Justice Health and
Forensic Mental Health Network

NSW GOVERNMENT

Justice Health NSW Procedure

Long Bay Hospital Mental Health Unit Operational Procedures (Assessment, Interventions and Reintegration)

Issue Date: 29 November 2023

Together for
Healthier Tomorrows

Long Bay Hospital Mental Health Unit Operational Procedures

Procedure Number	9.040
Procedure Function	Continuum of Care
Issue Date	29 November 2023
Next Review Date	29 November 2026
Risk Rating	High
Summary	These are the operational procedures for the mental health unit at Long Bay Hospital, which covers assessment, admission, interventions, and reintegration multidisciplinary team actions.
Responsible Officer	Nurse Unit Manager 2, Mental Health Unit, Long Bay 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 **Other**:
CM Reference	PROJH/9040
Change summary	First issue
Authorised by	Service Director, Custodial Mental Health

Revision History

#	Issue Date	Number and Name	Change Summary
1	29 November 2023	9.040 Long Bay Hospital Mental Health Unit Operational Procedures	First issue

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

1. Table of Contents

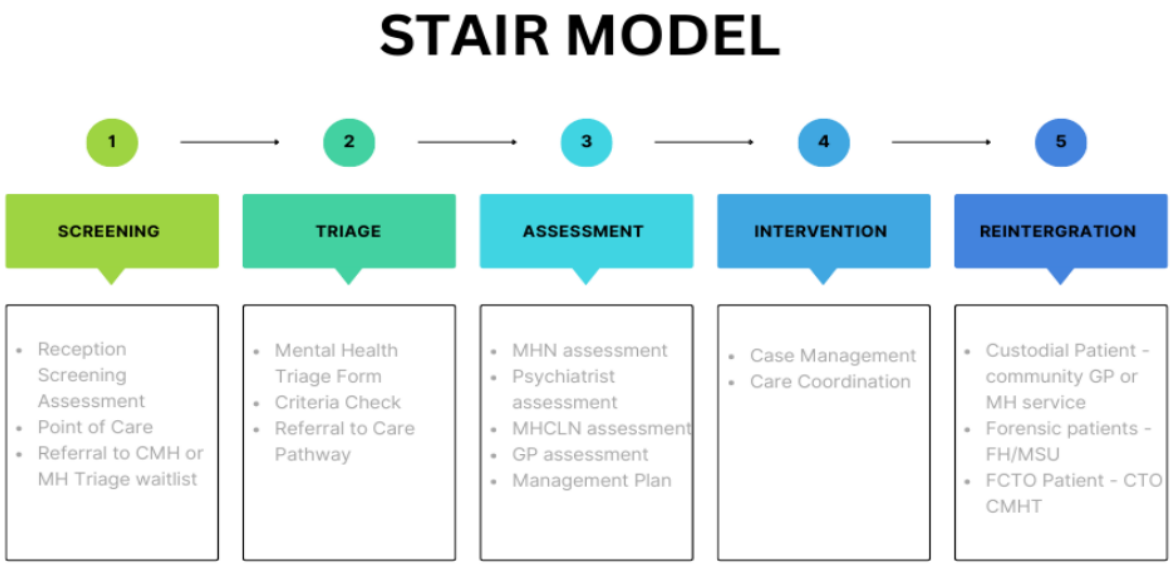
2. Preface

Justice Health and Forensic Mental Health Network (Justice Health NSW) provides a range of inpatient and outpatient mental health services to adults in correctional centres in NSW. Justice Health NSW Custodial Mental Health services aims to provide seamless, effective, and efficient care that reflects the whole of person's health needs, in partnership with the individual, their carers and family. Care begins at the point of reception and continues through to release from custody and reintegration into the community.

Custodial Mental Health (CMH) applies a hub and spoke organisational model. The mental health hubs are located at the Silverwater Correctional Complex and Long Bay Correctional Complex. Hubs are used to provide assertive psychiatric care and case management for patients with complex needs, including forensic patients in custody. The spokes of the Service are located at other metropolitan and rural correctional centres. Where Custodial Mental Health do not provide an onsite service, the CMH Telehealth team provide services to these Correctional Centres.

The Stair Model

Prison mental health models that focus on patients' care pathways have shown improved performance against key indicators and better health and justice outcomes. The 'STAIR' model, which focuses on key points along a (prison) care pathway – Screening, Triage, Assessment, Intervention and Release planning/Reintegration aims to standardise procedures at these key points of care to reliably direct care.



The Mental Health Unit operational procedures focus on the assessment, intervention, and reintegration stages of the STAIR model in the patient care pathway. As patients may only be treated involuntarily within a declared mental health facility under the MH Act, patients requiring involuntary treatment will be transferred and managed at the Mental Health Unit, Long Bay Hospital.

This operational procedure sets out a safe and appropriate approach to the care of patients with mental disorders in the Mental Health Unit. However, as in any clinical situation, there may be factors which cannot be covered by a single set of procedures. This operational

procedure provides direction and guidance, but it does not replace the need to exercise clinical judgement for each presentation and recognition of the current workplace environment. With increased complexity of mental health presentations, there is a strong need for a multidisciplinary approach. Health professionals from all disciplines need to work closely together to develop and implement a comprehensive care plan for each individual patient.

Staff must comply with all relevant legislation, including the Crimes (Administration of Sentences) Act 1999, Crimes (Administration of Sentences) Regulation 2014 - NSW Legislation, Health Records and Information Privacy Act 2002, Mental Health Act 2007 Act and Mental Health and Cognitive Impairment Forensic Provisions Act 2020.

3. Procedure Content

3.1 Admission Criteria

Effective and efficient patient flow processes within Custodial Mental Health aims to ensure the right patient is receiving care in the right type of bed placement at the right time.

Inclusion Criteria

- Male
- Patients experiencing acute signs of mental illness or mental disorder, complicated by challenging behaviours, including a high risk of harm to self or others.
- Non-adherent with medication or limited response to treatment.
- High levels of monitoring required.
- Be a patient within a Custodial Mental Health care setting and require involuntary treatment under the Mental Health and Cognitive Impairment Forensic Provisions Act 2020.

Exclusion Criteria

- Patients under 18 years old.
- Direct care of a patient who requires medical intubation for transfer or require ongoing acute medical supervision.
- A patient experiencing acute intoxication with drugs or alcohol.
- A patient whose challenging behaviour is primarily driven by a personality disorder.
- A patient who has a primary diagnosis of dementia, developmental disability, or traumatic brain injury, unless there is an acute deterioration in a co-existing major mental illness.

Patients requiring admission to the Mental Health Unit can be admitted as a consenting patient under the Crimes (Administration of Sentences) Act 1999 which governs how patients can be housed in Correctional Centres. A consenting patient cannot be provided involuntary treatment and should be discharged at their request. No mental health legislation applies to consenting patients.

3.2 Referral and Patient Acceptance

Referral processes and acceptance processes to the Mental Health Unit, Long Bay Hospital must be completed as per *Custodial Mental Health Patient Flow* Procedure.

