Justice Health and
Forensic Mental Health Network

Justice Health NSW Policy

Health Problem Notification Form (Adults)

Issue Date: 06 March 2025

Together for Healthier Tomorrows

Health Problem Notification Form (Adults)

Policy Number 1.231

Policy Function Continuum of Care

Issue Date 06 March 2025

Next Review Date 06 March 2029

Risk Rating Medium

Summary The Health Problem Notification Form communicates Justice Health and Forensic Mental Health Network (Justice Health NSW) advice and recommendations regarding an adult patient's clinical status to Corrective Services NSW.

This policy provides guidelines on the appropriate implementation of a Health Problem Notification Form to improve communication between Corrective Services NSW and Justice Health NSW regarding the clinical needs and risks of adult patients.

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/1231

Change summary

- Minor wording changes
- Updated Justice Health policy hyperlinks to new intranet page
- Escalate process if issues with implementation by CSNSW

Authorised by Chair, Policy Steering Committee

Revision History

#	Issue Date	Number and Name	Change Summary
5	March 2025	1.231 Health Problem Notification Form (Adults)	• Minor wording changes • Updated Justice Health policy hyperlinks to new intranet page • Escalate process if issues with implementation by CSNSW
4	February 2023	1.231 Health Problem Notification Form (Adults)	Minor updates

3	September 2019	1.231 Health Problem Notification Form (Adults)	Delete that the Health Problem Notification Form (HPNF) can be used to recommend to Corrective Services NSW patient transfer to another centre Inclusion that Network staff need to discuss short term management of complex patients in the centre until an appropriate correctional centre is identified as per policy 1.395 – Transfer and Transport of Patients. Inclusion of type, duration and frequency of observation required when recommending a camera cell for any reason. In the event of a request from CSNSW staff relating to responding to a cell call alarm initiated by a patient with a healthcare issue previously identified by Network staff, that a Network staff member (where applicable/on duty) is to accompany CSNSW staff to the cell
2	July 2018	1.231 Health Problem Notification Form (Adults)	Inclusion of Risk of Bleeding Alert Deletion that the Health Problem Notification Form can be used to recommend to Corrective Services NSW transfer to another centre Inclusion that Justice Health & Forensic Mental Health Network staff need to discuss short term management of complex patients in the centre until an appropriate correctional centre is identified as per policy 1.395 – Transfer and Transport of Patients. Inclusion of type, duration and frequency of observation required when recommending a camered cell for any reason.
1	June 2016	1.231 Health Problem Notification Form (Adults)	Inclusion of Risk of Bleeding Alert Deletion that the Health Problem Notification Form can be used to recommend to Corrective Services NSW transfer to another centre Inclusion that Justice Health & Forensic Mental Health Network staff need to discuss short term management of complex patients in the centre until an appropriate correctional centre is identified as per policy 1.395 – Transfer and Transport of Patients.

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.

Justice Health and Forensic Mental Health Network
PO BOX 150 Matraville NSW 2036
Tel (02) 9700 3000
http://www.justicehealth.nsw.gov.au

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1. Preface

The electronic cHealth Problem Notification Form (HPNF) communicates Justice Health NSW advice and recommendations regarding an adult patient's clinical status to Corrective Services New South Wales (CSNSW). This information may concern cell placement recommendation, or possible signs of conditions and illness, such as substance withdrawal, mental health, or patients taking high risk medications such as warfarin and enoxaparin sodium (Clexane). Additionally, it is also used to recommend additional precautions (i.e. Airborne, Droplet or Contact Precautions) for managing patients with suspected or confirmed communicable diseases and infections.

This policy provides guidelines on the appropriate use of a HPNF to improve communication between CSNSW, private providers and Justice Health NSW regarding the clinical needs and risks of adult patients and suitable placement and management requirements without disclosing a patient's health information.

2. Policy Content

2.1 Mandatory Requirements

Justice Health NSW clinicians have a duty of care and a statutory duty to advise CSNSW custodial officers of actual or potential 'at-risk' health problems. The HPNF is designed specifically for this purpose.

