s)
* external private health consultation(s)
1. management of prisoners attending the Health Centre

# Annexures

## Appendix

* [Appendix A – Blood Borne Virus Education Programme](#_Appendix_A_–)

## Related COPPs and other documents

**Related COPPs**

* [COPP 1.3 – Standing Orders](http://justus/intranet/prison-operations/Pages/prison-copps.aspx)
* [COPP 2.1 – Reception](http://justus/intranet/prison-operations/Pages/prison-copps.aspx)
* [COPP 3.1 – Managing Prisoner Property](http://justus/intranet/prison-operations/Pages/prison-copps.aspx)
* [COPP 4.9 – At-Risk Prisoners](http://justus/intranet/prison-operations/Pages/prison-copps.aspx)
* [COPP 5.2 – Observation Cells](http://justus/intranet/prison-operations/Pages/prison-copps.aspx)
* [COPP – 6.7 Smoke Free Prisons](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.wa.gov.au%2Fsystem%2Ffiles%2F2022-11%2FCOPP-6.7.docx&wdOrigin=BROWSELINK)
* [COPP 12.3 – Conducting Escorts](http://justus/intranet/prison-operations/Pages/prison-copps.aspx)
* [COPP 13.1 – Incident Notifications, Reporting and Communications](http://justus/intranet/prison-operations/Pages/prison-copps.aspx)
* [COPP 14.5 – Authorised Absences and Absence Permits](http://justus/intranet/prison-operations/Pages/prison-copps.aspx)

**Other documents**

* [Information on Guardianship Orders and Administration Orders](http://justus/intranet/prison-operations/Documents/guardianship-admin-orders-guide.pdf)
* [Health Services Policies and Procedures (PM 37 - Private Health Consultations for Adult Patients)](http://justus/communities/health-services/Pages/Policy-and-Procedure.aspx)

## Definitions and acronyms

|  |  |
| --- | --- |
| Term | Definition  |
| Commissioner’s Operating Policy and Procedures (COPP) | COPPs are policy documents that provide instructions to staff as to how the relevant legislative requirements are implemented. |
| Cosmetic procedures | Procedures which alter or enhance a person’s appearance towards some aesthetic ideal. Also known as ‘aesthetic procedures’.  |
| DMS | Director Medical Services |
| Escorting Officers | A Prison Officer, Officer employed under the Court Security & Custodial Services Contract, or an Officer employed by a private prison contractor who is trained to conduct prisoner escorts |
| Guiding Principles for Corrections in Australia, 2018  | The guidelines and the accompanying principles constitute outcomes or goals to be achieved, rather than a set of absolute standards or laws to be enforced. They represent a statement of intent that each Australian State and Territory can use to develop their own range of relevant legislative policy and performance standards to reflect best practice and community demands. |
| Health care | Health care is the sum of all actions, preventative and therapeutic, taken to meet the physical, mental and special needs of a person to ensure their well-being. Health care includes medical, dental, mental health, dietetics, and includes health education and health promotion. |
| Next of Kin | For this policy, the term refers to the person(s) which the prisoner nominates as a contact to inform when they have a significant health issue. The person(s) nominated may include their spouse, the closest blood relative or a kinship/extended family relative. |
| Orthopaedic appliances | See Prosthesis and orthosis.  |
| Orthosis | A special prescribed device that serves to support, assist the function of, or prevent movement in a body part such as a foot, limb or the spine. Types of orthosis include braces, splints, corsets, collars, and special shoes or shoe inserts specifically manufactured for the alleviation of medical conditions and temporary or permanent disabilities.  |
| Primary health care | The first point of consultation within the health profession.  |
| Prosthesis | An artificial substitute for a missing body part, such as an artificial limb.  |
| Secondary health care | Health services provided by medical specialists and other health professionals who generally do not have first contact with patients.  |
| Serious illness or injury | Serious illness or injury, for the purpose of this policy, includes any illness or injury that: 1. requires surgery involving the application of general anaesthetic
2. involves treatment for mental illness
3. may result in permanent damage to health or
4. is likely to, whether treated or not, result in some disablement or permanent reduction in the prisoner's health.
 |
| Superintendent | A person designated as a Superintendent under section 36(1) [*Prisons Act 1981*](http://www.slp.wa.gov.au/legislation/statutes.nsf/main_mrtitle_751_homepage.html) and includes any reference to the position responsible for the management of a private prison under Part IIIA [*Prisons Act 1981*](http://www.slp.wa.gov.au/legislation/statutes.nsf/main_mrtitle_751_homepage.html). Does not extend to the Officer in Charge (OIC) of a prison. |
| Terminal Medical Condition | One or more medical conditions that on their own or as a group may significantly increase a prisoner’s potential to die in custody, having regard to the nature of the condition(s) and the length of the prisoner’s sentence. |
| Tertiary health care | Specialised consultative health care, usually for inpatients and on referral from a primary or secondary health professional in a facility that has personnel and facilities for advanced medical investigation and treatment.  |

## Related legislation

* *Health Insurance Act 1973* (Cth)
* *Prisons Act 1981*
* *Work Health and Safety Act 2020*

# Assurance

It is expected that:

1. Prisons will undertake local compliance in accordance with the [Compliance Manual](http://justus/intranet/department/standards/Pages/monitoring.aspx).
2. The relevant Deputy Commissioner within Head Office will undertake management oversight as required.
3. Operational Compliance will undertake checks in accordance with the [Compliance Framework.](http://justus/intranet/department/standards/Pages/monitoring.aspx)
4. Independent oversight will be undertaken as required.

