Justice Health and
Forensic Mental Health Network

# Justice Health NSW Policy

## Health Assessments (Adolescents)

Issue Date: 09 September 2022

Together for
Healthier Tomorrows

# Health Assessments (Adolescents)

**Policy Number** 1.036

**Policy Function** Continuum of Care

**Issue Date** 09 September 2022

**Next Review Date** 09 September 2025

**Risk Rating** High

**Summary** To enable nursing staff in Youth Justice Centres to initiate and plan ongoing health care of young people, health assessment tools have been developed. This policy provides governance on the use of these health assessment tools.

**Responsible Officer** Executive Director Clinical Operations

**Applies to**
- ☐ Administration Centres
- ☐ Community Sites and programs
- ☐ Health Centres - Adult Correctional Centres or Police Cells
- ☒ Health Centres - Youth Justice Centres
- ☐ Long Bay Hospital
- ☐ Forensic Hospital

**CM Reference** POLJH/1036

**Change summary**
- Updated to align with new Initial Adolescent Assessment Form and Adolescent Assessment Update Form
- Removal of the Women's Health Assessment Forms, assessment now included in the Initial Adolescent Assessment
- Management of patients of concern added
- Updated to align with changes in practice due to Clinical Applications

**Authorised by** Chair, Policy Steering Committee

**Revision History**

| # | Issue Date | Number and Name | Change Summary |
|---|---|---|---|
| 6 | September 2022 | 1.036 Health Assessments (Adolescents) | • Updated to align with new Initial Adolescent Assessment Form and Adolescent Assessment Update Form<br>• Removal of the Women's Health Assessment Forms, assessment |

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|---|---|---|---|
| | | | now included in the Initial Adolescent Assessment<br>• Management of patients of concern added<br>• Updated to align with changes in practice due to Clinical Applications |
| 5 | August 2016 | 1.036 Health Assessments (Adolescents) | • Updated to align with changes in practice due to JHeHS implementation<br>• Initial and Comprehensive Assessment Update Forms are now electronic<br>• AH Women's Health Form will be electronic and available in JHeHS<br>• Title change |
| 4 | July 2013 | 1.036 Health Assessments by Nurses (Adolescents) | • Addition of a prompt index to the appendices<br>• Section added around patient consent |
| 3 | May 2011 | 1.036 Health Assessments by Nurses (Adolescents) | • New Health Assessment Tools: Initial Assessment Update, Comprehensive Assessment Update<br>• Timeframes to complete Health Assessments<br>• Exclusion of Health Assessments completed by the JH Adolescent Court & Community Team, Youth Drug & Alcohol Court, and Community Integration Team<br>• AH Custodial Health Assessments Flowchart |
| 2 | September 2008 | 1.036 Assessments (Adolescents) | • Title change<br>• General review including updates to assessment timeframes |
| 1 | March 2005 | 1.036 Assessments for Adolescents in Juvenile Justice or a Juvenile Correctional Centre | • New policy |

**PRINT WARNING**

Printed copies of this document, or parts thereof, must not be relied on as a current reference document.

Always refer to the electronic copy for the latest version.

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# 1. Preface

Justice Health and Forensic Mental Health Network (the Network) coordinates and provides health care services to young people in Youth Justice Centres (YJC). Young people in custody experience multiple health problems, including mental illness and drug and alcohol use. Their poorer health and risk-taking behaviours mean that for these young people, there is an increased likelihood of developing chronic diseases. Custody provides an opportunity to assess health needs, provide social and emotional support, and improve life skills and health status for this highly disadvantaged population.1

To enable the nursing staff in YJCs to initiate and plan ongoing health care for young people when they enter custody. Health assessment tools have been developed. This policy provides governance on the use of these health assessment tools.

This policy applies to Adolescent Health (AH) only.

# 2. Policy Content

Health care is provided to all young people in custody with the aim of identifying, managing and reviewing patients based on clinical need and best practice guidelines.

These processes must not be altered at a local level. Any changes deemed necessary will only be made following approval from the Chair, AH Senior Management Meeting, following consultation with front line clinicians/staff, managers and/or patients.

