Justice Health and
Forensic Mental Health Network

Justice Health NSW Policy

Health Assessments in Male and Female Adult Correctional Centres and Police Cells

Issue Date: 05 June 2025

Together for
Healthier Tomorrows

Health Assessments in Male and Female Adult Correctional Centres and Police Cells

Policy Number 1.225

Policy Function Continuum of Care

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Risk Rating High

Summary This policy outlines the standardised clinical screening and assessment processes across Justice Health and Forensic Mental Health Network (Justice Health NSW) which aim to ensure that appropriate health assessments are completed in order to identify patients with acute and/or chronic conditions

Responsible Officer General Manager, Primary Care

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/1225

Change summary
- Addition of Section 2 “Responding to Knock Ups” and “Calls for Assistance from CSNS”.
- Addition to Section 3 - How clinicians are to respond to know ups, documentation, escalation process and communication to others.

Authorised by Chair, Policy Steering Committee

Revision History

#	Issue Date	Number and Name	Change Summary
7	June 2025	1.225 Health Assessments in Male and Female Adult Correctional Centres and Police Cells	• Addition of Section 2 “Responding to Knock Ups” and “Calls for Assistance from CSNS”. • Addition to Section 3 - How clinicians are to respond to know ups, documentation, escalation

			process and communication to others.
6	October 2023	1.225 Health Assessments in Male and Female Adult Correctional Centres and Police Cells	• Addition of 'Preventative Health Screen' • Terminology updates E.g., Chronic Disease Screen to Chronic Condition Assessment
5	July 2023	1.225 Health Assessments in Male and Female Adult Correctional Centres and Police Cells	• Addition of role and responsibility in section 3.2.1 • Updated "the Network" to Justice Health NSW
4	July 2022	1.225 Health Assessments in Male and Female Adult Correctional Centres and Police Cells	• Updated roles and responsibilities • Updated the Reception Screening Assessment across settings • Updated the Chronic Diseases Screen • Updated links to new policies and documents • Updated information for eMeds
3	July 2017	1.225 Health Assessments in Male and Female Adult Correctional Centres and Police Cells	• Reviewed to incorporate clinical documentation practice aduit findings and associated recommendations • Updated to include Police Cells in title • Updated to include revised process for Chronic Disease Screen
2	May 2015	1.225 Health Assessments in Male and Female Adult Correctional Centres	• Update to reflect new Chronic Disease Screen, Multidisciplinary Care Plan and JHeHS system
1	March 2011	1.225 Health Assessments in Male and Female Adult Correctional Centres	• New policy

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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 (Justice Health NSW) is committed to providing appropriate patient centred care within Adult Correctional Centres, Community Sites and identified Police Cell locations. This is facilitated through a staged health assessment process that commences with a reception screening assessment. This usually occurs when the patient arrives at a reception centre. Further assessments are undertaken in a planned and coordinated manner with follow up appointments arranged for those patients identified as being at risk of developing or currently having a diagnosed acute and/or chronic condition.

2. Policy Content

Staged health care provision is provided for all patients with the aim of identifying, managing, and reviewing patients based on clinical need and best practice guidelines. The following processes illustrate the approach by Justice Health NSW as an organisation to a patient's health care journey. These processes must not be altered at a local level. Any changes deemed necessary will be made by Justice Health NSW following consultation with front line clinicians/staff, managers and/or patients.

2.1 Mandatory Requirements

Health care provision is facilitated via the following processes:

2.1.1 Police Cells Triage (PCT)

The focus of this assessment is to identify and manage clinical risk and stabilisation of a patient's immediate health needs. This assessment is paper-based and is used for *Police Bail Refused* (PBR) patients in police custody.

Registered Nurses (RNs) working in Police Cells should complete a Police Cell Complex – Reception Triage Process form or a reception screening assessment (RSA) e-form for patients under custodial care. Where possible the PCT should be completed within 24 hours of reception to the Police Cells.

2.1.2 Reception Screening Assessment (RSA)

The purpose of the RSA is to assess patients for any Primary Health, Mental Health, Drug and Alcohol and/or Population Health issues that require immediate or ongoing treatment. When further management of any identified conditions is required a waitlist entry must be made via Patient Administration System (PAS) for the appropriate health specialist.

