

Health Problem Notification and Escort Form (Adolescents)

Policy Number 1.235

Policy Function Continuum of Care

Issue Date 7 December 2017

Summary The Health Problem Notification and Escort Form (HPNEF) is a formal communication tool utilised by JH&FMHN to provide advice and recommendations to partner agencies regarding the clinical needs and risks of adolescent 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 (Juvenile Justice Centres)
- Long Bay Hospital
- Forensic Hospital

Previous Issue(s) Policy 1.235 (Nov 2010; Mar 2014)

Change Summary

- Updated positions and business units
- Addition of the Segregated custody section

TRIM Reference POLJH/1235

Authorised by Chief Executive, Justice Health & Forensic Mental Health Network

1. Preface

The Adolescent Health staff work collaboratively with Juvenile Justice NSW (JJNSW) and the Department of Education (DoE) in respect to the effective and efficient delivery of health-related services in adolescent custodial settings. The *Health Problem Notification and Escort Form (HPNEF)* is a formal communication tool utilised by Adolescent Health to provide advice and recommendations regarding a young person's clinical status to partner agencies. This communication may concern cell placement recommendation, or possible signs of conditions and illness, such as substance withdrawal, mental health, or confirmed communicable diseases and infections.

This policy provides guidelines on the appropriate implementation of a HPNEF to ensure that information which supports the provision of health care is readily available to authorised users, when and where it is needed and is delivered in a timely and efficient manner.

2. Policy Content

2.1 Mandatory Requirements

Health centre staff have a duty of care to advise JJNSW and DoE staff of actual or potential 'at risk' health problems of young people in custody to ensure appropriate management whilst in their care. In the Adolescent Health setting, the HPNEF is designed for this purpose.

Formal recommendations must occur at reception or whenever a young person's clinical presentation changes including where a young person has particular health needs requiring observation during transport. Relevant signs or symptoms must be expressed in 'lay language' for JJNSW officers (refer to *Guide Descriptions in Lay Language* on [Appendix 1](#)).

2.2 Implementation - Roles & Responsibilities

The Nursing Unit Manager (NUM) or delegate is responsible for:

- Ensuring a new HPNEF is completed when required at reception or whenever a young person's clinical status changes.
- Ensuring a new HPNEF is completed when required for special transport and / or recommendations for specific management during transfer as set out in the JH&FMHN Policy [1.395 Transfer and Transport of Patients](#).
- Ensuring the original form is signed and placed in the young person's Health Record. A copy must be provided to JJNSW and/or the DoE as required.
- Discussing suitable short term management of the patient's needs with the Adolescent Health Nurse Manager (AHNM), Medical Staff and JJNSW Centre Manager.
- Ensuring that following the completion of a HPNEF, a PAS alert is entered (or updated).
- Ensuring the HPNEF is reviewed bi-annually and a current version is available in PAS.

3. Procedure Content

It is essential that a new HPNEF be initiated each time there is a change in the physical or mental health presentation and/or care requirement to ensure that JJNSW has the most current information. At the time of review, if there is no change in clinical presentation, it is unnecessary to complete a new HPNEF.

Sensitive health information must not be recorded on the HPNEF (e.g. HIV, Hep B or C status or a mental health diagnosis such as Schizophrenia). If information about these concerns needs to be conveyed, only the relevant signs or symptoms should be noted. These signs or symptoms must be termed in lay language and medical terminology should be avoided. A guide to lay language is available at [appendix 1](#).

When required, guidance on what to include on a HPNEF should be sought from the local NUM, Medical Officer, Clinical Director Adolescent Health, Clinical Director Adolescent Mental Health, Clinical Nurse Consultant or the After Hours Nurse Manager.

All HPNEFs must be completed via the JH&FMHN Patient Administration System (PAS). Refer to [PAS Quick Step Guide – Adolescent Health Problem Notification & Escort Form](#), for further instruction on this process.

3.1 Completing a HPNEF

3.1.1 Initial/Comprehensive Assessment

The HPNEF must be completed for a young person who has a relevant health issue identified at Initial/Comprehensive Assessment (e.g. Asthma or Intellectual Disability (I.D)). Refer to JH&FMHN Policy [1.036 Health Assessments \(Adolescents\)](#) for more information.

3.1.2 Clinical Review

A HPNEF must be completed when a young person's clinical status changes upon clinical review. Not all health issues require notification to partner agencies, and highly confidential information should not be shared (see [Section 3.2](#)).