Formal recommendations must occur at time of reception screening or whenever a patient's clinical presentation changes. Relevant signs or symptoms must be expressed in 'lay language' for CSNSW custodial officers (refer to Guide Descriptions in Lay Language on Appendix 1).

The HPNF should be used to provide:

1. Clinically based recommendations regarding a patient's cell/bed placement. Please refer to Justice Health NSW policy 1.340 *Accommodation – Clinical Recommendations (Adults)*.

   If clinical staff recommend that a patient is to be placed in a camera cell for a medical reason, the HPNF must provide information on the type, duration and frequency of observation required and by whom the observation will be conducted. 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 Justice Health NSW staff at set intervals for the duration of their placement in the camera cell;
   - If custodial staff advise they are unable to undertake the type, duration and/or frequency of observation recommended by Justice Health NSW staff, consultation with the Remote Offsite Afterhours Medical Service (ROAMS) and/or the After Hours Nurse Manager (AHNM) must occur as the patient may need to be transferred to an external health service for the required level of observation.

If the patient requires constant camera observation due to suicidal ideation/attempts, the Immediate Support Plan must stipulate the type of cell placement, stipulate any restrictions and precludes any existing HPNF. A new HPNF recommending cell placement must be generated following discharge from a safe cell by the Risk Intervention Team (RIT).

During the RIT interview and assessment of risk of suicide/self-harm, the RIT members must also decide whether the patient presents as posing a risk of harm to others. If this is the case, current practice of one-out/camera cell placement recommendation must be indicated on the HPNF.

Should the patient not present a risk of harm to others, but present as a risk of suicide/self-harm, then a camera cell placement recommendation should be noted on the HPNF. This will allow CSNSW to make a determination to place patients together in a camera cell following their risk assessment.

Should there be disagreement between RIT members, Justice Health NSW nurse should indicate the cell placement recommendation on the HPNF based on their risk assessment, document the disagreement in the patient's health record and escalate to the Nursing Unit Manager, or delegate.

2. Clinically based opinions/recommendations regarding a patient's other health needs which include, but are not limited to:

- cell access during let-go hours;
- access to health related equipment or personal property in cells
- access to health services
- identified risks or features that CSNSW Custodial Offices should observe for.
- actions CSNSW Custodial Officers should take if listed features are observed or reported by the custodial patient.

2.2 Implementation – Roles & Responsibilities

2.2.1 Chief Executive

- Must provide managers with the resources to support compliance with this policy and its associated procedures.

2.2.2 Executive Director Clinical Operations

- Must review all reported incidents of non-compliance with this policy.

2.2.3 Managers

- Must ensure compliance with this policy and its associated procedures.
- Must bring this policy and its associated procedures to the attention of all Justice Health NSW staff.

2.2.4 Clinical Nurse Consultant Infection Prevention & Communicable Diseases

- The Clinical Nurse Consultant Infection Prevention & Communicable Diseases (CNC IP&CD) will provide active support and expert advice to all Justice Health NSW staff on matters relating to infection prevention and control procedures,

communicable disease management including investigation and surveillance, and, practices and strategies to ensure appropriate policies and procedures are followed to mitigate any identified infection related risks to staff, patients, and partner agencies.

2.2.5 Responsible Clinician

- Must ensure a new HPNF is completed at reception or whenever a patient's clinical situation changes, this may include changes that occur during transfer or differing clinical needs at the receiving centre.
- Must ensure the HPNF is updated when there is a change to a patient's health condition or circumstances and recorded in JHeHS.
- Must ensure a signed original of the HPNF is placed in the patient's health record and acopie is given to CSNSW custodial officers,
- Must discuss suitable short term management of the patient's needs with the appropriate Nurse Manager, Medical Staff/Nurse Practitioner and Manager of Security (MOS), and that appropriate case management discussions occur as per guidelines in policy 1.395 *Transfer and Transport of Patients*, if the patient requires movement.
- Ensuring that following the completion of a new HPNF, a PAS alert is entered (or updated) as appropriate.
- Escalate any concerns regarding the implementation by CSNSW of the risks and recommendations listed in the HPNF to your line manager in the first instance and/or AHNM

3. Procedure Content

Reviewing HPNF

It is essential that a new HPNF be initiated each time there is a change in clinical presentation and/or care requirement to ensure that CSNSW has the most current information. Previous HPNF's must be reviewed to ensure all clinical concerns are addressed on subsequent HPNF's. At the time of review, if there is no change in clinical presentation, it is not necessary to complete a new HPNF.

