

## Health Assessments in Male and Female Adult Correctional Centres and Police Cells

<b>Policy Number</b>	1.225
<b>Policy Function</b>	Continuum of Care
<b>Issue Date</b>	12 July 2017 ( <i>minor edit on 25 June 2019 to remove the content of section 3.1</i> )
<b>Summary</b>	This policy outlines the standardised clinical screening and assessment processes across Justice Health & Forensic Mental Health Network to ensure appropriate health assessments are completed to identify patients with acute and/or chronic conditions.
<b>Responsible Officer</b>	Executive Director Clinical Operations
<b>Applicable Sites</b>	<input type="checkbox"/> Administration Centres <input checked="" type="checkbox"/> Community Sites (e.g. Court Liaison Service, Community Integration Team, etc.) <input checked="" type="checkbox"/> Health Centres (Adult Correctional Centres or Police Cells) <input type="checkbox"/> Health Centres (Juvenile Justice Centres) <input checked="" type="checkbox"/> Long Bay Hospital <input type="checkbox"/> Forensic Hospital
<b>Previous Issue(s)</b>	Policy 1.225 (May 2015; Mar 2011)
<b>Change Summary</b>	<ul style="list-style-type: none"><li>• Reviewed to incorporate clinical documentation practice audit findings and associated recommendations</li><li>• Updated to include revised process for Chronic Disease Screen</li></ul>
<b>TRIM Reference</b>	POLJH/1225
<b>Authorised by</b>	Chief Executive, Justice Health & Forensic Mental Health Network

## 1. Preface

Justice Health and Forensic Mental Health Network (the Network) is committed to providing appropriate patient centred care within Adult Correctional Centres and identified Police Cell locations. This is facilitated through a staged health assessment process that commences with a reception screening assessment. This usually occurs when the patient arrives at a reception centre. Further assessments are undertaken in a planned and co-ordinated manner with follow up appointments arranged for those patients identified at risk of developing or currently have a diagnosed acute and/or chronic condition.

## 2. Policy Content

Staged health care provision is provided for all patients with the aim of identifying, managing and reviewing patients based on clinical need and best practice guidelines.

The following processes illustrate the approach by the Network as an organisation to a patient's health care journey. These processes must not be altered at a local level. Any changes deemed necessary will be made by the Network Clinical Operations Committee following consultation with front line clinicians/staff, managers and/or patients.

### 2.1 Mandatory Requirements

Health care provision is facilitated via the following processes:

#### 2.1.1 Police Cells Triage (PCT)

The focus of this assessment is to identify and manage clinical risk and stabilisation of a patient's immediate health needs. This assessment is paper based and is used for *Police Bail Refused (PBR)* patients in police custody.

RN's working in Sydney Police Cells should complete a Police Cell Complex – Reception Triage Process form for patients under custodial care.

Where possible the PCT should be completed within 24 hours of reception to the Health Centre.

#### 2.1.2 Reception Screening Assessment (RSA)

The purpose of the RSA is to assess patients for any Primary Health, Mental Health, Drug and Alcohol and Population Health issues that require immediate or ongoing treatment. When further management of any identified conditions are required a waitlist entry must be made via Patient Administration System (PAS) to the appropriate health specialist.

#### 2.1.3 Gross Observation of Patients

Sometimes a clinician may not be able to perform a RSA, for example, if the patient is uncooperative, confused, violent, or sedated. In this situation gross observation must be conducted and will provide important information. Clinicians should document the below key observation points (NSW Health [Mental Health for Emergency Departments A Reference Guide 2015](#)) in the patient's Health Record using the clinical documentation at the point of care – SOAP Methodology.

#### Appearance

- Description (tall, short, thin, obese, gender, age)
- Odour (alcohol, ketosis, chemical poisoning, strong body odour)

- Presentation (well-groomed, dishevelled, unshaven)
- Scars from previous self-harm (be aware that some self-harm may occur in areas of the body that is not obvious (e.g. thighs, abdomen, breasts))
- Substance abuse (track marks)
- Medical information bracelet (epilepsy, diabetes etc.)
- Obvious signs of injury
- Manner (e.g. pacing, restless, calm)
- Colour (e.g. cyanosed, flushed, pale)

### Gross neurology

- Moving all limbs
- Facial asymmetry
- Tremor
- Orientation (are aware they are in hospital)
- Level of consciousness (note if stable or fluctuating)
- Pupils (size, reactivity, equality)
- Signs of head injury (recent or old)

#### 2.1.4 Chronic Disease Screen

The assessment and management of chronic disease takes place with the use of the following clinical assessment and management processes:

- Chronic Disease Screen
- Multidisciplinary Care Plan
- Clinical Pathways as identified in the Chronic Conditions Guidelines

#### 2.1.5 Chronic Care Clinical Pathways

The Network [Procedure for Managing Patients with a Chronic Condition in Custody](#) and [Chronic Conditions Clinical Pathways](#) are designed to aid in the assessment and management of chronic conditions within the environment in which the Network clinicians deliver health care. They provide a pathway of care from reception, while in custody and to release. The Chronic Conditions Guidelines assist clinicians to manage patients with diagnosed or suspected chronic conditions.

