

# Justice Health NSW Guideline

## Elouera Unit Guidelines

Issue Date: November 2023



# Elouera Unit Guidelines

**Guideline Number** 6.083

**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 Elouera 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/6083

**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	DG60117/22	-
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3	December 2023	DG93595/23	-

## 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.

## 1. Table of Contents

2. Preface .....	4
3. Guideline Content .....	5
3.1 General security .....	5
3.2 Security of staff station .....	5
3.3 Staffing presence on the floor .....	6
3.4 Patient management .....	6
3.5 Staff .....	6
3.6 Breaks .....	6
3.7 Patient mealtimes .....	6
3.8 Ground access, groups and kiosk attendance .....	7
3.9 Documentation .....	7
3.10 Handover .....	8
3.11 Medication room .....	8
3.12 High risk patient areas and non-patient areas .....	8
3.13 Safety clothing/safety blankets .....	8
3.14 Maintenance .....	8
3.15 Laundry .....	9
3.16 Quiet room/Sensory room .....	9
4. Definitions .....	9
5. Related documents .....	9
6. Appendix .....	10
6.1 Daily Routine .....	10
6.2 Patient Ward Rules .....	11
6.3 Bedroom Item List .....	12

## 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 Elouera. 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. New staff on their first shift are provided a detailed orientation to the ward including Elouera specific protocols and procedures.

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 to an ERT response to another area, staff should risk assess scheduled activities and engagement with patients to minimise any adverse risk to staff. Minimum two staff must remain on Elouera at all times, 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/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. In the event that you observe a hazard, intervene or escalate if unable to minimise the risk.
2. In the event where there is reduced staffing on the unit (e.g., ERT response to another area), staff should risk assess scheduled activities and engagement with patients to minimise any adverse risk to staff. Engagement with patients must be with at least two staff, otherwise staff may be required to remain in the staff station until staffing has been resolved. Staff are able to request other disciplines to assist in these instances (Allied Health or Medical Team). This decrease in service/care provision should be documented in the shift report and the patient Mental Health observation and engagement level chart to identify a rationale and any interventions/observations which had to be cancelled/delayed
3. Staff are not to read personal books/magazines while they are observing patients on the floor, during mealtimes or during a visit.
4. The courtyard doors are to be closed when it is dark outside and/or if clinically indicated. However, due to not having adequate extractor fans, shutting the courtyard doors during food preparation, sets the fire alarm off, hence the doors are left open during cooking at lunchtime for ventilation.
5. Make sure staff are aware of your whereabouts at all times.
6. Patients are allowed red cups in their rooms; the cups must be returned for sanitisation at the end of each day.
7. During an incident on the ward, other patients are to be immediately directed and/or escorted to their bedrooms.
8. Do not give out private information (e.g., staff shifts, nights out, your opinion of other staff, personal details, and phone numbers).
9. No staff phone numbers or personal details are to be used by other staff outside of work without their permission.
10. Do not discuss personal matters/your family or other patient specific matters in patient areas.
11. No personal details of staff or patients should be in view of the patients (e.g. the roster or patient files).
12. Staff need to check sharps on a shift-by-shift basis and record the information in the sharps register.
13. Patients must be risk assessed prior to using any sharps and the integrity of the sharps must be inspected on return.
14. Patients are to be observed in line with their observation level as per [Policy 1.319](#) Patient Engagement and Observation.
15. Observations from the staff station are not adequate.

### 3.2 Security of staff station



### **3.3 Staffing presence on the floor**

1. 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**

4. The Internet can be accessed during break times only, unless for, ward-based activities or as clinically indicated.
5. 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.
6. 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.

### **3.7 Patient mealtimes**

1. Elouera runs a meal preparation program unique to this unit.
2. Follow guidance set out in [Procedure 9.022](#) Elouera Meal Provision.

### 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 must have a radio with them on all grounds access escorts and complete radio check prior to leaving the unit.
4. Patients are to stay back from the keypad when staff are entering the code, otherwise the remote entry/exit system can be utilised from within the nursing station.
5. If patients are not following staff direction or becoming challenging, they are to be returned to the unit immediately.
6. Majority of Patients on Elouera are on an E SCALE, however if clinically indicated their SCALE may be increased:
  - a) 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.
  - b) Those on unsupervised grounds access must be assessed prior to leaving the unit and on return, this should be documented, and a clothing description taken.

### 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 staff station in a designated area.
3. A security handover of pagers, radios and medication keys should be completed at the end of each clinical handover..
4. The NiC will exchange keys and pagers during handover.
5. 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](#).
6. All oncoming staff should take handover for all patients.

### 3.11 Medication room

[REDACTED]

[REDACTED]

[REDACTED]

### 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]

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. The laundry room will be open to patients from 0700 hours to 2100 hours.

### 3.16 Quiet room/Sensory room

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

## 4. Definitions

### Must

Indicates a mandatory action to be complied with.

