

Australian Capital Territory

Corrections Management (Management of At-Risk Detainees) Policy 2019

Notifiable instrument NI2019-657

made under the

Corrections Management Act 2007, s14 (Corrections policies and operating procedures)

1 Name of instrument

This instrument is the *Corrections Management (Management of At-Risk Detainees) Policy 2019*.

2 Commencement

This instrument commences on the day after its notification day.

3 Policy

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

4. Revocation

This instrument revokes the *Corrections Management (At Risk Detainee) Policy 2018 (No 2)* [NI2018-219] and *Corrections Management (Management of At Risk Detainees) Operating Procedure 2018 (No 3)* [NI2018-387].



Jon Peach
Executive Director
ACT Corrective Services
11 October 2019

MANAGEMENT OF AT-RISK DETAINEES

POLICY NO. D30

ACT CORRECTIVE SERVICES



ACT
Government

Justice and Community Safety

Contents

1	PURPOSE	4
2	SCOPE.....	4
3	DEFINITIONS	4
4	PRINCIPLES	5
5	ROLES AND RESPONSIBILITIES.....	5
6	'PRISONER AT RISK' (PAR) ALERT	6
7	ADMISSION	7
8	IDENTIFICATION OF AT-RISK DETAINEES	7
9	INTERIM RISK MANAGEMENT PLAN.....	9
10	MANAGEMENT	9
11	CRISIS SUPPORT UNIT (CSU).....	10
12	EXIT PLANNING.....	11
13	MANAGEMENT PLAN.....	11
14	RECORDS	12
15	RELATED DOCUMENTS.....	12

1 PURPOSE

ACT Corrective Services (ACTCS) is committed to ensuring that detainees at-risk of self-harm or suicide are identified and receive immediate care and support through an integrated approach designed to ensure harm minimisation and address therapeutic and personal needs.

This policy provides instructions on the identification and management of at-risk detainees in correctional centres.

2 SCOPE

This policy applies to all correctional centres in the ACT for detainees exhibiting behaviours including, but not limited to:

- a. repeated incidents of serious self-harming;
- b. frequent management under this policy; or
- c. multiple incidents of lighting fires.

Where required, the General Manager Custodial Operations will establish operational procedures under this policy.

3 DEFINITIONS

At-Risk Detainee

A detainee identified or assessed as being at risk of suicide or self-harm, requiring immediate intervention and management.

Business day

A day that is not:

- a. Saturday or Sunday; or
- b. a public holiday in the ACT.

Business hours

For the purposes of this policy, business hours for Forensic Mental Health Services are:

- a. Monday to Friday, 0830 to 1800 hours; and
- b. All other days, 0830 to 1600 hours.

Crisis Support Unit (CSU)

The CSU is the primary accommodation location for detainees clinically assessed as being at risk of self-harm and/or demonstrating a significant psychiatric condition requiring mental

health treatment. CSU also accommodates detainees who require more intensive medical supervision.

Forensic Mental Health Services (FMHS)

Clinical mental health service within Justice Health Services.

High Risk Assessment Team (HRAT)

A multi-agency decision and intervention planning team by ACTCS and Justice Health Services to coordinate the management of at-risk detainees, specifically S-rated detainees.

Prisoner At Risk

An alert generated for a detainee where a potential suicide or self-harm risk is identified prior to, or during, an escort or transfer of the detainee to/from a court.

4 PRINCIPLES

- 4.1 Detainees at-risk of self-harm or suicide are identified.
- 4.2 Detainees are assessed on admission to a correctional centre to identify any risk or issues that may render a detainee vulnerable and at-risk.
- 4.3 Staff receive appropriate training in identifying and managing at-risk detainees.
- 4.4 The treatment, care and support of at-risk detainees will be managed through a multi-disciplinary response by ACTCS and Justice Health Services.
- 4.5 All appropriate and necessary precautions are taken to ensure the safety and wellbeing of at-risk detainees during escort.
- 4.6 Positive staff engagement with at-risk detainees is encouraged to reduce social isolation.
- 4.7 CCTV is not used to conduct observations on detainees managed under this policy.