### 2.1 Mandatory Requirements

- An Initial Assessment (SECTION A) of a young person in custody must be commenced within 24 hours of the young person entering custody. If this is not possible, document the reason in the Health Record and the Patient Appointment System (PAS), and complete as soon as possible.
- A Women's Health Assessment included in SECTION A of the Adolescent Initial Assessment should be completed within 24 hours for all young women entering custody. If this is not possible, document the reason in the Health Record and PAS, and complete as soon as possible.
- SECTION B of the Initial Adolescent Assessment of a young person in custody must be completed within 5 days for all young people that remain in custody. If this is not possible, document the reason in the Health Record and PAS, and complete as soon as possible.
- All new AH nursing staff must receive AH Health Assessment Training.
- All staff must receive training on changes to AH Health Assessments after the review of the assessment tools (every two years).

### 2.2 Implementation – Roles & Responsibilities

**Adolescent Health Senior Management and After Hours Nurse Manager – to** receive a handover from nursing staff of any Patients of Concern identified during the assessment.

**Nurse Manager and Nursing Unit Managers Adolescent Health - Oversight** of AH Health Assessments conducted by nursing staff.

**Clinical Nurse Educator -** Coordination of AH Health Assessment Training. Update staff with any changes that are made with regard to the policy, procedure or process.

**Nursing staff -**

- Assessment of young people using approved tools and in accordance with this policy.
- Coordination with other clinicians to ensure health care is holistic and appropriately managed.
- Sharing relevant information with Youth Justice NSW via PAS and JHeHS.

# 3. Procedure Content

## 3.1 Health Assessment Training

All new AH nursing staff working at a YJC must complete the CE mandated HETI Online eLearning – HEEADSSS (Home, Education/Employment, Eating, Peer Group Activities, Drugs, Sexuality, and Suicide/Depression, and Safety) within 1 month of commencing employment. Practical training on the appropriate use of the Health Assessment Tools, related policies, guidelines and referral processes will be conducted on an individual basis following orientation.

## 3.2 Health Assessment Tools

Health Assessment tools have been developed to assist clinicians in identifying and managing the health needs of young people in custody. These tools are based on HEEADSSS - a screening tool for assessing the psychosocial history and health risk assessment in young people.

### 3.2.1 Patient Consent

In accordance with Clause 130 of the *Children (Detention Centres) Regulation 2015* a young person "is to be examined by a Justice Health officer as soon practicable after being received into a detention centre, and a Network officer may at any time carry out an examination of a detainee (but only with the consent of the detainee) if of the opinion that it is necessary for such an examination to be carried out."

The flowchart of assessment procedures (Appendix 1) provides direction on the time-frames for conducting assessments of young people entering custody.

Patient/Primary Carer consent should be obtained prior to an Adolescent Health Assessment and documented in the Health Record. Further information on obtaining consent from a young person for medical treatment can be found in NSW Health *Consent to Medical and Healthcare Treatment Manual*.

### 3.2.2 Flowchart and Procedures

A flow chart (Appendix 1) and a table of procedures (Appendix 2) are available to assist the nursing staff when completing the health assessment process.

Assessment forms should be completed electronically in JHeHS with the young person present. PAS must be utilised during the Health Assessment process to ensure continuity of care.

In the event of PAS / JHeHS being unavailable, all Health Centres should make use of clinical applications down-time forms. When PAS / JHeHS becomes available, it is the responsibility of nursing staff to ensure this information is entered in the respective system.

### 3.2.3 Initial Adolescent Assessment and Adolescent Assessment Update

The focus of the Initial Adolescent Assessment (SECTION A) and the Adolescent Assessment Update Tools is to identify and manage acute clinical risk and stabilisation of a patient's immediate health needs.

An Initial Assessment of a young person in custody must be commenced within 24 hours of the young person entering custody. If this is not possible, document the reason in the Health Record and PAS, and complete as soon as possible. If an Initial Adolescent Assessment (SECTIONS A and B) has been completed within the previous 90 days (three months), an Adolescent Assessment Update Tool will be sufficient for this reception.

