

Accommodation - Clinical Recommendations (Adults)

Policy Number 1.340

Policy Function Continuum of Care

Issue Date 22 November 2021

Summary Justice Health and Forensic Mental Health Network (the Network) 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 the Network 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 Network staff and make a determination for cell placement based on this and the security and safety requirements of the inmate in accord with [Division 3 Staff point 323](#) of the [Crimes \(administration of sentences\) act 1999 \(NSW\)](#)

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 1.340 (Jul 2018, Dec 2017, Nov2014, Nov 2010)

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 the Network in making a clinical recommendation and the responsibility of CSNSW/Private Security Operator under the [Crimes \(administration of sentences\) act 1999 \(NSW\)](#) 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 (the Network) 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, others or harm from others or relevant health related needs in light of the information available to the Network 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 (PSO) staff to consider the clinical recommendation regarding cell placement made by the Network staff and make a determination for cell placement based on this and the security and safety requirements of the patient in accord with the [Crimes \(administration of sentences\) act 1999 \(NSW\)](#)

2. Policy Content

2.1 Mandatory Requirements

Network staff must make clinically based recommendations for patient accommodation to CSNSW/PSO where the health needs of patients require special consideration. CSNSW/PSO, under the [Crimes \(administration of sentences\) act 1999 \(NSW\)](#), will then make a determination of cell placement based on safety and security requirements.

2.2 Implementation - Roles & Responsibilities

The Network health staff must make clinically based recommendations to CSNSW/PSO 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/PSO with a clear and concise description of the reasons for the special cell placement for clinical recommendations so that CSNSW/PSO can monitor the individual patient's welfare. Network staff must use the *Health Problem Notification form (Adults) (JUS005.001)* to inform CSNSW/PSO staff of cell placement and clinical recommendations. Refer to Network 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/PSO.

Network 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. Network staff must 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.

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 *Network Health Problem Notification form (Adults)* (JUS005.001). The health team must consult the specialist services involved for advice if required. There may be two or more services involved and primary health will need to consult both services for clearance.

3.1.4 One-out Cell Placement

One-out cell placement means a patient is 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 Afterhours

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, the Network and CSNSW/PSO 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 Network policy [1.380](#) Clinical Care of People Who May Be Suicidal and Corrective Services NSW, Custodial Operations Policy and Procedures section [3.7](#) for the management of patients at risk of self-harm or suicide.

A Camera Cell is a cell which can be constantly monitored by CSNSW/PSO 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. 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/PSO 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/PSO at set intervals for the duration of their placement in the camera cell;
- The patient may need to be physically observed by Network 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 CSNSW/PSO staff advise that they are unable to undertake the type or frequency of observation recommended by Network staff, consultation with the Remote Offsite Afterhours Medical Service (ROAMS) 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 or the Risk Intervention Team Management Plan will stipulate the type of cell placement required.

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 minimum. These reviews must be documented in the patient's eHealth Record and a Standard Adult General Observation (SAGO) or Standard Maternity Observation Chart (SMOC) chart. Clinical staff must specify on the Network *Health Problem Notification form (Adults)* (JUS005.001) whether the patient needs a camera cell or a Clinical Observation bed

and what observations are required. Refer to Network policy [1.025 Clinical Observation Beds in Health Centres \(Adults\)](#).

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 advice from Drug and Alcohol ROAMS 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 SAGO or SMOC chart. Refer to the [Networks Drug and Alcohol Procedure Manuals](#) for further advice.

Clinical staff must specify on the Network *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 Network 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 Network staff member must document the disagreement and the clinically recommended cell placement in the eHealth record. The reason for the disagreement and the clinical recommendation of the Network staff member must be documented clearly on the RIT plan. The RIT Management 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/PSO officer in charge in accord with [Division 3 Staff point 323](#) of the [Crimes \(administration of sentences\) act 1999 \(NSW\)](#)

4. Definitions

Assessment Cell

An assessment cell offers fewer opportunities for a patient to self-harm. All fixtures are recessed and all furniture is fixed to reduce the number of possible hanging points. Each assessment cell is equipped with CCTV and clear panels for observation purposes.

Camera Cells

A camera cell has CCTV and is suitable for patients who need to be monitored, including those:

- under the influence of alcohol or other drugs
- showing moderate symptoms of withdrawal
- having a history of seizures

Clinical Observation Beds

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

5. Legislation and Related Documents

Legislation	<p><u>Crimes (administration of sentences) act 1999 (NSW)</u></p> <p><u>Mental Health (Forensic Provisions) Act 1990</u></p> <p><u>Mental Health Act 2007</u></p>
NSW MoH Policy Directives and Guidelines	<p><u>PD2006_041</u> <i>Mental Health Outcomes & Assessment Tools (MH-OAT) Data Collection Reporting Requirement 1 July 2006</i></p> <p><u>PD2020_047</u> <i>Incident Management</i></p> <p><u>PD2015_043</u> <i>Risk Management - Enterprise-Wide Risk Management Policy and Framework – NSW Health</i></p>
Network Policies, Procedures, Protocols, and Forms	<p><u>1.025</u> <i>Clinical Observation Beds in Health Centres</i></p> <p><u>1.231</u> <i>Health Problem Notification Form (Adults)</i></p> <p><u>1.380</u> <i>Suicide & Suicidal Behaviour Risk Management</i></p> <p><u>2.030</u> <i>Incident Management</i></p> <p><u>Drug & Alcohol Procedures</u></p> <p><u>Pandemic Influenza and Communicable/Infectious Disease Outbreak Management Plans</u></p>
Corrective Services NSW Custodial Operations Policy and Procedures	<p><u>5.2</u> <i>Inmate accommodation</i></p> <p><u>3.7</u> <i>Management of inmates at risk of self-harm or suicide</i></p>