

Justice Health NSW Guideline

Dee Why Unit Guidelines

Issue Date: November 2025

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Dee Why Unit Guidelines

Guideline Number 6.082

Guideline Function Continuum of Care

Issue Date November 2025

Next Review Date November 2027

Risk Rating Extreme

Summary Guideline to assist staff working on the Dee Why unit to become familiar with unit functions and rules.

Responsible Officer Service Director, Forensic Hospital.

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 GUIJH/6082

Change summary Updated to reflect current practice on unit.

Authorised by Forensic Hospital Policies, Procedures and Guidelines Committee.

Revision History

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1	December 2021	DG60116/22	-
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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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2. Preface

These guidelines have been put in place to allow staff, including those unfamiliar to the unit to have a reference to allow any easy transition to working in Dee Why. New and unfamiliar staff will be provided a comprehensive handover of the current patient group. All regular staff have the responsibility of welcoming new and unfamiliar staff to the unit, alerting them to any unit specific risks and providing further assistance should it be required.

Therapeutic security is a core control of safety within the Forensic Hospital. As part of this it is important that all staff are aware of their environment, policies and procedures as well as engaging therapeutically with the patients.

An example of this is the management of items which may have the potential to be unsafe. All units have permitted items that have been risk assessed. These items can be utilised safely by all patients. All other items must be individually risk assessed and the potential risk to the unit must also be taken into consideration. These items require approval by the MDT include DVD's. Interventions may need to be put in place in order to make their use as safe as possible.

In the event where there is reduced staffing on the unit due an ERT response to another area, staff should risk assess scheduled activities and engagement with patients to minimise any adverse risk to staff. Engagement with patients must be with a least two staff, otherwise staff may be required to remain in the staff station until staffing has been resolved. Staff are able to request other disciplines to assist in these instances (Allied Health or Medical Team). This decrease in service/care provision should be documented in the shift report and the patient Mental Health observation and engagement level chart to identify a rationale and any interventions/observations which had to be cancelled/delayed. In the event a unit cannot provide ERT response for a period of time this must be escalated to the AHNM/DDON.

If you feel unsafe or identify a safety issue, please escalate this through your NiC in the first instance. A safety huddle can be initiated by any staff member should there be an increase in risk



3. Guideline Content

3.1 General security

1. All staff are responsible for maintaining as safe environment. In the event that you observe a hazard, intervene or escalate if unable to minimise the risk.
2. In the event where there is reduced staffing on the unit (e.g., ERT response to another area), staff should risk assess scheduled activities and engagement with patients to minimise any adverse risk to staff. Engagement with patients must be with a least two staff, otherwise staff may be required to remain in the staff station until staffing has been resolved. Staff are able to request other disciplines to assist in these instances (Allied Health or Medical Team). This decrease in service/care provision should be documented in the shift report and the patient Mental Health observation and engagement level chart to identify a rationale and any interventions/observations which had to be cancelled/delayed.
3. Medication cups are not to be left on the ward or with a patient.
4. Staff are not to read personal books/magazines while they are observing patients on the floor or during a visit.
5. All visits are to be always supervised inside the room. All visitors to leave all their belongs at the security prior to entering the Forensic Hospital.
6. The courtyard doors are to be closed when it is dark outside, all mealtimes and/or if clinically indicated.
7. Staff must not go into patient bedrooms or down corridors alone (students and supernumerary staff are not to be used as a second person).
8. Make sure staff are aware of your whereabouts at all times.
9. The red/blue patient cups are to be used in the lounge/dining area only
10. During an incident on the ward, other patients are to be immediately directed and/or escorted to their bedrooms or safe place.
11. Do not give out private information (e.g., staff shifts, nights out, your opinion of other staff, personal details, and phone numbers).
12. No staff phone numbers, or personal details are to be used by other staff outside of work without their permission.
13. Do not discuss personal matters/your family or other patient specific matters in patient areas.
14. No personal details of staff or patients should be in view of the patients (e.g. the roster or patient files).
15. Staff need to check sharps on a shift-by-shift basis and that this is reflected in the sharps register.
16. Patients must be observed when using any sharps and the integrity of the sharps must be inspected on return.
17. Patients are to be observed in line with their observation level as per [Policy 1.319](#) Patient Engagement and Observation.
18. Observations from the staff station are not adequate.

3.2 Security of staff station





3.3 Staffing presence on the floor

1. 2:1 staff to patient ratio when with a patient in an assessment room, interview rooms, visit rooms, tribunal room, or any other non-patient areas.
2. Gender and skill mix of staff should be available at all times.

