

ACT Health
Primary Health
Notification Form

Justice Health Services

Complete details or affix label

URN: _____

Surname: _____

Given name: _____

DOB: _____ Gender: _____

Justice Health Services (JHS) would like to inform ACT Corrective Services (ACTCS) that the detainee has been assessed and the following information is offered for your consideration. The information provided is consistent with section 21.2(a) of the *Corrections Management Act 2007*, and *Health Records (Privacy & Access) Act 1997*.

JHS: Please do not use medical jargon, use clear terms, clear language and write legibly. See guide to descriptions.

ACTCS: Please advise JHS staff if you require clarification regarding the contents of the form, or if you are unable to implement the recommendations.

It is important to follow the recommendations on this form to maintain and improve client's health. If the recommendations cannot be implemented, please notify a JHS staff member promptly. An update or review of the requirements of this form can be obtained on request from JHS.

Medical Observations:	Nil	M1	M2	M3
Frequency:		15 x 24	30 x 24	60 x 24

Signs/Symptoms to look for in the client: ACTCS officers please monitor the patient for the following signs and report any observations of these to JHS staff so they can address the health issue.

What signs/symptoms ACTCS officers need to look for:	Until when (date)?

If you have any concerns please notify Justice Health Services or the afterhours on-call medical officer

Please take the precautions indicated to protect your health and safety when in contact with the patient (Y/N):

Y	<p><u>Standard Precautions are to be used at all times</u> Wash hands, wear gloves and/or eyewear and/or overalls if there is any likelihood of handling or being splashed with blood or body fluids</p>
	<p>Airborne Precautions: Client and officer to wear N95 particulate filter mask (from clinic); use single-inmate transport vehicle, single room with door shut and turn off air conditioning that circulates to other rooms.</p>
	<p>Droplet Precautions: Wear gloves, eyewear, mask when within coughing/sneezing/spitting distance.</p>
	<p>Contact Precautions: Wear gloves and overalls when in contact with client</p>

Completed by:

Signature	Print Name	Designation	Date	Time
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This information is being provided for the purpose of professional information sharing to ensure the safe management of the detainee and should not be used for any other purpose. The information is provided within the provisions of Section 67 of the Corrections Management Act 2007 and cannot be distributed or used for any purpose that will contravene the safeguards of the Health Records Act 1997.