2.1.3 Gross Observation of Patients

Sometimes a clinician may not be able to perform a RSA, for example, if the patient is uncooperative, confused, violent, or sedated. In this situation gross observation must be conducted and will provide important information. Clinicians should document key observation points (for reference, *Clinical Excellence Commission Between the Flags Systematic A-G Assessment* and *NSW Health: Mental Health for Emergency Departments. A Reference Guide* 2015) in the patient's electronic progress notes in Justice Health electronic Health System (JHeHS) – with the SOAP methodology as the preferred option.

2.1.4 Responding to 'Knock Ups' and Calls for Assistance for CSNSW

Corrective Services New South Wales (CSNSW) officers will advise health centre staff if a patient has made a 'knock up' requesting to see a Justice Health NSW staff member or is reporting a health condition. Further, CSNSW staff may make a call for assistance from a Justice Health NSW staff member if they are requiring an immediate or urgent assessment of a patient. In both instances, Justice Health NSW staff are required to assess the patient, undertake a clinical assessment and determine what course of action is required.

2.1.5 Chronic Condition Model

The Justice Health NSW Chronic Condition Model is informed by the Procedure 6.127 *Management of Patients with a Chronic Condition*. The assessment and management of chronic conditions takes place with the use of the following clinical assessment and management processes:

- Chronic Condition Assessment (CCA)
- Chronic Condition review cycle as clinically indicated
- Multidisciplinary Care Plan (MCP)
- Chronic Condition Clinical Pathways or Guidelines

2.1.6 Chronic Condition Clinical Pathways

Justice Health NSW *Chronic Conditions Clinical Pathways and or guideline* are designed to aid in the assessment and management of chronic conditions within the environment in which Justice Health NSW clinicians deliver health care. They provide a pathway of care from reception, while in custody and to release. Pathways aim to support the implementation of practice and improve clinical processes.

2.1.7 The Preventative Health Screen Model

The Procedure 6.126 Justice Health NSW Procedure for *Preventive Health Screening* is designed to identify those at risk of chronic conditions and initiate intervention strategies to prevent chronic conditions.

All persons entering custody are screened on entry for health issues, this is the completion of the RSA. The RSA supports decision making about future treatment and care planning and triggers further assessment and care planning. Therefore, preventive health screening commences 12 months post reception on targeted patient groups.

Justice Health NSW has targeted two patient groups for preventive health screening due to their increased risk of developing chronic conditions. Patients who are.

- Aboriginal and/or Torres Strait Islander; and
- Aged 55 years and over (patients in custody are noted to prematurely age due to lifestyle).

Frequency of screening is.

- Every 12 months for patients who are Aboriginal and/or Torres Strait Islander
- Every 2 years (biennial) for non-indigenous patients who are 55 years and over.

Screening is designed to.

- Identify health needs and establish patient's health goals and priorities
- Provide support to patients in their health and wellbeing journey through health education and advice
- Provide an opportunity to prevent or diagnose chronic conditions

3. Procedure Content

3.1 Police Cells

For the health assessment in Police Cells please refer to Justice Health NSW policy 1.111 *Court and Police Cell Complexes (Adults) Healthcare Responsibilities*.

3.2 Reception Screening Assessment (RSA)

3.2.1 Reception from Police Cells to Health Centre

- An RN or Enrolled Nurse (EN) must complete an RSA in JHeHS for all adult patients entering NSW Correctional Centres. When started in Police Cells, the RSA will be completed by another nurse in the reception health centre.
- The RN or EN must check, update and/or cease all active and inactive PAS alerts, JHeHS health conditions, allergies, and adverse drug reactions to inform the current RSA. The completion of this update must be documented in the patient's eProgress notes in JHeHS. A review of the patient's medications must also occur and be documented appropriately within the Medication Chart.
- Where possible, an RSA should be completed within 24 hours of reception to the health centre. If this is not possible due to the patient's psychological or physical impairment, an RSA must be commenced with documentation outlining the reason for delay. A primary health nurse appointment must be made on PAS for review as soon as possible.
- In circumstances where the patient is non-communicative or is acutely unwell, mentally unwell or under the influence of a substance or where information received during the assessment is inconsistent with any active or inactive PAS alerts or health conditions, the RN or EN should undertake a review of any recent electronic or hard copy medical records held by Justice Health NSW in relation to the patient. Should the hard copy volumes not be in the health centre, a PAS appointment must be made for a review when volumes arrive.
- When a health condition is identified during the reception assessment of the patient:
    - Health conditions, Allergies or Adverse Drug Reactions must be placed on JHeHS and documented in the patient's eProgress notes in JHeHS
    - Non clinical alerts must be placed in PAS
    - Health Problem Notification Form (HPNF) must be completed on PAS and a copy given to CSNSW.
    - Release of Information (ROI) request must be sought from the patient's regular health service provider through the Network's Health Information and Records Service (HIRS) within 72 hours of a completed RSA. Once the ROI is received,