3.4 Patient management

1. Refer patients back to their allocated nurse for any decisions related to their care.
2. Make sure you take handovers for all patients on the unit and are up to date with TPRIMs and progress notes.
3. All patients should have an MSE completed regularly and documented in their progress notes using the SOAP documentation tool as per [Guideline 9.001](#) Clinical Documentation.
4. Care coordinators are responsible for educating their patients on the importance of sexual safety and provide [Patient Information Booklet](#) (which includes Patients' rights) and [My Sexual Health Matters Patient Booklet](#), go through content and document this has been completed. The patients TPRIM and care plan should be updated to reflect this.

3.5 Staff

1. The Internet can be accessed during break times only, unless for, ward-based activities or as clinically indicated.
2. Staff are encouraged to attend and participate in all on-ward groups as a way of encouraging patient participation, observing their allocated patients and maintaining security.
3. If allocated an ERT pager, you must have it always attached to you and handover to the oncoming shift after they have received handover.

3.6 Patient mealtimes

1. Corridor doors to be locked when all patients are present in the dining area.
2. Staff member holding the primary and secondary pager is not to be allocated the task of cutlery.
3. Patients on continual observations or at high risk of aggression during meal times will have their metal cutlery replaced with Safety Cutlery, silicone cups and plates. If this is deemed to high-risk patients will be given finger food only.
4. No plastic or wooden cutlery to be given to patients under any circumstances.
5. If a patient is not eating, they must sit in the lounge and remain seated unless clinically indicated.

6. Two staff to give out cutlery which is counted prior to and after meals. If there is an incident these two staff are responsible for the collection of all cutlery once the patients have been removed from the area.
7. One staff member checks the cutlery in and out of the register and signs it - they also call the patients up one at a time. Even if a patient does not use their cutlery, it must be accounted for.
8. Patients are called individually by order to collect and return their tray.
9. The patient is to have both hands on their tray before getting their cutlery and before returning it. The staff member places and removes the cutlery.
10. No music devices to be turned on at mealtimes.
11. Patients to be reminded to minimise interactions during meals, loud talking or disruptive behaviour should be contained due to this being a high-risk time.
12. Patients are to be seated unless retrieving or handing back their tray.
13. Once finished their meal patients can sit in the lounge area.
14. Once all cutlery has been returned, the shutter is locked, and normal patient movement can resume.
15. All available staff have to be present during meal times. Nurses can continue to prepare/administer medications if there is enough staffing.
16. If a patient needs to sit in a low stimulus environment at mealtimes staff must observe this patient.
17. Staff supervising meals need to be observing the patients, not distracted by other activities.
18. No food or drink is to be kept, unless the patient is off the unit etc.
19. Patients should not keep any food stuffs (apart from uncooked noodles) in their bedrooms. This is to prevent, hoarding, standover, pest control and food poisoning.

3.7 Ground access, groups and kiosk attendance

1. It is the responsibility of staff to check each patients scale prior to kiosk/ground access so that the escort can be adequately staffed.
2. All patients must be assessed for suitability to leave the unit.
3. Staff must have a radio with them on all grounds access escorts and complete radio check prior to leaving the unit.
4. Patients are to stay back from the keypad when staff are entering the code, otherwise the remote entry/exit system can be utilised from within the nursing station.
5. If patients are not following staff direction or becoming challenging, they are to be returned to the unit immediately.
6. Those on point to point (D) SCALE must be assessed prior to leaving the unit, the placement is called to make them aware the patient will be heading over and then the placement is to contact the unit once they arrive and vice versa for return.
7. Those on unsupervised grounds access must be assessed prior to leaving the unit, this should be documented. On return the patient should be assessed again.

3.8 Documentation

1. Documentation requirements must be in line with patients observation level which is outlined in [Policy 1.319](#) Patient Engagement and Observation.
2. A patient's mental state, interactions with others, compliance and risks should be the focus of each entry.
3. Any aggressive incident is to be documented with a 5W, please refer to the prompts on JHeHS or discuss with the NIC. All 5W's require an IMS+.
4. When an IMS+ has been completed provide the NIC the IMS+ number. Document the IMS+ number on JHeHS.
5. If there is a victim to the aggression, then another IMS+ is required.
6. If a staff member witnesses an incident or a statement from a patient that is not allocated to them, they are still responsible for documenting this. A handover to the allocated nurse will also have to be completed.
7. TPRIMs are to be read at the commencement of every shift for your allocated patients. TPRIMs can be found in JHeHS
8. It is the responsibility of each nurse to make changes to the TPRIM if changes occur. It is a live document so should reflect current management.
9. The restraint register is to be completed when any form of physical and/or mechanical restraint is used.
10. Save all patient related reports in the appropriate file on the G Drive, so they can be accessed if you are not on duty, and where appropriate upload to JHeHS as per [Scanning Categories](#).
11. SOAP notes have to be used when documenting progress notes unless part of the exceptions as per [Guideline 9.001](#) Clinical Documentation.

