

Australian Capital Territory

## **Children and Young People (Health and Wellbeing) Policy and Procedures 2008 (No 1)**

Notifiable instrument NI2008–385

made under the

*Children and Young People Act 2008*, Section 143 Youth Detention policies and operating procedures

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**1 Name of instrument**

This instrument is the *Children and Young People (Health and Wellbeing) Policy and Procedures 2008 (No 1)*.

**2 Commencement**

This instrument is to commence on 9 September 2008.

**3 Policies and operating procedures**

Under section 143 of the *Children and Young People Act 2008*, I make the attached Health and Wellbeing Policy and Procedures to facilitate the effective and efficient management of detention services for young detainees.

Martin Hehir  
Chief Executive

8 September 2008

# Health and Wellbeing Policy and Procedures

## 1. Introduction and Purpose

Young detainees need access to a comprehensive range of health care services as well as health promotion services and programs at a detention place that maintain or improve their level of health and wellbeing. Therapeutic services will be performed by a treating doctor appointed by the Chief Executive, ACT Health. The Chief Executive, DHCS and delegates are responsible for facilitating the execution of treating functions by health professionals, maintaining minimum standards of health care, and authorising health professionals to exercise non-therapeutic functions under the Children and Young People Act 2008.

Regardless of age, disability, sexuality, gender, income, and cultural and linguistic background, all young detainees should receive services in a culturally specific way that is sensitive to gender and appropriate to the individual.

Young detainees frequently have complex health issues and specific needs requiring specialist health service intervention. Life stage, lifestyle, substance issues, family history, and the availability of social support all affect a young detainee's health. Some young detainees have experienced physical, sexual, mental and emotional abuse and neglect and, in many cases, have been unable or reluctant to access health services.

Health and wellbeing service needs must be assessed and understood within a framework that recognises a young detainee's individual strengths in addition to any specific vulnerabilities associated with social, psychological and biological development. Special requirements of young detainees must be assessed and understood within the context of the young detainee's age, sex, emotional or psychological state, cultural background, vulnerability, social and family connectedness and individual strengths.

This policy and procedure is to be read in conjunction with the *Children's and Young People's Justice Health Services Plan 2008-2012*.

## 2. Legal Authority and Obligations

- 2.1 The *Children and Young People Act 2008* is the primary source of authority for the operations of a detention place. The provisions of the *Children and Young People Act 2008* must be complied with at all times by staff exercising functions at a detention place.
- 2.2 The policies and procedures provide specific directions to implement the provisions of the *Children and Young People Act 2008* and other relevant legislation, including the Human Rights Act 2004.
- 2.3 The legal authority and obligations in relation to health services to be provided to a child or young person at a detention place are prescribed in the *Children and Young People Act 2008*. These are:
  - Section 97 Treating doctors – health service appointments

- Section 98 Health professionals – non-treating functions
- Section 160 Initial assessment
- Section 161 Health assessment
- Section 162 Alcohol and drug tests on admission
- Section 180 Health care
- Section 181 Chief Executive’s consent to medical treatment
- Section 182 Injury –notifying people responsible for or nominated by young detainees
- Section 186 Health reports
- Section 187 Use of medicines
- Section 214 Segregation – health

In addition to the *Children and Young People Act 2008*, the following legislation guides the provision of health services at a detention place:

- Human Rights Act 2004;
- Health Act 1993;
- Health Records (Privacy and Access) Act 1997;
- Mental Health (Treatment and Care) Act 1994.

The following international human rights standards apply in the ACT:

- Convention on the Rights of the Child;
- United Nations Standard Minimum Rules for the Administration of Juvenile Justice;
- United Nations Rules for the protection of Juveniles Deprived of their Liberty;
- Standard Minimum Rules for the Treatment of Prisoners;
- Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment.

International human rights standards that are relevant to the health and wellbeing of young detainees are:

United Nations Rules for the Protection of Juveniles Deprived of their Liberty:

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| <p>12. Juveniles detained in facilities should be guaranteed the benefit of meaningful activities and programmes which would serve to promote and sustain their health and self-respect, to foster their sense of responsibility and encourage those attitudes and skills that will assist them in developing their potential as members of society.</p> <p>19. All reports, including legal records, medical records and records of disciplinary proceedings, and all other documents relating to the form, content and details of treatment, should be placed in a confidential individual file, which should be kept up to date, accessible only to authorized persons and classified in such a way as to be easily understood. Where possible, every juvenile should have the right to contest any fact or opinion contained in his or her file so as to permit rectification of inaccurate, unfounded or unfair statements. In order to exercise this right, there should be procedures that allow an appropriate third party to have access to and to consult the file on</p> |
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request. Upon release, the records of juveniles shall be sealed, and, at an appropriate time, expunged.

28. The detention of juveniles should only take place under conditions that take full account of their particular needs, status and special requirements according to their age, personality, sex and type of offence, as well as mental and physical health, and which ensure their protection from harmful influences and risk situations. The principal criterion for the separation of different categories of juveniles deprived of their liberty should be the provision of the type of care best suited to the particular needs of the individuals concerned and the protection of their physical, mental and moral integrity and well-being.
31. Juveniles deprived of their liberty have the right to facilities and services that meet all the requirements of health and human dignity.
47. Every juvenile should have the right to a suitable amount of time for daily free exercise, in the open air whenever weather permits, during which time appropriate recreational and physical training should normally be provided. Adequate space, installations and equipment should be provided for these activities. Every juvenile should have additional time for daily leisure activities, part of which should be devoted, if the juvenile so wishes, to arts and crafts skill development. The detention facility should ensure that each juvenile is physically able to participate in the available programmes of physical education. Remedial physical education and therapy should be offered, under medical supervision, to juveniles needing it.
49. Every juvenile shall receive adequate medical care, both preventive and remedial, including dental, ophthalmological and mental health care, as well as pharmaceutical products and special diets as medically indicated. All such medical care should, where possible, be provided to detained juveniles through the appropriate health facilities and services of the community in which the detention facility is located, in order to prevent stigmatization of the juvenile and promote self-respect and integration into the community.
50. Every juvenile has a right to be examined by a physician immediately upon admission to a detention facility, for the purpose of recording any evidence of prior ill-treatment and identifying any physical or mental condition requiring medical attention.
51. The medical services provided to juveniles should seek to detect and should treat any physical or mental illness, substance abuse or other condition that may hinder the integration of the juvenile into society. Every detention facility for juveniles should have immediate access to adequate medical facilities and equipment appropriate to the number and requirements of its young detainees and staff trained in preventive health care and the handling of medical emergencies. Every juvenile who is ill, who complains of illness or who demonstrates symptoms of

physical or mental difficulties, should be examined promptly by a medical officer.

