

# Justice Health NSW Guideline

## **Clovelly Unit Guidelines**

Issue Date: November 2023

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# Clovelly Unit Guidelines

**Guideline Number** 6.081

**Guideline Function** Continuum of Care

**Issue Date** November 2023

**Next Review Date** November 2024

**Risk Rating** Extreme

**Summary** Guideline to assist staff working on the Clovelly 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/6081

**Change summary** Updated to reflect current practice on unit.

**Authorised by** Forensic Hospital Policies and Procedures Committee.

## Revision History

#	Issue Date	Number and Name	Change Summary
1	December 2021	DG60115/22	-
2	December 2022	DG5005/23	-
3	December 2023	DG93598/23	-

## PRINT WARNING

Printed copies of this document, or parts thereof, must not be relied on as a current reference document.  
Always refer to the electronic copy for the latest version.

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## 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 Clovelly. 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 AHNM/DDON.

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



## 3. Guideline Content

### 3.1 General security

1. All staff are responsible for maintaining as safe environment. In the event that you observe a hazard, intervene or escalate if unable to minimise the risk.
2. A minimum of two staff are required on the floor at all times in the acute areas 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 red cups 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 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]

### 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. Gender and skill mix of staff should be available at all times.

### 3.4 Patient management

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

### 3.5 Staff

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

### 3.6 Breaks

1. Breaks will be allocated within handovers.
2. Snacks/drinks are only to be eaten in the staff station.
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, silicone cups and plates. If this is deemed to high-risk patients will be given finger food only.
4. No plastic or wooden cutlery to be given to patients under any circumstances.
5. If a patient is not eating, they must sit in the lounge and remain seated unless clinically indicated.
6. Two staff to give out cutlery which is counted prior to and after meals. If there is an incident these two staff are responsible for the collection of all cutlery once the patients have been removed from the area.
7. One staff member checks the cutlery in and out of the register and signs it - they also call the patients up one at a time. Even if a patient does not use their cutlery, it must be accounted for.
8. Patients are called individually by 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. No music devices to be turned on at mealtimes.
11. Patients to be reminded to minimise interactions during meals, loud talking or disruptive behaviour should be contained due to this being a high-risk time.
12. Patients are to be seated unless retrieving or handing back their tray.
13. Once finished their meal patients can sit in the lounge area.
14. Once all cutlery has been returned, the shutter is locked, and normal patient movement can resume.
15. All available staff have to be present during mealtimes. Nurses can continue to prepare/administer medications if there is enough staffing.
16. No second helpings for any patient.
17. If a patient needs to sit in a low stimulus environment at mealtimes staff must observe this patient.
18. Staff supervising meals need to be observing the patients, not distracted by other activities.
19. Meals served 07:45, 11:45 and 17:45 hours.



20. Doors to courtyard do not need to be locked during morning and afternoon tea, but do at all other meal times.
21. No food or drink is to be saved, unless the patient is off the unit etc.
22. Patients should not keep any food stuffs in their bedrooms. This is to prevent, hoarding, standover, pest control and food poisoning.
23. HDU specific:
  - a) Meals will be served out of the meal trolley which will be kept in a secure space (Activities Room)
  - b) Minimum of three staff to supervise meals, this is to be increased if the level of risk is intensified. The more staff that can attend this high-risk time the better.

### **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) 2130 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
1000	Morning walk (Mon-Fri)
1030	Morning tea
1040-1140	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
14.30	Afternoon tea Patient head count
1530-1700	Group time/Activity
1745	Dinner
1845	Patient head count
1930	Supper - Milo
2200	Bedtime Patient head count Nursing staff handover S4d/S8 check
2200-0700	See night duty task sheet Patient head counts

