

## Health Problem Notification Form (Adults)

**Policy Number** 1.231

**Policy Function** Continuum of Care

**Issue Date** 9 September 2019

**Summary** The Health Problem Notification Form communicates Justice Health and Forensic Mental Health Network advice and recommendations regarding an adult patient's clinical status to Corrective Services NSW.

This policy provides guidelines on the appropriate implementation of a Health Problem Notification Form to improve communication between Corrective Services NSW and the Network regarding the clinical needs and risks of adult patients.

**Responsible Officer** Executive Director Clinical Operations

**Applicable Sites**

- Administration Centres
- Community Sites (e.g. Court Liaison Service, Community Integration Team, etc.)
- Health Centres (Adult Correctional Centres or Police Cells)
- Health Centres (Youth Justice NSW)
- Long Bay Hospital
- Forensic Hospital

**Previous Issue(s)** Policy 1.231 (Dec 2008; Aug 2012; Jun 2016; Jul 2018)

**Change Summary**

- Inclusion of Risk of Bleeding Alert
- Delete that the Health Problem Notification Form (HPNF) can be used to recommend to Corrective Services NSW patient transfer to another centre
- Inclusion that Network staff need to discuss short term management of complex patients in the centre until an appropriate correctional centre is identified as per policy 1.395 – *Transfer and Transport of Patients*.
- Inclusion of type, duration and frequency of observation required when recommending a camera cell for any reason.
- In the event of a request from CSNSW staff relating to responding to a cell call alarm initiated by a patient with a healthcare issue previously identified by Network staff, that a Network staff member (where applicable/on duty) is to accompany CSNSW staff to the cell



in order to assist in ascertaining that the patient is in good health

**TRIM Reference** POLJH/1231

**Authorised by** Chief Executive, Justice Health and Forensic Mental Health Network

## 1. Preface

The Health Problem Notification Form (HPNF) (JUS005.001) communicates Justice Health and Forensic Mental Health Network (the Network) advice and recommendations regarding an adult patient's clinical status to Corrective Services New South Wales (CSNSW). This information may concern cell placement recommendation, or possible signs of conditions and illness, such as substance withdrawal, mental health, or patients on blood thinning agents such as warfarin and enoxaparin sodium (Clexane). Additionally, it is also used to recommend additional precautions (i.e. Airborne, Droplet or Contact Precautions) for managing patients with suspected or confirmed communicable diseases and infections.

This policy provides guidelines on the appropriate use of a HPNF to improve communication between CSNSW, private providers and the Network regarding the clinical needs and risks of adult patients and suitable placement and management requirements without disclosing a patient's health information.

## 2. Policy Content

### 2.1 Mandatory Requirements

The Network clinicians have a duty of care and a statutory duty to advise CSNSW custodial officers of actual or potential 'at-risk' health problems. The HPNF is designed specifically for this purpose.

Formal recommendations must occur at time of reception screening or whenever a patient's clinical presentation changes. Relevant signs or symptoms must be expressed in 'lay language' for CSNSW custodial officers (refer to Guide Descriptions in Lay Language on [Appendix 1](#)).

The HPNF should also be used to provide:

1. Clinically based recommendations regarding a patient's cell/accommodation placement. Please refer to the Network policy [1.340 Accommodation – Clinical Recommendations \(Adults\)](#).

If clinical staff recommend that a patient is to be placed in a camera cell for a medical reason, the HPNF must provide information on the type, duration and frequency of observation required and by whom the observation will be conducted. For example:

- The patient may require CSNSW to observe the patient via the monitor at set intervals for the duration of their placement in the camera cell;
- The patient may need to be physically observed by CSNSW at set intervals for the duration of their placement in the camera cell;
- The patient may need to be physically observed by the Network staff at set intervals for the duration of their placement in the camera cell;
- If custodial staff advise they are unable to undertake the type, duration and/or frequency of observation recommended by the Network staff, consultation with the Remote Offsite Afterhours Medical Service (ROAMS) and/or the After Hours Nurse Manager (AHNM) must occur as the patient may need to be transferred to an external health service for the required level of observation.