3.3 Prior to Admission

Prior to the patient's admission, the NUM has attended the CMH Patient Flow meetings and participated in the most up to date discussion regarding the patient's presentation, health issues and risk management issues. The NUM communicates this preadmission handover to the MDT prior to admission. The MDT should review the patient's medical file and review the current Multidisciplinary Care Plan in JHeHS. The MDT consider the most appropriate bed in the ward to house this patient prior to admission.

3.4 Assessment

3.4.1 Mental Health Assessment

Medical and nursing must complete a joint mental health assessment to ensure the patients historical and current mental health issues and risks are identified, strategies are developed in collaboration with the patient and family/carers to manage the identified risks. The patients' strengths should also be identified to assist with managing the identified risks.

A mental health assessment involves clinical assessment and information gathering in the following areas:

- Reason for referral.
- History of presenting problems (onset, duration, course, severity).
- Past psychiatric/mental health history (including past episodes of mental health problems, episodes of care, hospitalisations, Community Treatment orders (CTO)/Forensic CTOs (FCTO), seeing GP, Psychiatrist, or psychology for MH care).
- Legal issues (including next court date, earliest release date, latest release date, protection status, charges, previous gaol experience and previous Juvenile Justice experience, other legal issues such as civil cases).
- Drug and alcohol history (current and past substance use, previous treatments, features of dependence).
- Family medical/mental health history (e.g., mental health, addiction or significant medical issues of close relatives and their experience of illness and care).
- Medical history (medical conditions and treatments, relevant investigations, and results).
- Allergies and adverse drug reactions (includes non-medication allergies).
- Current treatments (include medication details, recently ceased medications and reasons, history of treatments and effectiveness, side-effects or adverse outcomes).
- Developmental and personal history (family, perinatal and adolescent development; social and intellectual development, recreational, educational and employment history; premorbid personality; abuse and neglect history)
- Current functioning and supports (accommodation issues, financial issues, gambling issues, social, educational, vocational functioning; any rehabilitation needs
- Activities of Daily Living (such as sleep issues, appetite, exercising, self-care, hygiene)
- Parental status and/or other carer responsibilities (pregnancy issues, access to children in shared residence or visits, care responsibilities, pets)
- Mental status examination
- Risk assessment (risks of suicide, deliberate self-harm, harm through misadventure or self-neglect; harm to others, harm from others including exploitation)

3.4.2 Collateral/corroborative information

The MDT must seek collateral information from numerous sources as a component of a mental health assessment. These sources can be from internal and external care providers and supports. Internal sources include a file review and may include liaising

with other health care disciplines within Justice Health NSW such as GP, Drug and Alcohol, Population Health, Primary Care, etc.

The following sources of internal information can be found on JHeHS:

- The reception screening assessment in JHeHS.
- Statewide Community and Court Liaison Service (SCCLS) mental health reports - Clinical Correspondence section.
- Psychiatric court reports – Clinical Correspondence section.
- NSW Community Forensic Mental Health Service (CFMHS) reports.
- Discharge summaries from inpatient admissions or community mental health services, and other Local Health Districts (LHD).
- Reports/ summaries from community service providers, such as general practitioners.
- Progress notes.

The clinician when gathering collateral information should complete with the patient the JUS020.015 Consent to Release Health Information form. To continue an ongoing consultation with an external service or community worker then the MDT member should complete with the patient the Consent to Liaise form (JUS020.035) form.

Common external care providers request for information from are:

- GP/medical centres
- Psychiatrist
- Community Mental Health Teams (CMHT)
- Hospital admissions/discharges
- NDIS case manager/provider
- Psychologist
- Other mental health service providers such as Head to Health, Like Minds, Headspace etc
- Interstate custodial health service providers

The clinician should contact and gather collateral information from family and carers with the patient's informed consent. The patient must be asked if they would like a family, carer or principal care provider be informed of the healthcare they receive in custody. Nursing staff should complete a s72 Nomination of Designated Carer(s) form with the patient. The completed form must be uploaded to JHeHS under 4.0 Legal Correspondence as per 1.434 Working with family and carers policy. Additionally, the clinician can offer to complete with the patient the Consent to Liaise (JUS020.035) form.

Information sharing with CSNSW must be guided by Policy 4.030 Requesting and Disclosing Health Information and Guidelines 9.036 Guidelines on Use and Disclosure of Health Information.

Information sharing is necessary to health and custodial operations in the following areas:
(a) Care, treatment and management of adults and young people in correctional centres and youth justice centres
(b) Care, treatment, and management of specific medical conditions
(c) Care, treatment, and management of custodial patients with special needs/requirements
(d) Management of custodial patients who pose a threat to self, staff, or others
(e) Transportation requirements
(f) Placement issues
(g) Discharge planning
(h) Deaths in custody (DIC)
(i) Assaults
(j) Management of Work Health and Safety (WHS) issues in shared settings
(k) Requests for health information from Police and other law enforcement agencies

(l) Statutory obligations to disclose health information
(m) Research into custodial patient management and care.

Clinical staff can request information from CSNSW such as details around risk, charges and convictions, court details and community correction details. This information aids clinicians in making health decisions and discharge planning.

3.4.3 Clinical Formulation

A core part of a mental health assessment is the clinical formulation. This is a clinical summary of the patient's presenting health problems, together with the clinician's opinion on the risk factors, patient strengths and protective factors, taken with consideration of family, carers and the patient's opinions, and what steps should be taken to improve matters such as treatment and placement.

Clinical formulation may include a diagnosis, or an identification of a core issue such as psychosis. Differential diagnoses are also documented as consideration, possibly with further assessment, observation, and response to treatment.

The MDT should identify other issues such as a physical health complaint or drug and alcohol issue etc. Once an issue has been identified, the clinician may initiate treatment in keeping with their scope of practice and make appropriate referrals for more comprehensive assessment, care, and treatment.

3.4.4 Multidisciplinary Care Plan (JHeHS)

Post the comprehensive assessment the Nurse must complete/update the Multidisciplinary Care Plan in JHeHS.

The Multidisciplinary care plan may consist of:

- Diagnosis
- Current Medication
- Recommendation regarding the administration of medication (e.g., supervised daily, monthly)
- Frequency of mental health reviews
- Early warning signs of deterioration or relapse
- Target interventions - psychology, employment, other psychosocial supports
- Risk management and recovery plan
- The wishes of the patient and family
- Pathology investigations (MHNP/psychiatrist)
- Physical observations monitoring including weight, BP, Pulse, waist circumference.
- Risk management
- Cell placement recommendations
- Custodial Mental Health hub referrals
- Internal Justice Health NSW referrals
- External referrals
- Requests for external health information
- FCTO applications
- Forensic status
- Psychoeducation and support
- Further follow up review dates
- NDIS applications
- Discharge/Release planning
- Referrals to the CMHT

The details of the Multidisciplinary Care Plan must include:

- Specific actions.
- Who is responsible for a particular action in the plan.
- What is the timeframe for actions to be completed or frequency of ongoing actions.

3.5 Admission

Patients being admitted to the Mental Health Unit are escorted by CSNSW to the unit. Most admissions occur to G Ward; however, admissions can occur to E or F wards where clinically appropriate.

