

Justice Health NSW Guideline

Austinmer Women's Unit Guidelines

Issue Date: October 2025

Austinmer Women's Unit Guidelines

Guideline Number 6.079

Guideline Function Continuum of Care

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Risk Rating Extreme

Summary Guideline to assist staff working on the Austinmer Women's 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/6079

Change summary Updated to reflect current practice on unit.

Authorised by Forensic Hospital Policies, Procedures and Guidelines Committee.

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Always refer to the electronic copy for the latest version.

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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 Austinmer Women's. 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 e.g. CD's and 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 AHN/MDON.

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. A minimum of two staff are required on the floor at all times in the acute units with minimal periods in the staff station to complete notes and other documentation, alert the NiC and staff if there are deviations in this practice.
3. 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.
4. Medication cups are not to be left on the ward or with a patient.
5. Any items with staples need to be removed (magazines, leaflets, newspapers etc.)
6. Staff are not to read personal books/magazines while they are observing patients on the floor or during a visit.
7. The courtyard doors are to be closed when it is dark outside, all mealtimes and/or if clinically indicated.
8. Staff must not go into patient bedrooms or down corridors alone (students and supernumerary staff are not to be used as a second person).
9. Make sure staff are aware of your whereabouts at all times.
10. The plastic cups provided by medirect are to be used in the lounge/dining area only.
11. During an incident on the ward, other patients are to be immediately directed and/or escorted to their bedrooms.
12. Do not give out private and personal information (e.g staff shifts, nights out, your opinion of other staff, personal details, and phone numbers).
13. No staff phone numbers, or personal details are to be used by other staff outside of work without their permission.
14. Do not discuss personal matters/your family or other patient specific matters in patient areas.
15. No personal details of staff or patients should be in view of the patients (e.g. the roster or patient files).
16. Staff need to check sharps on a shift-by-shift basis and that this is reflected in the sharps register.
17. Patients must be observed when using any sharps and the integrity of the sharps must be inspected on return.
18. Patients are to be observed in line with their observation level as per [Policy 1.319](#) Patient Engagement and Observation.
19. Two staff members to complete checks together. To maintain safety for all. Observations from the staff station are not adequate.

3.2 Security of staff station

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

3.3 Staffing presence on the floor

1. A minimum of 2 staff are required on the floor in acute areas at all times. If there is an emergency elsewhere on the ward and this is not possible, 1 staff member should observe the patients from the staff station, and a second duress called if appropriate.
2. 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.
3. To manage sexual safety, a high staffing presence is required on the floor. Early intervention is required to minimise sexual safety risks. Staff need to ensure adequate monitoring of patient corridors to reduce sexual safety risks.
4. Gender and skill mix of staff should be considered when working with female patients.

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 attached to you at all times and handover to the oncoming shift after they have received handover.

3.6 Breaks

1. Breaks are allocated via daily tasks sheet. Any issues with breaks will be discussed within handovers.
2. Snacks/drinks are only to be eaten in the staff station with consideration to patients, and it is not to affect the ability to perform patient care.
3. Staff must not eat in patient areas.
4. Any missed breaks throughout the day to be discussed with the NiC.
5. All staff should make sure they alert the NiC when they leave the unit, in case of emergency.
6. If handing over an ERT pager, then alert NiC to who it has been given to.

3.7 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 mealtimes will have their metal cutlery replaced with Safety Cutlery, paper 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. The cutlery registered needs to be signed that the check is correct by nursing staff & medirest prior to service. 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 table 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. The post meal service cutlery count needs to be completed after service by nursing & medirest staff.
11. No music devices to be turned on at mealtimes.
12. 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.
13. Patients are to be seated unless retrieving or handing back their tray.
14. Once finished their meal patients can sit in the lounge area.
15. Once all cutlery has been returned, the shutter is locked and normal patient movement can resume.

16. All available staff have to be present during meal times. Nurses can continue to prepare/administer medications if there is enough staffing.
17. No second helpings for any patient.
18. If a patient needs to sit in a low stimulus environment at mealtimes staff must observe this patient.
19. Staff supervising meals need to be observing the patients, not distracted by other activities.
20. Meals served 07:30, 07:45, 11:45, 17:45 hours.
21. Doors to courtyard do not need to be locked during morning and afternoon tea, but do at all other mealtimes.
22. No food or drink is to be saved, unless the patient is off the unit etc.
23. Patients should not keep any food stuffs in their bedrooms. This is to prevent, hoarding, standover, pest control and food poisoning.
24. HDU Specific:
 - a) Meals will be served out of the meal trolley which will be kept in a secure space (Staff Station)
 - b) Minimum of 3 staff to supervise meals, this is to be increased if the level of risk is intensified.