Once CSNSW has signed the original HPNF it must be stapled together and placed in the patient's health record.one **stapled copy is given to CSNSW**.

Transfer for medical reasons

The HPNF **cannot** be used to recommend to CSNSW the need to transfer a patient to another correctional centre for health related reasons. Refer to policy 1.395 *Transfer and Transport of Patients* for appropriate process of correctional centre movement on medical grounds.

If/when the NUM or delegate determines that a patient is not suitable for long term placement within a particular correctional centre, the patient needs to be managed as per policy 1.395 *Transfer and Transport of Patients* - section 3.1.9. Short term management solutions must be identified and included on the HPNF and involve the appropriate Nurse Manager, MOS or delegate and Medical Staff/Nurse Practitioner until a suitable bed placement solution is identified.

Correctional centres with 24 hour nursing coverage are located at the Metropolitan Remand and Reception Centre (MRRC), Silverwater Women's Correctional Centre (SWCC), Long Bay Complex, Francis Greenaway Correctional Complex, (Dillwynia Area One, Dillwynia Area Two, John Morony and Geoffrey Pearce Correctional Centres) and Private Correction Centres.

When a staff member is not aware of the location of a particular speciality service, he/she should seek advice from the NUM, Cluster Nurse Manager or the AHNM.

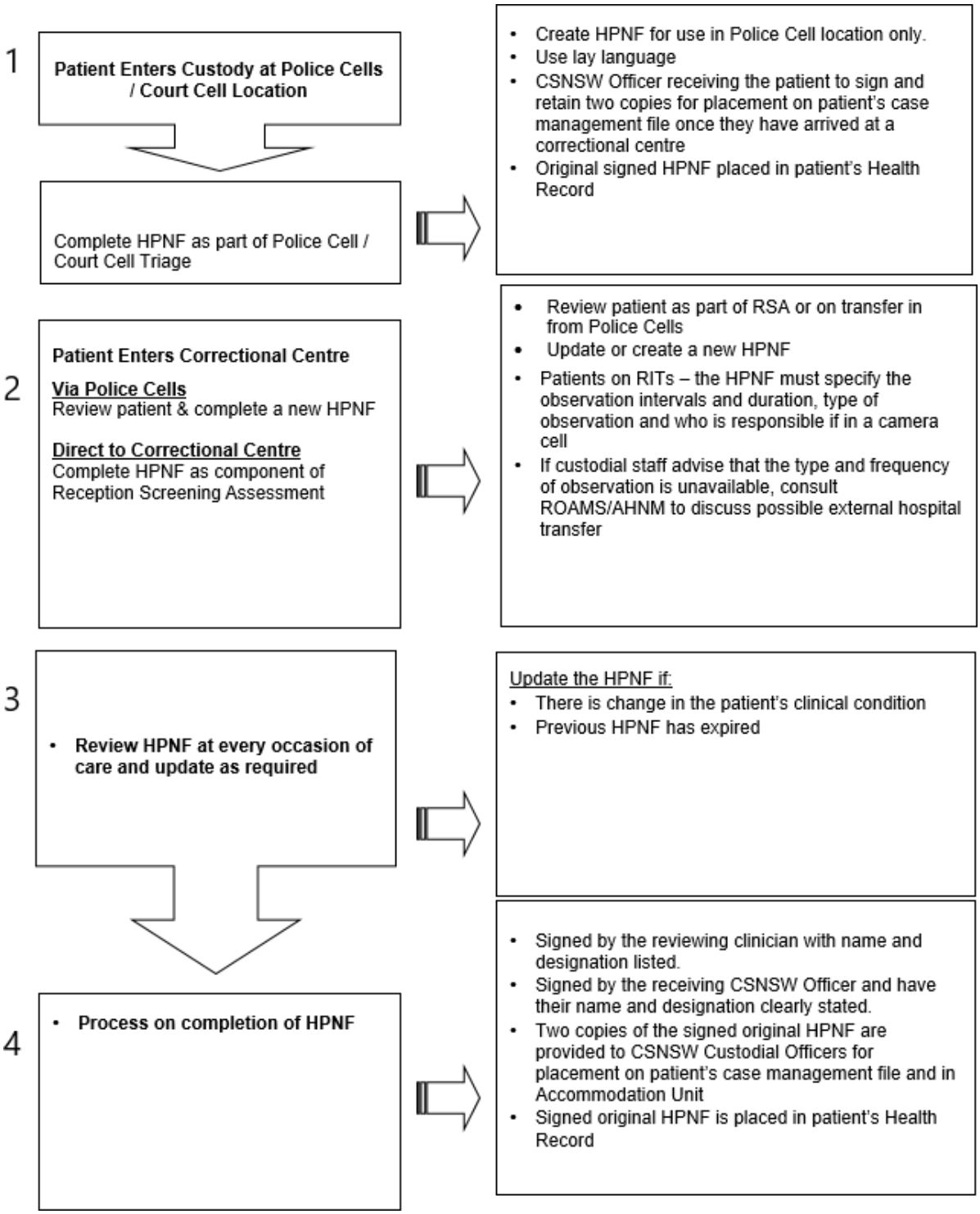
When 24 hour nursing care is required, the process of transfer must follow policy 1.395 *Transfer and Transport of Patients*, section 3.1.9.