# Document Version History

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Version no | Primary author(s) | Description of version | Date completed | Effectivedate |
| 0.1 | Operational Policy | Initial draft | 28 November 2019 | N/A |
| 0.2 | Operational Policy | Updated following consultation | 13 January 2020 | N/A |
| 0.3 | Operational Policy | Tabled for approval with the Project Steering Committee | 28 January 2020 | N/A |
| 0.4 | Operational Policy | Updated following feedback from the Project Steering Committee | 29 February 2020 | N/A |
| 0.5 | Operational Policy  | Approved by the Project Steering Committee | 3 March 2020 | N/A |
| 0.6 | Operational Policy  | Minor formatting amendments | 14 July 2020 | N/A |
| 0.7 | Operational Policy  | Minor amendment | 4 August 2020 | N/A |
| 1.0 | Operational Policy  | Approved by the Director Operational Projects, Policy, Compliance and Contracts  | 9 April 2021 | 28 June 2021 |
| 1.1 | Operational Policy | Scheduled Review | 23 March 2023 | N/A |
| 2.0 | Operational Policy | Approved by the Director Operational Projects, Policy, Compliance and Contracts | 28 March 2023 | 28 March 2023 |

Appendix A – Blood Borne Virus Education Program

**Background**

The Blood Borne Virus (BBV) Education Program (often referred to as ‘Health in Prison, Health Outta Prison’ or HIP HOP) contains education strategies that inform offenders about BBVs and Sexually Transmitted Infections (STIs) including prevention, harm reduction and treatment. The program is designed to effectively target offenders during different stages of their incarceration, at entry and prior to release.

There is a Work Health and Safety requirement for staff and prisoners to be aware of transmission risks around blood and body substances ([Communicable Diseases Procedure](http://justus/intranet/human-resources/safety-health/Pages/osh.aspx)). There is also a duty of care responsibility for the Department to provide offenders with sufficient information on BBVs so that people are better prepared to protect themselves against transmission, in what is a very high-risk environment.

Attendance at this BBV Education Program is mandatory and considered a necessary part of orientation into the prison environment (and prior to release to community).

The Department has a Service Agreement in place with Hepatitis WA (Inc) for the delivery of the BBV Education Program for prisons. Program frequency is outlined in the table below.

|  |  |
| --- | --- |
| Custodial Facility | Number of sessions per month  |
| Bandyup Women’s Prison | 4 |
| Boronia Pre-Release Centre for Women | 1 |
| Bunbury Regional Prison | 2 |
| Casuarina Prison | 8 |
| Hakea Prison | 20 |
| Karnet Prison Farm | 2 |
| Wooroloo Prison Farm | 2 |

Delivery of the program at regional prisons will be maintained as per the current arrangements through existing service providers. Where program delivery is not in place in a regional prison, opportunities must be explored in collaboration with Health Services as soon as practicable.

**Eligibility**

All offenders, are to attend a BBV Education Program session within 14 days of arrival into prison, maintaining the Department’s requirements for offenders to be aware of transmission risks in a high-risk environment.

Occasions where an offender is not required to attend a BBV Education Program session include:

* They have been transferred from another prison where they attended a session; or
* They have attended a session within the last 12 months.

Additionally, all adult offenders are to attend a pre-release session within 3 months of their Earliest Release Date (ERD) unless they have attended a session in the last 12 months. This session prior to release provides information about available health services in the community and where to access health support, referrals and resources.

Where it has been 3 years or more since an offender has attended a session, consideration should be given to re-schedule attendance due to advancements in clinical management and treatment of BBVs that can occur over time. For example, direct-acting antiviral treatment provides a cure for over 90% of people with chronic Hepatitis C. This treatment became available to community on the Pharmaceutical Benefits Scheme in 2016 with pathways for prisoners to access this treatment available since 2018, therefore sentenced prisoners who entered prison prior to 2016 may not be aware of this cure.

**Responsibilities**

Superintendents are responsible for managing the uptake of sessions and ensuring the following procedures are met at their respective sites.

Program coordination at each custodial facility shall be delegated to an individual to ensure that the following systems are established and maintained:

* Provide a designated area where the sessions can be delivered.
	+ Groups should be limited to 12 people in all adult custodial facilities.
* Provide storage for program materials.
* Provide Security Orientation to new presenters prior to them delivering any sessions.
* Provide a safe and secure working environment for presenters, with ready access to custodial staff.
* Use TOMS generated lists of offenders to identify eligible program participants.
* Ensure participants are scheduled and released into the sessions.
* Ensure the lists of scheduled participants are provided to Units the day before the session to allow preparation for the participants to be directed to the designated area the following day.
* Re-schedule any participants who did not complete the total program (more than 90% of the session) to another session.
* Record attendance and completion of the session on TOMS, on the day that the session was held (to avoid any re-scheduling if an offender is transferred).

If a session cancellation occurs, presenters should be informed in advance of the cancellation to avoid any costs associated with late cancellation notice.

**Related documents**

* [DOJ Occupational Health and Safety Procedures, Communicable Diseases Procedure.](http://justus/intranet/human-resources/safety-health/OSH/communicable-diseases-procedure.pdf)
* [Health Services Policy and Procedure, CD03 Management of Exposure to Blood or Body Substance for Staff and Patients](http://justus/communities/health-services/Policy%20and%20Procedure%20Documents/CD03%20Management%20of%20Exposure%20to%20Blood%20and%20Body%20Substances%20for%20Adult%20Patients.pdf).
1. s.95A *Prisons Act 1981* [↑](#footnote-ref-1)
2. s.19(2) *Health Insurance Act 1973* (Cth) [↑](#footnote-ref-2)