



Ministry of Health of Kuwait

Title: MOH policy for health care services for patients from correctional facilities in the state of Kuwait	
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Notes:	

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1. Introduction:

- 1.1. Prisoners in correctional facilities and prisons in the state of Kuwait are subject to the prison organization law No.26 of the year 1962 article 72 which states that every designated prison and correctional facility in the state of Kuwait is to have a medical unit headed by a responsible team of physicians and health care providers who are responsible for overseeing the health of inmates and ensuring they receive the necessary and optimal standard of care (both preventive and interventional).
- 1.2. Article 76 of the above law states that the prison/correctional facility designated most responsible physician is expected to manage the patients under his/her care according to the internal and national treatment policies and decide accordingly if the patient needs further care in the state health care facilities, namely the designated Ministry of Health (MOH) health care facilities.

1.3.As such and with the Kuwait MOH hospitals designated as back up facilities for the care of prisoners in need, it is paramount to implement a policy that organizes the supportive care and services needed.

2. **Objective:**

2.1 This policy is aimed at delineating responsibilities (of the prison designated healthcare facilities and those of the MOH) organizing the supportive health care services provided by them to the inmates in the respective correctional facilities.

3. **Definitions:**

3.1.MRP: Most Responsible Physician

3.2.Inmate: Person detained in a holding or correctional facility

3.3.Health care facility: any facility that can admit and provide medical care for a patient

3.4.Health care provider: Health Care Provider (HCP), generally refers to any individual; including but not limited to, physicians, nurses, physiotherapists, technicians, that during their professional activities may directly or indirectly recommend, administer and/or determine the medical and/or related services for the patient.

3.5.Mass casualty incident (MCI): events where the number of injured patients exceeds the resources of the healthcare institution to the degree that care may not be available or may be limited for a portion of the casualties.

3.6.Security measures: procedures performed by the health care facility and MOI security personnel aimed at maintaining isolation of the inmate from the public.

3.7.MOH: Ministry of Health

3.8.MOJ: Ministry of Justice

3.9.MOI: Ministry of Interior

3.10.Holding facilities: facilities where inmates are detained permanently or temporarily.

3.10.1. Peripheral holding facility (e.g., police station holding cell, MOJ holding cell, airport etc.)

3.10.2. Central holding facility (e.g., central prison, juvenile detention center, women central prison, deportation holding center)

3.11.ERP: Emergency room physician

3.12.ER: Emergency room

3.13.EMS: Emergency medical services

3.14.KCMH: Kuwait Center for Mental Health (formally psychiatric hospital)

4. **Routine prisoners physical and mental checkups:**

4.1.Article 73 of law No.26 of the year 1962 states that every prisoner/inmate must have a mental and physical check up on presentation to the facility (prison) prior to confinement.

4.2.As such, the designated prison/correctional facility medical unit will provide such clinical services upon receipt of the respective inmate.

4.3.The MOH hospitals will **not** provide such routine checkups for prisoners enroute from one facility to another without a documented witnessed history of traumatic injury or acute disease process occurring from the correctional facility enroute.

5. **Medical emergencies, traumatic injuries, and cardiac arrest**

5.1.Central Holding Facility

5.1.1. For inmates, suffering a medical emergency (e.g., acute coronary syndrome, cerebrovascular accident, heart failure, etc.), traumatic injuries or cardiac arrest, resuscitation and supportive care is to be performed by the designated respective prison medical unit and the patient is thereafter transferred to the respective prison health care facility accordingly.

5.1.2. If further intervention is deemed best provided by an MOH facility, the prison MRP is to ensure transport accordingly in a timely manner and communication with the recipient designated health care facility in accordance with the MOH interhospital policy standards.

5.2.Peripheral Holding Facility

5.2.1. For inmates, suffering a medical emergency (e.g., loss of consciousness, chest pain, shortness of breath, etc.) or traumatic injuries or cardiac arrest, resuscitation and care is to be provided by the on-site first

responders and EMS with transport of the patient to the nearest MOH health care facility for further management and care.

6. Death of inmate:

- 6.1.If an inmate passes away while incarcerated in a central holding facility, the declaration, investigation and or processing, is to be performed by the designated respective prison health care facility (and or forensic medicine as seen fit by the respective prison designated MRP) (article 83).
- 6.2.If an inmate passes away while incarcerated in a peripheral holding facility, declaration, investigation processing, and or review is to be performed by the designated respective forensic medicine.
- 6.3.If an inmate passes away while enroute from one facility to another, initial assessment, and declaration, is to be performed by the closest MOH hospital enroute; the ERP is to assess and declare death and refer to the designated respective forensic medicine.