In the event of a request from CSNSW staff relating to a cell call alarm initiated by a patient with a healthcare issue previously identified by a nurse, that a nurse (where applicable/on duty/safe to do so) is to accompany CSNSW staff to the cell in order to assist in ascertaining that the patient is in good health.

4. Related Documents

Legislations	
Justice Health NSW Policies, Guidelines and Procedures	1.010 *Access to Patients – Medical Emergencies* 1.075 *Clinical Handover* 1.225 *Health Assessments in Male and Female Adult Correctional Centres and Police Cells* 1.262 *Medical and Nursing Certificates (Adults)* 1.331 *Referrals from Justice Health and Forensic Mental Health Network to Corrective Services NSW* 1.340 *Accommodation – Clinical Recommendations (Adults)* 1.360 *Segregated Custody & Mandated Protection* 1.395 *Transfer and Transport of Patients* 9.001 *Clinical Documentation Guidelines* *Health Record Procedure Manual for Health Centres* *Infection Prevention and Communicable Diseases Resource*
Justice Health NSW Forms	JUS005.001e *Health Problem Notification Form (Adults)*
NSW Health Policy Directives and Guidelines	
Other documents and resources	

5. Flowchart – Health Problem Notification Form (Adult)



Appendix 1 – Health Problem Notification Form (Adult) – Guide to Descriptions in Lay Language