52. Any medical officer who has reason to believe that the physical or mental health of a juvenile has been or will be injuriously affected by continued detention, a hunger strike or any condition of detention should report this fact immediately to the director of the detention facility in question and to the independent authority responsible for safeguarding the well-being of the juvenile.
53. A juvenile who is suffering from mental illness should be treated in a specialized institution under independent medical management. Steps should be taken, by arrangement with appropriate agencies, to ensure any necessary continuation of mental health care after release.
54. Juvenile detention facilities should adopt specialized drug abuse prevention and rehabilitation programmes administered by qualified personnel. These programmes should be adapted to the age, sex and other requirements of the juveniles concerned, and detoxification facilities and services staffed by trained personnel should be available to drug- or alcohol-dependent juveniles.
55. Medicines should be administered only for necessary treatment on medical grounds and, when possible, after having obtained the informed consent of the juvenile concerned. In particular, they must not be administered with a view to eliciting information or a confession, as a punishment or as a means of restraint. Juveniles shall never be testers in the experimental use of drugs and treatment. The administration of any drug should always be authorized and carried out by qualified medical personnel.
56. The family or guardian of a juvenile and any other person designated by the juvenile have the right to be informed of the state of health of the juvenile on request and in the event of any important changes in the health of the juvenile. The director of the detention facility should notify immediately the family or guardian of the juvenile concerned, or other designated person, in case of death, illness requiring transfer of the juvenile to an outside medical facility, or a condition requiring clinical care within the detention facility for more than 48 hours. Notification should also be given to the consular authorities of the State of which a foreign juvenile is a citizen.
- 87(d) All personnel should ensure the full protection of the physical and mental health of juveniles, including protection from physical, sexual and emotional abuse and exploitation, and should take immediate action to secure medical attention whenever required;
- 87(e) All personnel should respect the right of the juvenile to privacy, and, in particular, should safeguard all confidential matters concerning juveniles or their families learned as a result of their professional capacity.

United Nations Standard Minimum Rules for the Administration of Juvenile Justice:

- 13.5 While in custody, juveniles shall receive care, protection and all necessary individual assistance-social, educational, vocational, psychological, medical and physical-that they may require in view of their age, sex and personality.
- 17.3 In exceptional circumstances, whenever a prisoner is removed outside the institution for an authorized purpose, he shall be allowed to wear his own clothing or other inconspicuous clothing.
- 26.4 Young female offenders placed in a detention place deserve special attention as to their personal needs and problems. They shall by no means receive less care, protection, assistance, treatment and training than young male offenders. Their fair treatment shall be ensured.

Principles of Medical Ethics relevant to the Role of Health Personnel, particularly Physicians, in the Protection of Prisoners and Detainees against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment:

1. Those accountable for administering prisons are responsible for ensuring that detainees receive health care equivalent to health care available to the community as a whole; and
2. Doctors and other people providing therapeutic services cannot be involved in any custodial matters that are not directly therapeutic.

### 3. Authorisations and Delegations

- 3.1 The Senior Manager is responsible for ensuring that minimum standards related to the health and wellbeing of young detainees outlined in the *Children and Young People Act 2008* and this Policy and Procedure are met.
- 3.2 The Senior Manager is responsible for ensuring that only non-treating health professionals are authorised to exercise non-treating functions under section 98 of the *Children and Young People Act 2008* and this Policy and Procedure. The purpose of creating two sets of health professionals (treating or therapeutic and non-treating) is to prevent treating doctors and other treating health professionals from having to engage in health and medical functions that are related to the security of a detention place. This meets human rights standards designed to protect the trust and confidence of young detainees in a doctor or other health professional who provides treatment to them.

Examples of Treating functions	Examples of Non-treating functions
Health Assessment	Conducting body searches
Health Treatment	Assisting at body searches
Referral to specialist services	Sample collection for alcohol and drug testing
Providing advice on segregation directions	Reports on the sexual identity of transgender or intersex young detainees

- 3.3 The Senior Manager must ensure that a direction given by a treating doctor to protect the health of young detainees under section 97(4) of the *Children and Young People Act 2008* is complied with unless the Senior Manager believes on reasonable grounds that compliance would undermine security or good order at a detention place. If the Senior Manager does not comply with a treating doctor's direction, the Senior Manager must notify the Director.
- 3.4 The Health and Wellbeing Policy and Procedure is to be applied by all persons transporting a young detainee and/or exercising escort functions under the direction of the Senior Manager.

#### 4. Definitions

**Adult young detainee** is a young detainee who is 18 years or over, but under 21 years. An adult young detainee who is 21 years or older cannot be detained at a detention place.

**All staff** refers to youth detention officers, authorised persons, other Departmental staff providing services at or visiting a detention place in a work-related capacity and staff of ACT Government agencies providing services to young detainees at a detention place.

**Body search** is a search conducted by a non-treating doctor of a young detainee's body, including an examination of an orifice or cavity of the young detainee's body.

**Health care assessment** means an assessment of a person's physical or mental wellbeing (including admission to a health facility).

**Health care treatment** means treatment of an illness, disability, disorder or condition by a health professional.

**Health facility** means a hospital or other facility where health services are provided, for example, a dental surgery or day surgery clinic.

**Health professional** is defined in the dictionary of the *Children and Young People Act 2008* and means a health professional registered under the *Health Professionals Act 2004* or someone who is a health professional registered under a corresponding law of a local jurisdiction within the meaning of that Act.

**Health schedule** is a statement of a young detainee's condition prepared by a treating doctor after assessing a health report provided to detention place staff by a relevant Chief Executive. Section 186 of the *Children and Young People Act 2008* outlines what the health schedule must include.

**Health segregation direction** means a segregation direction given by the Manager under section 214 of the *Children and Young People Act 2008*.

**Manager** refers to the Senior Manager of a detention place during normal business hours, or in the event this person is unavailable, the Operations Manager of a detention place, or in the event this person is unavailable, a Unit Manager or in the event a Unit Manager is unavailable, the Programs and Services Manager. Outside normal business hours, this refers to the on-call manager.

**Mandated reporter** under the Children and Young People Act 2008 includes staff at a detention place. The Act requires a staff member to report a reasonable belief that a young detainee who is under 18 years has experienced or is experiencing non-accidental physical injury or sexual abuse.

