

# Corrections Management (Management of at Risk Detainees) Operating Procedure 2018 (No 2)

Notifiable instrument NI2018-220

made under the

Corrections Management Act 2007, s14 (Corrections policies and operating procedures), s15 (Exclusions from notified corrections policies and procedures 2017)

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**1 Name of instrument**

This instrument is the *Corrections Management (Management of at Risk Detainees) Operating Procedure 2018 (No 2)*.

**2 Commencement**

This instrument commences on the day after its notification day.

**3 Operating procedure**

I make this operating procedure to facilitate the effective and efficient management of correctional services.

**4. Revocation**

This instrument revokes the *Corrections Management (Management of at Risk Detainees) Operating Procedure 2018* [NI2018-191].

Jon Peach  
Executive Director  
ACT Corrective Services  
30 April 2018



<b>OPERATING PROCEDURE</b>	<b>Management of At Risk Detainees</b>
<b>OPERATING PROCEDURE NO.</b>	<b>1.3.1</b>
<b>SCOPE</b>	<b>ACT Correctional Centres</b>

## STATEMENT OF PURPOSE

To provide instructions to staff managing detainees considered to be at risk of suicide or self-harm.

## PROCEDURES

### 1. Identification

- 1.1. All staff are responsible for the identification and notification of a detainee identified as an immediate, significant or potential risk of suicide or self-harm.
- 1.2. A detainee's immediate physical health overrides a *Referral for an At Risk Assessment*. If there is an immediate concern regarding a detainee's physical health, *Code Pink Operating Procedure* applies.

### 2. Notification

#### Business Hours (Monday – Friday 08:30hrs-18:00hrs and Weekends 08:30hrs-16:00hrs)

- 2.1. The identifying person must notify the Area Manager and complete a *Referral for an At Risk Assessment*.
- 2.2. The Area Manager must immediately notify Forensic Mental Health Services (FMHS) and submit the *Referral for an At Risk Assessment* to FMHS to assess the detainee within 2 hours of notification.
- 2.3. The detainee must be immediately placed on an S2 rating under 5 minute observations until FMHS attend and assess the detainee.

#### After hours (Monday – Friday 18:00hrs-08:30hrs and Weekends 16:00hrs-08:30hrs)

- 2.4. The identifying officer must notify the Officer in Charge (OIC) immediately.
- 2.5. The OIC must notify the on call Doctor immediately.
- 2.6. The detainee must be under constant observations until moved to the CSU.
- 2.7. Once the detainee has been moved to the CSU, the detainee must be placed on an S2 rating under 15 minute observations and remain in their clothing (unless otherwise authorised by the on call doctor).
- 2.8. The OIC must notify the on call Duty Manager if the detainee is moved and housed in the CSU (*Incident Reporting Operating Procedure* applies).
- 2.9. The on call Doctor will verbally authorise a risk management plan for immediate implementation.
- 2.10. The OIC must submit a *Referral for an At Risk Assessment* to FMHS to assess the detainee within the first 2 hours of the next working day.

### **3. Crisis Support Unit**

- 3.1. Detainees may be accommodated in the Crisis Support Unit (CSU) with for the following reasons:
  - At risk;
  - Severe mental illness;
  - Returning from a mental health facility; or
  - As authorised by the OIC.
- 3.2. The OIC must authorise the placement of a detainee in the CSU.
- 3.3. Detainees must be strip searched upon admission to the CSU, and may be strip searched upon return to CSU (*Search Operating Procedure* applies).

### **4. Management of At Risk Detainees**

- 4.1. At risk detainees must remain under 5 minute observations until FMHS have assessed the detainee, officers must document observations on the *Observation Sheet*.
- 4.2. During business hours the detainee should, where possible, remain in their current location until FMHS have completed an at risk assessment.
- 4.3. The OIC must authorise all at risk detainee movements and accommodation placements.
- 4.4. Officers must advise FMHS of detainee information relevant to the *At Risk Assessment* and IRMP, completed copies must be provided to the Area Manager (within 2 hours of notification during business hours and within 2 hours of the next business day, if notified afterhours).
- 4.5. The IRMP must be implemented immediately after the Area Manager receives a completed copy from FHMS.
- 4.6. Officers must complete observations and manage the detainee in accordance with the IRMP.
- 4.7. The Area Manager must upload the detainees IRMP must be onto the detainee electronic record system and update the detainees risk alert.
- 4.8. The IRMP must be reviewed at the High Risk Assessment Team (HRAT) meeting, and a *Modified Risk Management Plan (MRMP)* may be completed and implemented immediately.

### **5. High Risk Assessment Team**

- 5.1. The HRAT meet on a daily basis (on weekdays) to discuss detainees on P and S ratings, in accordance with the Terms of Reference.
- 5.2. Detainees managed by HRAT are required to step down through all risk levels prior to the removal of an 'at risk' status.
- 5.3. Where required, HRAT will complete a MRMP for detainees with an IRMP. The MRMP must be implemented immediately.

### **6. Exiting**

- 6.1. FMHS will complete an *Exit Plan* in consultation with the Area Manager, for detainees being discharged from the CSU.
- 6.2. Detainees accommodated in the CSU will be discharged once they have completed the treatment plan outlined in their IRMP or MRMP, or unless otherwise authorised.

6.3. The OIC must authorise appropriate accommodation for the detainee being discharged from the CSU.

#### RELATED DOCUMENTS

- Detainee At Risk Policy
- Search Operating Procedure
- Search Policy
- Observation Policy
- Observation Operating Procedure
- Code Pink Operating Procedure

#### RELATED FORMS

- Referral for an At Risk Assessment
- Interim Risk Management Plan
- Modified Risk Management Plan



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16 April 2018

#### Document details

Criteria	Details
Document title:	Corrections Management (Management of At Risk Detainees) Operating Procedure 2018
Document owner/approver:	Executive Director, ACT Corrective Services
Date effective:	The day after the notification date
Review date:	Three years after the notification date
Responsible Officer:	Head of Accommodation
Compliance with legislation:	This operating procedure reflects the requirements of the <i>Corrections Management (Policy and Operating Procedure Framework) Policy 2017</i>
Version 1	