Justice Health and
Forensic Mental Health Network

Justice Health NSW Policy

Health Problem Notification and Escort Form (Adolescents)

Issue Date: 02 December 2022

Together for
Healthier Tomorrows

Health Problem Notification and Escort Form (Adolescents)

Policy Number 1.235

Policy Function Continuum of Care

Issue Date 02 December 2022

Next Review Date 02 December 2025

Risk Rating High

Summary The Health Problem Notification and Escort Form (HPNEF) is a formal communication tool utilised by The Network to provide advice and recommendations to partner agencies regarding the clinical needs and risks of adolescent patients.

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/1235

Change summary
- Logo updated
- Juvenile Justice change of name to Youth Justice (YJNSW)
- JH&FMHN changed to Justice Health NSW
- Appendix 1 reformatted alphabetically

Authorised by Chair, Policy Steering Committee

Revision History

#	Issue Date	Number and Name	Change Summary
5	December 2022	1.235 Health Problem Notification and Escort Form (Adolescents)	• Logo updated • Juvenile Justice change of name to Youth Justice (YJNSW) • JH&FMHN changed to Justice Health NSW • Appendix 1 reformatted alphabetically

4	December 2017	1.235 Health Problem Notification and Escort Form (Adolescent)	• Updated positions and business units • Addition of the Segregated custody section
3	March 2014	1.235 Health Problem Notification and Escort Form (Adolescent)	• Clinical review examples added. • Section added around PAS Downtime.
2	November 2010	1.235 Health Problem Notification and Escort Form (Adolescent)	• Reference made to related Justice Health Policies and Procedures. • Inclusion of a HPNEF example. • Clarification on how to use HPNEF in the assessment setting, duplication of HPNEF and establishing accountability on receipt of HPNEF.
1	June 2007	1.235 Health Problem Notification and Escort (Adolescents)	• 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

The Adolescent Health staff work collaboratively with Youth Justice NSW (YJNSW) and the Department of Education (DoE) in respect to the effective and efficient delivery of health-related services in adolescent custodial settings. The Health Problem Notification and Escort Form (HPNEF) is a formal communication tool utilised by Adolescent Health to provide advice and recommendations regarding a young person's clinical status to partner agencies. This communication may concern cell placement recommendation, or possible signs of conditions and illness, such as substance withdrawal, mental health, or confirmed communicable diseases and infections.

This policy provides guidelines on the appropriate implementation of a HPNEF to ensure that information which supports the provision of health care is readily availableto authorised users, when and whereit is needed and is delivered in a timely and efficient manner.

2. Policy Content

2.1 Mandatory Requirements

Health centre staff have a duty of care to advise YJNSW and DoE staff of actual or potential 'at risk' health problems of young people in custody to ensureappropriate management whilst in their care. In the Adolescent Health setting, the HPNEF is designed for this purpose.

Formal recommendations must occur at reception or whenever a young person's clinical presentation changes including where a young person has particular health needs requiring observation during transport. Relevant signs or symptoms must be expressed in 'lay language' for YJNSW officers (refer to Guide Descriptions in Lay Language on Appendix 1).

2.2 Implementation – Roles and Responsibilities

The Nursing Unit Manager (NUM) or delegate is responsible for:

- Ensuring a new HPNEF is completed when required at reception or whenever a young persons' clinical status changes.
- Ensuring a new HPNEF is completed when required for special transport and / or recommendations
- for specific management during transfer as set out in the JHFMHN Policy 1.395 *Transfer and Transport of Patients*.
- Ensuring the original form is signed and placed in the young persons' Health Record. A copy must be provided to YJNSW and/or the DoE as required.
- Discussing suitable short term management of the patients' needs with the Adolescent Health Nurse Manager (AHNM), Medical Staff and YJNSW Centre Manager.
- Ensuring that following the completion of a HPNEF, a PAS alert is entered (or updated).
- Ensuring the HPNEF is reviewed bi-annually and a current version is available in PAS.

3. Procedure Content

It is essential that a new HPNEF be initiated each time there is a change in the physical or mental health presentation and/or care requirement to ensure that YJNSW has the most current information. At the time of review, if there is no change in clinical presentation, it is unnecessary to complete a new HPNEF.

Sensitive health information must not be recorded on the HPNEF (e.g. HIV, Hep B or C status or a mental health diagnosis such as Schizophrenia). If information about these concerns needs to be conveyed, only the relevant signs or symptoms should be noted. These signs or symptoms must be termed in lay language and medical terminology should be avoided. A guide to lay language is available at Appendix 1.

When required, guidance on what to include on a HPNEF should be sought from the local NUM, Medical Officer, Clinical Director Adolescent Health, Clinical Director Adolescent Mental Health, Clinical Nurse Consultant or the After Hours Nurse Manager.