Where a patient requires an Interpreter, the staff member must organise as per Policy 1.230 Health Care Interpreter Services – Culturally and Linguistically Diverse Patients and d/Deaf Persons.

The admission process has a multidisciplinary team (MDT) approach to ensure improved health outcomes, patient satisfaction and improve efficient use of resources. When the patient arrives on the ward, the MDT first make introductions and orientate the patient to the ward and ward routines. The mental health assessment is completed. The MDT clinicians must then complete the following admission process listed below.

The allocated nurse must:

- Commence the JUS110.110 Patient Observation and Engagement form.
- Collect vital sign observations, and document in the SAGO chart and in the Mental Health Physical Exam form in JHeHS.
- Commence baseline metabolic monitoring if the patient is prescribed an antipsychotic medication as per Section 8 of the Psychotropic Medication Prescribing Guidelines.
- New linen (normal or safety blankets) is placed in the cell once the new patient has been approved for safe cell or normal cell conditions.
- Check that the Mental Health Current Assessment form in JHeHS has been completed within the last 12 months. If not completed, commence this form in JHeHS.
- Complete a s72 Nomination of Designated Carer(s) form with patients, the completed form or refusal must be uploaded to JHEHS under 4.0 Legal Correspondence as per 1.434 Working with Family and Carers policy. Patients under the MHCIFPA, including Forensic patients and patients with a FCTO must have this form completed. It is recommended for patients transferred to the Mental Health Unit under the CAS Act.
- Update the patient's Multidisciplinary Care Plan in JHeHS with the designated carer or principal provider information if required.
- Contact the nominated designated carer to inform them that the patient has been transferred and admitted into MHU LBH and provide the contact details for them to contact the unit as required.
- Check the next court date and earliest release date and add this information to the Patient Flow Portal and Multidisciplinary Care Plan in JHeHS.
- Provide the patient with a toothbrush, the risk assessment will determine whether a patient is able to have their toothbrush in their cell or may need to be provided at allocated times and/or under supervision.
- Call the Kitchen on 9700 3887 to notify of patient arrival and need for provision of meals. Check upcoming court and assess for need of exemption to appear due to current presentation and complete the Medical Certificate Non-Attendance at Court if required.
- Update the Health Problem Notification Form (HPNF) as per the policy 1.231 Health Problem Notification Form (Adults).
- Add pathology requests in the ward diary and handover form.

- Add any outstanding admission tasks to the diary to be completed the following shift/day.
- Complete a progress note outlining the admission processes undertaken and patient assessment.

The psychiatry registrar must:
- Complete the Mental Health Physical Exam form in JHeHS.
- Check/chart current medication in eMAR in JHeHS including PRN as required.
- Complete pathology order in JHeHS for baseline pathology.
- Complete a progress note in JHeHS outlining the admission processes undertaken and patient assessment.

On admission, a MHU LBH administration officer (AO) must:
- Complete PAS admission process and assign the access level to Mental Health Access
- Add patient details to the ward Patient Flow Portal

3.6 Interventions

3.6.1 Mental Health and Cognitive Impairment Forensic Provisions Act Requirements

Section 87
Patients transferred to the Mental Health Unit under a s86 (MHCIFP Act 2020) must be assertively assessed to determine that the person is a mentally ill person that requires treatment in a mental health facility or person may be transferred back to a correctional centre.
The psychiatrist/psychiatry registrar must then complete JUS025.130 Section 87 Notification form. The AO must scan this form into JHeHS and emailed to the Delegate via [redacted]
The Forensic Mental Health Systems Manager will coordinate the review and approval of the s87 (MHCIFP Act 2020) by the Delegate and provide the outcome to the treating team via email.

3.6.2 Section 96

Section 96 Leave for forensic patients and correctional patients in emergencies or special circumstances.
1. Section 96 - Application for Outside Leave only applies to patients under the MHCIFP Act 2020 only – not patients transferred to the Mental Health Unit under the CAS Act.
2. On occasions where a patient under the MHCIFP Act is being treated at Long Bay Hospital Medical Surgical Unit (MSU), the Mental Health Unit NUM2 must liaise with the NUM of MSU to ensure they are aware of the s96 requirements if a patient is required to leave the Correctional Centre in emergencies or special circumstances.

Approval under the Act
The authorised Consultant Psychiatrist of the Long Bay Hospital / Medical Superintendent of the Long Bay Hospital appointed in pursuance of the Section 111 of the Mental Health Act 2007 / Deputy Medical Superintendent appointed in pursuance of the Section 112 of the Mental Health Act 2007 and section 47 of the Interpretation Act 1987 can approve the requested leave of absence from the Long Bay Hospital under section 96 of the MHCIFP Act 2020 for patients requiring treatment of a medical emergency.

Section 96 Application – Planned Leave

1. The Medical Appointment Unit (MAU) will notify the NUM2 of the Mental Health Unit of upcoming confirmed booked appointments via email. Refer to Policy 1.264 Medical Appointments (External and Internal) – Referrals, Bookings and Cancellations.
2. The NUM will communicate these details to the allocated nurse.
3. The appointments are written in the ward diary by the allocated nurse.
4. JUS020.111 *Application for Outside Leave – Long Bay Hospital* form should be available in hard copy and/or via the JHFHN SharePoint (Intranet).
5. Where the patient is required to access leave due to attendance at court this information can be obtained via the Multidisciplinary Care Plan in JHeHS, Patient Flow Portal, Mental Health Unit NUM or CSNSW Functional Manager Therapeutics.
6. Where the patient is required to access leave due to a medical appointment this can be obtained via PAS, communication from the Medical Appointments team [redacted], Multidisciplinary Care Plan in JHeHS, Patient Flow Portal
7. Nursing staff completes the JUS020.111 *Application for Outside Leave – Long Bay Hospital* outlining the current risk assessment. The Risk Assessment should include but not limited to:
   - Patient Diagnosis and outstanding features about current mental state
   - Treatment and adherence
   - Risk of self-harm, Risk of suicide, Risk of harm towards others
   - Last episode of aggression (reflecting when the patient's behaviour was last difficult to manage. Aggressive episodes within 3 months prior to the leave request would be relevant)
   - Any medical / physical health issues that may be relevant to consider ensuring patient safety during transport.
8. On completion of the risk assessment the Risk Management Plan should outline the risk mitigation strategies for the identified risks whilst on leave.
9. Once the form has been complete the nurse or AO emails to [redacted]
10. The Forensic Mental Health Systems Manager will coordinate the review and approval of the s96 by the Delegate and provide the outcome to the treating team via email. This form is filed in the patient's paper medical record.
11. Transportation will be facilitated by CSNSW unless indicated by the LBH Medical Appointments team that the patient requires special transport to ensure patient safety.

s96 Application – Emergency Leave
Where a correctional or forensic patient requires emergency care at an outside hospital to receive medical treatment, clinical staff must prioritise the crucial medical intervention for the patient prior to attending to the administrative requirements of the s96 (MHCIFP Act 2020).