If the patient requires constant camera observation due to suicidal ideation/attempts, the Immediate Support Plan must stipulate the type of cell placement and precludes any

existing HPNF. A new HPNF recommending cell placement must be generated following discharge from a safe cell by the Risk Intervention team (RIT).

During the RIT Intervention Team interview and assessment of risk of suicide/self-harm, the RIT members must also decide whether the patient presents as posing a risk of harm to others. If this is the case, current practice of one-out/camera cell placement recommendation must be indicated on the HPNF.

Should the patient not present a risk of harm to others, but present as a risk of suicide/self-harm, then a camera cell placement recommendation should be noted on the HPNF. This will allow CSNSW to make a determination to place patients together in a camera cell following their risk assessment.

Should there be disagreement between RIT members, the Network nurse should indicate the cell placement recommendation on the HPNF based on their risk assessment, document the disagreement in the patient's health record and escalate to the Nursing Unit Manager, delegate

(Nurse in Charge) or After Hours Nurse Manager.

2. Clinically based opinions/recommendations regarding a patient's other health needs which include, but are not limited to:
  - cell access during let – go hours;
  - patient to have health related equipment or personal property in cells.

## 2.2 Implementation – Roles & Responsibilities

### 2.2.1 Chief Executive

- Must provide managers with the resources to support compliance with this policy and its associated procedures.

### 2.2.2 Executive Director Clinical Operations

- Must review all reported incidents of non-compliance with this policy.

### 2.2.3 Managers

- Must ensure compliance with this policy and its associated procedures.
- Must bring this policy and its associated procedures to the attention of all Network staff.

### 2.2.4 Clinical Nurse Consultant Infection Prevention & Communicable Diseases

- The Clinical Nurse Consultant Infection Prevention & Communicable Diseases (CNC IP&CD) will provide active support and expert advice to all Network staff on matters relating to infection prevention and control procedures, communicable disease management including investigation and surveillance, and, practices and strategies to ensure appropriate policies and procedures are followed to mitigate any identified infection related risks to staff, patients, and partner agencies.

### 2.2.5 Nursing Unit Managers

- Must ensure a new HPNF is completed at reception or whenever a patient's clinical situation changes, this may include changes that occur during transfer or differing clinical needs at the receiving centre.

- Must ensure the HPNF is updated when there is a change to a patient's health condition or circumstances and recorded in the Patient Administration System (PAS).
- Must ensure a signed original of the HPNF is placed in the patient's health record and two copies are given to CSNSW custodial officers, one for inclusion in the patient's case management file and the other for the Officer in Charge (OIC) of the accommodation unit in which the patient is housed and that complete details of these actions are placed on the patient's health record.
- Must discuss suitable short term management of the patient's needs with the appropriate Nurse Manager, Medical Staff/Nurse Practitioner and Manager of Security (MOS), and that appropriate case management discussions occur as per guidelines in policy [1.395 Transfer and Transport of Patients](#), if the patient requires movement.
- Ensuring that following the completion of a new HPNF, a PAS alert is entered (or updated) as appropriate.

### 3. Procedure Content

It is essential that a new HPNF be initiated each time there is a change in clinical presentation and/or care requirement to ensure that CSNSW has the most current information. Previous HPNF's must be reviewed to ensure all clinical concerns are addressed on subsequent HPNF's. At the time of review, if there is no change in clinical presentation, it is not necessary to complete a new HPNF. The HPNF cannot be used to recommend to CSNSW the need to transfer a patient to another correctional centre for health related reasons. Refer to policy [1.395 Transfer and Transport of Patients](#) for appropriate process of correctional centre movement on medical grounds.

Once CSNSW has signed the original HPNF it must be placed in the patient's health record. **Two copies are given to CSNSW, one for inclusion in the patient's case management file**, when that file is created and the other copy is to be provided to the OIC of the accommodation unit in which the patient is housed.

If/when the Nursing Unit Manager or delegate determines that a patient is not suitable for long term placement within a particular correctional centre, the patient needs to be managed as per policy [1.395 Transfer and Transport of Patients](#) -section 3.1.9. Short term management solutions must be identified and included on the HPNF and involve the appropriate Nurse Manager, MOS or delegate and Medical Staff/Nurse Practitioner until a suitable bed placement solution is identified.

