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## **National Bowel Screening Programme**

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### **Guidance for Managing Prisoners taking part in Bowel Screening**

Health New Zealand | Te Whatu Ora

## Purpose

This guidance is to help ensure all reasonable measures are taken to protect patient privacy and ensure staff and public safety, when prisoners take part in the National Bowel Screening Programme (NBSP). It is for staff working for the NBSP with an understanding of the programme pathway and Bowel Screening Register (BSR).

## Scope

This guidance applies to NBSP teams throughout New Zealand and should be read in conjunction with local district hospital policies for managing all prisoners receiving hospital care and treatment.

## Definitions

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| <i>Department of Corrections</i>                | <a href="https://www.corrections.govt.nz/">https://www.corrections.govt.nz/</a>  |
| <i>Corrections facility</i>                     | New Zealand prison.  |
| <i>Prisoner who is a patient (the prisoner)</i> | A person sentenced to a legal period of imprisonment by the New Zealand justice system, who is a patient visiting a healthcare facility/hospital for the purposes of participating in bowel screening. |
| <i>Participant</i>                              | A person who has been invited and agrees to participate in bowel screening.  |
| <i>Custodial agency</i>                         | An agency that has responsibility for the custody of a person confined to a legal period of imprisonment by the New Zealand justice system.  |
| <i>Custodial escort</i>                         | An officer of a correctional institution contracted to provide services by a custodial agency e.g., a corrections officer.   |
| <i>Corrections officer</i>                      | An officer of a correctional facility/prison employed to supervise prisoners' daily routine.   |
| <i>Faecal immunochemical test (FIT)</i>         | Bowel screening test.  |
| <i>Prison health unit, general practitioner</i> | General practitioner working in a health unit located in a corrections facility that provides primary healthcare and nursing care to prisoners.  |
| <i>Health NZ facility</i>                       | District hospital.   |
| <i>NBSP nursing team</i>                        | District hospital bowel screening nursing team.  |

## Abbreviations

|                   |  |
|-------------------|--|
| <b>GP and GPT</b> | General practitioner/General practice team |
| <b>NZDC</b>       | New Zealand Department of Corrections      |
| <b>NBSP</b>       | National Bowel Screening Programme         |
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## Notification of a prisoner's positive FIT and referral for colonoscopy

1. If known and nominated, the prisoner's usual GP will have received notification of the prisoner's positive FIT.
2. Note: In the following scenarios the correction facility's prison health unit team, where the prisoner is currently residing, should always be consulted.

### **Scenario one**

3. If the prisoner's usual GP is aware that the participant with the positive FIT is currently residing as a prisoner in a corrections facility:
  - they should liaise with the prison health unit's GP to ensure the prisoner is advised of the positive FIT within 10 working days and provide information about further investigations as per the NBSP pathway and send an information-only colonoscopy referral via the usual referral pathway, to the bowel screening service in the region where the prisoner usually resides, advising that the participant is currently a prisoner in a corrections facility.
  - On receipt of this information-only referral, the district hospital NBSP nursing team within the region the prisoner usually resides in, should contact the NBSP nursing team in the district hospital closest to the prisoner's corrections facility, to arrange for a colonoscopy.  
([https://www.corrections.govt.nz/about\\_us/getting\\_in\\_touch/our\\_locations](https://www.corrections.govt.nz/about_us/getting_in_touch/our_locations).)
  - Once the selected district hospital accepts the referral, their NBSP nursing team becomes the responsible district team for managing the prisoner's colonoscopy and any follow-up related to the bowel screening colonoscopy, including updating the bowel screening register (BSR).

### **Scenario two**

4. If the prisoner does not have a GP, or does not consent for their usual GP or the prison health unit's GP to be involved:
  - either the NBSP nursing team at the district hospital in the region the prisoner usually resides in, or the hospital closest to the prison, may advise the prisoner within 10 working days of the positive FIT result (and provide information about further investigations as per the NBSP pathway) and/or

- the NBSP nursing team can see (via BSR) that the positive FIT result has not been sent to the prisoner's usual GP, they may contact the prisoner (via the prison health unit) before day 11 and offer another opportunity for the prisoner's usual GP or the prison health unit GP, to be notified.