**Nominated person**, for an adult young detainee, is a person nominated by the young detainee at the time of admission to whom the Chief Executive can give notifications under the Children and Young People Act 2008. The details of the nominated person must be entered in the register of young detainees.

**Non-treating doctor** is defined at section 246 of the Children and Young People Act 2008 to mean a doctor who is authorised, orally or in writing, by the Chief Executive to exercise a non-treating health function under section 98 of the Act. Non-treating health functions are conducting and assisting at body searches, identification of transgender young detainees and alcohol and drug testing.

**Non-treating nurse** is defined at section 246 of the Children and Young People Act 2008 to mean a nurse who is authorised, orally or in writing, by the Chief Executive to exercise a non-treating health function under section 98 of the Act. Non-treating health functions are conducting and assisting at body searches, identification of transgender young detainees and alcohol and drug testing.

**Register of young detainees** is a register that the Senior Manager, Operations Manager and Unit Managers are obliged to keep under section 185 of the Children and Young People Act 2008.

**Relevant Chief Executive** means a Chief Executive whose administrative unit is responsible for the following Acts:

- (a) the Corrections Management Act 2007 (under the Administrative Arrangements, this is the Chief Executive of the Department of Justice and Community Safety);
- (b) the Crimes (Sentence Administration) Act 2005 (under the Administrative Arrangements, this is the Chief Executive of the Department of Justice and Community Safety);
- (c) the Disability Services Act 1991 (under the Administrative Arrangements, this is the Chief Executive of the Department of Disability, Housing and Community Services);
- (d) the Health Act 1993 (under the Administrative Arrangements, this is the Chief Executive of ACT Health);
- (e) the Mental Health (Treatment and Care) Act 1994 (under the Administrative Arrangements, this is the Chief Executive of ACT Health).

**Staff** refers to youth detention officers and other authorised persons. An authorised person is a person who has been delegated a power under the Children and Young People Act 2008 or another Territory law and is exercising a function under the criminal matters chapters of the Children and Young People Act 2008. The positions which have delegations as authorised persons for the policies and procedures are: Executive Director (A), Director (B), Senior Manager (C/3), Acting Senior Manager (C/4), Operations Manager (E/7), Programs and Services Manager (E/8), Unit Managers (F/7), Team Leaders (G/6), Youth Workers (I/4), Casual Youth Workers (J/3), Case Managers (F/8), Aboriginal Liaison Officer (G/5).

**Treating Doctor** is a doctor appointed under section 97 of the Children and Young People Act 2008 for a detention place by the Chief Executive responsible for the administration of the Health Act 1993. The treating doctor's functions are to provide health services to young detainees and to protect the health of young detainees, including preventing the spread of disease at a detention place.

## 5. Principles

The *Children and Young People Act 2008* sets out the principles that must be considered by all decision-makers making decisions under the Act and this policy. These are:

Section 8, Best interests of children and young people paramount consideration

- (1) In making a decision under this Act in relation to a particular child or young person, the decision-maker must regard the best interests of the child or young person as the paramount consideration.
- (2) In making a decision under this Act otherwise than in relation to a particular child or young person, the decision-maker must consider the best interests of children and young people.

Section 9, Principles applying to Act

- (1) In making a decision under this Act in relation to a child or young person, a decision-maker must have regard to the following principles where relevant, except when it is, or would be, contrary to the best interests of a child or young person:
  - (a) the child's or young person's sense of racial, ethnic, religious, individual or cultural identity should be preserved and enhanced;
  - (b) the child's or young person's education, training or lawful employment should be encouraged and continued without unnecessary interruption;
  - (c) the child's or young person's age, maturity, developmental capacity, sex, background and other relevant characteristics should be considered;
  - (d) delay in decision-making processes under the Act should be avoided because delay is likely to prejudice the child's or young person's wellbeing.
- (2) A decision-maker exercising a function under this Act must, where practicable and appropriate, have qualifications, experience or skills suitable to apply the principles in subsection (1) in making decisions under the Act in relation to children and young people.

Section 10, Aboriginal and Torres Strait Islander children and young people principle

In making a decision under this Act in relation to an Aboriginal or Torres Strait Islander child or young person, in addition to the matters in section 8 and section 9, the decision-maker must take into account the following:

- (a) the need for the child or young person to maintain a connection with the lifestyle, culture and traditions of the child's or young person's Aboriginal or Torres Strait Islander community;
- (b) submissions about the child or young person made by or on behalf of any Aboriginal or Torres Strait Islander people or organisations identified by the chief executive as providing ongoing support services to the child or young person or the child's or young person's family;
- (c) Aboriginal and Torres Strait Islander traditions and cultural values (including kinship rules) as identified by reference to the child's or young person's family and kinship relationships and the community with which the child or young person has the strongest affiliation.

Section 94, Youth justice principles

- (1) For the criminal matters chapters, in deciding what is in the best interests of a child or young person, a decision-maker must consider each of the following matters that is relevant:
  - (a) if a child or young person does something that is contrary to law, he or she should be encouraged to accept responsibility for the behaviour and be held accountable;
  - (b) a child or young person should be dealt with in a way that acknowledges his or her needs and that will provide the opportunity to develop in socially responsible ways;
  - (c) a child or young person should be consulted about, and be given the opportunity to take part in making, decisions that affect the child or young person, to the maximum extent possible taking into consideration their age, maturity and developmental capacity;
  - (d) if practicable and appropriate, decisions about an Aboriginal and Torres Strait Islander child or young person should be made in a way that involves their community;
  - (e) if a child or young person is charged with an offence, he or she should have prompt access to legal assistance, and any legal proceeding relating to the offence should begin as soon as possible;
  - (f) a child or young person may only be detained in custody for an offence (whether on arrest, on remand or under sentence) as a last resort and for the minimum time necessary;
  - (g) children, young people and other young offenders should be dealt with in the criminal law system in a way consistent with their age, maturity and developmental capacity and have at least the same rights and protection before the law as would adults in similar circumstances;
  - (h) on and after conviction, it is a high priority to give a young offender the opportunity to re-enter the community;
  - (i) it is a high priority that intervention with young offenders must promote their rehabilitation, and must be balanced with the rights of any victim of the young offender's offence and the interests of the community.

- (2) The decision-maker may also consider any other relevant matter.
- (3) The youth justice principles are intended to be interpreted consistently with relevant human rights instruments and jurisprudence.

Example

Convention on the Rights of the Child

- (4) A reference in subsection (1) to a child or young person includes a reference to a person who is at least 18 years old but is being dealt with in relation to an offence committed, or alleged to have been committed, when he or she was under 18 years old.