5 ROLES AND RESPONSIBILITIES

- 5.1 The identification and management of at-risk detainees is a responsibility of each staff member.
- 5.2 Detainees must be managed under this policy where there is information that suggests the detainee is at-risk of self-harm or suicide, or a staff member is concerned that the detainee may be at-risk.
- 5.3 The Officer-in-Charge and relevant Area Manager and Supervisor must:
 - a. maintain awareness of those detainees managed under this policy; and

- b. ensure appropriate handovers between shifts so that staff responsible for conducting observations under this policy are familiar with a detainee's D30.F2: Interim or D30.F3: Modified Risk Management Plan.

High Risk Assessment Team (HRAT)

- 5.4 HRAT meets on business days to:
- a. review D30.F2: Interim Risk Management Plans and approve D30.F3: Modified Risk Management Plans where required;
 - b. determine ongoing admission to, and exit from, the Crisis Support Unit (CSU);
 - c. to authorise changes in S or P ratings under the Risk Alerts Policy;
 - d. to communicate risks associated with P ratings or other mental health concerns to relevant staff;
 - e. to approve continuity of care for detainees transitioning from management under this policy.

Crisis Support Unit (CSU) staffing

- 5.5 The appointment of staff to the CSU must be based on a custodial officer's:
- a. competence in dealing with difficult and complex behaviours; and
 - b. completion of training in working with vulnerable and at-risk persons.

Information sharing

- 5.6 Appropriate information will be shared between ACTCS and Justice Health Services in accordance with An Arrangement between Director-General, ACT Justice and Community Safety Directorate and Director-General, ACT Health for the Delivery of Health Services for Detainees to ensure the safety, effective management and support of a detainee under this policy while respecting the detainee's right to privacy.

6 'PRISONER AT RISK' (PAR) ALERT

- 6.1 A PAR alert may be implemented where a detainee:
- a. is at-risk of self-harm or suicide; or
 - b. has recently engaged in suicidal or self-harming behaviour.
- 6.2 A PAR alert can be initiated:
- a. by police on transfer of custody of the detainee;
 - b. by an escorting officer;
 - c. at the request of:

- i. a court, tribunal or the Sentence Administration Board;
 - ii. the detainee's legal representative; or
 - iii. FMHS; or
 - d. as a result of information provided to an escorting officer by any other party.
- 6.3 Detainees with a PAR alert must be placed on five (5) minute observations for escorts and an D30.F1: At-Risk Referral completed and provided to FMHS on arrival at a correctional centre.
- 6.4 As far as practicable, detainees with a PAR alert will be escorted in an unsecure escort vehicle.

7 ADMISSION

- 7.1 Identification of a detainee's potential at-risk status on admission to a correctional centre is a responsibility of all staff and not only a procedure undertaken by FMHS.
- 7.2 All detainees will undergo a mental health assessment by FMHS on admission.
- 7.3 Following assessment under section 7.2, FMHS will provide the Admission Supervisor with a Forensic Mental Health Notification Form indicating whether there is a requirement for increased monitoring or further evaluation of the detainee.
- 7.4 Where Justice Health Services identifies that a detainee may be at-risk during admission, a Primary Health Notification Form will be provided to the Admission Supervisor and FMHS notified to conduct an assessment.
- 7.5 Where FMHS determine that a detainee is at-risk, an D30.F2: Interim Risk Management Plan will be provided to the Admission Supervisor in accordance with section 8.

8 IDENTIFICATION OF AT-RISK DETAINEES

- 8.1 Where a staff member has concerns about a detainee or has received information to suggest the detainee may be at-risk, they must immediately inform their Area Supervisor.
- 8.2 Under no circumstances must any staff member dismiss behaviours or information that suggest a detainee may be at-risk.

