Accommodation - Clinical Recommendations (Adults)

Policy Number 1.340

Policy Function Continuum of Care

Issue Date 6 July 2018 (minor edit on 3 September 2019 to revised the definition of an assessment cells)

Summary Justice Health and Forensic Mental Health Network (JH&FMHN) policy is to provide clinically based recommendations regarding a patient’s cell placement within the NSW correctional system. This must be based on an assessment of the patient’s risk of causing harm to self or others, or relevant health related needs in light of the information available to JH&FMHN at the time of making the clinical recommendation and the patient's physical and mental health requirements. It is ultimately the responsibility of Corrective Services NSW (CSNSW)/Private Security Operator staff to consider the clinical recommendation regarding cell placement made by the JH&FMHN staff and make a determination for cell placement based on this and the security and safety requirements of the inmate in accord with s223 of the Crimes (Administration of Sentences) Act 1999.

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


Change Summary

- Removal of the word “Assessment Cell” from Medical Observation and Detoxification, replaced with “Placement”. Clinical observation bed included in this section.
- Addition of Risk Intervention Team (RIT) cell placement on s 3.1.8
- Clarification of the responsibility of JH&FMHN in making a clinical recommendation and the responsibility of CSNSW under the Crimes (Administration of Sentences) Act 1999
- Inclusion of type, frequency and duration of observation required when recommending a camera cell for any reason.
• Changes to the definition of an assessment cell.

**TRIM Reference**  POLJH/1340

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

A Justice Health and Forensic Mental Health Network (JH&FMHN) policy to provide clinically based recommendations regarding a patient’s cell placement within the NSW correctional system. This must be based on an assessment of the patient's risk of causing harm to self or others, or relevant health related needs in light of the information available to JH&FMHN at the time of making the health recommendation and the patient’s physical and mental health requirements. It is ultimately the responsibility of Corrective Services NSW (CSNSW)/Private Security Operator staff and the Commissioner to consider the clinical recommendation regarding cell placement made by JH&FMHN staff and make a determination for cell placement based on this and the security and safety requirements of the inmate in accord with s232 of the Crimes (Administration of Sentences) Act 1999.

2. Policy Content

2.1 Mandatory Requirements

JH&FMHN staff must make clinically based recommendations for patient accommodation to CSNSW where the health needs of patients require special consideration. CSNSW/Private Security Operator, under the Crimes (Administration of Sentences) Act 1999, will then make a determination of cell placement based on safety and security requirements.

2.2 Implementation - Roles & Responsibilities

JH&FMHN health staff must make clinically based recommendations to CSNSW/Private Security Operator staff in relation to cell placement and any health related special needs of patients. Clinical staff must make any such recommendations on the basis of a thorough assessment of a patient’s physical and mental health. Such assessments include:

- Reception Screening Assessment (RSA),
- Chronic Disease Screen (CDS),
- Mental health assessments, and
- Any assessment conducted at a time when there have been changes in a patient’s health status.

3. Procedure Content

The above assists clinicians to identify patient health issues. In this context, the term ‘health issues’ refer to any issue that is directly related to a patient’s physical health, mental health, and substance use, which may have an impact on the type of cell placement that would be suitable for the patient. The clinical staff member making the clinical recommendation must provide CSNSW with a clear and concise description of the reasons for the special cell placement for clinical recommendations so that CSNSW/Private Security Operator can monitor the individual patient’s welfare. JH&FMHN staff must use the JH&FMHN Health Problem Notification form (Adults) (JUS005.001) to inform CSNSW/Private Security Operator staff of cell placement and clinical recommendations. Refer to JH&FMHN policy 1.231 Health Problem Notification Form (Adults).

A cell placement is a clinical recommendation and for health reasons must be clinically based. For any type of placement, if the patient’s health deteriorates then appropriate action must be taken. The particular
treatment required may affect the patient’s placement, which may require that a new clinical recommendation for placement is made to CSNSW/Private Security Operator.