All HPNEFs must be completed via the JH&FMHN Patient Administration System (PAS). Refer to PAS Quick Step Guide – *Adolescent Health Problem Notification & Escort Form*, for further instruction on this process.

3.1 Completing a HPNEF

3.1.1 Initial/Comprehensive Assessment

The HPNEF must be completed for a young person who has a relevant health issue identified at Initial/Comprehensive Assessment (e.g. Asthma or Intellectual Disability (I.D)). Refer to Justice Health NSW Policy 1.036 *Health Assessments (Adolescents)* for more information.

3.1.2 Clinical Review

A HPNEF must be completed when a young person's clinical status changes upon clinical review. Not all health issues require notification to partner agencies, and highly confidential information should not be shared (see Section 3.2).

Examples of relevant health issues are as follows:

- If at risk of self-harm or harm to others, or support for substance withdrawal is identified.
- If a mental health risk is identified at Initial or Comprehensive Assessment, or when reviewed by a Medical Officer, Clinical Nurse Consultant or Registered Nurse.
- If there is a physical or mental health issue requiring a coordinated response e.g., asthma, allergies, or an intellectual disability.
- If a health issue (e.g. an injury or open wound) is identified at a walk-in appointment that will impede the young person playing sport or in their activities of daily living.
- Health issues that have the potential to impact on people who may be in contact with the young person
- e.g. influenza, methicillin resistant staphylococcus aureus (MRSA), parasites.
- If a special diet is required for the young person, such as gluten or lactose free. Refer to Justice Health NSW Procedure 6.214 *Therapeutic Diets Clinically Recommended*.

- If a significant health issue is identified prior to escort/transfer from an Adolescent Health site. Refer to Justice Health NSW Policy 1.395 *Transfer and Transport of Patients.*
- If a health issue is identified which necessitates activity restrictions.

A significant health issue or change in clinical status may also require the application of a medical hold, which will prevent/delay transfer of a patient. Refer to Justice Health NSW policy 1.263 *Medical Holds* for more information, or consult the relevant Clinical Director for guidance.

When a change in clinical status results in the health issue being resolved (e.g. sport restriction due to a sprained ankle), a new HPNEF must be provided to YJNSW/DoE to inform them that the restriction has been lifted.

When providing health information to the DoE regarding a young person with anaphylaxis, or allergies, in addition to the HPNEF the *Australasian Society of Clinical Immunology and Allergy (ASCIA) forms* must be used and signed by a doctor.

When providing information to DoE on asthma, the Asthma care plan for education and care services form must be used and signed by a doctor.

3.1.3 Segregated Custody

Under clause 10 (2) of the *Children (Detention Centre) Regulation 2015*, a young person who is placed in segregation must be kept under daily observation by staff and have access to essential medical care. Daily observation includes conversing with and visually sighting the patient.

A record of health assessments and each daily review must be added to the health record of the young person and entered into the Patient Administration System (PAS). For the duration of the segregation, staff must complete a HPNEF in PAS and provide a copy to YJNSW. Current physical, mental health and emotional wellbeing should be noted. If there is nothing of concern, 'Nil Issues' must be documented and the HPNEF provided to YJNSW. For more information on segregation, refer to Justice Health NSW policy 1.366 *Segregation, Confinement and Separation (Adolescents)*.

3.2 Duplicate Forms

Once the HPNEF form is completed in PAS, multiple copies must be printed. These copies must be distributed as follows:

- YJNSW must receive a copy of the HPNEF if the young person is at a Youth Justice Centre. The Unit Manager should be the recipient or in their absence the Duty Manager, Assistant Unit Manager or Shift Supervisor.
- DoE must receive a copy of the HPNEF if the young person attends school. The Principal of the school or an authorised delegate (e.g. teacher) should be the recipient.
- Nursing staff must ensure that a copy of the HPNEF is placed in the front of the young person's Health Record.

3.3 Accountability

The HPNEF is pivotal to the formal communication of a young person's clinical status. Acknowledgement of HPNEF receipt is part of this process.

- A clinician must sign all duplicates of the HPNEF.
- YJNSW must indicate receipt of the HPNEF by signing Justice Health NSW copy.
- DoE must also indicate receipt of the HPNEF by signing the Justice Health NSW copy.
- After obtaining the required signatures, the HPNEF must be filed in the front of the Health Record. This copy should then be moved to the relevant 'Episode of Care' section by nursing staff once the young person exits custody.

3.4 PAS Downtime Version

In the event of the PAS system being unavailable, all Health Centres should have blank paper copies of the HPNEF. When PAS becomes available, it is the responsibility of nursing staff to ensure this information is entered into PAS.

