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| **E\*Justice Risks and Recommended Actions** |
| **Section** | 2. Prisoner Management |
| **CR Number** | 2.5.1 | **Current Issue Date** | September 2020 |
| **Legislation & Policy**  | Corrections Act 1986 Sentencing Act 1991Control of Weapons Act 2000Crimes Act 1958Medical Practice Act 1994Privacy and Data Protection Act 2014Freedom of Information Act 1982Law Enforcement Data Security Standards (CLEDS)Corrections Regulations 2019Standard Guidelines for Corrections in Australia 2004Charter of Human Rights and Responsibilities Act 2006 |
| **Standard** | Prisoner Administration Services – Prisoner Records Management |
| **Attachments** | E\*Justice Risk Management Guidelines |
| **Forms** | Nil |

1. **PURPOSE**

To provide instructions for the consistent assessment and recording of risks regarding prisoner and offender safety, security and well-being across public and private prisons, Community Correctional Services and other agencies.

1. **REQUIREMENT**
	1. Designated staff must use the Risk and Recommended Actions module within E\*Justice to accurately record all risk assessments and actions taken in accordance with their Deputy Commissioner’s Instructions (public prisons) and Practice Guidelines (Community Correctional Services - CCS), Operating Instructions (private prisons), Local Operating Procedures (public prisons) and Prison’s and CCS E\*Justice manuals.
	2. All providers must comply with the detailed procedures set out in the E\*Justice Risk Management Guidelines.
	3. At all times, staff must be aware of, and adhere to, their responsibilities and update E\*Justice in accordance with this Commissioner’s Requirement.
2. **GUIDING PRINCIPLE**

Section 9 of the *Charter of Human Rights and Responsibilities Act* 2006 (the Charter) protects every individuals’ right to life, and section 21 of the Charter protects every individuals’ security of a person, collectively highlighting the value of all life.
The recognition of these rights and the obligations of the Charter demonstrates
the need for Corrections Victoria to have embedded processes to establish any health and safety risks for a prisoner or offender in order preserve the life and security of all persons in prisons and CCS.

1. **CONTEXT**

The E\*Justice Risk and Recommended Actions (R & RA) module ensures that timely sharing of critical care information between criminal justice agencies occurs to minimise risk to any person or location.

1. **INSTRUCTION**
	1. **Protocol**

Prison and community correctional environments maximise the safety and management of ‘at risk’ prisoners and offenders principally through:

* identifying and addressing the individual’s health and safety risk status as per the relevant policies and procedures that address each risk area;
* the prompt identification and effective management of ‘at risk’ issues that arise:
	+ upon initial reception into prison,
	+ after transfer from another location,
	+ return from Court (including TeleCourt), or
	+ at any other time while a prisoner is in custody or is an offender with CCS;
* the fostering of an environment which is positive, responsive and supportive; and
* ensuring the effective sharing of information and provision of relevant documents and updates within the E\*Justice system between all parties who have a role in the management of prisoners or offenders.
	1. **Introduction**
		1. E\*Justice is a shared application that enables the seamless transfer of prisoner and offender information between key management groups including:
* Victoria Police;
* Courts;
* Adult Parole Board (APB);
* Prisons;
* CCS; and
* Justice Health (JH) and Health Service Providers (HSPs).

E\*Justice is the vital link between each service and enables shared knowledge of prisoner and offender background, histories, risks and management strategies.

* + 1. E\*Justice is used by all relevant staff to accurately record vital risk information for each prisoner or offender.
		2. Managing ‘at risk’ prisoners and offenders requires effective communication and information sharing across all relevant parties and services. All staff must be aware of their responsibility to report and record prisoners’ and offenders’ risks in an accurate and timely manner on the E\*Justice application.
	1. **Training**
		1. General Managers must ensure that staff are appropriately trained in all aspects of the following relevant to their role and location:
* Safety procedures;
* Emergency procedures;
* Prisoner or offender management procedures; and
* the identification of, and professional response to, ‘at risk’ factors.
	+ 1. At Risk – All prison custodial staff and CCS staff must be trained in the definition of ‘at risk’ in accordance with the categories of risk and recommended actions reflected in the E\*Justice Risks and Recommended Actions module. Prison and CCS staff must be vigilant in identifying changes in behaviour and demeanour of prisoners and offenders as per the relevant Deputy Commissioner’s Instructions and Operating Instructions. Prison staff are to refer to Commissioner’s Requirement – Management of At Risk Prisoners in identifying and responding to prisoners who present as at risk of suicide or self-harm.
		2. E\*Justice application – All prison custodial staff and CCS staff must be trained in the Risk and Recommended Actions function within E\*Justice. Prison and CCS staff must use the system in accordance with their delegation, to modify E\*Justice to:
* consider any past identified risks; and/or
* record any current identified risks; and
* record subsequent organisational response.
	1. **Viewing the Risk and Recommended Actions Screen**
		1. General Managers must ensure that staff have the appropriate level of system access in accordance with the E\*Justice User Access Policy. The Risk and Recommended Actions alert screen appears automatically upon selecting a prisoner or offender in the E\*Justice System. This will alert staff to any known risks associated with the prisoner or offender.
		2. E\*Justice and PIMS will display identified risk information. All risks entered into E\*Justice will be reflected in PIMS in real time.
		3. If there is a LEAP (Law Enforcement Assistance Program) warning available for staff to view, the relevant icon will be visible. If visible, prison and CCS staff are required to select the LEAP warnings icon. LEAP warnings will provide additional information for prison and CCS staff to utilise for case management purposes. If this icon is not visible, there are no LEAP warnings to be displayed.
	2. **E\*Justice Risk Management Guidelines**
		1. The E\*Justice Risk Management Guidelines provide an overview of risks in order of appearance on E\*Justice that details:
* Delegation to modify E\*Justice;
* Guidance notes for assessment of risk; and
* Recommended actions for all agencies.
	+ 1. All information in the guide is agreed between the Police, Corrections Victoria and contracted Health Providers.
		2. The Guidelines should be used as the *key guiding reference*, in conjunction with Local Operating Procedures and Operating Instructions for all staff actions and interaction regarding entry of risk information on E\*Justice.
	1. **E\*Justice Risk Categories**
		1. The risk categories assist prison and CCS staff to determine the appropriate actions required in relation to the management of ‘at risk’ prisoners and offenders.
		2. Corrections Victoria staff must refer to E\*Justice Risk Management Guidelines when updating risk records as this information is not available from within the E\*Justice application.
		3. Codes
* Codes represent risk levels of each risk type. For example, S1 represents the highest level of suicide or self-harm risk, whilst S4 represents the lowest.
* ‘At risk’ levels may be increased or decreased either sequentially or by more than one level at a time, as per the Delegation to Modify listed in the E\*Justice Risk Management Guidelines.
* The risk level of the most recent assessment will be maintained upon expected (i.e. release to freedom or parole) or unexpected (loss at court) release from prison or upon termination of a community based disposition.
* The capacity to change levels in risk categories will be based upon user role and delegation.
	+ 1. Definitions
* Definitions provide a definition of the risk level and risk type. For example, S1 is defined as: ‘Immediate risk of suicide or self-harm’, whilst S3 is defined as ‘Potential risk of suicide or self-harm’.
* Definitions can be found next to the code on the E\*Justice Risk and Recommended Actions Screen.
	+ 1. Guidance Notes
* Guidance Notes are to be used with the risk definitions and recommended actions in the E\*Justice Risk Management Guidelines to assist staff to assess the particular ‘at risk’ level of prisoners or offenders.
* It should be noted that it is not mandatory for a prisoner or offender to be assessed against the entire guide, and Deputy Commissioner’s Instructions and guidelines will still apply.
	+ 1. Recommended Actions
* Recommended Actions are strategies for managing ‘at risk’ prisoners and offenders which reflect agreed operational strategies.
* Individual circumstances will determine whether all or only some of the Recommended Actions are required for implementation.
* Comments can be added against risk records for a specific prisoner. These comments should provide appropriate details pertaining to the risk and recommended actions.
* It is mandatory to include comments in the event that a risk category is deactivated.
	1. **Health Providers**
		1. Health Professionals are required to create, upgrade and downgrade levels in the Suicide and Self-Harm, Medical and Psychiatric categories of the E\*Justice Risk Management Guidelines.
		2. Prison Supervisors can only upgrade this information independently or on behalf of Health Professionals with appropriate recording of this in the notes section to ensure data integrity is maintained.
	2. **Inter Agency/Departmental Dependencies**
		1. Staff must be aware that the Risk and Recommended Actions Screen will also contain information that does not apply in a prisons context, as it may have been entered by either police and/or CCS staff. However, this information will be useful for prison staff for risk identification, placement, case and prisoner management purposes.
		2. In order to maintain integrity of program aims and information sharing, information must be accurately entered into the system in a timely manner by all service providers in accordance with the delegations listed in the E\*Justice Risk Management Guidelines.
		3. Whilst all business units within Corrections Victoria will be responsible for varying areas of data entry, some units will have more involvement than others. The Sentence Management Division (SMD) will have key responsibility for the Violence, Security, and Placement risks whilst Health Providers will manage the Medical, Suicide & Self-Harm and Psychiatric risks.