Examples of relevant health issues are as follows:

- If at risk of self harm or harm to others, or support for substance withdrawal is identified.
- If a mental health risk is identified at Initial or Comprehensive Assessment, or when reviewed by a Medical Officer, Clinical Nurse Consultant or Registered Nurse.
- If there is a physical or mental health issue requiring a coordinated response e.g. Asthma, Allergies or I.D.
- If a health issue (e.g. an injury or open wound) is identified at a walk-in appointment that will impede the young person playing sport or in their activities of daily living.
- Health issues that have the potential to impact on people who may be in contact with the young person e.g. influenza, MRSA, parasites.
- If a special diet is required for the young person, such as gluten or lactose free. Refer to JH&FMHN Policy [1.135 Special Diets – Clinically Recommended](#) for further information.
- If a significant health issue is identified prior to escort/transfer from an Adolescent Health site. Refer to JH&FMHN Policy [1.395 Transfer and Transport of Patients](#) for more information.

- If a health issue is identified which necessitates activity restrictions.

A significant health issue or change in clinical status may also require the application of a medical hold, which will prevent/delay transfer of a patient. Refer to JH&FMHN policy [1.263 Medical Holds](#) for more information, or consult the relevant Clinical Director for guidance.

When a change in clinical status results in the health issue being resolved (e.g. sport restriction due to a sprained ankle), a new HPNEF must be provided to JJNSW/DOE to inform them that the restriction has been lifted.

When providing health information to the DoE regarding a young person with anaphylaxis, or allergies, in addition to the HPNEF the [Australasian Society of Clinical Immunology and Allergy \(ASCI\) forms](#) must be used and signed by a doctor.

When providing information to DoE on Asthma, the [Asthma care plan for education and care services form](#) must be used and signed by a doctor

3.1.3 Segregated Custody

Under clause 10 (2) of the [Children \(Detention Centre\) Regulation 2015](#), a young person who is placed in segregation must be kept under daily observation by staff and have access to essential medical care. Daily observation includes conversing with and visually sighting the patient.

A record of health assessments and each daily review must be added to the health record of the young person and entered into the Patient Administration System (PAS). For the duration of the segregation, staff must complete a HPNEF in PAS and provide a copy to JJNSW. Current physical, mental health and emotional wellbeing should be noted. If there is nothing of concern, 'Nil Issues' must be documented and the HPNEF provided to JJNSW. For more information on segregation, refer to JH&FMHN policy [1.366 Segregated Custody \(Adolescents\)](#).

3.2 Duplicate Forms

Once the HPNEF form is completed in PAS, multiple copies must be printed. These copies must be distributed as follows:

- JJNSW must receive a copy of the HPNEF if the young person is at a Juvenile Justice Centre. The Unit Manager should be the recipient or in their absence the Duty Manager, Assistant Unit Manager or Shift Supervisor.
- DoE must receive a copy of the HPNEF if the young person attends school. The Principal of the school or an authorised delegate (e.g. teacher) should be the recipient.
- Nursing staff must file a copy of the HPNEF in the front of the young persons Health Record.

3.3 Accountability

The HPNEF is pivotal to the formal communication of a young person's clinical status. Acknowledgement of HPNEF receipt is part of this process.

- A clinician must sign all duplicates of the HPNEF.
- JJNSW must indicate receipt of the HPNEF by signing the JH&FMHN copy.
- DoE must also indicate receipt of the HPNEF by signing the JH&FMHN copy.

- After obtaining the required signatures, the HPNEF must be filed in the front of the Health Record. This copy should then be moved to the relevant 'Episode of Care' section by nursing staff once the young person exits custody.

3.4 PAS Downtime Version

In the event of the PAS system being unavailable, all Health Centres should have blank paper copies of the HPNEF. When PAS becomes available, it is the responsibility of nursing staff to ensure this information is entered into PAS.

4. Definitions

Must

Indicates a mandatory action or requirement.