In a medical emergency obtaining approval should not and must not delay the transfer of the patient to the Emergency Department. A verbal approval from (authorised Consultant Psychiatrist of the Long Bay Hospital or Medical Superintendent of the Long Bay Hospital or Deputy Medical Superintendent) can be obtained as soon as practicable instead, then the JUS020.111 *Application for Outside Leave – Long Bay Hospital* can be done as appropriate.

The nurse must complete the JUS020.111 *Application for Outside Leave – Long Bay Hospital* form as per process outline above in 3.5.2 (1-10) to ensure approval.

Out of working hours the approval can be made by the Consultant On-call.

All patients transferred to hospital due to medical emergency care or urgent care must have the form JUS200.085 Request for Unplanned Transfer For Healthcare completed

and the allocated nurse must upload a copy into JHeHS - 3. Clinical Correspondence and a copy given to CSNSW.

3.6.3 Section 72 Nomination of Designated Carers

Section 72 Nomination of designated carers of the MH Act 2007.
(1) A person may nominate up to 2 persons to be the person's designated carers for the purposes of this Act.
(2) A person may nominate persons who are excluded from being given notice or information about the person under this Act and may revoke or vary any such nomination.
(3) A person who is over the age of 14 years and under the age of 18 years may not exclude the person's parent by a nomination under subsection (2).
(4) A nomination, variation or revocation is to be made in writing and may be given to an authorised medical officer at a mental health facility or a director of community treatment.
(5) A nomination remains in force for the period prescribed by the regulations or until it is revoked in writing.
(6) An authorised medical officer or a director of community treatment is, in carrying out his or her functions under this Act or the regulations, to give effect to a nomination or a variation or revocation of a nomination, if notified of the nomination, variation or revocation.
(7) An authorised medical officer or a director of community treatment is not required to give effect to a nomination, or a variation or revocation of a nomination, if the officer or director reasonably believes--
(a) that to do so may put the patient or nominated person or any other person at risk of serious harm, or
(b) that the person who made the nomination, variation or revocation was incapable of making the nomination, variation or revocation.

The clinician must complete a s72 Nomination of Designated Carer(s) form with the involuntary or CAS patient. The completed form must be uploaded to JHEHS under 4.0 Legal Correspondence.

Justice Health only has mandatory obligations under such legislation for the following patients in this setting:

- Patients on Forensic Community Treatment Orders.
- Patients who have been placed on a s.55 Order.
- Patients on Forensic Orders.

However, it is good practice that patients who are receiving mental health care in the MHU LBH be allowed to nominate a designated carer/s to act on their behalf (s. 72 of the MH Act) and using a Consent to Liaise form (JUS020.035). Refer to Policy 1.434 Working with family and carers policy.

3.6.4 Mental Health Review Tribunal (the Tribunal)

Patients admitted to the MHU LBH as an involuntary patient are entitled to legal representation free of charge, provided by the Mental Health Advocacy Service, a branch of the Legal Aid Commission. Alternatively, an admitted patient has the right to engage the services of a private lawyer.

The MDT provides a written report to the Tribunal prior to each hearing. Medical representatives from the patient's treating team, and other treating team members including allied health and nursing staff should be present at the Tribunal review to provide additional information as required by the Tribunal.

The Tribunal hearings will take place in the Tribunal Room with Tribunal members in person or via virtually. Hearings must occur within prescribed timeframes. All involuntary patients (correctional and forensic patients) are reviewed 3 monthly. Requests can be made to the Tribunal to reduce or increase the time period between reviews. The Tribunal can also reduce or increase the time period between reviews as they deem appropriate.

Following a Tribunal hearing, the Tribunal make decisions regarding the Forensic/Correctional patient's continued detention, treatment, leave, transfer, or release which may be conditional or unconditional.

It is important for the treating team to be aware of the legal standing of the patient. The patient may be on remand, awaiting sentence, subject to a sentence/s or subject to a sentence and a Forensic Patient finding.

Refer to the Mental Health Review Tribunal website for more information on the roles and functions of the Tribunal for both Civil and Forensic Hearings.

3.6.5 Forensic Community Treatment Order (FCTO)

The MDT discuss and adhere to the FCTO Treatment Plan when transferred to the Mental Health Unit, the Treatment Plan compliance must be discussed and documented in the patient's health record and Care Plan.

The MDT must consider where a patient would benefit from a FCTO that authorises compulsory care set out in the treatment plan. The patients allocated nurse will be considered the Case Manager and will coordinate and liaise with the broader MDT to complete the necessary processes as per the Custodial Mental Health procedure 6.013 Forensic Community Treatment Order. Where the patient's allocated nurse is not on shift, another nurse is able to become the allocated nurses delegate to complete any necessary processes.

The patient does not need to remain in the Mental Health Unit whilst the FCTO application is being processes, the patient can be transferred to another hub area of back to their gaol of classification. A comprehensive handover must be provided to the receiving treating team outlining the FCTO application and rationale for requirement. Refer to Procedure 6.013 Forensic Community Treatment Order.

3.6.6 Clinical Handover Processes

Day shift and night shift nurses attend a morning handover of all patients and all wards. Day shift nurses provide care to allocated patients and staff receive a Staff Allocation Sheet of allocated patients as per ward.

Handover should occur at the following interfaces but is not limited to:

- Change of shift.
- When starting a shift outside of the normal shift pattern.
- Multidisciplinary team handover.
- Medical emergencies and appointments.
- If the allocated nurse will be absent from the allocated patients for a period i.e., greater than 1 hour.
- Transition of patient care during admission, referral, transfer, and discharge from one treating team to another (including to or from the community).
- Escalation of deteriorating patient.
- Psychiatry Registrar term changeover and/ or Consultant cover or changeover.

- Incident management (security, pharmacological, restraint, near miss, WH&S).
- Safety Huddle (patients of concern).
- Group activities.

Safety Huddle
A safety huddle occurs each morning with nursing staff, other MDT staff and CSNSW staff. Safety huddles are meetings for sharing information about potential or existing safety problems facing patients and workers.

Safety huddles involves:

- Increase safety awareness among staff.
- Allow teams to develop action plans to address identified safety concerns.
- Foster a culture of safety.
- Facilitated by team members and managers.
- Decisions for individual patient are written in the patient's health record.

Safety Huddles can also be conducted as necessary at any time to develop a joint management plan with CSNW and/or the MDT to safely manage high risk scenarios. This may include risk assessment of patient care, maintenance in high-risk areas, and any other risk identified. Safety Huddles can be initiated by any staff. All staff at the safety huddle should have a voice and be able to provide input and raise concerns in a safe non- judgemental manner.

Refer to Policy 1.075 Clinical Handover.

3.6.7 Case Review

The MDT meets regularly in the Tribunal room to discuss patient care in relation to therapeutic goals, changes in presentation and discharge planning. Case review discussions should be led by the consultant psychiatrist. The purpose of the meeting is for each multidisciplinary member of the treating team to present, discuss and make decisions about the patients care.

Any new admissions must be formally presented at the first case review after admission, with a full overview of the patient's history, current mental state, current risks, issues, current strengths or protective factors and proposed management strategies.