HIRS scan the ROI into JHeHS, which must be reviewed/signed through the JHeHS Scanned Document Dashboard. The clinician must review the ROI and document the ROI review through an eProgress note and link the ROI. JHeHS must be updated accordingly regarding health condition information.

- PAS waitlists must be made via PAS for the appropriate health practitioner.
- A plan of care must be developed and documented in the patient's eProgress notes in JHeHS.

3.2.2 Long Bay Hospital

When a patient is admitted directly to Long Bay Hospital (LBH) the RSA must be completed as soon as is practical by the RN or EN. LBH contains the specialty units: Medical Subacute Unit (MSU), Aged Care Rehabilitation Unit (ACRU) and Mental Health Unit (MHU). The RSA must be completed in addition to the LBH admission protocol.

3.2.3 After Hours Admissions to Health Centres

- If a new patient arrives at a health centre after hours, CSNSW will notify the After-Hours Nurse Manager (AHNM) of their arrival.
- The RSA is to be completed as soon as possible, i.e., next time nursing staff attend the health centre.

3.2.4 Training requirements for Nursing Staff undertaking Reception Screening

RNs and ENs are required to gain experience and/or education in mental health, primary health, population health and drug and alcohol assessment and management before completion of the RSA Learning Pathway in My Health Learning (MHL), "*JHFMHN Initial patient assessment, triage, and referral training for adult patients".* Nurses must complete the learning pathway to manage reception screening for adult patients. Only the Nursing Unit Manager (NUM) can enrol nurses into the learning pathway.

3.3 Responding to 'Knock Ups' and Calls for Assistance from CSNSW

3.3.1 How clinicians are to respond to 'knock ups' and calls for assistance

- When a patient requires medical assistance whilst in their cell, they will use the knock up button and speak with a CSNSW officer. The officer will then alert Justice Health NSW staff that there has been a 'knock up' and call for medical assistance.
- The RN or EN is required to assess the patient and determine what further actions are required following an initial health assessment.
- The RN or EN may be able to provide a nursing intervention to address the patient's health concern. If the patient has a more serious health condition, escalation and discussion with the Remote Offsite Afterhours Medical Service (ROAMS) General Practitioner (GP) may be required, or for more urgent matters the patient may require transfer to an external emergency department for assessment and treatment.

3.3.2 Escalation process

- If an RN or EN is required to assess a patient who has 'knocked up', or CSNSW has advised requires assistance, and there is difficulty or delay in obtaining access to the patient in their cell (or any other location) the staff member must immediately escalate this to the Nursing Unit Manager (NUM), or Operational Nurse Manager if the NUM is

not available. During non-business hours, the RN or EN must alert the Nurse In Charge (NIC). If local resolution is not obtained, it must be escalated to the Statewide AHNM.

- The RN or EN must also contact the ROAMS GP to obtain advise on what medical treatment and actions are required.

3.3.3 Documentation and Clinical Handover

- The knock up and call for assistance from CSNSW is to be documented in the patients eProgress notes in JHeHS. Other documentation is likely to be required, such as observations being recorded on Standard Adult General Observation (SAGO) or Standard Maternal Observation Charts (SMOC). An occasion of service is to be entered in PAS.
- If an amendment is required to the patients current HPNF, this must be completed in PAS and a copy given to CSNSW.
- If there is a specific plan of care that has been developed, this must be documented in the patient's eProgress notes in JHeHS.
- If the treating clinician determines that a clinical handover is required, this is to be provided to the relevant staff (e.g. nursing staff, NIC, NUM, Statewide AHNM). Documentation that a clinical handover has been provided is to be entered in the patients eProgress notes in JHeHS.

3.4 Chronic Condition Model

A patient's ongoing assessment and management takes place using the following clinical assessment and management processes:

- Chronic Condition Assessment (CCA)
- Chronic Condition review cycle as clinically indicated utilising the Chronic Condition Clinical Pathway or guideline
- Multidisciplinary Care Plan (MCP)

The patient must have a Chronic Condition recorded as a Health Condition within JHeHS and a CCA must be completed by an RN or EN. The aim of the chronic condition model is to assess and manage chronic diseases for patients in custody.