JH&FMHN staff may make a clinical recommendation regarding particular items in the possession of a patient or in the patient’s cell, for example, the removal of razors, where the continuing possession of such items may be a risk to the patient or others. JH&FMHN staff should not make a clinical recommendation that an individual be housed naked.

3.1 Placement Options

3.1.1 Normal Cell Placement

Normal Cell Placement may be one-out, two-out or shared accommodation depending upon availability of resources. Clinical staff may make a clinical recommendation for this placement when there are no health issues, increased risk factors, special needs, or other requirements for additional support.

Where possible housing first time entrants identifying as being of Aboriginal descent with other Aboriginal persons for social and emotional cultural well-being of patient, should be considered. This can be based on an assessment of the patient’s risk of causing harm to self or others, or relevant health related needs in light of the information available to JH&FMHN at the time of making the clinical recommendation and the patient’s physical and mental health requirements.

3.1.2 Ground Floor Placement

Such placement must be considered for patients who have problems ambulating or climbing stairs due to, for example, arthritis, fractures, sprains, old age or other injuries/conditions/disabilities, confined to a wheelchair or requires mobility aids.

3.1.3 Shared or Group Cell Placement

Shared or Group Cell placement means two-out, four-out cell or dormitory accommodation that is, any accommodation except one-out.

Shared or group cell placement may be clinically recommended when human contact and support are identified as being significant requirements, for example, patients who are frightened or overwhelmed, first experience in custody, a young offender, or if they are attending Court and may benefit from short-term support of the company of others, or are experiencing a situational crisis and are already receiving direct assistance but may benefit from short-term support.

Such placement may also be clinically recommended in circumstances when a patient should not be left alone due to increased risk associated with a health issue, for example, where a patient may be unable to use the cell call system to contact custodial staff due to a condition such as haemophilia, unstable diabetes, unstable epilepsy, angina, chronic asthma, substance withdrawal, heart disease, mental health problem, poor mobility, frailty or pregnancy. Such placement may also be used as a step down from Assessment Cell or for patients who are awaiting transfer to a mental health facility. Shared or group cell placement is time limited and a review date must be indicated on the JH&FMHN Health Problem Notification form (Adults) (JUS005.001). The health team must consult the appropriate specialist services for advice if required, for example, primary health, population health, or mental health.

3.1.4 One-out Cell Placement

One-out Cell Placement means alone in a cell and such placement must be considered for patients suspected of, or diagnosed with, a communicable disease. This clinical recommendation may only be made following
liaison with the Clinical Nurse Consultant (CNC) Infection Prevention & Communicable Diseases during business hours or after hours with the After Hours Nurse Manager and Remote Offsite Medical Service in accordance with the Population Health JH&FMHN Infection Prevention & Communicable Diseases Resource.

One-out cell placement may also be considered as part of a comprehensive risk management plan, particularly for those patients at risk of harm to or from others. In these cases, there is a need to determine if the patient’s behaviour is as a result of a mental illness to determine if treatment is required. Liaison with local mental health services or the on-call psychiatry registrar may be required if a mental health problem has been identified.

3.1.5 Assessment Cells and Camera Cells

An Assessment Cell is a specially designed cell that has reduced hanging points and where the fixtures are recessed and all furniture is fixed. CCTV monitoring is present in all assessment cells; however, in those centres without assessment cell, JH&FMHN and CSNSW/Private Security Operator staff must make local arrangements to manage at risk patients.

An Assessment Cell should be considered when a patient has been assessed as being at significant risk of suicide, self-harm, or harm to others. A clinical recommendation for such placement must be accompanied by a completed Mandatory Notification Form (MNF) (CNS546). A patient placed in an Assessment Cell must be reviewed by a Risk Intervention Team (RIT). Refer to JH&FMHN policy 1.380 Suicide & Suicidal Behaviour Risk Management and Custodial Operations Policy and Procedures Sect 3.7 for the management of inmates at risk of self-harm or suicide (a copy of which is appended to JH&FMHN policy 1.380 Suicide & Suicidal Behaviour Risk Management).