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| Larissa Strong**Acting Commissioner** |

**Information below this point is administrative supporting detail**

**only and not subject to Commissioner’s review or approval.**

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| **Acronyms** |
| APB | Adult Parole Board |
| CCS | Community Correctional Services |
| CCP | Custodial Permit Program |
| CJEP | Criminal Justice Enhancement Program |
| GP | General Practitioner |
| LEAP | Law Enforcement Assistance Program |
| MCC | Marngoneet Correctional Centre |
| PIMS | Prisoner Information Management System |
| PMU | Prisoner Management Unit (Victoria Police) |
| R & RA | Risk and Recommended Action |
| SMD | Sentence Management Division |
| YTC | Youth Training Centre |

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| **Definitions** |
| ‘At Risk’ | *Typically ‘at risk’ has been defined as a person being at risk of suicide and/or self-harm, however for the purposes of the E\*Justice Risks and Recommended Actions Module, a prisoner or offender is deemed to be ‘at risk’ in a more lateral sense in accordance with the definition as follows*:An ‘at risk prisoner or offender is defined as a prisoner or offender who is considered to be vulnerable to threats from others, at risk of committing suicide or self-harm, committing violence against others (including staff), or presents as having medical or psychiatric issues.Risk alerts will be recorded on the E\*Justice System under Risk and Recommended Actions Summary Screen. These alerts will be entered and utilised by Victoria Police and Corrections Victoria (both public and private prisons and CCS).The risk alerts fall into six (6) categories which are considered to be main custodial risks:* Suicide/Self-Harm;
* Violence;
* Placement;
* Security;
* Medical; and
* Psychiatric.

Risks are defined and graded into a hierarchy of risk definitions, with recommended actions listed accordingly per organisation (refer to section 4.6, E\*Justice Risk Categories). The risk categories have a visual alert when a prisoner is selected on the E\*Justice system, and is designed to support the consistent management of prisoners by providing guidance for staff in a variety of operational situations, namely CCS, prisons, and police custody. The identification of an ‘at risk’ prisoner or offender is applicable across all order and sentence types in the Corrections Victoria environment. |
| Deactivation | Refers to the ability to ‘turn off’ the display of a risk category on the E\*Justice system. Three of the risks categories, Medical, Psychiatric and Placement, can be deactivated when a current risk display is no longer required (e.g. a medical condition that is no longer present). The three risk categories that can be deactivated (Medical, Psychiatric and Placement) do not have a ‘history of...’ grade within the categories. Full details of all deactivated risks will be available when viewing the risk history (refer to the Prison and CCS E\*Justice Training Manuals). |
| Guidance Notes | Refers to the list of factors attached to this document that can assist assessment of the level of a prisoner’s or offender’s identified risk. |
| **Definitions** |
| Health Professional | Refers to suitably qualified general and mental health professional supplied by the Health Service Provider as follows:* A General Practitioner;
* A Registered Nurse;
* A Psychiatric Nurse; and
* A Psychologist.
 |
| Mental Health Professional | Is a person who has established experience and qualifications in the Mental Health Field. A General Practitioner (GP) is considered a mental health professional. “Established experience” means the minimum standard for established experience is a registered professional (nurse, psychologist) with a minimum 12 months experience working in the mental health field over the previous three years.“Qualifications in the Mental Health Field” means the minimum standard of a recognised and accredited mental health training course. |
| Health Service Provider | Is the contracted health service that is attached to each prison, as applicable, to provide specialist assessment and treatment services. |
| Local Operating Procedures / Operating Instructions | Refers to the localised procedures that each service has in place including interagency protocols or contracts and any agreed working manuals. |
| Under Management | Refers to the circumstances of a prisoner or offender being directly managed by an Agency at a particular time. For example, being currently in the custody of Victoria Police or Prisons or in the community being actively managed by CCS. Under Management, determines in part, the circumstances under which an agency has the delegation to record risk information. E\*Justice is to be used by all relevant staff to accurately record vital risk information on each prisoner or offender upon reception, induction and under management. If a staff member, without a delegation to record risk information, is made aware of any risk they must notify the relevant Agency that currently has that person under management. |
| User Roles | Are related to job roles and provide appropriate E\*Justice access according to job function. The capacity to change levels in risk categories will be based upon user role and delegation. |

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| **Associated Commissioner’s Requirements** |
| 1.3.4 – Information Management and Security2.3.1 - Management of At Risk Prisoners |

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| V1 | May-06 | First Issue |

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| **E\*Justice Risk Management Guidelines****Delegations, Descriptors, Guidelines and Actions** |

Note Change Control block on final page.