The following principles underpin the *ACT Children's and Young People's Justice Health Services Plan 2008-2012*:

- (a) The health service will work within a Human Rights context.
- (b) Health is a complete state of physical, mental and social wellbeing, not merely the absence of disease or infirmity.
- (c) There are many social determinants of health that are often exacerbated by the inequalities between top and bottom socio-economic groups.
- (d) ACT Health and the Office for Children Youth and Family Support, will work in partnership to develop appropriate strategies to enhance the health of all children and young people in detention.
- (e) The Corrections Health Program will provide care that is equal to that provided in the general community in a culturally sensitive service model.
- (f) The Corrections Health Program will be accessible and flexible to all children and young people in detention, recognising the constraints of the correctional setting in which they are located.
- (g) Under the *Children and Young People Act 2008* the Chief Executive of the ACT Department of Disability, Housing and Community Services, and her delegates have special responsibilities for children and young people in detention. Additionally in many instances the Chief Executive of the Department holds parental responsibility for these children and young people.
- (h) The confidentiality and release of health and wellbeing information will be discussed and agreed with the client. Information sharing across agencies will occur only with the person's consent unless in the instance where they are at imminent risk of harming themselves or others, or as compelled by law.
- (i) Services will be provided on the basis of clinical assessment of individual need and will be provided using a continuity of care approach. Some services required may need to be provided off-site.
- (j) Improved health care in detention will translate into better health outcomes in the wider community.
- (k) The Corrections Health Program will work with the child or young person and their support team to determine their health and wellbeing goals and link them to key health services and appropriate Non Government Organisations to assist in improving and sustaining their health post release.

- (l) Services will be provided using a patient safety and quality framework where performance is measured, monitored and improved as a result of the analysis of data.
- (m) The Corrections Health Program will meet the Australian Council on Health Care Standards or any other Australian national prison health standards.
- (n) The Corrections Health Program will contribute to new knowledge related to resident health

## **6. Policy and Procedure**

### Special Population Groups

6.1 In order to apply the standards set out at section 6.10 below and the legal obligations noted above, staff must have an awareness of special requirements for special population groups:

#### *Aboriginal and Torres Strait Islander young detainees*

6.2 Staff must be aware of the specific considerations and principles in the Aboriginal and Torres Strait Islander Young Detainees Policy and Procedures, particularly:

- (a) the impact that detention and separation can have and feelings of shame and guilt for the young detainee and family;
- (b) recognition of specific health considerations of Aboriginal and/or Torres Strait Islander young detainees; and
- (c) ensuring young detainees can access Aboriginal and Torres Strait Islander specific health services.

#### *Girls and young women*

6.3 Young women in custody may have untreated health problems, eating disorders and histories of sexual abuse, self-harm and suicidal behaviours. They might be pregnant or have children and be in need of additional support.

#### *Young detainees with a disability*

6.4 All sentenced young detainees and young remandees spending 14 days or longer in custody will have an individualised case plan to identify and address their specific needs, strengths and special requirements. Staff should be aware that ensuring that the special requirements of young detainees with a disability are addressed may involve the development of a case plan for those detainees who have been remanded in custody for less than fourteen days.

#### *Transgender and intersex young detainees – sexual identity*

6.5 As detailed in the Admission and Classification Policy and Procedure, a transgender or intersex young detainee may identify the sex they choose to be identified with or if they fail to do so, the Manager may make a decision based on the young detainee's presentation on admission. In addition, a young detainee may apply to the Manager to change the sex they choose to be identified with.

- 6.6 Before making a decision regarding the sex the young detainee is to be identified with, the Manager must obtain a report by a non-treating doctor or other non-treating health professional about the young detainee's sexual identity.
- 6.7 The Manager may also obtain a report as described in section 6.6 above for transgender or intersex young detainees who have chosen their sexual identity if it is believed on reasonable grounds that:
- (a) it is in the best interests of the young detainee; and
  - (b) is necessary to make a decision in relation to the young detainee's placement or case management.
- 6.8 The Manager must give written notice of a decision regarding the sex the young detainee is to be identified with to the young detainee and ensure that the sex chosen by the young detainee or the Manager is recorded in the register of young detainees.
- 6.9 In exercising functions under the policies and procedures, the sex of the young detainee is that entered in the register of young detainees and recorded on their file.

#### Minimum Standards related to Health and Wellbeing

- 6.10 Section 180 of the *Children and Young People Act 2008* and the Minimum Living Conditions Policy and Procedures outline the minimum standard of health care to be provided to young detainees which is an entitlement for each young detainee at a detention place. As a minimum standard, each young detainee at a detention place is to have:
- (a) regular health checks;
  - (b) assessment and ongoing treatment by health professionals provided in a timely manner, including mental health, medical and nursing professionals when required or requested;
  - (c) suitably equipped premises for consultation, including private areas for disclosure of health information, assessment and treatment;
  - (d) appropriate medication;
  - (e) access to a second opinion in health matters if requested by a young detainee or person with parental responsibility including the Chief Executive or the Manager;
  - (f) rehabilitation services and supports, including specialist equipment if required;
  - (g) use of a private or specialist health professional or service as approved by the Manager and hospital care where necessary;
  - (h) facilities and resources to maintain personal hygiene and cleanliness;
  - (i) educational and living skills programs to foster and support healthy living; and
  - (j) wherever possible, the provision of special diets which may be identified as medically or culturally necessary.
- 6.11 The Senior Manager must ensure staff hold current first aid qualifications.

- 6.12 The Senior Manager must ensure staff have regular training on the identification and management of children and young people at risk of self harm and/or suicide, and with mental health problems.

#### Consent to health assessment and treatment by young detainees

- 6.13 In all matters that relate to health assessment and treatment of young detainees, if a young detainee has been assessed as having a level of maturity, intellectual functioning and mental health status required to make a reasoned decision regarding the provision of consent, their informed consent must be sought.
- 6.14 If a young detainee's assessed level of maturity, intellectual functioning and/or mental health is of a level that would not make this possible, consent must be sought from a person with parental responsibility for the young detainee. This may include the young detainee's care and protection worker where the Chief Executive has parental responsibility for the young detainee.
- 6.15 Where the need for assessment or treatment is considered urgent and a person with parental responsibility (other than the Chief Executive) cannot be located to provide consent, the Manager must be notified as soon as possible. The Manager must undertake all necessary or appropriate actions to address the young detainee's health needs, including consenting to medical treatment under section 181 of the *Children and Young People Act 2008* if delaying the treatment would be detrimental to the young detainee's health.