A Camera Cell is a cell which can be constantly monitored by CSNSW on Closed Circuit Television (CCTV) and it is not as restrictive as an Assessment Cell.

When recommending placement in a camera cell for any reason e.g. medical placement, detoxification placement, please ensure the following:

- The health problem notification form must provide information on the type, duration and frequency of observation required and by whom the observation will be attended. 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 JH&FMHN staff at set intervals for the duration of their placement in the camera cell, which is to be specified on the health problem notification form.
  - If custodial staff advise that they are unable to undertake the type or frequency of observation recommended by JH&FMHN staff, consultation with the Remote Offsite Afterhours Medical Service must occur as the patient may need to be transferred to an external health service for the required level of observation.

If a patient requires constant camera observation due to suicidal ideation/Attempts, the Immediate Support Plan will be used to stipulate the type of cell placement, by the Risk Intervention Team.

3.1.6 Medical Placement

Patients experiencing an acute episode or exacerbation of a physical health problem may need to be placed either in Camera Cell or a Clinical Observation bed, depending on resources at the Centre. Placement facilitates increased access and the need to monitor the overall health of the patient. Clinical need and judgement will determine how often a patient will require reviewing. However, twice daily must be the
3.1.7 Detoxification Placement

Patients experiencing acute substance withdrawal, or who are expected to develop substance use withdrawal symptoms or who are intoxicated must be considered for placement either in a Camera Cell, Assessment Cell or a Clinical Observation bed, depending on resources at the Centre. Placement facilitates increased access by health staff where there is a need to monitor the overall health status of the patient. Clinical need and judgement will determine how often a patient will require reviewing. However, twice daily must be the minimum. These reviews must be documented in the patient’s Health Record and on the Standard Adult General Observation chart. Refer to JH&FMHN Drug & Alcohol Procedure Manual (3rd Edition).

Clinical staff, must specify on the JH&FMHN Health Problem Notification form (Adults) (JUS005.001) whether the patient needs a Camera Cell, Assessment cell or a Clinical Observation bed and what observations are needed.

3.1.8 Risk Intervention Team Cell Placement

Following a RIT review, if the representing JH&FMHN staff member on the RIT panel disagree with the cell placement decision based on the clinical assessment of the patient’s risk of causing harm to self or others, then the JH&FMHN staff member must document the disagreement and the clinically recommended cell placement in the Health Record. The reason for the disagreement and the clinical recommendation of the JH&FMHN staff member must be documented clearly on the RIT plan. The Immediate Support Plan stipulates the type of cell placement and precludes any existing recommendation on Health Problem Notification Forms and should state the consensus of the majority of the team members (or determination made by the CSNSW officer in charge in accord with s232 of the Crimes (Administration of Sentences) Act 1999).

4. Definitions

Assessment Cell

A specially designed cell that has reduced hanging points and where the fixtures are recessed and all furniture is fixed. CCTV monitoring is present in all assessment cells.

Camera Cells

A camera cell is a cell which can be constantly monitored on Closed Circuit Television (CCTV).

Clinical Observation Beds

Non-admittance beds located in Health Centres that are used to accommodate patients who require a higher level of clinical observation for Primary Health, Drug & Alcohol, Population Health and Mental Health issues.

Determination

The act of coming to a decision.

Dissent
An explicit disagreement by one or more of the RIT panel members with the decision of the majority on the case before them. A dissent must be followed by a written dissenting opinion, clearly declaring the reasons for disagreement with the majority.

**Must**

Indicates a mandatory action required to be complied with

**Risk**

Means the probability of an event occurring and includes risk of deterioration in health status, suicide, self-harm, harm to others and general health risks. It does not include risk of re-offending or recidivism.

**Should**

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

**Special Needs**

Special needs are needs related to the health or well-being of a patient.

**Step Down**

Step down means a gradual reduction in specialist support as part of a structured management plan.
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