**This document is the E\*Justice user companion to the E\*Justice Risk and Recommended Actions Commissioner’s Requirement. At all times, the Commissioner’s Requirement should be the overarching document presenting the foundation behind the Risks and Recommended Actions module, with local business procedures followed in all assessments and interventions with prisoners and offenders under managemen**t.

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| **SECTION** | **CATEGORY** |  | **PAGE** |  | **SECTION** | **CATEGORY** |  | **PAGE** |
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| 3.B |  | Guidance Notes for Assessment of Risk | 20 |  |  |  |  |  |
| 3.C |  | Recommended Actions for all agencies | 21 |  |  |  |  |  |
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|  |  | Guidance Notes for Assessment of Risk | 23 |  |  |  |  |  |
|  |  | Recommended Actions for all agencies | 24 |  |  |  |  |  |

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| **Category of Risk** | **Responsible Services** | **Definition** |
| **1 Suicide/Self-harm Codes****S1, S2, S3, S4** | Victoria Police, Prisons, CCS | *Any immediate, significant, potential, or previous incident or history of suicide or self-harm actions. These are to be assessed in accordance with local operating procedures.* |
| S1 | Immediate Risk of Suicide or Self-Harm |
| S2 | Significant Risk of Suicide or Self-Harm |
| S3 | Potential Risk of Suicide or Self-Harm |
| S4 | History of Risk of Suicide or Self-Harm |
| **2 Violence Codes****V1, V2, V3** | Victoria Police, Prisons, CCS | *Any immediate threat, or previous history of violent behaviour towards others.* |
| V1 | Immediate threat and/or significant violence history against authority figures |
| V2 | Propensity to or Pattern of regularly using significant violence against others |
| V3 | History of significant Violence |
| **3 Placement Codes****T1, T2, T3** | Victoria Police, Prisons, CCS | *Identifies any general risks from other prisoners, e.g., in relation to offence type. This category is to be considered separately from “No Contacts’, which identifies specific persons from the prisoner who should be kept separate.* |
| T1 | Immediate Risk of Serious Threat of Others |
| T2 | Significant Risk of Threat of Others |
| T3 | Presents as vulnerable in custodial environment and/or requires separation from specific individuals. |
| **4 Security Codes****E1, E2, E3, E4** | Victoria Police, Prisons, CCS | *Identified and current, recent history of escape or abscond, including any intelligence information received, yet not actioned.* |
| E1 |  | Current High-level Security or Escape Risk |
| E2 |  | Low-level Security or Escape Risk |
| E3 |  | History of High-level Security or Escape Risk |
| E4 |  | History of Low-level Escape |
| **5 Medical Codes****M1, M2, M3** | Victoria Police, Prisons, CCS | *Any medical condition that requires immediate treatment or diagnosis, including and known or suspected conditions that have not been confirmed.* |
| M1 | Serious medical condition/symptoms requiring immediate assessment/treatment |
| M2 | Medical condition requiring regular or ongoing treatment |
| M3 | Known or suspected medical condition/symptoms requiring appointment (Not applicable to CCS) |
| **6 Psychiatric Codes****P1, P2, P3, PA** | Victoria Police, Prisons, CCS | *Any psychiatric condition that requires immediate treatment or diagnosis, including and known or suspect conditions that have not been confirmed.* |
| P1 | Serious psychiatric condition requiring intensive and/or immediate care |
| P2 | Significant ongoing psychiatric condition requiring psychiatric treatment |
| P3 | Stable psychiatric condition requiring appointment or continuing treatment |
| PA | Suspected psychiatric condition requiring assessment |

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| **1 SUICIDE & SELF-HARM** |

**1.A Delegation to Modify E\*Justice**

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| **Level Code** | **Definition**  | **Create / Upgrade Risk** | **Downgrade Risk** |
| **Police** | **Prison** | **CCS** | **Police** | **Prison** | **CCS** |
| S1 | Immediate Risk of Suicide or Self-Harm | * Health Professional
* Supervisor Level
 | * Health Professional
* Supervisor Level or above
* Administrative Support Officer (ASO)\*
 | * SCCO / OIC / LM in consultation with a health professional
 | * Supervisor in consultation with a Health Professional
 | * SASH / HRAT / RRT
* Health Professional#
* Administrative Support Officer (ASO)\*
 | * SCCO / OIC / LM in consultation with a health professional
 |
| S2 | Significant Risk of Suicide or Self-Harm | * Health Professional
* Supervisor Level
 | * Health Professional
* Supervisor Level or above
* ASO\*
 | * SCCO / OIC / LM in consultation with a health professional
 | * Supervisor in consultation with a Health Professional
 | * SASH / HRAT / RRT
* Health Professional#
* ASO\*
 | * SCCO / OIC / LM in consultation with a health professional
 |
| S3 | Potential Risk of Suicide or Self-Harm | * Health Professional
* Supervisor Level
 | * Health Professional
* Supervisor Level or above
* ASO\*
 | * SCCO / OIC / LM
 | * Supervisor in consultation with a Health Professional
 | * SASH / HRAT / RRT
* Health Professional#
* ASO\*
 | * SCCO / OIC / LM in consultation with a health professional
 |
| S4 | Previous history of Risk of Suicide or Self-Harm | * Health Professional
* Supervisor Level
 | * Health Professional
* Supervisor Level or above
* ASO\*
 | * SCCO / OIC / LM
 | * N/A
 | * N/A
 | * N/A
 |

**NB\*\* Suicide & Self-Harm levels can only be Up/Down graded in consultation with a health professional for CCS.**

**# Can be downgraded by Health Professional at prisoner’s point of entry to the prison system.**

**\* Where approved by the Commissioner.**

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| **1 SUICIDE & SELF-HARM** |