Correctional centres with 24 hour nursing coverage are located at the Metropolitan Remand and Reception Centre (MRRC), Silverwater Women's Correctional Centre (SWCC), Long Bay Complex, South Windsor Complex (Dillwynia, John Morony and Outer Metropolitan Multi-purpose Correctional Centre), and Junee, Parklea. For Long Bay Centres, there is one nurse covering the four correctional centres and for the South Windsor Complex there is only one nurse covering three centres. When a staff member is not aware of the location of a particular speciality service, he/she should seek advice from his/her NUM, Cluster Nurse Manager or the AHNM.

When 24 hour nursing care is required, the process of transfer must follow policy [1.395 Transfer and Transport of patients](#), section 3.1.9.

Clinicians who prepare HPNFs must understand the importance of the content of the HPNF and must highlight any health related issues and provide explanations in lay terms. This includes information to custodial staff on what types of behaviours to observe. For example: pacing around

the cell (this may have many causes), getting up and down off the bed, lying and/or crouching on the floor of a cell, vomiting, head banging.

In the event of a request from CSNSW staff relating to a cell call alarm initiated by a patient with a healthcare issue previously identified by a nurse, that a nurse (where applicable/on duty) is to accompany CSNSW staff to the cell in order to assist in ascertaining that the patient is in good health.

## 4. Definitions

### Must

Indicates a mandatory action required to be complied with.