## 6.2 Patient Ward Rules

1	Appropriate clothing must be worn during mealtimes. Shoes and shirts must be worn in the communal areas at all times. No pyjamas or robes. No hats, hoodies or headphones at meals
2	No inappropriate touching of staff or other patients
3	Patients are NOT to visit each other's room. Rooms will be locked when not in use
4	Exchange of other belongings from property room is permitted during allocated times
5	The TV in the common room is to be turned off by 22:00pm each night. <ul style="list-style-type: none"> <li>○ The lounge room is closed from 22:00hrs and sensory room at is closed at 21:00hrs</li> <li>○ Patients are permitted to watch television in their rooms at a quiet level after this time</li> <li>○ All televisions must be turned off at 23:00hrs Sunday to Thursday and Midnight Friday and Saturday to promote good sleep hygiene</li> <li>○ On Friday ,Saturday and public holidays patients may be able to stay in lounge room after 22:00hrs only to finish watching movies or TV shows; however this is at the discretion of the NiC</li> </ul>
6	Patient's rooms are to be kept locked; it is the patient's responsibility to ensure this
7	Patients need to have more than 2 items of clothing to do a load of washing. Patients will be allocated washing days
8	Sheets or towels are not to be washed in the washing machine. Linen change days are Tuesdays and Fridays
9	No swearing/ abuse/threats/intimidation of patients or staff allowed. NSW Health has a zero tolerance policy
10	TV and Radio must be turned off at meal times
11	Patients need to look after their water bottles
12	In order to promote a healthy lifestyle, patients are not permitted to have second serves during meal times. Patients are not to approach Medirest staff
13	There is to be no sharing of food, clothes or other personal items
14	Patients are requested to go out of their rooms when cleaners are cleaning their bedrooms
15	Food is not permitted in patient bedrooms
16	Red cups are not allowed in patient bedrooms
17	Night lights in bedrooms have to be left uncovered at night, nurses need to do visual observation rounds and ensure that patients are safe and well
18	Patient bedroom lists for each unit can be found in the appendix of this document and can be printed and provided to patients at any time
19	No pictures on the walls, patients may have Velcro stickers for pictures on their Velcro board in their bedroom
20	No use of Sellotape/stickers in bedrooms
21	Safe room = safe blanket, pillow and gown unless specified by MDT
22	Patients will have 1 locker and 2 tubs maximum
23	20xCD's limit in the lockers, excess to be sent back to family
24	No electrical items in lockers, will be sent back to family
25	Lockers/tubs to contain clothing/stationary/paperwork and toiletries only
26	Excess soft toys to be returned to family or be stored
27	No dolls permitted on units
28	No receiving of gifts/items from other families

29	Access times are on the property room door
30	Patients that have engaged in exercise can access their toiletries after exercising
31	17 bed side for Bronte have their toiletries. Toiletries are stored in the cupboard (HDU) and laundry cupboards (10 bed) and can be accessed by asking staff. Toiletries are to be returned immediately after use and not to be stored in bedspace
32	Allocated nurse responsible for the return of study items
33	Be mindful of personal space. No play fighting or hugging
34	No foot cubes permitted in bedrooms
35	No pacing or doing laps down the corridor
36	The TV remote control is to be shared
37	Gambling is not permitted

### 6.3 Bedroom Item List

<u>HDU</u>	<u>Sub-Acute</u>
<p>Clothing items:</p> <p>5x Shirts (T shirts, shirts and polo shirts)</p> <p>5x Singlets</p> <p>5x Jumpers/ Jackets (long sleeves items, zippies)</p> <p>5x Pants (trousers, shorts, tracksuits, Pyjamas)</p> <p>5 x Shoes (runners, thongs, sandals)</p> <p>5 x Shorts</p> <p>2 x Hats</p> <p>5 x pairs x Socks</p> <p>5 x Underwear (boxers, briefs)</p> <p>1 x laundry bag or Pillow Case</p> <p>2 x Towels (including patients own, beach towel)</p> <p>Can also have;</p> <p>1x diary</p> <p>1x bible</p> <p>1x water bottle</p>	<p>Clothing items:</p> <p>7 x Shirts (T shirts, shirts and polo shirts)</p> <p>7 x Singlets</p> <p>7 x Jumpers/ Jackets (long sleeves items, zippies)</p> <p>7 x Pants (trousers, shorts, tracksuits, Pyjamas)</p> <p>7 x Shoes (runners, thongs, sandals)</p> <p>7 x Shorts</p> <p>2 x Hats</p> <p>7 x pairs x Socks</p> <p>7 x Underwear (boxers, briefs)</p> <p>7 x laundry bag or Pillow Case</p> <p>2 x Towels (including patients own)</p> <p>Other items for Sub-Acute (once approved by MDT)</p> <p>4x CD's</p> <p>1x radio, speakers</p> <p>1x CD player, speakers</p> <p>1x portable radio or x1 Discman</p> <p>1 x clock</p> <p>1x sunglasses</p> <p>1x game e.g. cards, board game, game console (to be returned by 22.30pm)</p> <p>1x stationary case (max of 10 items: pencils, highlighters, pens, texters and erasers)</p>

**Toiletries for HDU and Sub-Acute**

1 x Toothbrush

1 x Toothpaste

1 x Bar of soap (including container)

1 x Brush or Comb

1 x Box of tissues

In addition to the above only 7 of these items are allowed in bedrooms at one time: shampoo, conditioner, body wash, moisturiser, creams, deodorant, lip balms, hand creams, face towel, loofa, toilet deodoriser

**\*Please note: Electric shavers must be tagged by Honeywell and stored in a non-patient area and must not be kept in any bedrooms or shared with other patients.**

**Jewellery:**

This must be MDT approved. Maximum of 5 items

**Medically approved items:**

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

**MDT approved items: Maximum of 2 items Only**

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