**1.B Guidance notes for Assessment for all Agencies**

| **Level Code** | **Definition** | **Guidance Notes for Assessment of Risk** | **Police** | **Prison** | **CCS** |
| --- | --- | --- | --- | --- | --- |
| **S1** | **Immediate Risk of Suicide / Self-Harm** | At risk person requiring intensive management and support | Y | Y | Y |
|  |  | Assessed at this level by a Health professional | Y | Y |  |
|  |  | Precautionary assessment based on operational staff observations of risk behaviours, pending health professional review | Y | Y | Y |
|  |  | Intensive Management (IM) Regime required and refers to:priority transfer to IM facility,appropriate care while being transported,place in IM cell (e.g. Muirhead, Observation, Management or isolation cell only if circumstances justify) | Y | Y |  |
|  |  | Requires immediate impatient care |  |  | Y |
|  |  | Recent suicide/self-harm attempt | Y |  | Y |
|  |  | At risk person requires intensive management and support |  |  | Y |
|  |  | Voiced intention to suicide/self-harm and has current suicide/self-harm plan | Y |  | Y |
|  |  | Downgrade only in consultation with or as directed by health professional | Y | Y | Y |
| **S2** | **Significant Risk of Suicide / Self-Harm** | At risk person requiring intermediate management and support |  |  | Y |
|  |  | Upgrades can only occur in consultation with a health provider |  |  | Y |
|  |  | Assessed at this level by a Health professional | Y | Y | Y |
|  |  | Intensive Management (IM) Regime required and refers to:Priority transfer to IM facility,appropriate care while being transported,place in IM cell (e.g. Muirhead, Observation, Management or isolation cell only if circumstances justify) |  | Y |  |
|  |  | At risk person requiring immediate management and support | Y |  | Y |
|  |  | Recent behaviour indicates suicide/self -harm intention but has no current plan | Y | Y | Y |
|  |  | Downgrade only in consultation with or as health professional, health team or equivalent | Y | Y | Y |
|  |  | Precautionary assessment based on operational staff observations of risk behaviours, pending health professional review | Y |  |  |
| **S3** | **Potential Risk of Suicide / Self-Harm** | Potential to suicide/self-harm when exposed to identified stressors (e.g. forthcoming court appearances, no contact with family members, anniversary dates) and requires ongoing monitoring and support | Y | Y | Y |
|  |  | Upgrades can only occur in consultation with a health provider |  |  | Y |
|  |  | Recent behaviour points to suspected risk | Y |  | Y |
|  |  | When there has been a period of non-compliance after compliance |  |  | Y |
|  |  | Consider upgrade if prisoner appears distressed or displays inappropriate behaviour | Y | Y |  |
|  |  | Downgrade only in consultation with health professional, health team or equivalent | Y | Y | Y |
|  |  | Assessed at this level by a Health professional | Y |  |  |
|  |  | Precautionary assessment based on operational staff observations of risk behaviours, pending health professional review | Y |  |  |
| **S4** | **Previous history of Risk of Suicide / Self-Harm** | Offender has previously attempted suicide or has a history of self-harm, or intention (but does not currently demonstrate behaviour and/or risks associated with higher levels) | Y | Y | Y |
|  |  | Offender has previous known suicide history based upon relevant information (i.e. reports previously identified) |  |  | Y |
|  |  | History of self-disclosure |  |  | Y |
|  |  | Consider upgrade if prisoner appears distressed or displays inappropriate behaviour | Y | Y |  |
|  |  | Assessed at this level by a Health professional | Y |  |  |
|  |  | Precautionary assessment based on operational staff observations of risk behaviours, pending health professional review | Y |  |  |

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| **1 SUICIDE & SELF-HARM** |

**1.B Recommended Actions for all Agencies**

| **No** | **S1** | **S2** | **S3** | **S4** | **Recommended Actions** | **Police** | **Prison** | **CCS** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Y | Y | Y |  | ‘At Risk’ Management Plan required / Intensive Observation regime required | √ | √ |  |
| 2 |  | Y |  |  | Consult / liaise with treating practitioners, refer to Mental Health providers ASAP  |  |  | √ |
| 3 |  |  | Y |  | Consult with treating practitioners, refer to Mental Health providers where appropriate |  |  | √ |
| 4 | Y | Y |  |  | Defer program participation where appropriate e.g. community work |  |  | √ |
| 5 |  |  | Y | Y | Downgrade / Upgrade only in consultation with Health professional |  |  | √ |
| 6 | Y |  |  |  | Downgrade only in consultation with Health professional |  |  | √ |
| 7 | Y | Y | Y |  | Observe at least every 5 minutes | √ |  |  |
| 8 | Y | Y | Y |  | Observe at least every 10 minutes | √ |  |  |
| 9 | Y | Y | Y |  | Observe at least every 15 minutes | √ |  |  |
| 10 | Y | Y | Y |  | Observe at least every 30 minutes | √ |  |  |
| 11 | Y | Y | Y |  | Observe at least every 1 hour | √ |  |  |
| 12 | Y | Y | Y |  | Observe at least every 2 hours | √ |  |  |
| 13 | Y | Y | Y |  | Regular interaction with prisoner | √ | √ |  |
| 14 | Y | Y | Y |  | Health professional assessment required as soon as possible | √ | √ |  |
| 15 | Y |  |  |  | Immediate referral to CATT Team/Health professionals, Ambulance and/or Police |  |  | √ |
| 16 | Y | Y | Y |  | Increase frequency of supervision/core reporting |  |  | √ |
| 17 | Y | Y |  |  | Initiate joint case management |  |  | √ |
| 18 | Y | Y | Y |  | Ongoing suicide screening utilising the appropriate tool |  |  | √ |
| 19 | Y | Y | Y | Y | Place in shared cell | √ |  |  |
| 20 |  | Y |  |  | Priority transfer required | √ |  |  |
| 21 | Y |  |  |  | Priority transfer required urgently | √ |  |  |
| 22 | Y |  |  |  | Regular consultation with health professionals required |  |  | √ |
| 23 | Y | Y | Y |  | Interaction with prisoner as per ‘At Risk’ Management Plan | √ | √ |  |
| 24 | Y | Y | Y | Y | Review required for each new reception | √ | √ |  |
| 25 | Y | Y | Y | Y | SCCO/LM/OIC in consultation with S/Officer to determine appropriate level of case management |  |  | √ |
| 26 |  |  |  | Y | Suicide screening to be initiated |  |  | √ |
| 27 | Y | Y | Y | Y | Only issue suicide resistant blanket | √ |  |  |

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| **2 VIOLENCE** |

**2.A Delegation to Modify E\*Justice**

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| **Level Code** | **Definition** | **Create / Upgrade Risk** | **Downgrade Risk** |
| **Police** | **Prison** | **CCS** | **Police** | **Prison** | **CCS** |
| V1 | Immediate threat and/or significant violence history against authority figures | * Supervisor Level
 | * SMD
* MOU
 | * SCCO / OIC / LM
 | * Supervisor Level
 | * SMD
* MOU
 | * SCCO / OIC / LM
 |
| V2 | Propensity to or Pattern of regularly using significant violence against others | * Supervisor Level
 | * Ops Mgr / Supervisor in consultation with SMD
* SMD
* MOU
 | * SCCO / OIC / LM
 | * Supervisor Level
 | * SMD
* MOU
* Ops Mgr / Supervisor
 | * SCCO / OIC / LM
 |
| V3 | History of significant violence | * Supervisor Level
 | * SMD
* Ops Mgr / Supervisor
* MOU
 | * SCCO / OIC / LM
 | * N/A
 | * SMD
* MOU
* Ops Mgr / Supervisor
 | * SCCO / OIC / LM
 |