3.9 Handover

1. Handovers start at:
 - a) 0700 for morning shift
 - b) 1900 for night shift
2. Handovers must be held off the unit in an uninterrupted area.
3. The staff that are handing over are to hand their pagers over to the incoming NIC after handover is finished.
4. If a pager alarms, whoever has the primary pager at that time will respond.
5. The NIC will exchange keys and pagers during handover.
6. Handovers must be specific and provide the following shift with information regarding mental state, physical health issues, interactions, up-coming appointments / investigations and outstanding tasks utilising the ISOBAR as per [Procedure 6.086](#) Clinical Handover and Registrar Contact.
7. All oncoming staff should take handover for all patients.

3.10 Medication room



[REDACTED]

3.11 High risk patient areas and non-patient areas

1. There are to be a minimum of 2-3 staff members in attendance whilst in high-risk patient areas e.g. patient locker rooms, assessment rooms.

3.12 Safety clothing/safety blankets

1. All units to ensure that they have enough stock and they are easily accessible
2. These have to be laundered on the ward after use. Do not send to outside laundry with other linen.

3.13 Maintenance

1. Email PPPS Facilities Help Desk [REDACTED]. If there are any issues with the environment, damage to bedrooms etc. the NUM, DDON, the contracts manager and the AHNM must also be emailed. Please also CC the relevant ward email:

[REDACTED]

2. Medirest/Honeywell staff should consult with the NiC before entering the ward. As members of the team, Medirest/Honeywell should never work in isolation, and should be observed at all times.

3.14 Laundry

1. The laundry room will be open to patients to use during the day and locked at night.

3.15 Quiet room/Sensory room

1. Cleaning/sanitising of items used between patients is required.

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

Justice Health NSW
Policies, Guidelines and
Procedures

[Policy 1.319](#) Patient Engagement and Observation
[Procedure 6.086](#) Clinical Handover and Registrar Contact
[Procedure 6.070](#) Code Blue (Medical Emergency) – Management
[Procedure 6.088](#) Seclusion and Restraint Process
[Procedure 9.019](#) Code Red (Fire Emergencies) – Management
[Procedure 9.020](#) Code Black (Psychiatric Emergency, Armed Hold-Up, Hostage) – Management
[Guideline 9.001](#) Clinical Documentation
[Procedure 9.015](#) Searches

Justice Health NSW
Forms

[Forensic Hospital Intranet Page](#)
[Forensic Hospital Procedures and Guidelines](#)
[Forensic Hospital Forms and Templates](#)

NSW Health Policy
Directives and Guidelines

Other documents and
resources

[JHeHS Scanning Categories](#)
[My Sexual Health Matter Patient Booklet](#)
[Patient Information Booklet](#)

6. Appendix

6.1 Daily Routine

Note that this is subject to change. Refer to the ward timetable for daily activities.

Time	Activity
0700-0730	Nursing staff handover Allocation of tasks Patient head count S4d/S8 check
0730-0800	Familiarise self with TPRIMs, notes, tasks to do
0745-0845	Patients Breakfast
0850-0930	Patients attend to ADL's/property Physical observations allied health/medical handover Morning meeting Patient head count
1000	Morning tea
1030	Morning walk/ Exercise (Mon-Fri)
1040-1140	Group time/Activity Patient head count
1145-1245	Lunch
1300-1400	Patient quiet time/activity
1400-1430	Group time/Activity In-service Evening staff - Familiarise self with TPRIMs, notes, tasks to do
14.30	Afternoon tea
1530-1700	Group time/Activity
1745	Dinner
1845	Patient head count
1900	Patient head count S4d/S8 check Fridge Temperature check Nursing staff handover
1930	Supper - Milo
2200	Bedtime
2200-0700	See night duty task sheet Patient head counts