- 8.3 The Area Supervisor must immediately notify the Area Manager and provide a *D30.F1: At-Risk Referral* as a matter of urgency.
- 8.4 The Area Manager must immediately:
- a. notify Forensic Mental Health Services (FMHS) and provide the *D30.F1: At-Risk Referral*;
 - b. notify the Officer-in-Charge;
 - c. place the detainee on an S1 rating under constant observations (*Risk Alerts Policy*); and
 - d. inform all relevant staff.
- 8.5 A detainee will be assessed by FMHS:
- a. within two (2) hours of notification under section 8.4 during business hours; or
 - b. within two (2) hours of commencement of the next business day.
- 8.6 Following assessment, FMHS will:
- a. provide an *D30.F2: Interim Risk Management Plan* in accordance with section 9; and
 - b. remove or update the detainee's S: Suicide or Self-Harm or P: Psychiatric alert.
- 8.7 A detainee will remain on constant observations until FMHS have completed an assessment under section 8.5.

After hours

- 8.8 The Officer-in-Charge will:
- a. contact the Justice Health Services on-call professional for verbal authorisation of an *D30.F2: Interim Risk Management Plan* for the detainee;
 - b. unless otherwise instructed, relocate the detainee to the Crisis Support Unit (CSU) under 15-minute observations; and
 - c. provide an *D30.F1: At-Risk Referral* to FMHS.

Compassionate leave

- 8.9 A detainee who has returned to a correctional centre following compassionate leave will be closely monitored by custodial officers for signs they may be at-risk.

Emergency

- 8.10 Where there is an immediate concern regarding a detainee's physical health, the Code Pink Operating Procedure must be immediately initiated prior to the processes in section 8.1-8.4.

9 INTERIM RISK MANAGEMENT PLAN

- 9.1 Following notification and receipt of an D30.F1: At-Risk Referral, FMHS will:
- provide the relevant Area Manager with an D30.F2: Interim Risk Management Plan for the detainee under this policy; or
 - find there is no apparent risk for the detainee to be managed under this policy.
- 9.2 An D30.F2: Interim Risk Management Plan details:
- the appropriate conditions for managing the detainee;
 - the current risk rating for the detainee (Risk Alerts Policy); and
 - current observation level for the detainee.
- 9.3 The Area Manager must immediately implement the D30.F2: Interim Risk Management Plan and inform all relevant staff of the requirements.
- 9.4 The detainee's risk rating will be updated according to the D30.F2: Interim Risk Management Plan.
- 9.5 The D30.F2: Interim Risk Management Plan will be reviewed at the next HRAT meeting in accordance with section 5.

10 MANAGEMENT

- 10.1 The HRAT must review a detainee's D30.F2: Interim Risk Management Plan on or before the following business day and approve a D30.F3: Modified Risk Management Plan where necessary.
- 10.2 A D30.F3: Modified Risk Management Plan will specify:
- how the detainee will be managed;
 - the risk rating and observation levels for the detainee (Risk Alerts Policy); and
 - treatment and support provided to the detainee.
- 10.3 Appropriate adjustments should be made to allow a detainee ongoing access to education and programs consistent with managing the risk posed by the detainee.

- 10.4 Detainees have access to, and can request, to see a health professional in accordance with the Access to Health Care Policy.