## 3. Procedure Content

### 3.1 Police Cells

For the health assessment in Police Cells please refer to policy [1.111 Court and Police Cell Complexes \(Adults\) Healthcare Responsibilities](#).

## 3.2 Reception Screening Assessment (RSA)

### 3.2.1. Reception from Police Cells to Health Centre

- An RN or EN must complete an RSA in JHeHS for all patients entering NSW Correctional Centres. When started in Police Cells, the RSA will be completed by another nurse in the reception health centre.
- The RN or EN must check, review, update and/or cease all active and inactive PAS alerts, health conditions, allergies and adverse drug reactions to inform the current RSA. The completion of this review including documentation of any health conditions, allergies or adverse drug reactions must be documented in the patients' health record.
- Where possible an RSA should be completed within 24 hours of reception to the health centre. If this is not possible due to psychological or physical impairment, an appropriate primary health nurse appointment must be made on PAS for immediate treatment and as soon as the patient is stable and capable.
- When a health condition is identified during the reception assessment of the patient:
  - Health conditions, Allergies or Adverse Drug Reactions must be placed on JHeHS and documented in the patients' health record
  - Alerts must be placed in PAS
  - *HPNF* must be completed and referred to CSNSW
  - *ROI* must be sought from the patient's regular health service provider; Health Centre staff are responsible for managing the ROI waitlist in PAS and for reviewing received documents in JHeHS. JHeHS must be updated accordingly in regards to health condition information.
  - PAS appointments must be made via PAS to the appropriate health practitioner
  - A care plan must be developed and documented in the patients' health record

### 3.2.2. Long Bay Hospital

When a patient is admitted directly to Long Bay Hospital the RSA must be completed as soon as is practical by the RN or EN. The RSA must be completed in addition to the LBH admission protocol.

### 3.2.3. After Hours Admissions to Health Centres:

- If a new patient arrives at a health centre after hours, CSNSW will notify the (AHNM) of arrival.
- The RSA is to be completed as soon as possible, i.e. next time nursing staff attend the health centre.

### 3.2.4. Training requirements for Nursing Staff undertaking Reception Screening

RN's and EN's are required to gain experience or education in mental health, physical health and drug and alcohol assessment and management before completion of the RSA Education program on HETI. This is linked to the practical requirements undertaken at a reception health centre. RNs and EN's working at Reception Centres or Police Cells may apply for the Reception Screening Education course via HETI online.

### 3.3 Chronic Disease Screen (CDS)

A patient's ongoing assessment and management take place using the following clinical assessment and management processes:

- Chronic Disease Screen (CDS)
- Multidisciplinary Care Plan (MCP)
- Clinical pathways as identified in the Network [Procedure for Managing Patients with a Chronic Condition in Custody](#) and [Chronic Conditions Clinical Pathways](#)

The CDS must be completed by an RN or EN in JHeHS. There are three criteria that determine if a patient requires a CDS;

1. Patients with a confirmed chronic condition (following release of information to community practitioner confirming the condition).
2. All Aboriginal and/or Torres Strait Islander patients who are 35 years old and over.
3. All non-Aboriginal and/or Torres Strait Islander patients who are 55 years old and over.

The aim of the CDS is to assess, identify and manage chronic diseases for patients in custody. All patients who have a CDS completed should also have a MCP completed, to ensure continuity of care.

If during the chronic disease assessment there are symptoms identified that indicate the need for further investigation, the patient will be referred via PAS to the appropriate clinical stream for expert management of the chronic illness e.g. Drug and Alcohol, Mental Health, Population Health. Patients identified with a chronic condition must be referred to the Integrated Care Service as appropriate.

Patients with identified acute or chronic conditions must be treated according to clinical guidelines or defined clinical pathways and placed on appropriate waiting lists on PAS for clinicians in the respective clinical streams.

#### 3.3.1. Initial CDS

- If a patient meets the CDS criteria at the time the RSA is completed the patient must be placed on the 'Initial Chronic Disease Screen' waiting list on PAS including a 'see by' date. The patient must have a CDS completed in JHeHS within 30 days of RSA.
- If a patient meets the criteria at another point during their incarceration (e.g. is diagnosed with a chronic disease or reaches the age of 55 years), a CDS must be completed in JHeHS within 30 days of the patients' presentation to health staff. The patient should be placed on the 'Initial Chronic Disease Screen' waiting list on PAS including a 'see by' date.
- The CDS can be completed on any patient at any time deemed appropriate by the health practitioner. Clinicians are encouraged to exercise clinical autonomy as appropriate.