6.2 Patient Ward Rules

1	No pyjamas are to be worn at breakfast, or in the lounge area until after 7pm. Patients will be requested to go back to their room and wear appropriate clothing
2	No inappropriate touching of staff or other patients
3	Patients are NOT to visit each other's room. Rooms will be locked when not in use
4	Exchange of other belongings from property room is allowed
5	The TV in the common room is to be turned off by 22:30pm each night during the weekend 2300 weekends. <ul style="list-style-type: none"> ○ Patients are allowed to watch television in their rooms at a quiet level after this time 2330. ○ All televisions must be turned off at 23:00hrs Sunday to Thursday and Midnight Friday and Saturday to promote good sleep hygiene. ○ On Friday, Saturday and public holidays patients may be able to stay in lounge room after 22:30hrs only to finish watching movies or TV shows; however this is at the discretion of the NiC.
6	Patient's rooms are to be kept locked; it is the patient's responsibility to make sure of this.
7	Patients need to have more than 2 items of clothing to do a load of washing. Patients will be allocated washing days.
8	Sheets or towels are not to be washed in the washing machine. Linen change days are Monday, Wednesday and Fridays. (2 sheets, 1 pillowcase and 2 towels)
9	No swearing/ abuse/threats/intimidation between patients or staff allowed. NSW Health has a zero tolerance policy.
10	The T.V and Radio must not be turned on at meal times.
11	Patients need to look after their water bottles.
12	In order to promote a healthy lifestyle, patients are not permitted to have second serves during meal times. Patients are not to approach Medirest staff; staff will do that for them.
13	Exchange of food between patients is not allowed.
14	Patients are requested to go out of their rooms when cleaners are cleaning their bedrooms.
15	Patients displaying negative symptoms or increased sedation may require increased prompting – it is a long time between meals.
16	Food is not allowed in patient rooms, apart from sealed noodle cups.
18	Night lights in the rooms have to be left uncovered at night, nurses need to do observation rounds and ensure that patients are safe and well.
19	Patient bedroom list for each ward can be found in the appendix of this document and can be printed and given to patients at any time.
20	No pictures on the walls, patients may have Velcro stickers for pictures on Velcro board in each room.
21	No use of Sellotape/stickers in bedrooms.
22	Safe room= safe blanket, pillow and gown unless specified at MDT
23	Patients will have 1 locker and 2 tubs maximum
24	20xDVDs limit in the lockers, excess to be stored locker or returned to family.
26	Lockers/tubs to contain clothing/stationary/paperwork and toiletries only
27	No receiving of gifts/items from other families

28	Access times are on the property room 1000 and 1430
29	Gambling is not permitted

6.3 Bedroom Item List

<u>Clothing Items</u>
5 x Shirts (T shirts, shirts and polo shirts)
5 x Singlets
3 x Jumpers/ Jackets (long sleeves items, zippies)
5 x Pants (trousers, shorts, tracksuits, Pyjamas)
3 x Shoes (runners, thongs, sandals)
5 x Shorts
2 x Hats
1 X Belt
6 x pairs x Socks
8 x Underwear (boxers, briefs)
1 x laundry bag or Pillowcase
2 x Towels (including patient own, beach towel)
<u>Toiletries</u>
1 x Toothbrush
1 x Toothpaste
1 x Bar of soap (including container)
1 x Brush or Comb
1 x Box of tissues
In addition to the above Only 7 of these items are allowed in bedroom at one time: shampoo, conditioner, body wash, moisturiser, creams, deodorant, lip balms, hand creams, face towel, loofa toilet deodoriser
<u>Other Items</u>
5x DVD's
1x radio, speakers and charger
1x DVD player, speakers and charger
1x portable radio or 1 x music tablet
1x Battery Charger
1x Clock
1x Diary
1 x Bible
1 x Water Bottle
1 x Tupper wear (food and drink containers)
1 x Sunglasses
3 x Kiosk food items

<p>2 x Game (eg cards, board game, portable console)</p> <p>1 x Stationary Case (max10 items including pencils, highlighters, pens, texters, erasers)</p> <p>1x Paper holder tray (letters, magazines, newspaper, course material)</p> <p>2x Reading Books</p> <p>1x Clear Small storage box</p>
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***Please note: Electric shavers must be tagged by Honeywell and stored in a non-patient area and must not be kept in any bedrooms or shared with other patients.**

Jewellery:

This must be MDT approved. Maximum of 5 items

Medically approved items:

E.g. creams / CPAP machine/ Glasses/ mattress/ extra doona/ shoe insoles

MDT approved items:

E.g. Prayer Mat, Eye mask, Bum Bag, Bathrobe, training gloves