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

Legislations	*The Privacy and Personal Information Protection Act 1998 (NSW)* *The Health Records and Information Privacy (HRIP) Act 2002 (NSW)* *The Children (Detention Centre) Regulation 2015*
Justice Health NSW Policies, Guidelines and Procedures	1.036 *Health Assessments (Adolescents)* 1.263 *Medical Holds* 1.366 *Segregation, Confinement and Separation (Adolescents)* 1.395 *Transfer and Transport of Patients* 6.214 *Therapeutic Diets Clinically Recommended*
Justice Health NSW Forms	PAS Quick Step Guide – *Adolescent Health Problem Notification & Escort Form* JUS005.002 *Health Problem Notification and Escort Form (Adolescents)*

NSW Health Policy Directives and Guidelines	
Other documents and resources	*Australasian Society of Clinical Immunology and Allergy (ASCIA) forms* *Asthma care plan for education and care services form*

Appendix 1

Condition	Issues to be Observed	Recommendations
Alcohol Withdrawals	**Symptoms may decrease within 5-7 days but can vary depending on duration and extent of use** Early signs: Sweating, shaking, tremors, anxiety, abdominal pain, insomnia, nausea and vomiting. 1-2 days: Flushed, increased heart rate, temperature, confusion. Severe: Hallucinations, fever, seizures and agitation.	Monitoring, reassurance, quiet calm environment Notify health staff (Clinic/AHNM) Encourage food and fluids Requires medication
Allergy	Swelling of lips, face, eyes, Hives or welts, tingling of mouth, vomiting, abdominal pain (severe reaction).	Notify health staff (clinic/AHNM) and call ambulance. **EpiPen –** remove sting (if insect)
Asthma	Audible wheezing (wheezing that can be heard), feeling short of breath, inability to speak in sentences, increased pulse rate, anxiety/chest tightness. Difficulty breathing, frequent coughing (especially at night), sucking in skin around neck and ribs trying to breathe.	May need puffer - 4 puffs wait 4 mins give 4 more, sit up - keep calm. Notify health staff (Clinic/AHNM) If not relieved call ambulance
Diabetic	**High sugar** – dry mouth, extreme thirst and urination, fever, sleepiness, confusion, nausea, vomiting, abdominal pain. **Low sugar** – sweating, shaking, dizziness, weakness, blurred vision, headache or confusion.	Observe closely, requires regular meals | requires insulin/medication Give juice, candy or sugar (if low) and a follow up with carbs e.g. sandwich.
Drug Withdrawal	Varies depending on which drug and the duration of use **Heroin and opiates** - flu like symptoms for 1-2 days. **Benzodiazepines** – anxiety, seizures which can last for weeks. **Cocaine** – depression, restlessness for 7-10 days. **Ice** - Anger or aggression, difficulty sleeping, headaches, dizziness, paranoia, confusion, hallucinations, irritability, feeling down. **Cannabis** - Anger or aggression, irritability, nervousness, anxiety. Decreased appetite or weight loss, restlessness. Sleep difficulties including strange dreams. Chills, abdominal pain.	Allow time out Encourage food and fluids Requires medication Allow extra towels, bedding and showers. Notify health staff (Clinic/AHNM) Refer and complete withdrawal scales as required.
Epilepsy	Jerking movements, weakness or falling, sudden loss of bladder or bowel control, chewing, smacking lips, swallowing, rubbing hands, saying odd things, strange feelings, smells or tastes. Flashing lights memory lapses, looks blank, unexplained confusion, sleepiness.	Position to prevent harm Notify health staff (clinic/AHNM) Requires medication
Influenza – Like illness	Fever, sore throat, runny nose, cough, sneezing, generalised pains and aches	Isolate, Use PPE Contact health staff
Intellectual Disability	May have difficulty expressing their feelings, following instructions, reading and writing, communicating clearly with people. May present with challenging behaviour May have physical symptoms e.g. Down's Syndrome Heightened anxiety, responses may not be age appropriate	Provide simple step by step instructions Provide reassurance Be patient, listen Ask them if they understand the directions given.
Mental Health Problem	Inappropriate talking and laughing, expressing fears, worries or guilt, inability to cope, isolative or over familiar behaviours, mood swings, delusions, paranoia, alcohol or drug abuse, agitation, confusion, inability to concentrate, obsessing or neglecting about self-care, risk taking behaviour.	Allow time out, be supportive & respectful, may require breaks during tasks, might have difficulty following instruction, and simplify requests and language.
Skin Infection	Rash, blisters, pain, fever	Isolate, PPE, contact health staff.
Suicide Risk	Expressing suicidal ideas or intent, risk taking behaviour, giving away possessions. Deep sadness, trouble eating and sleeping, mood swings, isolative or withdrawn behaviour.	Observe (camera room) one to one Rest, sleep, risk assessment & check room for harmful items.

PLEASE NOTE, THIS DOCUMENT IS NOT EXHAUSTIVE AND PROVIDES SUGGESTIONS ONLY.