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| **2 VIOLENCE** |

**2.B Guidance notes for Assessment for all Agencies**

| **Level Code** | **Definition** | **Guidance Notes for Assessment of Risk** | **Police** | **Prison** | **CCS** |
| --- | --- | --- | --- | --- | --- |
| **V1** | **Immediate threat and/or significant violence history against authority figures** | Significant violent incident has occurred or is likely to occur against authority figures (e.g. Custodial Staff, Police and Court Officers) | Y | Y | Y |
|  |  | Has significant violence history against authority figures | Y | Y | Y |
|  |  | Suspected or found to carry weapons in custody | Y | Y |  |
|  |  | Downgrade requires manager approval |  |  | Y |
| **V2** | **Propensity to or Pattern or regularly using significant violence history against others** | A sustained pattern of significant violent behaviour towards others | Y | Y | Y |
|  |  | Significant propensity towards violence to others | Y | Y | Y |
|  |  | History of violence and/or intimidation to other persons in custody resulting in significant intervention by authorities | Y | Y |  |
|  |  | Known to carry weapons or likely to seek access to them | Y | Y | Y |
|  |  | Known to become significantly violent when exposed to identified stressors | Y | Y | Y |
| **V3** | **History of significant violence** | Previous history of violent behaviour but not an established pattern of violence | Y | Y | Y |

|  |
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| **2 VIOLENCE** |

**2.C Recommended Actions for all Agencies**

| **No** | **V1** | **V2** | **V3** | **Recommended Actions** | **Police** | **Prison** | **CCS** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Y |  |  | Separate into management unit |  | √ |  |
| 2 | Y |  |  | Charge with prison offence |  | √ |  |
| 3 | Y |  |  | Approach with extreme caution | √ | √ | √ |
| 4 |  | Y | Y | Approach with caution | √ | √ | √ |
| 5 | Y |  |  | High security escort required | √ | √ |  |
| 6 | Y | Y |  | No contact with specified persons | √ | √ | √ |
| 7 | Y | Y | Y | Upgrade/Downgrade requires SMD approval |  | √ |  |
| 8 | Y |  |  | Long-term placement to be considered |  | √ |  |
| 9 | Y | Y | Y | Consider referral to clinical services for assessment for offence specific program |  | √ |  |
| 10 | Y | Y |  | Contact Police if threatening staff |  | √ | √ |
| 11 | Y | Y |  | SCCO/LM/OIC in consultation with Sup/Officer to determine appropriate level of case management |  |  | √ |
| 12 | Y |  |  | Initiate joint case management |  |  | √ |
| 13 | Y | Y |  | Refer to clinical services for assessment for offender specific program |  |  | √ |
| 14 | Y | Y | Y | Determine/defer appropriate community work placement |  |  | √ |
| 15 | Y |  |  | Enter on the case management screen on E\*Justice that the violent flag is set to ‘Y’ |  |  | √ |
| 16 | Y | Y | Y | Determine appropriate placement | √ | √ |  |
| 17 |  | Y | Y | Upgrade requires Location Manager’s approval |  |  | √ |
| 18 | Y | Y |  | Separate from all others | √ | √ |  |
| 19 | Y | Y |  | High Security escort may be required | √ | √ |  |

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| **3 PLACEMENT** |

**3.A Delegation to Modify E\*Justice**

|  |  |  |  |
| --- | --- | --- | --- |
| **Level Code** | **Definition** | **Create / Upgrade Risk** | **Downgrade Risk** |
| **Police** | **Prison** | **CCS** | **Police** | **Prison** | **CCS** |
| T1 | Immediate Risk of Serious Threat from Others | * Supervisor Level
 | * SMD
* MOU
 | * N/A
 | * Supervisor Level
 | * SMD
* MOU
 | * N/A
 |
| T2 | Significant Risk of Serious Threat from Others | * Supervisor Level
 | * SMD
* MOU
 | * SCCO / OIC / LM
 | * Supervisor Level
 | * SMD
* MOU
* Ops Mgr / Reception supervisor \*\*
 | * SCCO / OIC / LM
 |
| T3 | Presents as vulnerable in custodial environment and/or required separation from specific individuals | * Supervisor Level
 | * SMD
* MOU
 | * N/A
 | * Supervisor Level
 | * SMD
* MOU
* Ops Mgr / Reception supervisor
 | * N/A
 |

**\*\* Reception Supervisor at Reception Prisons only**

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| **3 PLACEMENT** |

**3.B Guidance notes for Assessment for all Agencies**

| **Level Code** | **Definition** | **Guidance Notes for Assessment of Risk** | **Police** | **Prison** | **CCS** |
| --- | --- | --- | --- | --- | --- |
| **T1** | **Immediate Risk of Serious Threat from Others** | Prisoner is known to be at risk of serious harm from other prisoners | Y | Y | Not Applicable |
|  |  | Prisoner requests protection and convincing supporting evidence exists (e.g. ex Justice employee, High Level Crown witness) | Y | Y | Not Applicable |
|  |  | Protection placement and secure movement required at all times | Y | Y | Not Applicable |
| **T2** | **Significant Risk of Serious Threat from Others** | Prisoner/Offender is known or suspected to be at risk of serious harm from identified prisoners. Reasons for remaining separate from identified others may be supported by documented or other evidence | Y | Y | Y |
|  |  | Examples of prisoners/offenders who fall into this category of at risk are those who have significant drug debts or have been charged/sentenced on offences against children | Y | Y | Y |
|  |  | Separation from identified prisoners/offenders as required | Y | Y | Y |
|  |  | Offender is known to be at risk from another offender at another location, when sharing community sites and/or specific programs |  |  | Y |
| **T3** | **Presents as vulnerable in custodial environment and/or requires separation from specific individuals** | Prisoner does not appear to cope well in a mainstream custodial environment and may require a special purpose unit placement and/or no contact with specified individuals but does not require a protection placement. | Y | Y | Not Applicable |
|  |  | Examples of prisoners/offenders who fall into this category of at risk are “first timers” charged/sentenced with white collar offences and, often, known repeat offenders who because of certain behaviours are victimised by other prisoners. | Y | Y | Not Applicable |
|  |  | History of protection but no request for protection this sentence | Y | Y | Not Applicable |
|  |  | A person not necessarily having vulnerable characteristics but has identified specific individuals who represent a threat to their safety but do not require a protection placement. | Y | Y | Not Applicable |

