Justice Health and
Forensic Mental Health Network

NSW
GOVERNMENT

Justice Health NSW Guideline

Austinmer Adolescent Unit Guidelines

Issue Date: November 2025

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Austinmer Adolescent Unit Guidelines

Guideline Number	6.078
Guideline Function	Continuum of Care
Issue Date	November 2025
Next Review Date	November 2027
Risk Rating	Extreme
Summary	Guideline to assist staff working on the Austinmer Adolescent 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/6078
Change summary	Updated to reflect current practice on unit.
Authorised by	Forensic Hospital Policies, Procedures and Guidelines Committee.

Revision History

#	Issue Date	Number and Name	Change Summary
1	December 2021	DG60112/22	-
2	December 2022	DG105745/22	-
3	December 2023	DG93603/23	-
4	November 2025	DG69061/25	-

1. Table of Contents

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 Adolescents. 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 MD. Interventions may need to be put in place to make their use as safe as possible e.g. the use of a PlayStation in the Adolescent Unit - only staff have access to the PlayStation and games, both are in locked cupboard under the TV. Patients are risk assessed prior to use and only then provided with the controllers which are counted in and out.

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 can 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 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 a safe environment. If a hazard is observed, intervene or escalate if unable to minimize the risk.

2. A minimum of two staff members are required on the floor at all times in the acute units, with brief periods allowed for documentation in the staff station. Notify the NiC and team if staffing deviates from this practice.

3. Skeleton staff protocol: In case of reduced staffing (e.g., ERT response elsewhere), staff should risk assess scheduled activities and patient engagement to minimize risk. Engagement with patients requires at least two staff members; if not possible, staff may remain in the staff station until staffing is resolved. Other disciplines (Allied Health, Medical Team) may assist if needed. Document any service/care reduction and delays in the shift report and patient Mental Health observation chart.

4. Medication cups must not be left unattended on the ward or with patients.

5. Remove staples from items like magazines, leaflets, and newspapers.

6. Staff should not read personal books or magazines while observing patients or during visits.

7. Courtyard doors must be closed when it is dark, during mealtimes, or if clinically indicated.

8. Staff must not enter patient bedrooms or corridors alone (students or supernumerary staff should not be used as a second person).

9. Students on clinical placement must be escorted by staff at all times.

10. Ensure staff are always aware of your whereabouts.

11. Red cups are for use only in the lounge/dining area.

12. During an incident, patients should be immediately escorted to their bedrooms.

13. Do not share private information (e.g., staff shifts, personal opinions, phone numbers) with patients or other staff.

14. Personal matters, family issues, rosters, and patient-specific details should not be discussed in patient areas.

15. Staff and patient personal details should not be visible to patients (e.g., rosters or patient files).

16. Sharps must be checked on a shift-by-shift basis and logged in the sharps register.

17. Patients using sharps must be observed, and the integrity of the sharps must be inspected upon return. Sharps use should be facilitated by two staff members between 08:30–09:00.

3.2 Security of staff station

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3.3 Patient management

1. A minimum of 2 staff are always required on the floor in acute areas. 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, especially within a mixed gendered unit, a high staffing presence is required on the floor. Early intervention is required to minimise sexual safety risks.

4. Gender mix of staff should always be available.

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 competed 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.

4. Water bottles made of steel and ceramic cups should not be taken to patient areas.

3.6 Breaks

1. Breaks will be allocated within handovers.

2. Snacks/drinks are only to be eaten in the staff station. Meals are to be eaten in the staff break room.

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. Polycarbonate cutlery is used in the Adolescent Unit for safety reasons.

2. Bedroom doors must remain locked when all patients are in the dining area.

3. All electronic devices (Spotify tablets, headphones, gaming consoles, controllers, and TV remote) should be stored in the cabinet or staff station during mealtimes.

4. Staff members holding the primary or secondary pager should not be assigned the task of distributing cutlery.

5. Patients at high risk of aggression will be provided with paper scoops, cups, and plates instead of cutlery. If deemed necessary, finger foods will be provided.

6. Patients not eating must sit in the lounge and remain seated unless otherwise clinically indicated.

7. Cutlery must be counted with Medirest staff and signed off in the cutlery booklet before meals are taken from the servery.

8. Two staff members should distribute cutlery, ensuring it is counted before and after meals. They are also responsible for collecting all cutlery if an incident occurs.

9. One staff member is responsible for checking in and out the cutlery, signing the register, and calling patients to collect their trays. Even if a patient does not use their cutlery, it must be accounted for.

10. Patients should be called individually by table order to collect and return their trays. No more than one patient should approach the trolley area at a time.