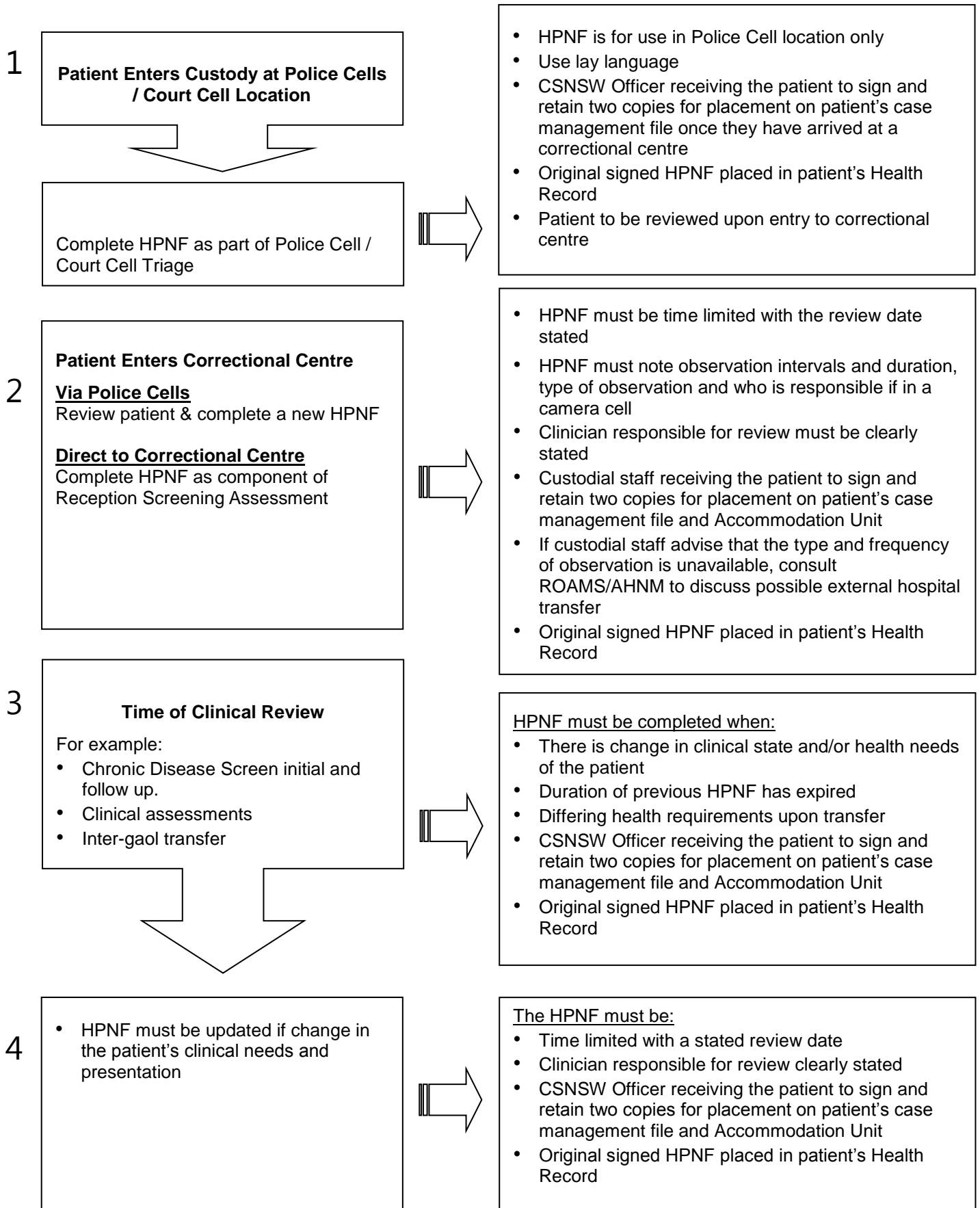
### Should

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

## 5. Related Documents

Network Policies and Procedures	<a href="#">1.340</a> <i>Accommodation – Clinical Recommendations (Adults)</i>
	<a href="#">1.395</a> <i>Transfer and Transport of Patients</i>
The Network Forms	JUS005.001 <i>Health Problem Notification Form (Adults)</i>

## Flowchart – Health Problem Notification Form (Adult)





## Appendix 1

### Health Problem Notification Form (Adult) – Guide to Descriptions in Lay Language

Note: This document is not exhaustive, and provides suggestions only

Feature to be Observed	Special Needs
<p><b>EPILEPSY</b> Chewing or smacking lips Saying odd things Fiddling with clothing May have poor recent memory Shaking or twitching May lose consciousness / appear to pass out</p>	<p><b>EPILEPSY</b> Requires medication Group cell accommodation</p>
<p><b>DIABETIC</b> May feel dizzy, faint, light headed Hard to rouse-unconscious Excessive sweating May become aggressive and argumentative May be disorientated / over familiar</p>	<p><b>DIABETIC</b> Requires regular meals Insulin or medication needed Give sweet lolly or drink Requires regular meals and at times extra meals such as bread and jam or milk at supper to prevent patients from getting hypoglycaemic attacks Group Cell accommodation (if unstable)</p>
<p><b>SUICIDE</b> Expressing suicidal ideas and intent Appears upset or not coping well Isolative / withdrawn behaviour Giving away possessions May seem inappropriately happy Mood swings</p>	<p><b>SUICIDE RISK</b> Group cell or assessment/ camera cell Encourage to eat and drink Avoid sarcasm and innuendo Do not tease</p>
<p><b>MENTAL HEALTH PROBLEM</b> Inappropriate talking and laughing Isolative or over-familiar behaviour Decrease or over attention to self-care Mood swings Agitation Changed level of risk from others</p>	<p><b>MENTAL HEALTH PROBLEM</b> Encourage to eat and drink Use clear, simple speech Avoid innuendo and sarcasm Medication required Access to Mental Health Nurse Do not tease Group cell or may require assessment or one out cell dependent on mental health condition.</p>
<p><b>RISK OF HARM TO OTHERS</b> Expressing homicidal ideas and intent Expressing thoughts of harming others Previous violent behavior</p>	<p><b>RISK OF HARM TO OTHERS</b> Access to mental health services One out/ camera cell placement Quiet and calm environment</p>
<p><b>ALCOHOL WITHDRAWALS</b> Possible - Anxiety, agitation, sweating, tremor, vomiting, stomach cramps, diarrhoea, insomnia, headaches, disorientation, confusion, seizures</p> <p><b>DRUG WITHDRAWALS</b> Possible – Anxiety, headache, insomnia, muscle aches, twitching, seizures, sweating, hot &amp; cold flushes, gooseflesh, yawning, watery eyes, runny eyes, stomach cramps, nausea, vomiting, diarrhoea, disorientation, mood swings, seizures.</p>	<p><b>DRUG AND/OR ALCOHOL WITHDRAWALS</b> Group or assessment cell Quiet and calm environment Reassurance to decrease fear and anxiety Access and encouragement to drink fluids Alert health centre staff promptly of any changes in the person's condition Access to Drug and Alcohol Services</p>
<p><b>ASTHMA</b> Wheezing Difficulty breathing Short of breath Anxiety Fatigue</p>	<p><b>ASTHMA</b> May have inhaler in cell Group cell accommodation Access to clinic</p>
<p><b>HEART TROUBLE</b> Pain in chest, neck, jaw, arms, shoulder, fingers Skin may be pale, cold, clammy</p> <p>Faintness and nausea Sweating / breathlessness</p>	<p><b>HEART TROUBLE</b> Group cell accommodation Medication required</p>