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| **3 PLACEMENT** |

**3.C Recommended Actions for all Agencies**

| **No** | **T1** | **T2** | **T3** | **Recommended Actions** | **Police** | **Prison** | **CCS** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Y | Y |  | Placement in management unit may be required |  | √ |  |
| 2 | Y | Y |  | Separate from all others | √ | √ |  |
| 3 | Y | Y | Y | No contact with specified persons | √ | √ |  |
| 4 | Y | Y |  | Placement in management cell | √ | √ |  |
| 5 | Y | Y |  | Placement in shared cell may be required | √ | √ |  |
| 6 | Y | Y |  | Place in protection cell / unit | √ | √ |  |
| 7 |  | Y |  | Separate from specific person; update comments on R&RA screen with offender’s name and Person ID |  |  | √ |
| 8 |  | Y |  | Notify the relevant Supervising Officer who is supervising the other identified offender |  |  | √ |
| 9 |  | Y |  | Enter details on the offender’s community work profile |  |  | √ |
| 10 |  |  | Y | Expert assessment for placement required | √ | √ |  |
| 11 | Y | Y | Y | Determine appropriate placement | √ | √ |  |
| 12 | Y | Y |  | Place in shared cell | √ |  |  |
| 13 |  |  | Y | Review assessment at least daily | √ |  |  |

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| **4 SECURITY** |

**4.A Delegation to Modify E\*Justice**

|  |  |  |  |
| --- | --- | --- | --- |
| **Level Code** | **Definition** | **Create / Upgrade Risk** | **Downgrade Risk** |
| **Police** | **Prison** | **CCS** | **Police** | **Prison** | **CCS** |
| E1 | High-level Security or Escape Risk | * N/A
 | * SMD
* MOU
 | * N/A
 | * N/A
 | * SMD
* MOU
 | * N/A
 |
| E2 | Low-level Security or Escape Risk | * Supervisor Level
 | * SMD
* MOU
 | * N/A
 | * Supervisor Level
 | * SMD
* MOU
 | * N/A
 |
| E3 | History of High-level Security or Escape Risk | * N/A
 | * SMD
* MOU
 | * N/A
 | * N/A
 | * SMD
* MOU
 | * N/A
 |
| E4 | History of Low-level Security or Escape Risk | * Supervisor Level
 | * SMD
* MOU
 | * N/A
 | * Supervisor Level
 | * SMD
* MOU
 | * N/A
 |

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| **4 SECURITY** |

**4.B Guidance notes for Assessment for all Agencies**

| **Level Code** | **Definition** | **Guidance Notes for Assessment of Risk** | **Police** | **Prison** | **CCS** |
| --- | --- | --- | --- | --- | --- |
| **E1** | **High-level Security or Escape Risk** | Current circumstances indicate potential for serious (or high level) attempt or success in escaping from a maximum/medium security prison or breaching security in maximum/medium security prison | Not Applicable | Y | Not Applicable |
|  |  | Information points to current planning or preparation for escape or potential security breach from a maximum/medium security prison | Not Applicable | Y | Not Applicable |
|  |  | Escape whilst being escorted on a Custodial Community Permit Program from a maximum/medium security prison | Not Applicable | Y | Not Applicable |
|  |  | Where a prisoner has escaped from prison and due to his/her profile causes unnecessary concern to the community (not dependent on security rating of prison he/she has escaped from) | Y | Y | Not Applicable |
|  |  | Signifies a high-level security or escape risk in relation to a maximum/medium security prison | Y | N/A | Not Applicable |
| **E2** | **Low-level Security or Escape Risk** | Current/recent attempt or success in escaping from a minimum security prison or breaching security in a minimum security prison | Y | Y | Not Applicable |
|  |  | Attempt or success in escaping from Police Custody, the Chief Psychiatrist and YTC | Y | Y | Not Applicable |
|  |  | Where a prisoner has breached a Custodial Community Permit and a warrant for his/her arrest was required for their apprehension. (Refers to unescorted CCP from max/med security prison and escorted/unescorted CCP from min security prisons) | Y | Y | Not Applicable |
| **E3** | **History of High-level Security or Escape Risk** | Previous history of escapes, escape attempts or security breaches from maximum/medium security prison. | Not Applicable | Y | Not Applicable |
|  |  | History of escape whilst being escorted on a Custodial Community Permit Program from a maximum/medium security rated prison | Not Applicable | Y | Not Applicable |
|  |  | Where a prisoner has a history or escape from prison and due to his/her profile caused unnecessary concern to the community (not dependent on security rating of prison he/she has escaped from) | Y | Y | Not Applicable |
|  |  | Signifies a high-level security or escape risk in relation to a maximum/medium security prison | Y | N/A | Not Applicable |
| **E4** | **History of Low-level Security or Escape Risk** | Has historical (not current) record of escape, escape attempts or security breaches from a minimum security prison | Y | Y | Not Applicable |
|  |  | Has historical (not current) record of escape, escape attempts or security breaches from Police custody, Chief Psychiatrist and YTC | Y | Y | Not Applicable |
|  |  | Where a prisoner has a history of breaching a Custodial Community Permit and a warrant for his/her arrest was required for their apprehension. (Refers to unescorted CCP from max/med security prison and escorted/unescorted CCP from min security prisons) | Y | Y | Not Applicable |

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| **4 SECURITY** |

**4.C Recommended Actions for all Agencies**

| **No** | **E1** | **E2** | **E3** | **E4** | **Recommended Actions** | **Police** | **Prison** | **CCS** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Y | Y | Y |  | Placement in management unit may be required |  | √ |  |
| 2 | Y | Y | Y |  | High security escort may be required | √ | √ |  |
| 3 | Y | Y | Y |  | Special care required when under escort |  | √ |  |
| 4 | Y | Y | Y |  | ‘No contact’ with specified persons may be required | √ | √ |  |
| 5 | Y | Y | Y |  | Separate from all others may be required | √ | √ |  |
| 6 | Y |  |  |  | PMU to inform SMD prior to any prisoner movement | √ |  |  |
| 7 | Y |  |  |  | Transfer to prison custody as soon as possible | √ |  |  |
| 8 | Y |  |  |  | Transfer to MCC as soon as possible | √ |  |  |
| 9 | Y | Y | Y |  | Transfer to Prison/MCC may be required | √ |  |  |
| 10 | Y | Y | Y | Y | Determine appropriate placement | √ | √ |  |