11. Patients must have both hands on their tray before receiving or returning cutlery. Staff members will place and remove the cutlery.

12. Music devices are prohibited during mealtimes.

13. Patients and staff should be reminded to minimize interactions and avoid loud talking or disruptive behaviour, as mealtimes are considered a high-risk period.

14. Patients must remain seated except when retrieving or returning their tray.

15. After finishing their meal, patients must raise their hand to be called by cutlery staff and may sit in the lounge afterward.

16. Once all cutlery has been returned, the door will be locked, and normal patient movement can resume.

17. The cutlery nurse will return the cutlery to the servery and perform a final check with Medirest staff.

18. All available staff must be present during mealtimes. Nurses may continue preparing/administering medications if sufficient staffing allows.

19. No plastic or wooden cutlery is to be given to patients under any circumstances.

20. No second helpings are allowed for any patient.

21. Patients requiring a low-stimulus environment during mealtimes must be closely observed by staff.

22. Staff responsible for supervising meals should remain focused on observing the patients, avoiding loud conversations, and refrain from engaging in other distractions.

3.8 Ground access, groups and kiosk attendance

1. Staff must check each patient's scale prior to kiosk/ground access to ensure adequate escort staffing.

2. All patients must be risk assessed for suitability before leaving the unit.

3. Staff in acute units must never escort a patient to the kiosk or on ground access alone.

4. Staff must carry a radio during all ground access escorts and complete a radio check before leaving the unit.

5. Staff should use their physical key to open doors when patients are present. If this is not possible, patients must remain behind the keypad while staff enter the code, or the remote entry/exit system may be used from within the nursing station.

6. If patients are not following directions or become challenging, or deteriorate in mental state, they must immediately be returned to the unit.

7. Spotify tablet devices are allowed on ground access.

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 used when documenting progress notes unless part of the exceptions as per Guideline 9.001 Clinical Documentation.

3.10 Handover

1. Handovers start at:

2. 0700 for morning shift

3. 1900 for night shift

4. Handovers must be held off the unit in an uninterrupted area.

5. The staff that are handing over are to hand their pagers over to the incoming NiC after handover is finished.

6. If a pager alarms, whoever has the primary pager at that time will respond.

7. The NiC will exchange keys and pagers during handover.

8. 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.

9. 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 ▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮ 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:

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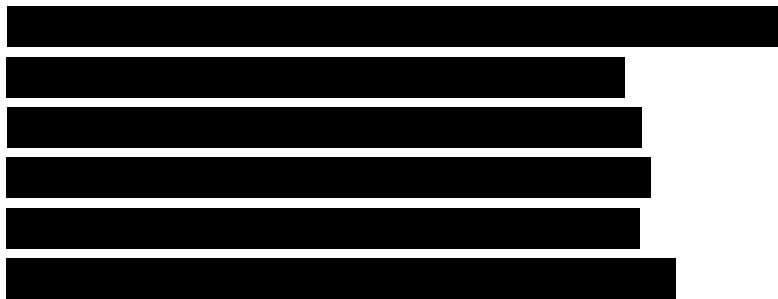
2. Medirest/Honeywell staff should consult with the NiC before entering the ward. As members of the team, Medirest/Honeywell should never work in isolation, and should be observed at all times.

3.15 Laundry

1. Dependent on patient's level of ability/mental state staff to continue to do the daily patient's washing as per timetable at night. However, it may be that patients can access the washing machine and do their own laundry as per TPRIM.

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. Spotify tablets are not to be used in the sensory room unless approved by the MDT.
5. Only one patient is allowed in the sensory room at a time.

4. Definitions

Must

Indicates a mandatory action to be complied with.

Should

Indicates a recommended action to be complied with unless there are sound reasons for taking a different course of action.

5. Related documents

Legislations	
Justice Health NSW Policies, Guidelines and Procedures	Policy 1.319 Patient Engagement and Observation Procedure 6.086 Clinical Handover and Registrar Contact Procedure 6.070 Code Blue (Medical Emergency) – Management Procedure 6.088 Seclusion and Restraint Process Procedure 9.019 Code Red (Fire Emergencies) – Management Procedure 9.020 Code Black (Psychiatric Emergency, Armed Hold-Up, Hostage) – Management Guideline 9.001 Clinical Documentation Procedure 9.015 Searches
Justice Health NSW Forms	Forensic Hospital Intranet Page Forensic Hospital Procedures and Guidelines Forensic Hospital Forms and Templates
NSW Health Policy Directives and Guidelines	
Other documents and resources	JHeHS Scanning Categories My Sexual Health Matter Patient Booklet Patient Information Booklet