Feature to be Observed	Special Needs
<p><b>HIGH BLOOD PRESSURE</b> Headache May feel dizzy Ringing in ears Flushed</p>	<p><b>HIGH BLOOD PRESSURE</b> Group cell accommodation Requires medication</p>
<p><b>END STAGE LIVER DISEASE</b> Drowsiness, confusion, memory loss, lethargy, aggression, coma, yellowing of skin / eyes, itching, swelling of legs, feet or abdomen, easy bruising, vomiting blood</p>	<p><b>END STAGE LIVER DISEASE</b> Inform Health Centre Staff May Require Special Diet Will require regular attendance at clinic Consider if requires group cell</p>
<p><b>RISK OF BLEEDING</b> Commences bleeding from wounds or other orifices Complains of headache, pain or swelling in joints, tissues and/or other body areas Sustains trauma either through mishap, self-harm or assault Complains of feeling light headed, unwell or vomits Becomes confused, drowsy or unconscious Complains of spotting or vaginal bleeding (pregnant female) Note that patients on blood thinning agents such as Warfarin and Clexane are at higher risk of complications from minor trauma such as assault or a simple fall whilst on this medication</p>	<p><b>RISK OF BLEEDING</b> If seeing any of these features, CSNSW staff should provide basic first aid and notify the health centre immediately if staffed or the After Hours Nurse Manager on 13000 ROAMS (13000 76267) and select option 1 if no Network staff are available</p>
<p><b>HEAD INJURY</b> Complains of headache, pain or swelling in joints, tissues and/or other body areas Complains of feeling light headed, unwell or vomits Becomes confused, drowsy or unconscious</p>	<p><b>HEAD INJURY</b> If seeing any of these features, notify health centre immediately if staffed or the After Hours Nurse Manager on 13000 ROAMS (13000 76267) and select option 1 if no Network staff are available Group cell or observation cell</p>
<p><b>CHRONIC KIDNEY DISEASE</b> Fatigue and malaise Anorexia Nausea and vomiting Swelling of legs</p>	<p><b>CHRONIC KIDNEY DISEASE</b> May require regular monitoring at Health Centre May require regular dialysis</p>
<p><b>INFLUENZA-LIKE-ILLNESS</b> Fever Cough Sore throat</p>	<p><b>RESPIRATORY INFECTION</b> One out cell accommodation Implement Additional Precautions</p>
<p><b>GASTROENTERITIS</b> Vomiting Diarrhea Abdominal cramps Nausea Fever Headache</p>	<p><b>GASTROENTERITIS</b> One out cell accommodation Implement Contact Precautions</p>
<p><b>SKIN INFECTION</b> Rash Blisters Pain Fever</p>	<p><b>SKIN INFECTION</b> One out cell accommodation Implement Contact Precautions</p>
<p><b>TUBERCULOSIS</b> Cough persistent Unexplained weight loss Night sweats Fever Haemoptysis</p>	<p><b>RESPIRATORY INFECTION</b> Negative pressure room accommodation Implement Airborne Precautions</p>