The Adolescent Assessment Update Tool is designed to identify any changes to a patient's clinical risk status should they return to custody within a short period of time. The previous Initial Adolescent Assessment must be available and reviewed at the time of Adolescent Assessment Update completion.

The Initial Adolescent Assessment or Adolescent Assessment Update must be completed by a nurse in JHeHS. The appointment/s in PAS should be entered as 'New IAA' or 'AA Update'.

In addition an Adolescent Assessment update must be completed annually unless otherwise clinically indicated where a young person remains in custody.

### 3.2.4 SECTION B Initial Adolescent Assessment (Comprehensive Assessment)

SECTION B of the Initial Adolescent Assessment Tool forms the basis of ongoing health care and discharge planning for the young person whilst in custody and upon release to the community, transfer to the adult custodial environment or admission into the Forensic Hospital.

SECTION B of the Initial Adolescent Assessment must be completed by a nurse in JHeHS for all new admissions into a centre. If SECTION B of the Initial Adolescent Assessment has been completed in the last three months, an Adolescent Assessment Update Tool will be sufficient for this reception.

SECTION B of the Initial Adolescent Assessment should be completed within 5 days for all young people that remain in custody. If this is not possible, e.g. Young person is required to be held in quarantine or isolation due to COVID 19 document the reason in the Health Record and PAS, and complete as soon as possible.

The appointment/s in PAS should be entered as "IAB".

## 3.3 The Health Assessment Interview

Young people who enter custody may present as anxious, frightened, vulnerable and/or may experience withdrawal from substances. Despite this, it is imperative to try to complete a full and accurate assessment. If a young person is difficult to engage during the assessment process, clinicians must document this and should consult other Network staff for advice on how to proceed with the assessment.

The following must be considered during the assessment interview:

- Informing the young person of their rights and responsibilities – including the distribution of appropriate literature.
- Informing the young person on how to access health care services.

Obtaining consent for (a) sharing of information (refer to Network procedure 9.047 *Requesting and Disclosing Health Information*) and (b) medical treatment (refer to NSW Health *Consent to Medical and Healthcare Treatment Manual*). The consent forms mandated in these policies must be scanned into JHeHS under 'Adolescent Health Consent Forms'.

- Sharing of information with Youth Justice NSW via Clinical Application Systems (PAS and JHeHS) including alerts and Health Problem Notification and Escort Forms (HPNEFs). Refer to the Network policy 1.235 *Health Problem Notification and Escort Form (Adolescents)*.
- Mandatory reporting of children at significant risk of harm. Refer to Network policy 5.015 *Child Protection*.

### 3.4 Adolescent Health Clinical Pathways

The AH Health Assessment Tools are designed to allow for the systematic collection of health information to inform health decisions and ensure continuity of care for young people in contact with the custodial health system. Nursing staff should refer to the appropriate clinical pathway for information on the management of specific health conditions that can be found on the Network intranet.

If a patient of concern is identified during the assessment process the NUM or Nurse In Charge should communicate all relevant information to Adolescent Health Senior management and the After Hours Nurse Manager.

# 4. Definitions

**Must**

Indicates a mandatory action to be complied with.