A member of the MDT must be allocated to comprehensively document the MDT discussions and agreed care planning and management strategies in the patient's health record. Where possible, care plan objectives should be updated in collaboration with the patient. During or after the case review the patients allocated nurse must update the patients Care Plan, Patient Flow Portal and provide an updated copy of the patients Care Plan to them.

3.6.8 Observation and Engagement

The MDT must regularly determine and review the level of observation and engagement required for each patient as per the Justice health NSW Policy 1.319 Patient Engagement and Observation – Forensic Hospital and Long Bay Hospital Mental Health Unit. Staff engaging with patients must use this as an opportunity to strengthen the therapeutic alliance, observations and outcomes of these engagements must be comprehensively documented in the patient's health record and are presented to the MDT at the case review.

3.6.9 Health Problem Notification Form (HPNF)

The MDT must review the HPNF and where necessary recommend required changes as per the MDT discussions and risk management formulations. The MDT agreed treatment, placement, restrictions and monitoring recommendations must be updated on the HPNF by the nurse and given and discussed with CSNSW as per Policy 1.231 Health Problem Notification Form (Adults).

3.6.10 Family and Carers

Consultation and contact with family and carers must be discussed at the case review and coordinate ongoing family and carer contact, including conferences with the patient and treating team, and attendance at Tribunal hearings.

3.6.11 Forensic Patients

Where the patient is a forensic patient, the MDT should liaise with the Clinical Nurse Consultant Forensic Patient who will be able to provide with collateral information and assist with the Tribunal related processes and discharge planning.

3.6.12 Court Diversion

Where the MDT determine that the patient is eligible for possible court diversion, the MDT should allocate a member to liaise with the Clinical Nurse Consultant Custodial Diversion or the relevant clinician from the Statewide Community and Court Liaison Service.

3.6.13 Physical Health Management

Where a patient has a chronic and acute physical health, population health or drug and alcohol issues issue this must proactively be managed. The MDT must manage any health issues and can liaise with other services within Justice Health NSW to ensure the patient.is being managed and treated holistically. The MDT can refer or seek advice from other Justice Health Clinicians:

- Primary Care nurses and doctors
- Oral Health
- Optometry
- Dermatology
- Physiotherapy
- Drug and Alcohol
- Population health
- Radiology

3.6.14 Non-Pharmaceutical Interventions

The MDT must consider the benefits a patient would gain from receiving non-pharmacological treatment and support. Where this is determined appropriate, an MDT member must be allocated to complete a referral to:

- CSNSW Psychology
- Services and Programs Officer (SAPO)
- Aboriginal SAPO
- Chaplaincy services

3.6.15 National Disability Insurance Scheme (NDIS)

The MDT must discuss the patient's eligibility to NDIS or determine if they already are a NDIS participant. The NDIS Scheme can assist patients with disability to transition from custody to the community. The patients allocated nurse must coordinate and liaise with the broader MDT to complete the necessary processes as per the Custodial Mental Health Hub Area NDIS Procedures.

3.6.16 Liaise with Legal Representatives/Community Corrections

The MDT should determine the where the medical team need to liaise with the patient's legal representative to assist in discussions around anticipated court outcomes or bail applications for the purpose of discharge planning into the community and allocated a member of the medical team to initiate the consultation. The MDT should allocate a MDT member to liaise with Community Corrections regarding upcoming parole hearings, where the patient requires to meet the criteria for parole and discharge planning into the community. The MDT must complete a JUS020.035 Consent to Liaise form with the patient prior to contacting these external services.

3.6.17 Discharge Planning

Continuing Care in Custody and Community - The needs of the patient are identified to ensure a smooth transition of care to custody, external hospital, or community. This discharge planning begins at admission as a forward-thinking approach to clinical decision-making that recognises progress made and potential for growth. The weekly case review aids in developing an agreed plan to ensure that timely referrals and supports are in place and time of discharge. The MDT must allocate discharge planning tasks to the relevant members of the MDT and track the progress through the weekly case review. The discharge plan must be documented through the patients' health record and Multidisciplinary Care Plan in JHeHS.

3.6.18 Community Transitions Team (CTT)

The MDT may consider and refer patients who are appropriate for pre- and post-release discharge planning and care by the Community Transitions Team (CTT). The MDT must allocate an MDT member to complete a CTT referrals via the CTT Application form.

The CTT provides support and assistance to patients People who are:
1. Diagnosed with MMI
2. Have a history of poor engagement with mental health services.
3. Are receiving treatment in custody under a FCTO.
4. Have a history or reoffending and reincarceration.
5. Have significant clinical needs and their risk is related to their mental health issues.
6. Have significant psychosocial support needs.

Refer to CTT on the Intranet.

3.6.19 Mental Health Recovery

The NDIA defines recovery as achieving an optimal state of personal, social and emotional wellbeing, as defined by each individual, whilst living with or recovering from a mental health condition (NDIS.gov.au)." For people living with mental health conditions recovery is about the person's whole life, not their illness or symptoms. It is personal and will mean different things to different people. Recovery, and a recovery-oriented

approach, focus on someone getting back control of their life, which may or may not include living with symptoms. This may involve building or maintaining:

- hope and optimism
- strengths and abilities
- an active life
- a positive sense of self
- a meaningful and purposeful life.

To assist in a patient's recovery, clinicians are encouraged to build therapeutic relationships with patients to assist with their recovery journey on a one on one and group interventions.

3.6.20 Patient Meetings

A Patient Meeting occurs each morning, this provides the patients with an opportunity to plan their day and voice any concerns on behalf of themselves or the group. Nursing staff assist to facilitate the Patient Meeting.

The meeting should involve:

- Staff introductions.
- Ward announcements.
- Activities/groups that will be occurring on the day.
- Opportunity for patient questions and discussions.
- Feedback from previously resolved issues raised in previous meetings.

3.6.21 Regular Patient Surveys

Patients are encouraged to complete a *Yes Patient Survey* every 3 months. The completed surveys are processed by the Mental Health Outcomes Coordinator.

3.6.22 Activities

MDT led groups and activities are held in the units. These can be educational, or diversion focused and aim aid in recovery. These groups give patients the opportunity to build strengths, hope, resilience and reclaiming a life beyond mental illness.

3.6.23 Spiritual/Religious Interventions

The MDT must assist patients to practice their religion and have access to representatives of their religion during their stay in the Mental Health Unit. The MDT must liaise with CSNSW to facilitate requests from patients to practice their religion and having access to representatives of their religion.

3.7 Transfer Between Wards

When the MDT determine that a patient is progressing through their recovery journey and can be managed in a least restrictive environment, the psychiatrist must document in the patient's health record the recommendation for transfer the patient from G ward tov either E/F ward. Decisions may be made outside of case review by the treating psychiatrist; however, this should generally occur following a discussion at the last case review resulting in the team supporting the action.

The allocated nurse must update the patients HPNF outlining the recommendation to transfer the patient to E or F ward as per Policy 1.231 Health Problem Notification Form (Adults).