3.8 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 in the acute areas are not to take a patient to kiosk or on ground access alone.
4. Staff must have a radio with them on all grounds access escorts and complete radio check prior to leaving the unit.
5. 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.
6. If patients are not following staff direction or becoming challenging, they are to be returned to the unit immediately.
7. 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.
8. Those on unsupervised grounds access must be assessed prior to leaving the unit, this should be documented and a clothing description taken. On return the patient should be assessed again.

3.9 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.

3.10 Handover

1. Handovers start at:
 - a) 0700 for morning shift
 - b) 1330 for afternoon shift
 - c) 1930 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.
7. All oncoming staff should take handover for all patients.

3.11 Medication room



3.12 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.

3.13 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.

3.14 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]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[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.

3.15 Laundry

1. Dependent on patient's level of ability/mental state staff to continue to do their daily allocated patient's washing as per timetable.

3.16 Quiet room/Sensory room

1. Staff to maintain vigilance around environmental security. Checking locked doors are locked should become habitual.
2. Remind staff using the room to check they have locked the door after use.
3. A search of this area should be completed before and after a patient has used the quiet room.
4. 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

[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
0930	Morning walk (Mon-Fri)
1000	Morning tea
1040-1140	Rec Hall Group time/Activity Patient head count
1145-1245	Lunch
1300-1400	Patient quiet time/activity Patient head count
1330-1415	Nursing staff handover S4d/S8 check
1400-1430	Group time/Activity In-service Evening staff - Familiarise self with TPRIMs, notes, tasks to do
1400-1700	Afternoon tea Patient head count Group time/Activity
1745	Dinner
1845	Patient head count
1930	Clinical handover
1945/2000	Patient milo
2200	Bedtime Patient head count 4d/S8 check
2200-0700	See night duty task sheet Patient head counts

6.2 Patient Ward Rules

Austinmer Womens Ward Rules/ Expectations

- All patients and staff are to be treated with respect and dignity. Talking negatively/ discussing personal information about your peers or staff members will not be tolerated.
- Patients are to direct their questions towards their allocated nurse (unless nurse is currently unavailable)
- Patients are to dress in appropriate attire- no exposed cleavage or midriffs. Shorts and skirts to be longer than mid-thigh, no long earrings or chunky jewellery/ watches.
- Food or personal items are not to be shared/ traded amongst patients. If you wish to donate clothing or personal items to op-shop, please see the Occupational Therapist.
- Unless physically unable to, sub-acute patients are to approach staff and ask for medications in communal areas.
- Silver phone calls are to be kept at a maximum of 10 minutes and all numbers on silver phone require MDT approval.
- The communal TV is to be shared fairly amongst patients. If there is a disagreement on what to watch, you may watch in your bedroom or make a roster.
- Remotes are to be kept in the staff station and staff are to change the channel on the communal television on HDU. Sub-acute patients may change the channel and handed back to staff after channel is changed.
- Lights and doors to communal areas will be turned off and closed at 10 pm on weeknights and 11pm on Friday and Saturday nights.
- Night lights in bedrooms are to be kept uncovered.

Groups and Recreation

- Morning meeting is mandatory for all sub-acute patients unless approved by MDT.
- Tablets can be used during walk, but not at rec hall or during groups. Tablets are to be kept at an appropriate volume or headphones to be utilised.
- Patient may verbally greet patients on other wards but are not allowed to walk with or have physical contact with male patients. If patients need to stop for a rest on the perimeter, they are not to stop in front of other wards or behind buildings.
- Hats and sunscreen are to be applied prior to walks and enclosed shoes are to be worn.

Meals

- Patients must attend all meals during the week (if declining to eat, they are to sit in the lounge area until other patients are finished)
- All patients are to be dressed for meals and are to be wearing appropriate footwear. You can wear pyjamas for supper only.
- Medirest meals are to be given as ordered (no swaps or substitutions) and patients are not to argue with Medirest/ Forensic Hospital staff. If you have a complaint about your meal, please raise your hand and ask to speak with supervising staff.
- No food or drinks other than water are allowed in your bedroom.
- If patients have any suggestions about long-term changes to menu, they may discuss with their ward consumer representative.
- During meals, light chatter with your tablemate is acceptable. There is to be no loud talking or talking with patients at other tables. Please raise your hand for staff assistance.
- Food is to be consumed when it is given and not saved. Fruit may be kept until supper time, however, if it is left, it is at your own risk. All fruit on tables will be thrown out after supper time.