Note: This document is not exhaustive, and provides suggestions only

Feature to be Observed	Special Needs
EPILEPSY Chewing or smacking lips Saying odd things Fiddling with clothing May have poor recent memory Shaking or twitching May lose consciousness / appear to pass out	EPILEPSY Requires medication Group cell accommodation
DIABETIC May feel dizzy, faint, light headed Hard to rouse-unconscious Excessive sweating May become aggressive and argumentative May be disorientated / over familiar	DIABETIC Requires regular meals Insulin or medication needed Give sweet lolly or drink Requires regular meals and at times extra meals such as bread and jam or milk at supper to prevent patients from getting hypoglycaemic attacks Group Cell accommodation (if unstable)
SUICIDE Expressing suicidal ideas and intent Appears upset or not coping well Isolative / withdrawn behaviour Giving away possessions May seem inappropriately happy Mood swings	SUICIDE RISK Group cell or assessment/ camera cell Encourage to eat and drink Avoid sarcasm and innuendo Do not tease
MENTAL HEALTH PROBLEM Inappropriate talking and laughing Isolative or over-familiar behaviour Decrease or over attention to self-care Mood swings Agitation Changed level of risk from others	MENTAL HEALTH PROBLEM Encourage to eat and drink Use clear, simple speech Avoid innuendo and sarcasm Medication required Access to Mental Health Nurse Do not tease Group cell or may require assessment or one out cell dependent on mental health condition.
RISK OF HARM TO OTHERS Expressing homicidal ideas and intent Expressing thoughts of harming others Previous violent behavior	RISK OF HARM TO OTHERS Access to mental health services One out/ camera cell placement Quiet and calm environment
ALCOHOL WITHDRAWALS Possible - Anxiety, agitation, sweating, tremor, vomiting, stomach cramps, diarrhoea, insomnia, headaches, disorientation, confusion, seizures DRUG WITHDRAWLS Possible – Anxiety, headache, insomnia, muscle aches, twitching, seizures, sweating, hot & cold flushes, gooseflesh, yawning, watery eyes, runny eyes, stomach cramps, nausea, vomiting, diarrhoea, disorientation, mood swings, seizures.	DRUG AND/OR ALCOHOL WITHDRAWALS Group or assessment cell Quiet and calm environment Reassurance to decrease fear and anxiety Access and encouragement to drink fluids Alert health centre staff promptly of any changes in the person's condition Access to Drug and Alcohol Services
ASTHMA Wheezing Difficulty breathing Short of breath Anxiety Fatigue	ASTHMA May have inhaler in cell Group cell accommodation Access to clinic
HEART TROUBLE Pain in chest, neck, jaw, arms, shoulder, fingers Skin may be pale, cold, clammy Faintness and nausea Sweating / breathlessness	HEART TROUBLE Group cell accommodation Medication required
HIGH BLOOD PRESSURE Headache May feel dizzy Ringing in ears Flushed	HIGH BLOOD PRESSURE Group cell accommodation Requires medication

Feature to be Observed	Special Needs
END STAGE LIVER DISEASE Drowsiness, confusion, memory loss, lethargy, aggression, coma, yellowing of skin / eyes, itching, swelling of legs, feet or abdomen, easy bruising, vomiting blood, rapid weight loss or weight gain, decreased appetite, if person or cell mate complains of blood in the toilet	END STAGE LIVER DISEASE Inform Health Centre Staff May Require Special Diet Will require regular attendance at clinic Consider if requires group cell Notify the health centre immediately if staffed or the After Hours Nurse Manager on 13000 ROAMS (13000 76267) and select option 1 if no Network staff are available
RISK OF BLEEDING Commences bleeding from wounds or other orifices Complains of headache, pain or swelling in joints, tissues and/or other body areas Sustains trauma either through mishap, self-harm or assault Complains of feeling light headed, unwell or vomits Becomes confused, drowsy or unconscious Complains of spotting or vaginal bleeding (pregnant female) Note that patients on blood thinning agents such as Warfarin and Clexane are at higher risk of complications from minor trauma such as assault or a simple fall whilst on this medication	RISK OF BLEEDING If seeing any of these features, CSNSW staff should provide basic first aid and notify the health centre immediately if staffed or the After Hours Nurse Manager on 13000 ROAMS (13000 76267) and select option 1 if no Network staff are available
HEAD INJURY Complains of headache, pain or swelling in joints, tissues and/or other body areas Complains of feeling light headed, unwell or vomits Becomes confused, drowsy or unconscious	HEAD INJURY If seeing any of these features, notify health centre immediately if staffed or the After Hours Nurse Manager on 13000 ROAMS (13000 76267) and select option 1 if no Network staff are available Group cell or observation cell
CHRONIC KIDNEY DISEASE Fatigue and malaise Anorexia Nausea and vomiting Swelling of legs	CHRONIC KIDNEY DISEASE May require regular monitoring at Health Centre May require regular dialysis
INFLUENZA-LIKE-ILLNESS Fever Cough Sore throat	RESPIRATORY INFECTION One out cell accommodation Implement Additional Precautions
GASTROENTERITIS Vomiting Diarrhea Abdominal cramps Nausea Fever Headache	GASTROENTERITIS One out cell accommodation Implement Contact Precautions
SKIN INFECTION Rash Blisters Pain Fever	SKIN INFECTION One out cell accommodation Implement Contact Precautions
TUBERCULOSIS Cough persistent Unexplained weight loss Night sweats Fever Haemoptysis	RESPIRATORY INFECTION Negative pressure room accommodation Implement Airborne Precautions