CSNSW then determines placement suitability from a security perspective. When a bed becomes available in the ward, then CSNSW officers will escort the patient to the receiving ward.

Once the patient is ready for transfer to E or F ward, the allocated nurse must:

- Update the Patient Flow Portal. For information on how to use the Patient Flow Portal, see the Patient Flow Portal User Guide.
- Provide a handover to the receiving nurse.
  Ensure the patients property, including sharps is transferred to the receiving ward.
- Ensure the paper-based health record is provided to the receiving ward.

3.8 Reintegration - Discharge to Custody

For involuntary patients, where the treating team is of the opinion that the patient has ceased to be a mentally ill person or to be suffering from a mental condition and that other care of an appropriate kind is available in a correctional facility, the treating psychiatrist must document the outcome of the assessment and the discharge recommendation and plan in the patient's health record. The treating team must recommend the most appropriate placement for continued care such as a Mental Health hub area (13 Wing, MHSU etc) or the patient's gaol of classification (GOC).

The psychiatrist or psychiatry registrar must complete a JUS025.130 Section 87 Notification form. This form is scanned into JHeHS by the AO and emailed to the Delegate via [redacted] The Forensic Mental Health Systems Manager will coordinate the review and approval of the s87 by the Delegate and provide the outcome to the treating team via email.

For consenting patients transferred to the Mental Health Unit under the CAS Act, where the treating team is of the opinion that the patient has improved significantly in their mental state and that other care of an appropriate kind is available in a correctional facility, the treating psychiatrist is to must document the outcome of the assessment and the discharge recommendation and plan in the patient's health record. Consenting patients who request discharge from MHU, should have this request actioned as soon as practicable.

3.8.1 Discharge to a Mental Health Hub

Following a recommendation of a patient's discharge to a Mental Health hub area, referrals are made in line with: Custodial Mental Health Patient Flow Procedure.

On acceptance to a Mental Health hub area:

- The allocated nurse updates the current HPNF with the necessary placement changes as per Policy 1.231 Health Problem Notification Form (Adults)
- The NUM2 liaises with the CSNSW LBH Functional Manager of discharge recommendation who will notify Inmate Transfers to organise the transfer of the patient.

On day of transfer, the allocated nurse must:

- Handover to the receiving treatment team must be completed verbally (via email where a verbal handover has been unable to occur) and document the handover information in the patient's health record.
- Ensure that all health-related property is returned to the patient.
- Patients own medication is in the green transfer bag.
- Where a patient is under a FCTO then email notification is sent to the FCTO coordinating administrative officer in relation to the transfer of care and the patients new location via [redacted].
- Create a PAS waitlist for the mental health clinician in the receiving centre. The note must include details of the patient's discharge from the Mental Health Unit and the local category is set to 7-day follow-up.
- After the patient departs the ward then wipe down the mattress and fittings including the light switch and the knock up button.
- Coordinate for the cell floors and bathroom to be cleaned by Patient Service Assistant (PSA).

3.8.2 Discharge to Gaol of Classification (GOC)

Following a recommendation of a patient's discharge to the patients GOC, the following must occur:

- The allocated nurse updates the current HPNF with the necessary placement changes as per Policy 1.231 Health Problem Notification Form (Adults).
- The NUM2 liaises with the CSNSW LBH Functional Manager of discharge recommendation who will notify Inmate Transfers to organise the transfer of the patient.

On day of transfer, the allocated nurse must:

- Handover to the receiving treatment team must be completed verbally (via email where a verbal handover has been unable to occur) and document the handover information in the patient's health record.
- Ensure that all health-related property is returned to the patient.
- Patients own medication is in the green transfer bag.
- Where a is under a FCTO then the allocated nurse must notify the FCTO coordinating administrative officer in relation to the transfer of care and the patients new location via [redacted]
- Create a PAS waitlist for the mental health clinician in the receiving centre. The note must include details of the patient's discharge from the Mental Health Unit and the local category is set to *7-day follow-up*.
- After the patient departs the ward then wipe down the mattress and fittings including the light switch and the knock up button.
- Coordinate for the cell floors and bathroom to be cleaned by PSA.

3.9 Reintegration - Release to the Community

Patients who are to be released from custody from the Mental Health Unit may be transferred to a community inpatient mental health unit or discharged to a community mental health service.

3.9.1 Discharge – Mental Health Inpatient Unit

Section 19 Transfers

Section 19(a) and (b) MHCIFP Act
A Magistrate may make one or more of the following orders—

(a) an order that the defendant be taken to, and detained in, a mental health facility for assessment,
(b) an order that the defendant be taken to, and detained in, a mental health facility for assessment and that, if the defendant is found on assessment at the mental health facility not to be a mentally ill person or mentally disordered person, the defendant be brought back before a Magistrate or an authorised justice as soon as practicable unless granted bail by a police officer at that facility.

The patient must be transferred on the same day that the Section 19(a) or (b) MHCIFP Act order is made. The Nurse in Charge must ensure the following is completed:

- Ensure the psychiatrist/psychiatry registrar completes a Mental Health Discharge Transfer form in JHeHS.
- The Mental Health Discharge Transfer form, medication charts, a copy of the Section 19 order, Tribunal reports and recent progress notes are downloaded and emailed/faxed to the Emergency Department of the receiving hospital.
- Ensure the psychiatrist/psychiatry registrar provides a verbal handover to the receiving treating team at the Emergency Department.

On day of release, the allocated nurse must:

- Complete an Application for Variation or Revocation of a Forensic Community Treatment Order form for patients on an FCTO and email to [redacted]. Refer to Procedure 6.013 Forensic Community Treatment Orders.
- If the patient is an involuntary patient, then inform the Tribunal of discharge via email to [redacted]
- Close the current medication charts in eMAR by clicking the Stop eMAR button.
- After the patient departs the ward then wipe down the mattress and fittings including the light switch and the knock up button.
- Coordinate for the cell floors and bathroom to be cleaned by PSA.

Schedule 1 Transfers

Where the treating team believes that the patient remains a mentally ill person on discharge from custody and requires a mental health inpatient admission, the psychiatrist/psychiatry registrar must assess the patient prior to discharge. The treating psychiatrist/psychiatry registrar must:

- complete a Schedule 1 – Medical Certificate as to Examination or Observation of Person determining that it their opinion that the person examined/observed is:

(a) a mentally ill person suffering from a mental illness and that owing to that illness there are reasonable grounds for believing that care, treatment, or control of the person is necessary for the person's own protection from serious harm or for the protection of others from serious harm,
(b) a mentally disordered person whose behaviour for the time being is so irrational as to justify a conclusion on reasonable grounds that temporary care, treatment, or control of the person is necessary for the person's own protection from serious physical harm or for the protection of others from serious physical harm.

The treating team in preparation of a schedule 1 transfer to an external mental health unit order being ordered must:

- Ensure the psychiatrist/psychiatry registrar completes a Mental Health Discharge Transfer form in JHeHS.
- The Mental Health Discharge Transfer form, medication charts, a copy of the schedule 1, psychiatrist reports, Tribunal reports and recent progress notes are downloaded and emailed/faxed to the Emergency Department of the receiving hospital.