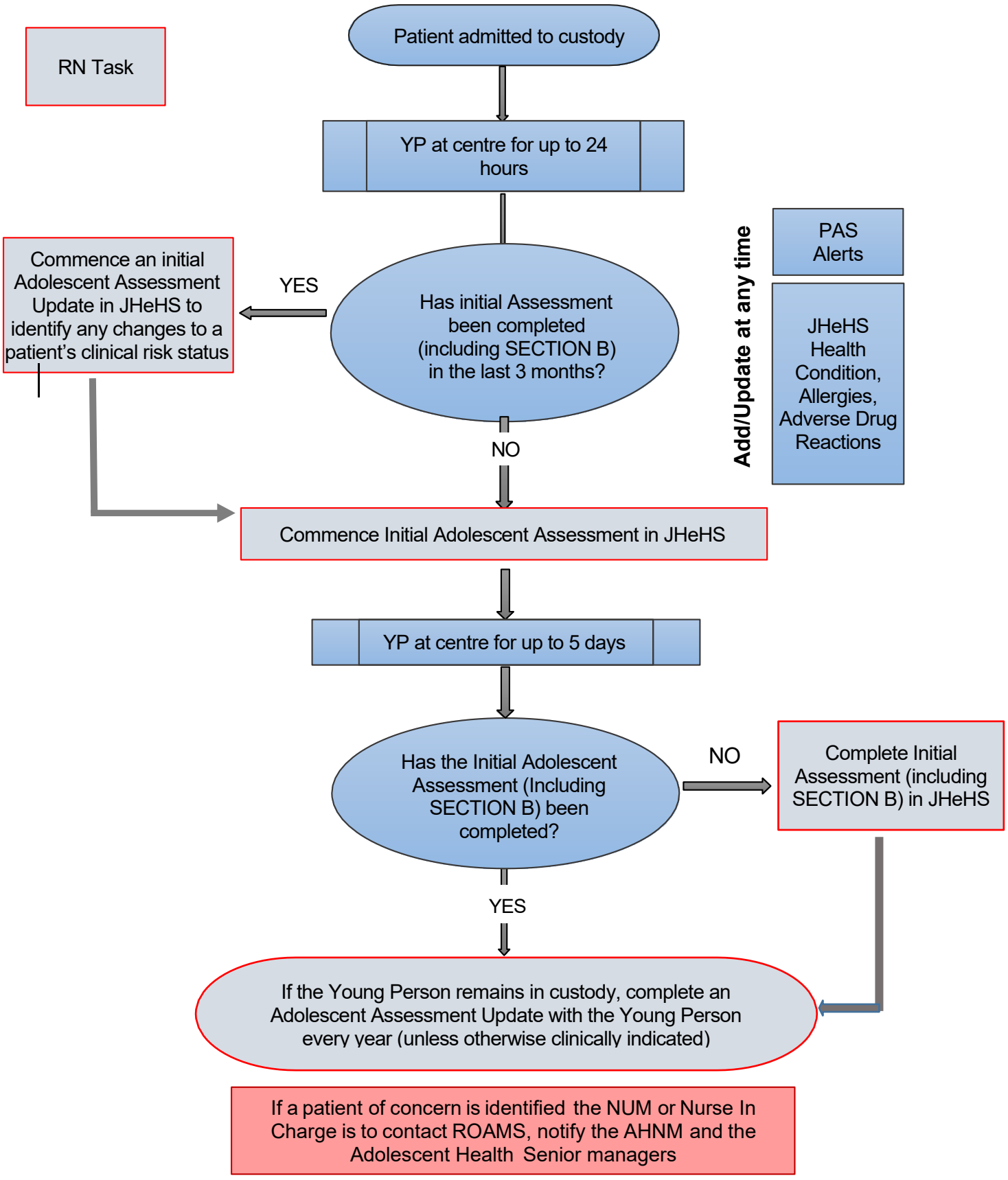
**Should**

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

# 5. Related Documents

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|---|---|
| Legislations | *Children (Detention Centres) Regulation 2015*<br>*Children and Young Persons (Care and Protection) Act 1998 No 157*<br>*Child Protection (Working with Children) Act 2012* |
| Justice Health NSW Policies, Guidelines and Procedures | 1.235 *Health Problem Notification and Escort Form (Adolescents)*<br>5.015 *Child Protection*<br>9.047 *Requesting and Disclosing Health Information* |
| Justice Health NSW Forms | *Adolescent Health Initial Adolescent Assessment* (via JHeHS)<br>*Adolescent Health Assessment Update* (via JHeHS)<br>*Health Problem Notification and Escort Form* (via PAS) |
| NSW Health Policy Directives and Guidelines | |
| Other documents and resources | *NSW Health Consent to Medical and Healthcare Treatment Manual*<br>*Youth Health Resource Kit – An Essential Guide for Workers* (2014), NSW Kids and Families: Sydney. Retrieved from: https://www.health.nsw.gov.au/kidsfamilies/youth/Publications/youth-health-resource-kit.pdf<br>*Department of Justice, Juvenile Justice and Justice Health and Forensic Mental Health Network* – Memorandum of Understanding 2016. |