- 3 paper towels on table are allowed per meal; staff will provide at the beginning of meals.
- A maximum of 2 tea bags may be used, staff are to remove teabags prior to consumption.
- Patients are to be seated in communal areas during coffee/ teatime.
- Coffee and Milo are to be served as per serving size allocated by Medirest. There is to be no "double shots" or "strong cups" given.
- Due to safety risks, drinks can be served warm, but not hot.
- Patients are to use the toilet before meals.
- Patients are not to walk around when cutlery is out. After cutlery has been given back, patients are to remain seated in the lounge area until servery is shut.
- No silver phone access when servery is open.
- Tables are to be kept free of clutter and artwork/ paperwork and are to be removed prior to mealtimes.
- Drink bottles are to be taken to bedroom at bedtime and patients will not have access to them at night if they are left in the communal areas.

Kiosk/ treats

- Kiosk is on Thursday at lunch time.
- From kiosk, you may order:
1 x meal deal- includes 1 main item, small fruit salad and a bottle of water (or juice in alternating months). You may keep your fruit salad on kiosk days until supper time.
Or
2 x finger food items
2 treats
1 drink (Thursday afternoons)
- Treat nights are on Fridays and Saturdays after dinner time. You may have both treats or one night or split between the 2 nights.
- You may have the drink/dessert from Medirest if you are getting a finger food item only (not a meal deal)
- If ordering kiosk, you may not eat the main meal from Medirest.

Property/ Laundry/ Locker Access

- Washing is to be done within your allocated time slots (unless approved by staff).
- Staff are to record all incoming property on property sheet, which is to be inspected by the patient.
- Electric shavers can be utilised on Thursdays and Sundays and handed back to staff directly after use.
- Lockers- only one patient to use locker at a time. Locker access will be allowed directly after meals.
- All patients have access to one FH pillow, 1 doona or safety blanket. Additional/ own linen requires MDT approval.
- Patient may have one soft cube in bedroom
- Please keep towel usage to a maximum of 3 per day
- There is a small amount of hospital toiletries available for emergencies. All patients are expected to purchase their own toiletries via buy-ups (or purchased by family)
- There is to be no glass products/ mirrors/ sharp objects on the ward but you may access tweezers/ clippers etc during Beauty Group on Saturday evenings

ALLOWABLE ITEMS IN ROOMS

SUB ACUTE

Jackets	2
Tops	4
Mixture of either : Trousers/shorts/skirts/ dresses	4 in total
Underwear/ socks	4
Dressing gown	1
Pyjamas/ Nightie	2 sets
Slippers	1
Shoes/boots/sneakers/sandals	1 closed pair/ 1 pair of sandals/ 1 pair of thongs
Jewellery	1 of each kind/ per piercing site. No chunky necklaces or dangling earrings.
Clocks and radios	1 of each
PENCIL CASES MAY BE KEPT IN BEDROOM DURING THE DAY, TO BE RETURNED TO ACTIVITE'S ROOM OVERNIGHT. PATIENTS MAY HAVE ONE PEN AND A NOTEBOOK IN THEIR ROOM. You may have one manilla folder of paperwork in your bedroom, otherwise to be kept in lockers	
<u>TOILETRIES AND MAKEUP</u>	
Shampoo	1
Conditioner	1
Soap bar or body wash	1
Face wash	1
Face cream – Dove/Oil of Olay	1
Body moisturiser	1
Deodorant	1
Foundation	1
Blush/Highlighter	1
Mascara	1
Eyeliner	1
Eyebrow Pencil	1
STATIONARY MUST BE KEPT IN STATIONARY SHELF NOT ON TABLE TOP DURING MEALS OR IT WILL BE REMOVED.	

- Patients may have one locker and 2 tubs of clothing.
- Patient shopping is seasonal (once every 3 months), only if approved by MDT and finance team and only for patients who do not have family/friends who can purchase items for them. These items are "staple items" e.g. shopping will not be approved if you have excess items and will be a maximum of \$500 purchase in total.
- Patient property/ packages at the gate will be retrieved by staff on Tuesday and Friday afternoons.

ALLOWABLE ITEMS ON HDU

One set of clothes	Top x1, pants x1, underwear x1 socks x1
Pyjamas/nightie	1
Shoes NO SHOELACES	1
Dressing gown	1
Books	1
Photos and other items	As per TPRIM approval
PATIENTS MAY HAVE ACCESS TO THEIR LOCKERS AFTER MEALS AND BEFORE AND AFTER SHOWER. TOILETRIES AND MAKEUP ARE TO BE RETURNED AFTER SHOWER.	
CRAYONS AND PAPER MAY BE UTILISED IN COMMUNAL AREAS (OR IN ROOM WITH MDT APPROVAL) AND RETURNED TO STAFF AFTER USE. OTHER STATIONARY ITEMS REQUIRE MDT APPROVAL	
ALL MAKEUP AND TOILETRIES MUST BE KEPT IN PROPERTY CUPBOARD ON WARD.	