#### General Protocols

##### *Health*

- 6.16 The Senior Manager and staff are responsible for the promotion, development and maintenance of the health of young detainees, including responding to their physical, psychological, emotional and social needs, including drug and alcohol issues and self harm and suicide. The Senior Manager and staff will also provide opportunities for young detainees to develop in socially responsible ways. The therapeutic treatment model used at a detention place provides a framework within which all staff will contribute to these goals.
- 6.17 The Program and Services Manager is responsible for overseeing the coordination of service delivery with a focus on prevention and early intervention, so that all young detainees are provided with appropriate support, referral and guidance to best meet their specific individual needs.

##### *First-aid equipment*

- 6.18 The Senior Manager must ensure adequate provision of first aid equipment and supplies throughout a detention place.
- 6.19 Designated staff must regularly audit the contents of all first aid kits and restock them as necessary.
- 6.20 Prior to undertaking an escort, the escorting staff must ensure that they are in possession of a fully stocked first aid kit.

### *Medication*

- 6.21 Prescription medication must only be given to a young detainee in accordance with the dosage guidelines prescribed by a medical practitioner.
- 6.22 Youth detention officers must only provide young detainees with prescription medication that has been placed in an approved container (Webster Pack or similar) and clearly marked with the young detainee's name, dosage details and instructions regarding how to respond if a young detainee refuses to take their medication or incorrectly takes their medication.
- 6.23 The Unit Manager or Manager may approve the giving of non-prescription medication (eg. Panadol) to a young detainee if appropriate. The Unit Manager or Manager, if unsure, must seek advice from a treating doctor or treating nurse and provide advice to the youth detention officer giving the non-prescription medication regarding dosage and frequency. The youth detention officer giving the medication must record the approval and the reasons for it in the register of young detainees.
- 6.24 Youth detention officers required to assist with giving any medication to a young detainee must ensure that:
- (a) medication is issued at the correct times and frequency/intervals (as stated on the package, or as prescribed on the Webster Pack or Medication Log);
  - (b) the medication issued is consumed by the young detainee;
  - (c) an accurate record is made on the appropriate register of medication taken or refused, including the time and date it was given (or refused), the name of person who authorised it, and the name of the person who issued it; and
  - (d) refusal by a young detainee to take prescribed medication must be reported to a relevant health professional as soon as practicable unless written directions stipulating otherwise have been provided by the health professional who prescribed the medication (as outlined at section 6.22 above).

### *Syringes and other sharps*

- 6.25 The Senior Manager must ensure staff receive appropriate training in the disposal of syringes and other sharps.
- 6.26 When disposing of syringes or other sharps, staff must exercise care and follow procedures, outlined in training.
- 6.27 Any injury from a syringe or other sharp to any person at a detention place is to be considered a serious injury and managed in accordance with the section 'Serious or life threatening injury or health concern at a detention place' below.
- 6.28 A needle-stick injury or the discovery of a syringe or sharp instrument is a Reportable Incident. Refer to Records and Reporting Policy and Procedure.

### *Management of blood and bodily fluid spills*

- 6.29 The Senior Manager must ensure staff receive regular training in the management of blood and other bodily fluid spills.
- 6.30 In responding to a blood or bodily fluid spill (e.g. semen, vaginal secretions, urine, faeces, pus, breast milk, saliva, vomit, sweat etc.) staff must exercise care and follow the procedures outlined in training.
- 6.31 In the management of blood and other bodily fluid spill, staff must also consider whether the body fluid(s) need to be preserved as evidence in the investigation of a crime.
- 6.32 Body fluids are to be treated and removed as soon as possible once they are no longer required as evidence for a criminal investigation.

### *Management of infectious diseases*

- 6.33 The Senior Manager must ensure staff receive regular training in communicable and infectious disease prevention and treatment.
- 6.34 If a young detainee or staff member is diagnosed with an infectious disease, the Senior Manager must seek advice from a relevant health professional. The Manager must then issue instructions regarding the safe management of a detention place. Staff must comply with such instructions.
- 6.35 A health segregation direction may be made by the Manager to prevent the spread of disease. Refer to Segregation Policy and Procedure.

### Management of Health Needs

#### *Initial health assessment at admission*

- 6.36 The Manager must ensure that every young detainee, as soon as practicable and not later than 24 hours after admission to a detention place, has:
- (a) a physical health assessment by a treating doctor or nurse; and
  - (b) an assessment of the young detainee's risk of self harm and/or suicide and mental health status by a treating doctor, nurse or a health professional with expertise in the treatment of self harm, suicide and mental health issues.
- 6.37 A treating doctor must review an assessment made by a nurse or health professional of the young detainee's risk of self harm and/or suicide and mental health status.
- 6.38 A treating doctor who makes an assessment or reviews an assessment under sections 6.36 or 6.37 above must provide a report of the assessment to the Manager.
- 6.39 The Manager must ensure that any physical or mental health needs or risks identified by the assessments at section 6.36 and/or report provided by the treating doctor at section 6.38 are addressed as soon as practicable.
- 6.40 The Manager must ensure that any physical or mental health needs and risks identified as ongoing are addressed in the young detainee's case management plan, where appropriate.

### *Ongoing management of health needs*

- 6.41 Health assessments and treatment will be available throughout a young detainee's time at a detention place to meet their physical, psychological, emotional and social needs, including drug and alcohol issues and self-harm and suicide. Health information, where appropriate, shall inform:
- (a) the day to day management of a young detainee;
  - (b) the young detainee's classification, placement and observation regime and any special management directions; and
  - (c) the young detainee's case management plan.
- 6.42 If a staff member becomes aware of health information of relevance to a young detainee's classification, observation, placement, special management directions or case management plan that does not pose an imminent risk to the young detainee's health or wellbeing, the staff member must provide this information to the Manager as soon as possible.
- 6.43 If a member of all staff becomes aware of imminent danger to a young detainee (eg. a threat to the young detainee's safety or risk of self harm), the staff member must immediately:
- (a) undertake whatever action is required to minimise the risk to the young detainee's safety (eg increase the frequency of observations, change placement of the young detainee); and
  - (b) inform the Manager.
- 6.44 The Manager or Unit Manager must request assistance from a relevant health service (e.g. CAMHS or the nursing service) where appropriate.
- 6.45 The Segregation Policy and Procedures apply in relation to the making of a health segregation direction for a young detainee.
- 6.46 The Manager or Unit Manager must consider the recommendations and advice of health professionals in deciding on an appropriate response.
- 6.47 All young detainees must have access to counselling and support.

