Justice Health and
Forensic Mental Health Network

Justice Health NSW Policy

Accommodation - Clinical Recommendations (Adults)

Issue Date: 06 March 2025

Together for
Healthier Tomorrows

Accommodation - Clinical Recommendations (Adults)

Policy Number 1.340

Policy Function Continuum of Care

Issue Date 06 March 2025

Next Review Date 06 March 2030

Risk Rating Low

Summary Justice Health and Forensic Mental Health Network (Justice Health NSW), 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 Justice Health NSW at the time of making the clinical recommendation and the patient's physical and mental health requirement 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 Justice Health NSW 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 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/1340

Change summary

- Updated all hyperlinks.
- Changed Updated all hyperlinks.
- Changed Chronic Disease Screen (CDS) to Chronic Disease Assessment (CDA) P5.
- 3.1.1 sentence added to end of second paragraph.
- Justice Health and Forensic Mental Health Network changed to Justice Health NSW throughout document.
- Responsible Officer changed to General Manager Primary Care.
- 3.1.6 sentence added to end of paragraph.

Authorised by Chair, Policy Steering Committee

Revision History

#	Issue Date	Number and Name	Change Summary
9	March 2025	1.340 Accommodation – Clinical Recommendations (Adults)	• Updated all hyperlinks. • Changed Chronic Disease Screen (CDS) to Chronic Disease Assessment (CDA) P5. • 3.1.1 sentence added to end of second paragraph. • Justice Health and Forensic Mental Health Network changed to Justice Health NSW throughout document. • Responsible Officer changed to General Manager Primary Care. • 3.1.6 sentence added to end of paragraph
8	November 2021	1.340 Accommodation – Clinical Recommendations (Adults)	• 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.
7	July 2018	1.340 Accommodation – Clinical Recommendations (Adults)	• Camered cell recommendation details are more explicit. • Clinical staff to nominate who is responsible for the observation. • Clinical staff to nominate the type and frequency of observation. • CSNSW need to be advised how frequently to look at monitors.
6	December 2017	1.340 Accommodation – Clinical Recommendations (Adults)	• Minor changes only to provide currency.
5	November 2014	1.340 Accommodation – Clinical Recommendations (Adults)	• 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 cell placement on s 3.1.8. • Clarification of the responsibility of JH&FMHN in making a clinical recommendation and the responsibility of CSNSW under the *Crimes (Administration of Sentences) Act 1999*.
4	November 2010	1.340 Accommodation: Clinical Recommendations (Adults)	• General edits and consolidation of some sections. • Separate section regarding two-out cells removed and the content incorporated into Shared or Group Cells. • Separate definitions of cell types removed and the content incorporated into Placement Options. • New assessment tools added, e.g., CHAP and HARP.
3	June 2006	1.340 Accommodation: Clinical Recommendations (Adult)	• Minor review • Title change • Replaces policies: 1.210 Four our Cell Placement, 1.340 Safe Environment and Safe Cells and 1.420 Two Out Cell Placement
2	June 2005	1.340 Safe Environments & Safe Cells	• Minor review
1	September 2009	1.340 Safe Environments & Safe Cells	• 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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Table of Contents

1. Preface 7
2. Policy Content 7
2.1 Mandatory Requirements 7
2.2 Roles & Responsibilities 7
3. Procedure Content 7
3.1 Placement Options 8
3.1.1 Normal Cell Placement 8
3.1.2 Ground Floor Placement 8
3.1.3 Shared or Group Cell Placement 8
3.1.4 One-out Cell Placement 9
3.1.5 Assessment Cells and Camera Cells 9
3.1.6 Medical Placement 10
3.1.7 Detoxification Placement 10
3.1.8 Risk Intervention Team Cell Placement 10
4. Definitions 11
5. Related Documents 12

1. Preface

This is a Justice Health and Forensic Mental Health Network (Justice Health NSW) 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, harm to others or harm from others, or relevant health related needs, in light of the information available to Justice Health NSW 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 Justice Health NSW 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*.

2. Policy Content

2.1 Mandatory Requirements

Justice Health NSW 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*, will then make a determination of cell placement based on safety and security requirements from 1.231 *Health Problem Notification Form (Adults)*.

2.2 Roles & Responsibilities

The Justice Health NSW 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 Assessment (CDA)
- 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. Justice Health NSW staff must use the Health Problem Notification form (Adults) (JUS005.001)

to inform CSNSW/PSO staff of cell placement and clinical recommendations. Refer to Justice Health NSW 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.

Justice Health NSW 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. Justice Health NSW staff must not make a clinical recommendation that an individual be housed naked or to be placed in a dry cell.

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. When recommendation for cell placement is documented Justice Health NSW staff should not use unit names for placement e.g.: Darcy POD.

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. Other examples include patient who are experiencing a situational crisis and are already receiving direct assistance but may benefit from short-term peer 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 health condition. Examples include patients with 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 an Assessment Cell placement 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 Justice Health NSW

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 and Communicable Diseases during business hours or after hours with the After-Hours Nurse Manager (AHNM) and Remote Offsite Afterhours Medical Service (ROAMS) in accordance with the Population Health Procedure 9.041 *Infection Prevention and Control*.

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. Closed Circuit Television (CCTV) monitoring is present in all assessment cells; however, in those centres without assessment cell, the Justice Health NSW 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 Justice Health NSW 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 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 Justice Health NSW 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 Justice Health NSW staff, consultation with 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 RIT 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 Justice Health NSW 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 Justice Health NSW policy 1.025 *Clinical Observation Beds in Health Centres (Adults)*. Justice Health NSW staff are responsible to review the patient during business hours. The responsibility then flows to CSNSW after hours with the recommended frequency of reviews listed on the Health Problem Notification Form as well as the AHNM contact details if required, and also NSW ambulance 000 if required for medical emergencies.

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 Justice Health NSW *Drug and Alcohol Procedure Manuals* for further advice.

Clinical staff must specify on the Justice Health NSW 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 Justice Health NSW 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 Justice Health NSW 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 Justice Health NSW 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*.

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-admitted beds located in Health Centres are used to accommodate patients who require a higher level of clinical observation for Primary Care, Drug & Alcohol, 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 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 to be complied with 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. Related Documents

Legislations	*Crimes (Administration Of Sentences) Act 1999* *Mental Health (Forensic Provisions) Act 1990* *Mental Health Act 2007*
Justice Health NSW Policies, Guidelines and Procedures	1.025 *Clinical Observation Beds in Health Centres (Adults)* 1.231 *Health Problem Notification Form (Adults)* 1.380 *Clinical Care of People Who May Be Suicidal* 9.041 *Infection Prevention and Control* *Drug and Alcohol Procedure Manuals*
Justice Health NSW Forms	CORP000 *Title of Form*
NSW Health Policy Directives and Guidelines	PD2020_047 *Incident Management* PD2022_023 *Enterprise-wide Risk Management* PD2024_031 *Mental Health Outcomes and Assessment Tools (MHOAT) Collection and Reporting Requirements*
Other documents and resources	3.7 *Management of inmates at risk of self-harm or suicide* 5.2 *Inmate accommodation*