### **Scenario three**

5. If the prisoner wants their usual GP and/or the prison unit's GP to be notified, the district nursing team within the region the prisoner usually resides in should:
  - ask the prisoner if they would prefer to have a GP consultation first or continue with booking a colonoscopy and
  - if the prisoner agrees, they should contact the NBSP nursing team in the district hospital closest to the prisoner's corrections facility, to arrange for a colonoscopy.

### **Responsibility for arranging the colonoscopy**

6. Once the handover to the district hospital is accepted and documented, the selected district hospital accepts the referral and their NBSP nursing team becomes the responsible district team for managing the prisoner's colonoscopy and any follow-up related to the bowel screening colonoscopy, including updating the BSR.
7. The NBSP nursing team in the district hospital within the region that the prisoner usually resides in must transfer responsibility for the colonoscopy to the new district (closest to the prisoner's corrections facility) by ticking the appropriate box in BSR.
8. Depending on the outcome of the bowel screening colonoscopy and with consent from the prisoner:
  - the prisoner may require further investigation (e.g., polypectomy site check or any surgery/treatment) at the same district hospital the bowel screening colonoscopy was provided in
  - the prisoner may be referred for further follow-up on the district hospital's surveillance wait list (symptomatic pathway), in the district where the prisoner usually resides or
  - the prisoner will be invited to participate in bowel screening in five years' time.
9. Any bowel screening colonoscopy follow-up and all further investigations agreed to by the prisoner must be arranged in liaison with prison health unit staff for the duration of the prisoner's custodial period.
10. All bookings for colonoscopy procedures should be arranged as per the district's local prison policies and procedures.

## **Responsibility for managing prisoners attending colonoscopy procedures**

11. The bowel screening nurse/preassessment nurse has the responsibility for informing the nurse in charge of the unit where the colonoscopy procedure is taking place that the patient is under the custody of New Zealand Department of Corrections (NZDC).
12. NZDC is the custodial agency responsible for assessing, classifying and communicating the level of risk posed by a prisoner and is therefore responsible for providing appropriate security measures to manage and mitigate that risk during the prisoner's time in hospital.
13. NZDC corrections officers are responsible for escorting the prisoner to the hospital for investigations at the allocated appointment time. Appropriate physical restraints in accordance with the prisoner's security classification should be implemented as per NZDC policy and procedures.
14. NZDC corrections officers are responsible for the whereabouts of the prisoner at all times during the prisoner's time in the hospital. They must advise the nurse in charge of the unit providing the colonoscopy procedure if there are any real or potential security breaches and/or potential risks to other patients, staff or visitors.
15. The nurse in charge of the unit will liaise with district hospital security staff according to local district hospital policies and procedures.
16. Health New Zealand | Te Whatu Ora staff are responsible for the healthcare and health outcomes of patients who are prisoners.
17. Health NZ staff are not responsible for preventing the patient from escaping.
18. All phone calls received by the hospital about the prisoner should be directed to corrections staff.
19. Health NZ staff should not provide any information to callers by telephone. Any requests for information about appointment dates and times should be redirected to NZDC and reported to the corrections officer/s escorting the prisoner as per local district hospital policies and procedures.
20. Prisoners should be verbally informed of the colonoscopy results. In line with local district hospital policies and procedures, the prisoner's endoscopy report and discharge summary should be addressed to, and sent to, the prison health unit. With the prisoner's approval, copies should also be sent to their usual GP.

## **Associated documents**

- Memorandum of Understanding between the Department of Corrections and the Ministry of Health 2012
- Code of Health and Disability Consumers' Rights Regulations 1996
- Health Information Privacy Code (HIPC) 2020
- Human Rights Act 1993
- Privacy Act 1993
- Crimes Act 1961
- Corrections Regulations 2005
- Corrections Act 2004

- Health New Zealand Privacy Statement 2024
- Official Information Act 1982
- Health Act 1956
- The NBSP, National Coordination Centre - Whakarongorau Aotearoa privacy statement <https://whakarongorau.nz/>