### *Management of young detainee's health needs outside a detention place including escorts*

- 6.48 Any non-emergency need for a young detainee to leave a detention place for health assessment or treatment must be approved by the Manager by making a transfer direction to a health facility. Refer to the Transfers Policy and Procedures.
- 6.49 If a young detainee is to be transported to a health service, the transportation method should consider the nature of the illness or condition of the young detainee.
- 6.50 A young detainee should not be informed about the details of the time and location of a health appointment that is outside a detention place, although staff should inform the young detainee of the reason for the appointment and the day it is scheduled to occur.
- 6.51 Where ever possible a young detainee should be prepared for their health appointment outside a detention place by discussing with the young detainee whether they are comfortable wearing a detention

- place's clothing or would prefer to wear their own clothing. Where a young detainee expresses a preference to wear his or her own clothing, staff must facilitate this, unless the Senior Manager believes that this would create a risk to the safety of a person or security.
- 6.52 Staff escorting a young detainee to a health appointment outside a detention place should, when appropriate, wear clothing that does not identify the staff as employees of a detention place.
- 6.53 Where a young detainee is to be transported or transferred from a detention place, the Manager must ensure that sufficient information relating to their risks (such as risk of escape, harm to themselves or others and/or suicidal and risk-taking behaviour) is provided to the transporting and receiving agency's officer/s (eg. ambulance service, health facility) to ensure that the young detainee is appropriately managed and/or supported.
- 6.54 Staff escorting a young detainee to a health facility outside a detention place must carry Departmental identification at all times. Staff must identify themselves to relevant health staff, and if possible, provide contact details of any additional staff member likely to assume responsibility for the young detainee.
- 6.55 If escorting staff are issued with a health facility identification card they must comply with the health facility policy for wearing or carrying the identification.
- 6.56 Staff should assess the health facility where the young detainee is being assessed and/or treated and be aware of, and respond appropriately to, any potential safety or security risks.
- 6.57 After a careful assessment of the environment, consideration of the risk status of the young detainee, and consideration of the sensitivity of the health assessment or treatment, or if requested by a treating health professional, an escorting officer may permit a patient to be examined and/or treated outside the officer's view.
- 6.58 If a young detainee is at serious risk of escape, harm to themselves or others and/or suicide, examination and/or treatment must not occur outside of the officer's view. In such instances, staff must maintain appropriate contact with that young detainee at all times.
- 6.59 The escorting staff must be respectful of the dignity of the young detainee and where appropriate must be of the same sex as the young detainee.
- 6.60 Staff must ensure that a young detainee does not gain access to an unauthorised item. If staff reasonably suspect that a young detainee has in their possession something that may warrant a search to occur, the requirements set out in the Search and Seizure Policy and Procedures must be applied.
- 6.61 Where necessary, escorting staff must inform the staff of the health facility of their authority to conduct a search of a young detainee.
- 6.62 A young detainee detained in a health facility outside of a detention place may receive visitors as approved by the Manager. Staff must comply with the requirements of the Visits, Phone Calls and Correspondence Policy and Procedure.
- 6.63 A young detainee may only be discharged from a health facility after approval has been given by a health professional responsible for

the care of the young detainee, or after direction of the Senior Manager for the removal of the young detainee from the health facility.

#### *Discharge planning*

- 6.64 The Programs and Services Manager must ensure that discharge planning for a young detainee completing a sentence includes appropriate referrals and arrangements for the ongoing management of their health and wellbeing needs.
- 6.65 The Program and Services Manager must ensure, where appropriate, referrals and arrangements are made, for the ongoing management of the health and wellbeing needs of a young detainee who is to be released following a period of remand.

#### Incident Management

##### *Minor injury/health concern at a detention place or on an escort*

- 6.66 In the event a young detainee presents with, or reports to, a staff member, to have a minor injury or health complaint, the staff member shall:
- (a) assess the situation;
  - (b) if necessary, provide the appropriate first-aid response (eg cleaning of a minor cut or abrasion, applying a basic dressing);
  - (c) if necessary, refer the young detainee to a health professional;
  - (d) if necessary, report the incident and treatment to the Unit Manager; and
  - (e) if necessary, administer non-prescription medicine (eg. Panadol), in accordance with section 6.23 and 6.24 (Medication) above.
- 6.67 In the event a young detainee, whilst on an escort, presents with, or reports to, a staff member to have a minor injury or health complaint, the staff member shall:
- (a) assess the situation;
  - (b) if necessary, provide the appropriate first-aid response (e.g. cleaning of a minor cut or abrasion, applying a basic dressing); and
  - (c) if necessary, contact the Control Room and return the young detainee to a detention place (or another place, if so directed).
- 6.68 In the event the Control Room receives a communication from an escorting staff member, they must inform the Unit Manager who must provide direction for and/or arrange for necessary assessment or treatment.

##### *Serious or life threatening injury or health concern at a detention place*

- 6.69 If a young detainee presents with or reports a serious or life threatening injury or health complaint, the staff member who first becomes aware of this information shall:
- (a) assess the seriousness of the injury or health complaint;
  - (b) notify the Control Room, advise of the situation and request assistance;
  - (c) as soon as it is safe to do so, immediately commence first aid and continue until the arrival of a health professional or ambulance officer;
  - (d) remain with the young detainee at all times, if it is safe to do so; and

- (e) provide support to the young detainee, if it is safe to do so.
- 6.70 In the event the Control Room receives a request following a serious or life threatening injury or health complaint, Control Room staff will:
- (a) direct staff assistance to the location of the incident and notify the Unit Manager, Manager and Senior Manager;
  - (b) request assistance from relevant health professionals and/or ambulance, police, and/or the fire brigade;
  - (c) prevent the entry to, or exit from, a detention place by any person other than emergency response services, until authorised by police and/or the Senior Manager;
  - (d) notify relevant support agencies if requested to do so by the Manager or Unit Manager;
  - (e) provide the Manager with contact details for the young detainee's parent(s) or person with parental responsibility or nominated person for an adult young detainee; and
  - (f) undertake any other necessary or appropriate action.

6.71 The Unit Manager must give directions and guidance to staff for the management of the situation and undertake all other relevant actions, which may include:

- (a) secure the location of the incident and all young detainees and/or visitors;
- (b) advise staff what information about an incident can and cannot be given to young detainees;
- (c) if so directed by an appropriate person eg. ambulance officer or police officer, request the attendance of a medical practitioner for the purpose of deciding whether or not the injured person has died;
- (d) coordinate any further actions in accordance with the Emergency Response Plan;
- (e) provide regular updates on the situation to the Manager;
- (f) ensure staff complete all necessary reports before they leave a detention place, unless otherwise approved by the Manager; and
- (g) undertake any other relevant action.