- The CCA is completed once within 30 days of reception or diagnosis.
- Ongoing review of the patient's chronic condition is determined by the patient's clinical need and by the chronic condition clinical pathway or guideline.
- At a minimum, a patient with a chronic condition should be reviewed at least once every 12 months. Ongoing reviews are documented as an eProgress note using SOAP.
- All patients with a chronic condition require a MCP to be commenced on initial assessment and subsequently reviewed and updated at each review to ensure continuity of care.

If during a review of a patient's chronic condition there are symptoms identified that indicate the need for further investigation, the patient will be referred via PAS to the appropriate clinical stream for management e.g., Primary Care, Drug and Alcohol, Mental Health, Population

Health. Patients identified with a chronic condition must be referred to the Integrated Care Service and Aboriginal Chronic Care Program as appropriate

3.4.1 CCA Initial

- If a patient meets the CCA criteria at the time the RSA is completed the patient must be placed on the 'CCA Initial' waiting list on PAS including a 'see by' date.
- The patient must have a CCA completed in JHeHS within 30 days of their RSA by a RN or EN. A PAS alert 'Chronic Condition Pathway Program' is added to the patient's health record.
- If a patient meets the criteria at another point during their incarceration (e.g., is diagnosed with a chronic disease), a CCA must be completed in JHeHS by a RN or EN within 30 days of the patients' presentation to health staff.
- The patient must be placed on the 'CCA Initial' waiting list on PAS including a 'see by' date and the PAS alert 'Chronic Condition Pathway Program' added to the patient's health record.
- Following completion of the CCA, the patient must be placed on the 'Chronic Condition Management' waiting list in PAS including a 'see by' date. The patient should also be referred to any other stream as per their clinical need.

3.4.2 Follow up Chronic Condition

- Once a patient has had a CCA they must be placed on the 'CC Management' waiting list on PAS including a 'see by' date. The patient should also be referred to any other stream as per their clinical need.

3.5 Multidisciplinary Care Plan (MCP)

AAll patients who have a chronic condition must have a MCP completed on JHeHS by the Health Centre Nurse with input from the Medical Officer (MO), Nurse Practitioner (NP) and Allied Health Clinicians as appropriate. Included in the MCP will be the timeframe of reviews for the patient's chronic condition management as decided by the clinician and the appropriate pathway.

Any health conditions identified should appear on the MCP for treatment by all clinical streams. The MCP will outline treatment of any health conditions, clinical findings and the interventions initiated to manage them.

The MCP must be completed and updated on JHeHS and must not be printed or replicated anywhere else. All disciplines and specialties as appropriate are expected to contribute to the MCP and be instrumental in the timely review of the MCP. Every effort should be made for the MCP to be written in collaboration with the patient. Once initiated, patients will have one MCP in JHeHS which will be updated continuously over time.

A MCP can be completed on any patient at any time deemed appropriate by health staff. Clinicians are encouraged to exercise clinical autonomy as appropriate.

An eProgress note can be documented to assist the clinician to communicate about the MCP.

3.6 Chronic Conditions Clinical Pathways and Guidelines

Justice Health NSW have developed Chronic Conditions Clinical Pathways and guidelines that are designed to assist clinicians in the assessment, timely diagnosis, and management

of chronic conditions whilst in custody. Pathways and guidelines can be found on the intranet under Guidelines.

- Arthritis and Musculoskeletal Disease Chronic Condition Pathway
- 6.121 *Asthma Management Guideline*
- 1.175 *Management of Advanced Liver Disease and Hepatocellular Carcinoma*
- Chronic Obstructive Pulmonary Disease Chronic Condition Pathway
- Diabetes Chronic Condition Pathway
- 6.124 *Guideline for Management of Diabetes*
- Epilepsy Chronic Condition Pathway
- Ischaemic Heart Disease Chronic Condition Pathway
- Kidney Disease Chronic Condition Pathway
- Osteoporosis Chronic Condition Pathway
- Stroke Chronic Condition Pathway
- Valvular Heart Disease Chronic Condition Pathway

3.7 The Preventative Health Screening Model

The Justice Health NSW 6.126 Procedure for *Preventive Health Screening* is designed to identify those at risk of chronic conditions and initiate intervention strategies to prevent chronic conditions. The document is available on the Justice Health NSW Intranet. Patient groups that have been targeted for preventive health screening should be seen at the following frequency.