- Ensure the psychiatrist/psychiatry registrar provides a verbal handover to the receiving treating team at the mental health inpatient unit.

On day of release, the allocated nurse must:

- Complete an Application for Variation or Revocation of a Forensic Community Treatment Order form for patients on an FCTO and email to [redacted] Refer to Procedure 6.013 Forensic Community Treatment Orders.
- If the patient is an involuntary patient, then inform the Tribunal of discharge via email to [redacted].
- Close the current medication charts in eMAR by clicking the Stop eMAR button.
- After the patient departs the ward then wipe down the mattress and fittings including the light switch and the knock up button.
- Coordinate for the cell floors and bathroom to be cleaned by PSA.

3.9.2 Discharge to the Community Mental Health Team (CMHT) or GP

In preparation for release to community, the treating psychiatrist:

- Complete a Mental Health Discharge Transfer form in JHeHS and have this authorised by the psychiatrist.
- Communicate the release arrangements with the patient's designated carer and work closely with them to achieve a robust discharge plan.
- If the depot is due within a few days of release, then consider to re-chart a depot to prior to their release date and communicate change to the allocated nurse.

In preparation for release to community, the allocated nurse must:

- Complete the JUS020.015 Consent to Release Health Information form with the patient for the community-based health service providers in order release information for transfer of care. This completed form must be uploaded into JHeHS under section 3. Clinical Correspondence.
- Inform Community Transition Team (CTT) case manager if the patient is managed under CTT.
- Inform the NDIS worker and organise (prior to release date) for pick up if necessary.
- Organise if the depot is due within a few days of release, then organise with the treating psychiatrist to chart a depot and administer prior to their release date.

Patients who have being released from the Mental Health Unit will require a referral to the relevant CMHT. The Allocated nurse requires confirmations of a patient's:

- Release date.
- Community Address (Temporary accommodation is accepted).
- Phone number (preferred). This can be a family/friend's contact.
- And completion of a signed JUS020.015 Consent to Release Health Information form.

Where a patient does not have an address prior to their release date, an allocated member of the MDT must make a referral and liaise with the CSNSW Services and Programs Officer (SAPO) to organise permanent or temporary accommodation on release.

On day of release, the allocated nurse must:

- The allocated nurse can make referrals to the CMHT in NSW via the 1800 011 511 Mental Health Line. Patients can be referred at earliest 24 hours before release from custody, however earlier correspondence may be possible if the patient is known to the service or has complex mental health needs. Earlier referral provides more opportunity for liaison and increases the quality of the transfer of care.

- The handover to the CMHT must be documented in the progress notes of JHeHS.
- Alternatively, if the patient is managed by their GP in the community, then a referral can be made to the patient's GP.
- Download the completed Mental Health Discharge Transfer form from JHeHS downloaded and emailed/faxed to relevant community healthcare providers, such as GP and/or community mental health services.
- The medication charts must be downloaded and emailed/faxed to relevant community healthcare providers, such as GP and/or community mental health services.
- A copy of the discharge summary and copy of the medication chart should be provided to the patient, designated carer, or guardian if the Guardianship Act applies.
- Complete an Application for Variation or Revocation of a Forensic Community Treatment Order form for patients on an FCTO and email to [redacted]. Refer to Procedure 6.013 Forensic Community Treatment Orders.
- If the patient is an involuntary patient, then inform the Tribunal of discharge via email to [redacted]
- Close the current medication charts in eMAR by clicking the Stop eMAR button.
- After the patient departs the ward then wipe down the mattress and fittings including the light switch and the knock up button.
- Coordinate for the cell floors and bathroom to be cleaned by PSA.

4. Definitions

Correctional Patients

Under section 73 of the MHCIFP Act, a person is a ***correctional patient*** for the purposes of this Act if—
(a) the person has been transferred from a correctional centre or detention centre to a mental health facility while—
(i) serving a sentence of imprisonment, or
(ii) on remand, or
(iii) subject to a high risk offender detention order, and
(b) the person is not a forensic patient and has not ceased to be a **correctional patient** under section 104 or been classified as an involuntary patient under this Part.

Designated Carer/s

(1) The designated carer of a person (the patient) for the purposes of the MH Act s71 is:
- (a) the guardian of the patient, or
- (b) the parent of a patient who is a child (subject to any nomination by a patient referred to in paragraph (c)), or
- (c) if the patient is over the age of 14 years and is not a person under guardianship, a person nominated by the patient as a designated carer under this Part under a nomination that is in force, or
- (d) (d) if the patient is not a patient referred to in paragraph (a) or (b) or there is no nomination in force as referred to in paragraph (c):
  - (i) the spouse of the patient, if any, if the relationship between the patient and the spouse is close and continuing, or
  - (ii) any individual who is primarily responsible for providing support or care to the patient (other than wholly or substantially on a commercial basis), or
  - (iii) a close friend or relative of the patient.

(2) In this section:
- **close friend or relative** of a patient means a friend or relative of the patient who

maintains both a close personal relationship with the patient through frequent personal contact and a personal interest in the patient's welfare and who does not provide support to the patient wholly or substantially on a commercial basis.

- **relative** of a patient who identifies as Aboriginal person, or a Torres Strait Islander includes a person who is part of the extended family or kin of the patient according to the kinship system of the patient's culture.

Mental Health Act 2007

Forensic Patients

(1) The following persons are forensic patients for the purposes of this Act—
(a) a person who is found unfit to be tried for an offence and who is detained in a mental health facility, correctional centre, detention centre or other place,
(b) a person for whom a limiting term has been nominated after a special hearing (including a person who is subsequently subject to an extension order or an interim extension order) and who is detained in a mental health facility, correctional centre, detention centre or other place or who is released from custody subject to conditions under an order made by the Tribunal,
(c) a person who is the subject of a special verdict of act proven but not criminally responsible and who is detained in a mental health facility, correctional centre, detention centre or other place or who is released from custody subject to conditions under an order made by a court or the Tribunal,
(d) a person who is a member of a class of persons prescribed by the regulations for the purposes of this section.
(2) To avoid doubt, a person is not a forensic patient if the person has been found unfit to be tried for an offence and has been released on bail.