6.72 The Manager must:

- (a) arrange for the contacting of the parent(s) or person with parental responsibility (including Care and Protection Services if the Chief Executive has parental responsibility for the young detainee) or nominated person for an adult young detainee;
- (b) advise Unit Managers what information about an incident can be given to visitors explaining the reason for securing the location;
- (c) appoint a senior member of staff who shall record on a separate and independent log all events and movements as they occur;
- (d) if necessary, arrange for debriefing of staff, and for access to support and counselling for young detainees and visitors; and
- (e) notify the Director of the situation as soon as possible.

*Encountering a seriously injured or ill young detainee by a person other than a staff member*

6.73 A person, other than an operational staff member, may encounter a young detainee who has suffered a serious or life

- threatening injury. Upon advising a staff member, the person should be accompanied to another secure area away from the location of the incident and be supervised and supported appropriately by staff.
- 6.74 If the person is a tradesperson, visitor, professional or other service provider, the person is to remain on the premises, where appropriate monitoring and support will be given until Police or the Senior Manager have authorised the person's exit from a detention place.
- 6.75 When securing visitors or non-operational staff, staff must attempt to separate them as appropriate to allow the most effective response to the individual.
- 6.76 The Unit Manager may approve a person mentioned in section 6.74 to make a phone call, giving consideration to the circumstances. The Unit Manager must also instruct what information can or cannot be discussed in the situation, also informing potential witnesses that they may have to provide a statement to the police.
- 6.77 If the discovery of an injured young detainee is made or witnessed by another young detainee, they may be escorted to their room and placed on high level observations by staff. Support and counselling must also be offered to the young detainee, however, the manner in which this is provided must be sensitive to the possibility that the police may wish to interview the young detainee.

*Serious or life threatening injury or health concern on an escort*

- 6.78 In the event a young detainee sustains a serious or life threatening injury whilst on an escort (eg. as a result of a vehicle accident or assault), the staff member who first becomes aware of the situation and/or any other staff member undertaking an escort must:
- (a) assess the seriousness of the injury or health complaint;
  - (b) if necessary, call an ambulance, police and/or fire brigade and if required remain in communication with the relevant emergency service;
  - (c) notify the Control Room, advise of the situation and request assistance;
  - (d) as soon as it is safe to do so, one or both escorting staff must immediately commence first aid and continue until the arrival of a health professional or ambulance officer;
  - (e) wherever possible, maintain the safe and secure custody of all young detainees on escort,
  - (f) if it is appropriate and safe to do so, return to a detention place or another place if so directed, as soon as possible; and
  - (g) undertake any other appropriate action.
- 6.79 In the event the Control Room receives a notification of a young detainee suffering a serious or life threatening injury or health complaint whilst on an escort, Control Room staff must:
- (a) notify the Unit Manager and Manager;
  - (b) request ambulance and/or police and/or fire brigade assistance;
  - (c) notify relevant support agencies if requested to do so by the Manager or Unit Manager;

- (d) provide the Manager with contact details for the parent(s) or person with parental responsibility or nominated person for an adult young detainee; and
  - (e) undertake any other necessary or appropriate action.
- 6.80 The Unit Manager must give directions and guidance to staff for management of the situation and undertake all other relevant actions, which may include:
- (a) directing staff to the location of the incident and securing a detention place if necessary to enable staff to attend the location;
  - (b) requesting further assistance;
  - (c) coordinating further actions in accordance with the Emergency Response Plan;
  - (d) providing regular updates on the situation to the Manager;
  - (e) ensuring staff return to a detention place and complete all necessary reports before they leave a detention place, unless otherwise approved by the Manager; and
  - (f) undertake any other relevant action.
- 6.81 The Manager must:
- (a) arrange for the contacting of the parent(s) or person with parental responsibility (including Care and Protection Services, if the Chief Executive has parental responsibility for the young detainee) or the nominated person for an adult young detainee;
  - (b) if necessary, arrange for debriefing of staff, and for access to support and counselling for young detainees, staff and visitors; and
  - (c) notify the Director of the situation as soon as possible.

*Minor, serious or life threatening injury or health complaint to person other than a young detainee*

- 6.82 If a staff member, Unit Manager, Manager or Control Room become aware of an injury or health complaint to a person at a detention place or on an escort who is not a young detainee, the staff member, Unit Manager, Manager or Control Room must apply procedures outlined in the relevant sections of this Policy and Procedure, with any changes that are appropriate, due to the injured or unwell person not being a young detainee.

Responsibility of Staff to Preserve Evidence for the Investigation of a Crime

- 6.83 Staff responding to an injury at a detention place or on an escort must, wherever possible, respond to the situation in a manner that preserves any evidence or information that may be used in an investigation, including a police investigation, of the circumstances in which the injury occurred.
- 6.84 The responsibility of staff under section 6.83 is secondary to the responsibility to provide first aid or other medical assistance and maintain the safety, security and good order of a detention place.

### Notification of Young Detainee's Health Condition

- 6.85 If a young detainee has an illness or injury that requires clinical care for 24 hours or more or transfer to a health facility, the Manager must take reasonable steps to notify the following people about the young detainee's condition:
- (a) For a young detainee who is under 18 years old, a person with parental responsibility. If the Chief Executive has parental responsibility for the young detainee by court order, Care and Protection Services should be notified. If the Chief Executive and another person share parental responsibility for the young detainee by court order, Care and Protection Services and the other person or persons should be notified.
  - (b) For an adult young detainee, the young detainee's nominated person recorded in the register of young detainees.

### Health Assessment and Treatment after Use of Force

- 6.86 If force has been used against a young detainee which has caused an injury to the young detainee, the Manager or Team Leader must ensure the young detainee is examined as soon as practicable following the use of force by a treating doctor and that appropriate health care is available to the young detainee consistent with this Policy and Procedure. An injury includes any injury to the young detainee's body observed by staff, such as bruising or marks, or any injury or potential injury identified by the young detainee, such as a complaint of pain to a body part.
- 6.87 If force has been used against a young detainee which has not caused an injury to the young detainee, the Manager or Team Leader must ensure the young detainee is offered a medical examination by a treating doctor or nurse as soon as practicable following the use of force. If the young detainee accepts the offer of a medical examination, the Manager or Team Leader must ensure the medical examination is arranged as soon as practicable and that appropriate health care is available to the young detainee consistent with this Policy and Procedure.