### Should

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

## 5. Related documents

### Legislations

Justice Health NSW  
Policies, Guidelines and  
Procedures

[Policy 1.319](#) Patient Engagement and Observation  
[Procedure 6.086](#) Clinical Handover  
[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  
[Procedure 9.022](#) Elouera Meal Provision  
[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
<b>0700-0730</b>	Nursing staff handover Allocation of tasks Patient head count S4d/S8 check
<b>0730-0800</b>	Morning medication administration, TPRIM, Notes
<b>0800-0830</b>	<b>Patients Breakfast</b>
<b>0830-0930</b>	Patients attend to ADL's Physical observations Allied health/medical handover Patient head count
<b>0930</b>	Patients' Morning Meeting
<b>1000-1130</b>	Group time/Activity Patient head count
<b>1130-1300</b>	<b>Lunch preparation</b>
<b>1300-1400</b>	Patient quiet time/activity Patient head count
<b>1330-1400</b>	Nursing staff handover S4d/S8 check
<b>1400-1430</b>	Group time/Activity In-service Evening staff - Familiarise self with TPRIM, Notes
<b>1400-1700</b>	Group time/Activity
<b>1630-1700</b>	Razors/Property Room access
<b>1800</b>	<b>Dinner</b>
<b>1830</b>	Patient head count
<b>1930</b>	<b>Supper - Milo</b>
<b>2130</b>	Nursing staff handover Patient head count S4/S8 Drug Check
<b>2300</b>	Bedtime
<b>2200-0700</b>	See night duty task sheet Patient head counts

## 6.2 Patient Ward Rules

1	No pyjamas are to be worn at breakfast, or in the lounge area until after 7pm. Patients will be requested to go back to their room and wear appropriate clothing
2	No inappropriate touching of staff or other patients
3	Patients are NOT to visit each other's room. Encourage patients to lock their rooms when not in use
4	Exchange of other belongings from property room is allowed
5	The TV in the common room is to be turned off by 22:00pm 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 allowed 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 and Saturday, 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 make sure of this.
7	Patients need to have more than 2 items of clothing to do a load of washing. Patients will be allocated washing days.
8	No Sheets or towels are to be washed in the washing machine. Linen change days are Monday and Thursdays.
9	No swearing/ abuse/threats/intimidation between patients or staff allowed. NSW Health has a zero tolerance policy.
10	The T.V and Radio must not be turned on at meal times.
11	Patients need to look after their water bottles.
12	In order to promote a healthy lifestyle, patients are not permitted to have second serves during meal times. Patients are not to approach Medirest staff; staff will do that for them.
13	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 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	No patients in each-others rooms
23	Safe room= safe blanket, pillow and gown unless specified at MDT
24	Patients will have 1 locker and 2 tubs maximum
25	20xCD's limit in the lockers, excess to be stored by NUM 2 or sent back to family

26	No electrical items in lockers, again NUM will store or they will go back to family
27	Lockers/tubs to contain clothing/stationary/paperwork and toiletries only
28	Excess soft toys to be returned to family or be stored
29	No dolls/baby dolls allowed on unit.
30	No receiving of gifts/items from other families
31	Access times are on the property room door
32	Patients that have engaged in exercise can access their toiletries after exercising.
33	All staff are responsible for the giving and return of toiletries
34	Allocated nurse responsible for the return of study items.
35	Gambling is not permitted

### 6.3 Bedroom Item List

<u>Clothing Items</u>
7 x Shirts (T shirts, shirts and polo shirts)
1 x Jumpers/ Jackets (long sleeves items, zippies)
7 x Pants (trousers, shorts, tracksuits, Pyjamas)
2 x Shoes (runners, thongs, sandals)
2 x Hats
1 x Belt
7x pairs x Socks
7 x Underwear (boxers, briefs)
1 x laundry bag or Pillowcase
2 x Towels (including patient own, beach towel)
<u>Toiletries</u>
1 x Toothbrush
1 x Toothpaste
1 x Bar of soap (including container)
1 x Brush or Comb
1 x Box of tissues
In addition to the above Only 7 of these items are allowed in bedroom at one time: shampoo, conditioner, body wash, moisturiser, creams, deodorant, lip balms, hand creams, face towel, loofa toilet deodoriser
<u>Other Items</u>
5x CD's
5x Books
5x Magazines
3x Posters
1x radio, speakers and charger
1x CD player, speakers and charger
1x portable radio or 1 x Discman

1x Battery Charger  
1x Clock  
1x Diary  
1 x Bible  
1 x Water Bottle  
1 x Tupper wear (food and drink containers)  
1 x Sunglasses  
3 x Kiosk food items  
1 x Game (eg cards, board game, portable console)  
1 x Stationary Case (max10 items including pencils, highlighters, pens, texters, erasers)  
1x Paper holder tray (letters, magazines, newspaper, course material)  
5 x Reading Books  
1x Clear Small storage box

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

**Jewellery:**

This must be MDT approved. Maximum of 5 items

**Medically approved items:**

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

**MDT approved items:**

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