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| **5 MEDICAL** |

**5.A Delegation to Modify E\*Justice**

|  |  |  |  |
| --- | --- | --- | --- |
| **Level Code** | **Definition** | **Create / Upgrade Risk** | **Downgrade Risk** |
| **Police** | **Prison** | **CCS** | **Police** | **Prison** | **CCS** |
| **M1** | **Serious medical condition/symptoms requiring immediate assessment/treatment** | * Health Professional
 | * Health Professional
 | * SCCO / OIC / LM in consultation with a health professional
 | * Supervisor in consultation with Health Professional
 | * Health Professional
 | * SCCO / OIC / LM in consultation with a health professional
 |
| **M2** | **Medical condition requiring regular or ongoing treatment** | * Health Professional
* Supervisor Level
 | * Health Professional
 | * SCCO / OIC / LM in consultation with a health professional
 | * Supervisor in consultation with Health Professional
 | * Health Professional
 | * SCCO / OIC / LM in consultation with a health professional
 |
| **M3** | **Known or suspected medical condition/symptoms requiring appointment** | * Health Professional
* Supervisor Level
 | * N/A
 | * SCCO / OIC / LM in consultation with a health professional
 | * Health Professional
* Supervisor Level
 | * N/A
 | * SCCO / OIC / LM in consultation with a health professional
 |

**\*\* Prisons staff note – Prisoner lost at court / discharged, must be reported to Health Provider within 24 hours in order for M Code to be removed.**

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| **5 MEDICAL** |

**5.B Guidance notes for Assessment for all Agencies**

| **Level Code** | **Definition** | **Guidance Notes for Assessment of Risk** | **Police** | **Prison** | **CCS** |
| --- | --- | --- | --- | --- | --- |
| **M1** | **Serious medical condition/symptoms requiring information immediate assessment/treatment** | Medical assessment confirming serious condition of a life-threatening nature or with major debilitating effect on person’s health | Y |  | Y |
|  |  | Not fit for transfer |  | Y |  |
|  |  | Requires (intensive and/or) immediate in-patient care |  |  | Y |
|  |  | Requires ambulance/police to be called at location / community work site |  |  | Y |
|  |  | Downgrade only in consultation with and as directed by health professional | Y |  | Y |
| **M2** | **Medical condition requiring regular or ongoing treatment** | Medical assessment confirming condition which requires regular outpatient treatment |  |  | Y |
|  |  | Requires a Chronic Health Care Plan |  | Y |  |
|  |  | Transfer to medical facility on instruction of health professional | Y |  |  |
|  |  | Patients health likely to deteriorate if prescribed treatment plan or medication not administered as directed | Y |  |  |
|  |  | Some M2 prisoner may not require in-patient treatment | Y |  |  |
|  |  | Up/down grade only in consultation with and as directed by health professional | Y |  | Y |
|  |  | *Privacy and Data Protection Act* 2014 – Information must only be recorded for medical purposes (ailments such as AIDS, Hep B and Hep C cannot be recorded if only for information purposes) | Y | Y |  |
| **M3** | **Known or suspected medical condition/symptoms requiring appointment** | Unassessed condition or illness | Y |  |  |
|  |  | Person presenting symptoms which need medical assessment or treatment | Y |  |  |
|  |  | Can be managed in the standard prison accommodation | Y |  |  |
|  |  | *Privacy and Data Protection Act* 2014 – Information must only be recorded for medical purposes (ailments such as AIDS, Hep B and Hep C cannot be recorded if only for information purposes) | Y | Y |  |

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| **5 MEDICAL** |

**5.C Recommended Actions for all Agencies**

| **No** | **M1** | **M2** | **M3** | **Recommended Actions** | **Police** | **Prison** | **CCS** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Y |  |  | Immediate transfer to medical facility | √ |  |  |
| 2 | Y |  |  | Maintain in-patient care |  | √ |  |
| 3 | Y |  |  | Medical assessment required as soon as possible | √ |  |  |
| 4 | Y |  |  | Immediate contact with ambulance and/or police |  |  | √ |
| 5 | Y |  |  | Must remain in the treatment facility |  |  | √ |
| 6 | Y |  |  | Not fit for Transfer |  | √ |  |
| 7 | Y |  |  | Downgrade by Health professional |  | √ |  |
| 8 | Y |  |  | Maintain contact with in-patient care providers |  |  | √ |
| 9 | Y | Y |  | SCCO/LM/OIC in consultation with S/Officer determine appropriate level of case mgt |  |  | √ |
| 10 | Y | Y |  | Defer program participation where appropriate e.g. community work |  |  | √ |
| 11 | Y |  |  | Downgrade only in consultation with medical Health professional |  |  | √ |
| 12 |  | Y |  | Transfer to medical facility as instructed | √ |  |  |
| 13 |  | Y |  | Transfer to prison custody as instructed | √ |  |  |
| 14 |  | Y |  | Transfer to MCC as instructed | √ |  |  |
| 15 |  | Y | Y | Medical assessment required | √ |  |  |
| 16 |  | Y | Y | Follow prescribed treatment plan | √ | √ |  |
| 17 |  | Y |  | Up/Downgrade by Health professional |  | √ |  |
| 18 |  | Y | Y | Administer prescribed medications | √ |  |  |
| 19 |  | Y |  | Maintain contact with outpatient care providers |  |  | √ |
| 20 |  | Y |  | Upgrade only in consultation with medical Health professional |  |  | √ |
| 21 |  | Y | Y | Appointment needed with medical Health professional | √ |  |  |
| 22 |  |  | Y | Follow observation routine | √ |  |  |

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| **6 PSYCHIATRIC** |

**6.A Delegation to Modify E\*Justice**

| **Level Code** | **Definition** | **Create / Upgrade Risk** | **Downgrade Risk** |
| --- | --- | --- | --- |
| **Police** | **Prison** | **CCS** | **Police** | **Prison** | **CCS** |
| **P1** | **Serious psychiatric condition requiring intensive and/or immediate care** | * Mental Health Professional
* Health Professional
 | * Mental Health Professional
 | * SCCO / OIC / LM in consultation with a health professional
 | * Mental Health Professional
* Health Professional
 | * Mental Health Professional
 | * SCCO / OIC / LM in consultation with a health professional
 |
| **P2** | **Significant psychiatric condition requiring psychiatric treatment** | * Mental Health Professional
* Health Professional
 | * Mental Health Professional
 | * SCCO / OIC / LM in consultation with a health professional
 | * Mental Health Professional
* Health Professional
 | * Mental Health Professional
 | * SCCO / OIC / LM in consultation with a health professional
 |
| **P3** | **Stable psychiatric condition requiring continuing treatment or monitoring** | * Mental Health Professional
* Health Professional
* Supervisor Level
 | * Mental Health Professional
 | * SCCO / OIC / LM in consultation with a health professional
 | * Mental Health Professional
* Health Professional
 | * Mental Health Professional
 | * SCCO / OIC / LM in consultation with a health professional
 |
| **PA** | **Suspected psychiatric condition requiring assessment** | * Mental Health Professional
* Health Professional
 | * Mental Health Professional
 | * SCCO / OIC / LM in consultation with a health professional
 | * N/A
 | * Mental Health Professional
 | * SCCO / OIC / LM in consultation with a health professional
 |