### Health information

- 6.88 The confidentiality of each young detainee's health information must be maintained to preserve each young detainee's privacy. Staff must not disclose a young detainee's health information without the consent of the young detainee unless required by law to do so or allowed by law to do so and the disclosure is in the best interests of the young detainee.
- 6.89 In accordance with section 186 of the *Children and Young People Act 2008*, the Manager may seek a written report about a young detainee's health from certain Chief Executives (see definition of 'relevant Chief Executive') where the Manager considers that the Chief Executive's agency has health information about the young detainee

relevant to managing the young detainee's health needs and risks in custody.

- 6.90 Any request made by the Manager under section 6.89 must be complied with by the relevant Chief Executive as soon as practicable.
- 6.91 The report must include personal health information about the young detainee that is in a health record held by the Chief Executive's agency or to which the relevant Chief Executive has access through any arrangement with another Chief Executive.
- 6.92 In order to ensure that the health information received following a request is appropriately reviewed and responded to, the Manager must ensure that a treating doctor assesses the report and prepares a statement of the young detainee's condition for case management of the young detainee and inclusion in the young detainee's case plan, if one exists. This is referred to as a health schedule and it must include the following:
- (a) a summary of the young detainee's condition and health risks, including any likelihood of the condition resulting in a medical emergency or the onset of significant health problems and any associated symptoms, and a treatment regime for the young detainee; and
  - (b) details of any non-prescription medicine approved by the Unit Manager or Manager under section 6.23 above for use by the young detainee.
- 6.93 The health report and health schedule are to be placed on the young detainee's securely stored case management file. Access by a staff member to the young detainee's health report and health schedule must be authorised by the Manager.
- 6.94 In making a decision to provide access to the young detainee's health report and health schedule, the Manager must balance the following considerations:
- (a) the young detainee's privacy;
  - (b) the best interests of the young detainee and other young detainees;
  - (c) the Chief Executive's duty of care to the young detainee, including the need to ensure the young detainee's health needs and risks are appropriately responded to; and
  - (d) safety, security and good order at a detention place.

### Death in Custody

- 6.95 In responding to a young detainee who is seriously injured or suspected to be deceased, staff must make every effort to preserve and maintain life in accordance with this policy.
- 6.96 Staff must be mindful that the only person who can make the declaration that a person is deceased is a doctor.
- 6.97 If a young detainee dies while at a detention place, at a health facility, under escort, or on approved leave, whether within or outside the ACT, the provisions of the Death in Custody Policy and Procedures must be applied.

### Non-treating functions

- 6.98 The Senior Manager is responsible for ensuring that only non-treating health professionals are authorised to exercise non-treating functions under section 98 of the *Children and Young People Act 2008* and this Policy and Procedure.
- 6.99 Non-treating health professionals may be authorised on an individual case basis to undertake the following non-treating functions: body searches, reports on the sexual identity of transgender or intersex young detainees.

### *Body searches*

- 6.100 A body search is a search conducted by a non-treating doctor of a young detainee's body, including an examination of an orifice or cavity of the young detainee's body.
- 6.101 The Manager must ensure that a non-treating doctor is authorised to conduct a body search of a young detainee and that a non-treating nurse is present during the search.
- 6.102 If the non-treating doctor conducting the body search is not the same sex as the young detainee, the non-treating nurse must be the same sex. Only the health professional of the same sex as the young detainee is authorised to touch and examine the young detainee's body (see section 272 of the *Children and Young People Act 2008*).

### Public Health Inspections at a Detention Place

- 6.103 For information in relation to public health inspections at a detention place, refer to Provision of Information, Review of Decisions and Complaints Policy and Procedure.

### Smoking Policy

- 6.104 A detention place is a public place under the *Smoking (Prohibition in Enclosed Public Places) Act 2003* and smoking is prohibited at a detention place.

### Records and Reporting

- 6.105 Any action taken under this Policy and Procedure must be recorded according to requirements set out in the Records and Reporting Policy and Procedure.
- 6.106 Staff of a detention place are mandated reporters under the *Children and Young People Act 2008*. A report must be made to the Centralised Intake Service of Care and Protection Services if a staff member reasonably believes that a young detainee who is under 18 years has experienced or is experiencing sexual abuse or non-accidental physical injury by any person.
- 6.107 Staff responding to, or encountering an injured young detainee, must complete an Incident Report before leaving a detention place, unless otherwise approved by the Manager.

## Provision of Information, Review of Decisions and Complaints

- 6.108 Staff must ensure young detainees, their parents and all those with parental responsibility, family and visitors are provided with information about things that affect them in a timely manner and in a manner that is likely to be understood.
- 6.109 A young detainee, their parents and all those with parental responsibility, family and visitors are able to request a review of a decision or make a complaint about something that happens at a detention place to detention place staff, the Public Advocate or the Official Visitor.
- 6.110 Staff must ensure that the Provision of Information, Review of Decisions and Complaints Policy and Procedure is followed in relation to the above.
- 6.111 Staff must engage with the person seeking a review of a decision or making a complaint in a respectful manner and ensure sufficient information is provided on the process of review or investigation. Staff must assist fully in any complaint or review process.

## **7. Forms and Templates**

Register of young detainees  
Request for Health Report from Relevant Chief Executive  
Medication log

## **8. Related Policies and Procedures**

### Policies and Procedures under the *Children and Young People Act 2008*

Aboriginal and Torres Strait Islander Young Detainees Policy and Procedures  
Records and Reporting Policy and Procedures  
Local and Interstate Leave Policy and Procedures  
Death in Custody Policy and Procedures  
Segregation Policy and Procedures  
Transfers Policy and Procedures  
Use of Force Policy and Procedures  
Visits, Phone Calls and Correspondence Policy and Procedures  
Provision of Information, Review of Decisions and Complaints Policy and Procedures  
Safety and Security Policy and Procedures  
Search and Seizure Policy and Procedures  
Behaviour Management Policy and Procedures  
Discipline Policy and Procedures  
Reporting and Investigation Procedures  
Admission and Classification Policy and Procedures  
Minimum Living Conditions Policy and Procedures

## **9. Further References**

Children's and Young People's Justice Health Services Plan 2008-2012

Office for Children, Youth and Family Support Case Management Framework  
(2006)  
Aboriginal and Torres Strait Islander Regional Health Plan  
ACT Mental Health Strategy and Action Plan 2003-2008  
Royal Commission on Aboriginal Deaths in Custody  
Service Partnership Agreement DHCS/Health  
Dictionary for Policies and Procedures