6. Appendix

6.1 Daily Routine

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

Time	Activity
0700-0730	Nursing staff handover Allocation of tasks Patient head count
0730-0800	Familiarise self with TPRIMs, notes, tasks to do
0800-0815	Breakfast
0815-0830 0830-0900	Morning meeting Patient head count Patients attend to ADL's/property Physical observations Allied Health/Medical handover
0900-0950	Morning REC Hall (Mon-Sun)
1000	Morning tea
1015-1140	Education with teacher (Mon-Fri) Patient head count
1145-1200	Lunch
1200-1300	Screen/Gaming Time Patient head count
1400-1430	Group time/Activity In-service Evening staff - Familiarise self with TPRIMs, notes, tasks to do
1400	Afternoon tea Patient head count
1430-1500 1530-1600 1600-1650	Group perimeter walk Group time/Activity Afternoon REC Hall (Mon-Sun)
1745 1845	Dinner Patient head count
1900	Supper – Milo + Toast
1900-1930 2130-2200	Nursing staff handover Bedtime Patient head count
2200-0700	See night duty task sheet Patient head counts

6.2 Patient Ward Rules

1	No pyjamas are to be worn at breakfast, or in the lounge area until after 7pm. Patients will be requested to go back to their room and wear appropriate clothing.

2	No inappropriate touching of staff or other patients. Staff are to wear gloves when proving care to patients that requires physical contact.
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 lockers is permitted during allocated times
5	The TV in the common room is to be turned off by 22:00hrs each night. ○ The lounge area is closed from 22:00hrs and sensory room at is closed at 21:00hrs. ○ Patients are allowed to watch television in their rooms at a quiet level after this time. ○ All televisions must be turned off at 23:00hrs Sunday to Thursday and Midnight Friday and Saturday to promote good sleep hygiene. ○ On Friday, Saturday and public holidays, patients may be able to stay in lounge area after 22:00hrs only to finish watching movies or TV shows; however, this is at the discretion of the nursing team as deemed appropriate
6	Patients' rooms are to be kept locked; it is the patient's responsibility to make sure of this.
7	Patient laundry is placed in one of two baskets in the linen cupboard, one for soiled clothes and the other for soiled towels. Laundry is completed by night staff on night shift, once dry, clean clothes are placed in the interview room for collection in the morning.
8	No sheets/linen or towels are to be washed in the washing machine unless. Personal items are
9	No swearing/abuse/threats/intimidation between patients or staff allowed. NSW Health has a zero-tolerance policy.
10	The T.V and any music devices must not be turned on at mealtimes.
11	Patients need to look after their own water bottles.
12	In order to promote a healthy lifestyle, patients are not permitted to have second serves during mealtimes. Patients are not to approach Medirest staff; staff will do that for them.
13	No exchange of food between patients is allowed.
14	Patients are requested to go out of their rooms when cleaners are cleaning their bedrooms.
15	Patients displaying negative symptoms or increased sedation may require increased prompting – it is a long time between meals.
16	Food is not allowed in patient rooms.
17	Red or blue coffee cups are not allowed in patient rooms.
18	Night lights in the rooms have to be left uncovered at night, nurses need to do observation rounds and ensure that patients are safe and well.
19	Patient bedroom list for each ward can be found in the appendix of this document and can be printed and given to patients at any time.
20	No pictures on the walls, patients may have Velcro stickers for pictures on Velcro board in each room.
21	No use of Sellotape/stickers in bedrooms.
22	Safe room conditions = safe blanket, pillow and gown unless specified at MDT
23	Patients will have 2 lockers (on the unit and inside the interview room) and 1 locker (on the women's unit locker room).
24	No electrical items in lockers unless approved by MDT for tablets, again NUM will store, or they will go back to family
25	Lockers to contain clothing/stationary/paperwork and toiletries only
26	Excess soft toys to be returned to family or be stored
27	No dolls/baby dolls allowed on unit.
28	No receiving of gifts/items from other families
29	Patients that have engaged in exercise can access their toiletries after exercising.
30	All staff are responsible for the giving and return of toiletries

31	Allocated nurse responsible for the return of study items.
32	Gambling or trading is not permitted

6.3 Bedroom Item List

Clothing	Toiletries
5 x Tops (T shirts, shirts and polo shirts Jumpers/ Jackets long sleeves items, zippies) **5 x Bottoms** (trousers, shorts, tracksuits, Pyjamas) **5 x pairs Socks** **5 x Underwear** (boxers, briefs) **5 x Bras** Dress counts as full set (top and bottom) MDT items (e.g. hats, beanies) okay in room.	**None in room**

*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