11 CRISIS SUPPORT UNIT (CSU)

- 11.1 The Crisis Support Unit (CSU) accommodates detainees who have engaged in suicidal or self-harming behaviour or who are being managed under this policy.
- 11.2 Vulnerable detainees with behavioural or psychiatric concerns may be accommodated at the CSU to undergo intensive psychological engagement, support and stabilisation.
- 11.3 FMHS and HRAT will assess the P risk alert for detainees with psychiatric mental health concerns (Risk Alerts Policy).
- 11.4 Service delivery at the CSU is achieved through collaboration between ACTCS and Justice Health Services/FMHS to achieve the following objectives:
- a. to enable detainees to achieve their optimal functioning;
 - b. empower detainees to understand and manage their illness and/or vulnerabilities; and
 - c. successfully transition the detainee to general accommodation in a correctional centre.
- 11.5 The after-hours placement of a detainee in the CSU must be authorised by the Officer-in-Charge or above.
- 11.6 The HRAT will review the placement of all detainees in the CSU on an ongoing basis.
- 11.7 All detainees will be searched on arrival to the CSU in accordance with the Searching Strategy.
- 11.8 The issue of clothing, bedding, hygiene and property items to detainees will be managed in accordance with:
- a. the detainee's D30.F3: Modified Risk Management Plan;
 - b. Detainee Hygiene Policy; and
 - c. Detainee Property Policy.
- 11.9 As far as practicable, the restriction of access to in-possession property items must be consistent with managing the risk posed by a detainee and not be automatic.

Buy-ups

- 11.10 Access to purchased items through buy-ups may be in accordance with:

- a. according to a detainee's D30.F3: Modified Risk Management Plan approved by custodial representatives in the HRAT;
- b. as determined by the Area Manager; or
- c. on receipt of a therapeutic recommendation from FMHS.

11.11 Where a detainee is restricted access to non-perishable items purchased while in the CSU, these will be stored and returned to the detainee on relocation.

11.12 Perishable items purchased by a detainee and restricted under their D30.F3: Modified Risk Management Plan will be disposed and no compensation will be considered.

Safety smock

11.13 A detainee may be issued with a safety smock only as a last resort on the recommendation of Justice Health Services or Duty Manager where they are placing items around their neck as a self-harming behaviour.

11.14 The HRAT must review the recommendation for a detainee to wear a safety smock each business day and confirm or revoke the direction.

12 EXIT PLANNING

12.1 The HRAT will review a detainee's D30.F3: Modified Risk Management Plan on an ongoing basis and determine where a detainee no longer requires management under this policy, including where FMHS have advised that a detainee can be relocated from the CSU.

12.2 Where a decision has been made under section 12.1, the HRAT will determine:

- a. any observation requirements for the detainee;
- b. any placement considerations; and/or
- c. the appropriate level of ongoing support where required.

13 MANAGEMENT PLAN

13.1 Where a detainee presents with highly disruptive and challenging behaviours, the Deputy General Manager Custodial Operations or above may direct the HRAT to develop and oversee a multi-disciplinary plan for the detainee.

13.2 In developing a plan for a detainee, the HRAT may consider:

- a. health, including mental health, intervention and support;
- b. family or kinship involvement;
- c. maintaining cultural ties;

- d. sentence management;
- e. a behavioural management plan to assist staff; and/or
- f. support for staff managing the detainee.

13.3 The HRAT will review a detainee's plan on an ongoing basis and provide a recommendation to the GMCO where a personal plan is no longer required for a detainee.

14 RECORDS

- 14.1 All observation records must be up-to-date at all times.
- 14.2 Detainee behaviours and interactions with staff must be recorded as a case note on a detainee's electronic record system.
- 14.3 All records under this policy must be stored in a detainee's electronic record system and custody file.

15 RELATED DOCUMENTS

- A – D30.F1: At-Risk Referral
- B – D30.F2: Interim Risk Management Plan
- C – D30.F3: Modified Risk Management Plan
- D – Forensic Mental Health Notification Form
- E – Risk Alerts Policy
- F – Code Pink Operating Procedure



Jon Peach
Executive Director
ACT Corrective Services
11 October 2019

Document details

Criteria	Details
Document title:	Corrections Management (Management of At-Risk Detainees) Policy 2019
Document owner/approver:	Executive Director, ACT Corrective Services
Date effective:	The day after the notification date
Review date:	Three years after the notification date
Compliance with law:	This policy reflects the requirements of the <i>Corrections Management (Policy Framework) Policy 2019</i>
Responsible officer:	General Manager Custodial Operations

Version Control			
Version no.	Date	Description	Author
V1	May-19	First Issued	L Kazak