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	*Crimes (Administration of Sentences) Act 1999 (NSW)* *Mental Health Act 2007 (NSW)* *Mental Health and Cognitive Impairment Forensic Provisions Act 2020 (NSW)* *Mental Health and Cognitive Impairment Forensic Provisions Regulation 2021 (NSW)*
Justice Health NSW Policies, Guidelines and Procedures	1.075 *Clinical Handover* 1.230 *Health Care Interpreter Services – Culturally and Linguistically Diverse Patients and d/Deaf Persons* 1.231 *Health Problem Notification Form (Adults)*

	1.264 *Medical Appointments (External and Internal) – Referrals, Bookings and Cancellations* 1.319 *Patient Engagement and Observation – Forensic Hospital and Long Bay Hospital Mental Health Unit* 1.322 *Recognition and Management of Patients who are Deteriorating* 1.380 *Clinical Care of People Who May Be Suicidal (ImpG)* 1.395 *Transfer and Transport of Patients* 6.013 *Forensic Community Treatment Orders* 6.070 *Code Blue (Medical Emergency) – Management* *MATOS Monitoring Procedure*
Justice Health NSW Forms	JUS010.000 *Transfer In and Out (Adults) Form* JUS020.015 *Consent to Release Health Information form* JUS020.111 *Application for Outside Leave - Long Bay Hospital* JUS025.130 *Section 87 Notification* JUS025.136 *Profile Form* JUS025.137 *Consent to Mental Health* JUS025.401 *Custodial Mental Health Acceptance Form* JUS110.110 *Mental Health Observation and Engagement Chart*
NSW Health Policy Directives and Guidelines	NSW Aboriginal Mental Health and Wellbeing Strategy 2020-2025 PD2009_060 *Clinical Handover – Standard Key Principles* PD2011_031 *Inter-facility Transfer Process for Adults Requiring Specialist Care* PD2012_066 *NSW Aboriginal Health Plan 2013-2023* PD2015_018 *Same Gender Accommodation* PD2019_020 *Clinical Handover* PD2020_018 *Recognition and management of patients who are deteriorating* PD2022_042 *Same Gender Accommodation* *Delegations Manual Public Health: Department of Health NSW*
Other documents and resources	*Custodial Operations Policy and Procedures (COPP)* Mental health and the NDIS *Nomination Of Designated Carer(s)* Schedule 1 *Medical Certificate as to Examination of Inmate*

6. Appendix

6.1 Daily Mental Health Unit Nursing Duties

Day Shift duties may include:

- Provide observation of the patients through active engagement as per the Justice health NSW policy 1.319 Patient Engagement and Observation – Forensic Hospital and Long Bay Hospital Mental Health Unit and complete the Physical Observation and Engagement form contemporaneously over the shift.
- Complete mental health reviews and document in the SOAP format in the patient's health record.
- Administer medication as prescribed.
- Administer PRN medication where required.
- Liaising with CSNSW officers in relation to patient access and ward routine
- Complete physical observations, BSLs, ECG, pathology collection, metabolic monitoring measurements, clozapine observations etc as per the patients Multidisciplinary Care Plan in JHeHS.
- Provide psychoeducation to the patient.
- Attend psychiatric reviews.
- Provide psychological support when the patient is in crisis.
- Respond to acute changes in mental or physical health and escalate as required as per policies 1.380 Clinical Care of People Who May Be Suicidal (ImpG) or 1.322 Recognition and Management of Patients who are Deteriorating
- Update the Multidisciplinary Care Plan in JHeHS in response to changes in care.
- Provide direct supervision or count in and out of health-related sharps use such as nail clippers, toothbrush.
- Supervise razor use (E and F Ward only).
- Actively participate in Case Reviews when scheduled.
- Participate and provide support to patients participating in a Tribunal hearing.
- Update the Diet List and fax to the Kitchen on (02) 97003519 if there are any changes.
- Update the Patient Flow Portal. For information on how to use the Patient Flow Portal, see the Patient Flow Portal User Guide.
- Complete JUS020.111 Application for Outside Leave - Long Bay Hospital form for any planned outside leave requirements.
- Complete CTT Referral forms if required urgently.
- Complete NDIS applications if required urgently.
- Complete FCTO applications/variations forms if required urgently.
- Complete the S4D/S8 medication count at the end of each shift.

Night Shift duties may include:

- Provide observation of the patients through active engagement as per the Justice health NSW policy 1.319 Patient Engagement and Observation – Forensic Hospital and Long Bay Hospital Mental Health Unit and complete the Physical Observation and Engagement form contemporaneously over the shift.
- Document shift observations and assessments in JHeHS progress notes.
- Administer PRN medication where required.
- Complete JUS020.111 Application for Outside Leave - Long Bay Hospital forms for any planned outside leave requirements.
- Complete CTT Referral forms as handed over.
- Complete NDIS applications as handed over.

- Complete FCTO applications/variations forms as handed over.
- Check the emergency bag, order and replace any out of date or used stock.
- Update the Diet List and fax to the Kitchen on (02) 97003519 (form must be faxed each night).
- Update the Patient Flow Portal. For information on how to use the Patient Flow Portal, see the Patient Flow Portal User Guide.
- Monitor medication stock count and order replacement each week via iPharmacy. A pharmacy tip sheet is available on the Intranet.
- All clinical stock not immediately required on the ward is stored in the clinical store. room. This is where nurses will first go when the stock on the wards needs to be replenished. There is a list on the wall in the storeroom for staff to write what is required. This needs to be checked weekly and ordered accordingly.
- Complete audits as directed by the NUM.
- Complete the MHU Dep Sheets template.
- Complete for S4D/S8 medication count at the end of each shift.
- Complete the Productive Ward Tasks Checklist.

6.2 Nurse in Charge Duties

Day Shift Nurse in Charge (NiC)
The following tasks should be allocated by the Day Shift NiC at the handover:

- Initiate the escalation pathway in response to issues arising.
- Allocate a nurse from E ward or F ward to check the vaccine fridge if it has vaccines stored in it. Checks must be attended as per MATOS Monitoring Procedure.
- Allocate a nurse from E ward and a nurse from F ward to check the calibration of the BSL machine.
- Allocate a Medical Emergency Response Team Leader (MERTL) leader as per Policy 6.070 Code Blue (Medical Emergency) - Management from each ward
- After regular business hours and in the absence of an admin officer, where a night shift nurse is unable to attend the next shift, then the day shift NIC are to call alternative staff for replacement of the shift. A Long Bay Hospital Staff Replacement form is completed and emailed to the After-Hours Nurse Manager (AHNM).
- Complete the Daily Shift Report form for arrivals, departures, transfers to hospital, enforced treatment episodes, any RITs, use of restraint by CSNSW. This report is emailed to the NUM2 Mental Health Unit at the end of the shift.

Night Shift Nurse in Charge (NiC)
The Night Shift NiC duties include:

- Initiate the escalation pathway in response to issues arising.
- If a day shift nurse is unable to attend the next shift, then the night shift NIC are to call alternative staff for replacement of the shift. A Long Bay Hospital Staff Replacement form is completed and emailed to the After-Hours Nurse Manager (AHNM).
- Create and save a new Staff Allocation Sheet in the G:Drive. Allocate patients in this Staff Allocation Sheet to day shift staff as per the recent MHU Staff Allocation.
- Complete the Daily Shift Report form for arrivals, departures, transfers to hospital, enforced treatment episodes, any RITs, use of restraint by CSNSW. This report is emailed to the NUM2 Mental Health Unit at the end of the shift.

6.3 Other Duties

Meetings
MDT staff attend and participate in required meetings in person and in Teams as required.

Education and Clinical Advice

MDT staff have an opportunity to increase awareness of mental health issues and reduce the stigma of mental illness. MDT staff support CSNSW and other Justice Health staff by providing formal and informal education in-services if needed or informal on the spot education to staff on mental health related topics. MDT clinicians support the learning of visiting nursing, medical and allied health students and transition nurses working in the hospital.