Should

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

5. Legislation and Related Documents

Legislation	<i>The Privacy and Personal Information Protection Act 1998 (NSW)</i>
	<i>The Health Records and Information Privacy (HRIP) Act 2002 (NSW)</i>
	<i>The Children (Detention Centre) Regulation 2015</i>

JH&FMHN Policies and Procedures	<i>1.036 Health Assessments by Nurses (Adolescents)</i>
	<i>1.135 Special Diets – Clinically Recommended</i>
	<i>1.263 Medical Holds</i>
	<i>1.366 Segregated Custody (Adolescents)</i>
	<i>1.395 Transfer and Transport of Patients</i>
	<i>PAS Quick Step Guide - Adolescent Health Problem Notification & Escort Form</i>

JH&FMHN Forms	<i>JUS005.002 Health Problem Notification and Escort Form (Adolescents)</i>
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External Forms	<i>Australasian Society of Clinical Immunology and Allergy (ASCI) forms</i>
	<i>Asthma care plan for education and care services form</i>

Appendix 1: Guide to Descriptions in Lay Terms

Condition	Issues to be Observed	Recommendations
Allergy	Swelling of lips, face, eyes Hives or welts Tingling of mouth Vomiting, abdominal pain (severe reaction).	Notify health staff (clinic/AHNM) and call ambulance. Epipen – remove sting (if insect)
Epilepsy	Jerking movements, weakness or falling Sudden loss of bladder or bowel control Chewing, smacking lips, swallowing, rubbing hands Saying odd things, strange feelings, smells or tastes. Flashing lights Memory lapses/looks blank Unexplained confusion/sleepiness.	Position to prevent harm Notify health staff (clinic/AHNM) Requires medication
Diabetic	High sugar – dry mouth, extreme thirst and urination, fever Sleepiness, confusion Nausea, vomiting, abdominal pain. Low sugar – sweating, shaking, dizziness, weakness, blurred vision, headache or confusion.	Observe closely Requires regular meals Requires insulin/medication Give juice/candy or sugar (if low) and a follow up with carbs e.g. sandwich.
Suicide Risk	Expressing suicidal ideas or intent Risk taking behaviour Giving away possessions. Deep sadness/trouble eating and sleeping Mood swings Isolative or withdrawn behaviour.	Observe (camera room) one to one Rest/sleep Notify health staff (Clinic/AHNM) Daily risk assessment & check room for harmful items.
Mental Health Problem	Inappropriate talking and laughing Expressing fears/worries or guilt Inability to cope Isolative or over familiar behaviours Mood swings/delusions/paranoia Alcohol or drug abuse Agitation/confusion/inability to concentrate Obsessing or neglecting about self care Risk taking behaviour.	Allow time out Be supportive & respectful May require breaks during tasks Might have difficulty following instruction – simplify requests and language.
Intellectual Disability	May have difficulty expressing their feelings following instructions reading and writing communicating clearly with people. May present with challenging behaviour May have physical symptoms e.g. Down’s Syndrome Heightened anxiety Responses may not be age appropriate	Provide simple step by step instructions Provide reassurance Be patient Listen Ask them if they understand the directions given.
Alcohol Withdrawals	Symptoms may decrease within 5-7 days but can vary depending on duration and extent of use Early signs: Sweating, shaking, tremors, anxiety, abdominal pain, insomnia, nausea and vomiting. 1-2 days: Flushed/increased heart rate/ temperature. Confusion. Severe: Hallucinations, fever, seizures and agitation.	Monitoring Reassurance Notify health staff (Clinic/AHNM) Encourage food and fluids Requires medication
Drug Withdrawal	Varies depending on which drug and the duration of use Heroin and opiates - flu like symptoms for 1-2 days. Benzodiazepines - anxiety/seizures which can last for weeks. Cocaine - depression/restlessness for 7-10 days. Ice - Anger or aggression/difficulty sleeping/headaches/ dizziness/ paranoia/confusion/hallucinations/irritability/feeling down. Cannabis - Anger or aggression/irritability/nervousness /anxiety. Decreased appetite or weight loss/restlessness. Sleep difficulties including strange dreams. Chills/abdominal pain.	Allow time out Encourage food and fluids Requires medication Allow extra towels, bedding and showers. Notify health staff (Clinic/AHNM) Refer and complete withdrawal scales as required.

Condition	Issues to be Observed	Recommendations
Asthma	Audible wheezing (wheezing that can be heard) , feeling short of breath, inability to speak in sentences, increased pulse rate Anxiety/chest tightness. Difficulty breathing/frequent coughing (especially at night). Sucking in skin around neck and ribs trying to breathe.	May need puffer - 4 puffs wait 4 mins give 4 more Sit up - keep calm Notify health staff (Clinic/AHNM) If not relieved call ambulance

PLEASE NOTE, THIS DOCUMENT IS NOT EXHAUSTIVE AND PROVIDES SUGGESTIONS ONLY.