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| **6 PSYCHIATRIC** |

**6.B Guidance notes for Assessment for all Agencies**

| **Level Code** | **Definition** | **Guidance Notes for Assessment of Risk** | **Police** | **Prison** | **CCS** |
| --- | --- | --- | --- | --- | --- |
| **P1** | **Serious psychiatric condition requiring intensive and/or immediate care** | Assessment by health professional confirms serious condition with major debilitating effect on person’s mental health or behaviour | Y | Y | Y |
|  |  | Requires intensive and/or immediate inpatient care | Y | Y | Y |
|  |  | Person presenting symptoms which require mental health professional assessment |  |  | Y |
|  |  | Downgrade only in consultation with and directed by a mental health professional |  | Y | Y |
|  |  | Downgrade only in consultation with and directed by a mental health professional or health professional | Y | Y |  |
|  |  | Upgrade/Create only in consultation with and directed by a mental health professional or health professional | Y |  |  |
| **P2** | **Significant ongoing psychiatric condition requiring psychiatric treatment** | Mental health professional diagnosis confirms chronic or significant psychiatric condition which requires regular treatment |  |  | Y |
|  |  | Transfer to Psychiatric facility on instruction from mental health professional | Y | Y |  |
|  |  | Patient’s health likely to deteriorate if prescribed treatment plan or medication not administered as directed | Y | Y |  |
|  |  | Requires outpatient care |  |  | Y |
|  |  | Downgrade/upgrade only in consultation with and directed by a mental health professional |  | Y | Y |
|  |  | Downgrade/upgrade only in consultation with and directed by a mental health professional or health professional | Y |  |  |
|  |  | Upgrade/Create only in consultation with and directed by a mental health professional or health professional | Y |  |  |
| **P3** | **Stable psychiatric condition requiring continuing treatment or monitoring** | Assessed stable condition requiring less intensive monitored treatment | Y | Y | Y |
|  |  | Unassessed condition, symptoms or illness requiring mental health professional opinion |  |  | Y |
|  |  | Previous assessed condition may be active, requiring mental health professional opinion |  |  | Y |
|  |  | Upon advice from mental health providers condition is stable or does not exist |  |  | Y |
|  |  | Downgrade/upgrade only in consultation with and directed by a mental health professional |  | Y | Y |
|  |  | Downgrade/upgrade only in consultation and directed by a mental health professional or health professional | Y |  |  |
|  |  | Upgrade /Create in consultation with and directed by a mental health professional or health professional | Y |  |  |
|  |  | Precautionary assessment based on operational staff observations of risk behaviours, pending health professional review | Y |  |  |
| **PA** | **Suspected psychiatric condition requiring assessment** | Has previously known psychiatric condition requiring further assessment but does not currently demonstrate behaviour and/risks associated with higher levels of risk | Y | Y | Y |
|  |  | Has a suspected psychiatric condition requiring further assessment based on relevant information i.e. reports or risk alerts previously identified History of self disclosure by offender | Y | Y | Y |
|  |  | Upgrade/Create/Downgrade in consultation with and directed by a mental health professional or health professional  | Y | Y | Y |
|  |  | History of self disclosure by offender |  |  | Y |

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| **6 PSYCHIATRIC** |

**6.C Recommended Actions for all Agencies**

| **No** | **P1** | **P2** | **P3** | **PA** | **Recommended Actions** | **Police** | **Prison** | **CCS** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  | Y | Y | Y | Administer prescribed medications | √ |  |  |
| 2 |  |  | Y | Y | Appointment needed with mental health professional as per management plan | √ | √ |  |
| 3 |  |  | Y |  | Can be maintained at a country prison |  | √ |  |
| 4 | Y | Y |  |  | Defer program participation where appropriate e.g. community work |  |  | √ |
| 5 |  |  | Y |  | Place in shared cell | √ |  |  |
| 6 | Y | Y | Y | Y | Downgrade/Upgrade only in consultation with mental health professional | √ | √ | √ |
| 7 | Y | Y | Y |  | Create observation regime |  | √ |  |
| 8 | Y | Y | Y |  | Observe at least every 5 minutes | √ |  |  |
| 9 | Y | Y | Y |  | Observe at least every 10 minutes | √ |  |  |
| 10 | Y | Y | Y |  | Observe at least every 15 minutes | √ |  |  |
| 11 | Y | Y | Y |  | Observe at least every 30 minutes | √ |  |  |
| 12 | Y | Y | Y |  | Observe at least every 1 hour | √ |  |  |
| 13 | Y | Y | Y |  | Observe at least every 2 hours | √ |  |  |
| 14 | Y | Y | Y | Y | Follow prescribed treatment plan | √ | √ |  |
| 15 | Y |  |  |  | Immediate referral to CATT Team/mental health professionals, ambulance and/or Police | √ |  | √ |
| 16 | Y |  |  |  | Immediate referral to psychiatric service, if available, on mental health professional advice | √ |  |  |
| 17 |  | Y |  |  | Increase frequency of supervision/core reporting |  |  | √ |
| 18 |  |  | Y |  | Less intensive supervision/monitoring regime is required |  |  | √ |
| 19 |  |  | Y |  | Liaise / Consult with mental health providers |  |  | √ |
| 20 | Y | Y | Y | Y | LM/SCCO/OIC in consultation with S/Officer to determine appropriate level of case mgt |  |  | √ |
| 21 | Y |  |  |  | Maintain contact with in-patient mental health providers |  |  | √ |
| 22 |  | Y |  |  | Maintain contact with out-patient Mental Health providers |  |  | √ |
| 23 | Y |  |  |  | Maintain in-patient care |  | √ |  |
| 24 | Y |  |  |  | Remain in the Prison treatment facility but may be transferred for Court |  | √ | √ |
| 25 |  |  |  | Y | Once written authority from the offender is given consult with treating psychiatrist  |  |  | √ |
| 26 |  |  | Y |  | Psychiatric assessment required | √ |  |  |
| 27 | Y | Y |  |  | Ongoing psychiatric assessment |  | √ |  |
| 28 |  | Y |  |  | Psychiatric assessment required as soon as possible | √ |  |  |
| 29 |  |  | Y | Y | Referral to mental health providers |  |  | √ |
| 30 | Y | Y | Y | Y | Review required for each new reception | √ | √ |  |
| 31 |  |  |  | Y | Supervising Officer to confirm previous psychiatric history with mental health professional |  |  | √ |
| 32 | Y | Y |  |  | Transfer to MAP, RCC or DPFC on approval | √ | √ |  |
| 33 |  | Y |  |  | Transfer to psychiatric facility as instructed | √ |  |  |
| 34 | Y | Y | Y | Y | Only Prisons to up/dn/grade prisoner from pris. System – Vicpol can add Rec. Actions |  | √ |  |
| 35 |  |  |  | Y | May only be held at MAP, RCC or MRC while in Prison custody |  | √ |  |