#### 3.3.2. Follow up CDS

- Once a patient has had an initial CDS they must be placed on the 'CDS Follow up' waiting list on PAS including a 'see by' date if they require a follow up.
- Patients being treated for chronic illness must have a CDS included in the MCP every 2 years.

- The patient must be placed on the 'CDS Follow Up' waiting list on PAS including a 'see by' date.
- Aboriginal or Torres Strait Islander patients over 45 years or Non Aboriginal patients over 55 years must have a CDS every 2 years. The patient must be placed on the 'CDS Follow Up' waiting list on PAS including a 'see by' date.

### 3.4 Multidisciplinary Care Plan (MCP)

All patients who have a CDS completed must have a MCP completed on JHeHS. This will be completed with reference to the clinical pathways defined in the Procedure for Managing Patients with a Chronic Condition in Custody, the [Chronic Conditions Clinical Pathways](#) and PAS processes. Included in the Multidisciplinary Care Plan (MCP) will be the timeframe for the patients next CDS as decided by the clinician and the appropriate pathway.

Any health conditions identified during the CDS will appear on the MCP for treatment by all clinical streams. The MCP will outline treatment of any health conditions, clinical findings and the interventions initiated to manage them.

The MCP must be completed and updated on JHeHS and must not be printed or replicated anywhere else. All disciplines and specialties as appropriate are expected to contribute to the MCP and be instrumental in the timely review of the MCP. Every effort should be made for the MCP to be written in collaboration with the patient. Once initiated, patients will have one MCP in JHeHS which will be updated continuously over time.

A waiting list entry for any patient follow-up documented in the MCP must be booked via PAS.

A MCP can be completed on any patient at any time deemed appropriate by health staff. Clinicians are encouraged to exercise clinical autonomy as appropriate.

### 3.5 Procedure for Managing Patients with a Chronic Condition in Custody and the Chronic Conditions Clinical Pathways

#### 3.5.1. Chronic Conditions Clinical Pathways

The Network [Procedure for Managing Patients with a Chronic Condition in Custody](#) and the [Chronic Conditions Clinical Pathways](#) are designed to assist clinicians in assessment, timely diagnosis and management of chronic conditions and within the Network. They provide a pathway of care from reception through to release, including nomination of which member of the multidisciplinary team is responsible for each required assessment and intervention. The [Chronic Conditions Clinical Pathways](#) are underpinned by the best available evidence and reflect standard of care provisions which are already adopted in the wider community.

the Network [Procedure for Managing Patients with a Chronic Condition in Custody](#) and the [Chronic Conditions Clinical Pathways](#) are available on the Network Intranet.

#### 3.5.2 Transfer of Relevant Clinical Information to CSNSW/the Private Operators

Information in relation to the health of the patient is transferred to CSNSW/the private operators via the *HPNF*. Confidential clinical details must not be disseminated to CSNSW/ the private operators but instructions on how to care/manage the patient must be provided and clearly communicated via the *HPNF* and PAS Alerts. Designated PAS alerts are also shared automatically with CSNSW Offender Integrated Management System (OIMS) as identified in PAS and also in the Chronic

Conditions Toolkit. This will assist CSNSW/the private operators to provide appropriate care, accommodation and access to health services that are in keeping with the patient's clinical needs.

## 4. Definitions

### Must

Indicates a mandatory action to be complied with.

### Should

Indicates a recommended action to be complied with unless there are sound reasons for taking a different course of action.

## 5. Legislation and Related Documents

Network Policies,  
Procedures & Guidelines

[1.111](#) *Court and Police Cell Complexes (Adults) Healthcare Responsibilities*

[1.130](#) *Dental Services*

[1.135](#) *Special Diets – Clinically Recommended*

[1.230](#) *Health Care Interpreter Services – Culturally and Linguistically Diverse Patients*

[1.231](#) *Health Problem Notification Form (Adults)*

[1.262](#) *Medical and Nursing Certificates (Adults)*

[1.395](#) *Transfer and Transport of Patients*

[1.430](#) *Management of Pregnant Women in Custody*

[4.030](#) *Release of Health Information*

[5.155](#) *Management of Nicotine Dependence and Smoking Cessation*

[4.014](#) *Clinical Applications - Non-Clinical Alerts, Health Conditions and Allergies or Adverse Drug Reactions*

[Procedure for Managing Patients with a Chronic Condition in Custody](#)

[Chronic Conditions Clinical Pathways](#)

[Drug and Alcohol Procedure Manual \(Oct 2014\)](#)

[PAS Quick Step Guides](#)

NSW Health Policy  
Documents

[PD2005\\_406](#) *Consent to Medical Treatment – Patient Information*

[Mental Health for Emergency Departments A Reference Guide 2015](#)

Commonwealth of  
Australia  
Department of Health

[National chronic disease strategy](#)