# Appendix 1 – Flowchart of AH Custodial Health Assessment Process



# Appendix 2 – Procedural prompts to be considered during the Custodial Health Assessment Process

| INITIAL ASSESSMENT PROMPTS FOR NURSING STAFF | |
|---|---|
| **Section** | **Prompt** |
| Confidentiality Statement | Confidentiality Statement completed |
| | Authority to Disclose Health Information (JUS020.020) form completed |
| | Rights and responsibilities discussed |
| | Adolescent Health Brochure given |
| Allergies/Adverse Drug Reaction | Anaphylaxis Alert (for Epipen) entered and script ordered |
| | Allergies or Adverse Drug Reactions recorded in JHeHS |
| | HPNEF completed for JJNSW and DEC |
| Health Condition Status | Health Conditions entered in JHeHS |
| | PAS Waiting List to GP |
| | Contact Youth Health CNC if required |
| | Contact On-Call GP if required |
| | Contact Clinical Director Adolescent Health if required |
| | Contact After Hours Nurse Manager if required |
| | Follow Asthma clinical pathway if required |
| | Follow Audiology clinical pathway if required |
| Drug & Alcohol Screening | HPNEF completed if required |
| | PAS Waiting List to D&A MO if required |
| | PAS Waiting List to Dual Diagnosis CNC if required |
| | Contact NUM/After Hours Nurse Manager if required |
| | Contact ROAMS GP if required |
| Women's Health Screening | (Young Women Only) if Pregnant – JHeHS "Pregnancy" Alert completed |
| | (Young Women Only) if Pregnant – HPNEF Alert completed |
| | Contact Antenatal and Parenting CNC if required |
| Young Person at Risk Assessment | PAS "DCJ Notification" Alert entered |
| | Complete MRG |
| Screening Questionnaire Interview for Adolescents (SQIFA) | HPNEF completed if required |
| | PAS Waiting List Adolescent Mental Health if required |
| | PAS Referral to YJNSW Psychologist if required |
| | Contact NUM/After Hours Nurse Manager if required |
| | Contact Dual Diagnosis CNC/Psychiatrist if required |
| Continuum of Care | CIT PAS Referral made |
| | Referral to Community MH or D&A Services |
| | Discharge medications ordered from pharmacy |
| | PAS Waiting List for SECTION B of IAA if unable to complete within first 24 hours |
| **SECTION B of INITIAL ASSESSMENT PROMPTS FOR NURSING STAFF** | |
| **Section** | **Prompt** |
| Physical Health Assessment | PAS Waiting List to GP if BMI ≥30 or waist circumference is in the red zone |
| Oral Health Assessment | Young Person informed of ARUNTA process for dental appointments |
| Intellectual Disability Screening | PAS Alert "Intellectual Disability Assessment AH" entered |
| | Referral to YJNSW Psychologist |
| Population Health Assessment | If required and patient consents, administer vaccinations as per policy |
| | Vaccinations updated on AIR and included in health record (upload certificate) |
| | PAS Waiting List to Population Health Nurse or GP |
| Mental Health Assessment | HPNEF Completed |
| | PAS Alert entered |
| | PAS Waiting List to Adolescent Mental Health |
| | PAS Referral to YJNSW Psychologist |
| | PAS Referral to CIT |
| | Commence Metabolic Monitoring if on psychotropic medication |
| **WOMEN'S HEALTH ASSESSMENT PROMPTS FOR NURSING STAFF** | |
| **Section** | **Prompt** |
| After conducting assessment | PAS Waiting List to GP if required |
| | PAS Alert entered |
| | Medical Conditions, Allergies or Adverse Drug Reactions recorded in JHeHS |
| | HPNEF completed |
| | Refer to Antenatal and Parenting CNC if required |