7. MOH designated hospitals for care of the incarcerated:

- 7.1.For emergency room, general medical (and subspecialities) and general surgical care (ward admission, dialysis clinics, etc.):
 - 7.1.1. The first tier MOH hospital is Farwaniya Hospital which is designated as the lead hospital back up for general medical and surgical pathologies and diseases not available or provided by the prison designated health care facility.
 - 7.1.2. The back up hospitals, to which the patient maybe referred when the first tier designated MOH hospital lacks the necessary resources, include the following:
 - 7.1.2.1.First - Al Sabah Hospital
 - 7.1.2.2.Second - Al Jahra Hospital
 - 7.1.2.3. Third -Mubarak Al Kabeer Hospital
- 7.2.Specialized medical/ surgical care
 - 7.2.1. For Cardio thoracic surgery and interventional cardiology:

- 7.2.1.1. For thoracic pathologies, the first tier MOH facility is the designated site in which the thoracic surgery team may provide its services (i.e., Farwaniya Hospital).
- 7.2.1.2. For cardiac pathologies requiring surgery or interventional cardiology, the closest MOH facility with interventional cardiology resources and cardiac surgical services (Chest Disease Hospital, Sabah Health Directorate) is the designated site.
- 7.2.2. For vascular pathologies requiring vascular surgical intervention:
 - 7.2.2.1. Vascular surgical services at the index first tier designated MOH hospital (Farwaniya hospital).
 - 7.2.2.2. Other pathologies requiring endovascular surgical intervention:
 - 7.2.2.2.1. Support and services will be provided by the index first tier designated MOH hospital (Farwaniya hospital) and or MOH hospitals with the respective facilities and services.
- 7.2.3. Neurosurgery:
 - 7.2.3.1. For emergency procedures of the central nervous system (e.g., traumatic brain injury, intracerebral hemorrhage): supportive care and management is to be provided in the index first tier designated MOH hospital (Farwaniya Hospital) and or its back up facilities.
 - 7.2.3.2. For neurological pathologies requiring elective and urgent more advanced neurosurgical procedures (e.g., tumor, AVM, SAH cooling etc.) supportive care and management is to be provided in Ibn Sina Hospital and/or Jaber Al Ahmed Hospital.
- 7.2.4. Kuwait Center for Mental Health (KCMH)
 - 7.2.4.1. As per article 79, the prison designated MRP has to assess the inmate/patient and consult the MOH psychiatry unit for assessment prior to transfer to KCMH, after which the prison warden is to be informed accordingly for the necessary procedures.

8. **Mass casualty/incident in correctional facility:**

8.1. At times of prison/correctional facility mass incident the following should be applied

8.1.1. Mass incident in central correctional facility:

8.1.1.1. If a mass incident (e.g., fire, explosion, toxic spillage, etc.) occurs in a central correctional facility/prison, the prison designated health care facility physician should inform the designated MOH hospital to activate and implement the MOH mass casualty onsite policy. (the regional fire department and police station must be informed by the correctional facility personnel) (See attached diagram)

8.1.1.2. If a mass incident occurs in central correctional facility/prison, and the number of inmates requiring medical attention exceeds the manpower of the prison designated health care facility and medical unit but not the facility resources, the prison MRP should inform the designated MOH hospital to activate and implement the MOH mass casualty onsite policy and send medical personnel for support accordingly (e.g., nurses, doctors, technicians etc.)

8.1.1.3. If a mass incident occurs in a central correctional facility/prison, and the number of inmates requiring medical attention exceeds the prison health care facility manpower AND resources, the prison MRP should inform the designated MOH hospital to activate and implement the MOH code orange policy in preparation for receipt of inmate patients after triage by the correctional facility medical team.

8.1.1.4. The MOH receiving facilities are to designate wards for the inmates to ensure proper clustering and tight security measures is to be provided by the MOI.

8.1.2. **Mass incident in peripheral correctional facility:**

8.1.2.1. If a mass incident (e.g., fire, explosion, toxic spillage, etc.) occurs in a peripheral correctional facility/prison, resulting in inmate

injuries, the most senior officer onsite should inform the regional fire department and/or police station and the closest designated MOH hospital to activate and implement the MOH mass casualty onsite policy if deemed necessary by the recipient hospital incident commander.

8.1.2.2. The MOH receiving facilities are to designate wards/area for the inmates to ensure proper clustering and tight security measures is to be provided by MOI.

(See attached Diagram)

9. **administrative responsibilities**

9.1. The chief medical officers of all designated health care facilities are expected to ensure their respective clinical departments are oriented to this policy with designated areas established in accordance with this policy and coordination with their regional MOI or correctional facility representatives, taking into consideration isolation of the patient cohort and all the necessary security and safety related set up is ensured and maintained.

9.2. Operational policies are to be established regarding care for patients admitted from correctional facilities.

9.3. Review of available and necessary resources and allocated space is to be done every 2 years with updates of this policy and reported to the director of technical affairs.

Attachments

- the mass causality diagram