- Every 12 months for patients who are Aboriginal and/or Torres Strait Islander
- Every 2 years for patients who are 55 years and over.

Preventive health screening can be opportunistic, it does not need to occur on its own, for example it can be added on to an existing appointment when the patient is presenting for other health care needs. Or it can be completed as an appointment on its own.

3.7.1 Preventative Health Screen

- If a patient is within the Preventive Health Screen target groups at the time the RSA is completed the patient must be placed on the ‘Preventive Health Screen’ waiting list on PAS including a ‘see by’ date. The patient should have a Preventive Health Screen completed in JHeHS 12 months post their RSA. A PAS Alert is added to the patient’s health record ‘Preventive Health Screen Program.’
- If a patient meets the criteria at another point during their incarceration. The patient should be placed on the ‘Preventive Health Screen’ waiting list on PAS including a ‘see by’ date and the PAS Alert added to the patient’s health record ‘Preventive Health Screen Program.’
- Following completion of the preventive health screen, the patient should be placed on the ‘Preventive Health Screen’ waiting list in PAS including a ‘see by’ date.

Health screens should always be completed based on clinical judgement and can be adapted to what is relevant to the patient and settings, not all elements may be applicable

or required for each patient. For patients who are at risk of developing a chronic condition, a plan of care should be documented utilising the MCP.

Based on observations and information obtained during the preventive health screen, the patient may be referred or waitlisted to the general practitioner/nurse practitioner or streams for further assessment and management. The PAS Waiting List Priority Level Protocol provides clinicians with guidance on the prioritisation of patients to ensure that patients are treated according to their clinical needs and within their clinical priority timeframe.

3.8 Transfer of Relevant Clinical Information to CSNSW/the Private Operators

Information in relation to the health of the patient is transferred to CSNSW/the private operators under the Network 's Guidelines on use and disclosure of health information (HPNF) amongst other relevant forms. Confidential clinical details must not be disseminated to CSNSW/the private operators but instructions on how to care/manage the patient must be provided and clearly communicated via the HPNF and PAS Alerts. Designated PAS alerts are also shared automatically with CSNSW Offender Integrated Management System (OIMS) as identified in PAS and in the Chronic Conditions Pathways. This will assist CSNSW/the private operators to provide appropriate care, accommodation and access to health services that are in keeping with the patient's clinical needs.

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.

Medication Chart

Refers to a paper-based (Long Stay Medication Chart, National Inpatient Medication Chart) or electronic medication order.

Patient Health Record

A hybrid record of paper-based and electronic information pertaining to the health of the patient.

5. Related Documents

Legislations	
Justice Health NSW Policies, Guidelines and Procedures	1.111 *Court and Police Cell Complexes (Adults) Healthcare Responsibilities* 1.130 *Oral Health Services* 1.175 *Management of Advanced Liver Disease and Hepatocellular Carcinoma*

	1.230 *Health Care Interpreter Services* 1.231 *Health Problem Notification Form (Adults)* 1.262 *Medical and Nursing Certificates (Adults)* 1.395 *Transfer and Transport of Patients* 1.430 *Management and Care of Pregnant and Postnatal Women* 4.014 *Clinical Application Systems – Alerts, Health Conditions, Allergies or Adverse Drug Reactions* 6.121 *Asthma Management Guideline* 6.124 *Guidelines for Management of Diabetes* 6.126 *Preventive Health Screening* 6.127 *Management of Patients with a Chronic Condition* 6.214 *Therapeutic Diets Clinically Recommended* *Clinical Applications Business Process – Chronic Condition Assessment* *Clinical Applications Business Process – Preventive Health Screening* *Clinical Applications Business Process – ACCp Preventive Health Screening* *Drug & Alcohol Services* – *Justice Health NSW Intranet* *PAS Tips Sheets*
Justice Health NSW Forms	
NSW Health Policy Directives and Guidelines	PD2021_016 *Smoking Cessation Brief Intervention in Oral Health Settings* *Mental Health for Emergency Departments. A Reference Guide* *Consent to Medical and Healthcare Treatment Manual*
Other documents and resources	*National Strategic Framework for Chronic Conditions*