

Australian Capital Territory

Corrections Management (Detainees at Risk of Suicide or Self-harm) Operating Procedure 2022

Notifiable instrument NI2022-207

made under the

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

1 Name of instrument

This instrument is the *Corrections Management (Detainees at Risk of Suicide or Self-harm) Operating Procedure 2022*.

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.

Ray Johnson APM
Commissioner
ACT Corrective Services
20 April 2022



OPERATING PROCEDURE	Detainees at Risk of Suicide or Self-harm
OPERATING PROCEDURE NO.	D30.1
SCOPE	ACT Correctional Centres

PURPOSE

To provide instructions to staff on the identification and care of detainees who are at risk of suicide or self-harm in correctional centres.

PROCEDURES

1. General

- 1.1. Detainees can be identified at risk of suicide or self-harm at any time. All ACTCS correctional officers and staff have a responsibility to identify detainees who may be at risk, and to act on their concern.
- 1.2. A non-exhaustive list of potential indicators for when a detainee could be identified at risk of suicide or self-harm can be found in the *Detainees at Risk of Suicide or Self-harm Policy Annex 1*. To learn more about suicidal thoughts and behaviours refer to *Practice Guideline – Responding to Suicidal Thoughts and Behaviours*.

2. Transporting Detainees with a ‘Person at Risk’ (PAR) alert

- 2.1. Court Transport Unit escorts of detainees with a ‘Person at Risk’ (PAR) alert must be undertaken in accordance with the *Court Transport Unit Person at Risk Management Operating Procedure*.
- 2.2. CTU must notify Admissions of the ‘Person at Risk’ alert and forward the *D30.F1: At-Risk Referral* form to Custodial Mental Health as soon as possible.
- 2.3. When a detainee arrives at the Alexander Maconochie Centre with a ‘Person at Risk’ (PAR) alert, the Admissions officer must place the detainee on 15 minute observations and alert the Area Manager or, if after hours, the Officer-in-Charge.
- 2.4. Where the Admissions officer is concerned that a detainee may be at high risk of suicide or self-harm the frequency of observations must be increased to every 5 minutes or to constant observations.
- 2.5. As far as practicable, detainees with a ‘Person at Risk’ (PAR) alert will be escorted in an unsecure escort vehicle.

3. Identification of Detainees at Risk of Suicide or Self-harm on Admission

- 3.1. All detainees will undergo health and mental health assessments conducted by Justice Health Services and Custodial Mental Health within 24 hours after admission to a correctional centre in accordance with section 68 of the *Corrections Management Act 2007* and the *Admissions Policy*.

- 3.2. If a detainee arrives after hours and a mental health assessment cannot be undertaken until the next business day, the Admissions officer must place the detainee in the Crisis Support Unit (CSU) on 15 minute observations and classed with an S2 rating.
- 3.3. Following the assessment, Custodial Mental Health will provide Admissions staff with a Custodial Mental Health Notification Form indicating whether there is a clinical need for increased monitoring or further evaluation of the detainee.
- 3.4. If the Custodial Mental Health Notification Form identifies that the detainee is at risk of suicide or self-harm, the Admissions officer must notify the Admissions Area Supervisor and enter the risk alert rating on the detainee's electronic record.
- 3.5. The Admissions Area Supervisor must review the admissions package, which must include the Custodial Mental Health Notification Form, and provide it to the Area Manager.
- 3.6. The Area Manager must review the admissions package, determine the most appropriate accommodation for that detainee, and inform all relevant staff.

4. Identification of Detainees at Risk of Suicide or Self-harm other than on Admission

- 4.1. Where a Correctional officer observes a detainee exhibiting signs indicating they may at risk of suicide or self-harm, they must notify the Area Supervisor in that immediate area and prepare the D30.F1: At-Risk Referral form. The officer must place the detainee on constant observations until Custodial Mental Health can triage the detainee.
- 4.2. Once an Area Supervisor is notified of a detainee potentially at risk of suicide or self-harm, and receives the completed D30.F1: At Risk-Referral form, they must give the form to the Area Manager in person as soon as possible.
- 4.3. The Area Manager must as soon as possible:
 - a. notify Custodial Mental Health and provide the D30.F1: At-Risk Referral
 - b. place the detainee on an S1 rating under constant observations (Risk Alerts Policy) and
 - c. inform all relevant staff.
- 4.4. Where an ACTCS staff member other than a Correctional officer observes a detainee showing signs of possibly being at risk of suicide or self-harm they must inform the nearest Correctional officer as soon as possible.
- 4.5. The Correctional officer, who receives an alert from an ACTCS staff member about a detainee at risk of suicide or self-harm must assume the responsibility for informing the Area Supervisor and place the detainee on constant observations as per section 4.1 of this procedure.
- 4.6. At any time where an ACTCS staff member sees something that makes them concerned for a detainee's mental health, they may request a Welfare Review by making a referral to the Supports and Interventions Unit. The purpose of Welfare Reviews is to provide support to those detainees whose behaviour may not be serious enough for a D30.F1: At Risk Referral form and to assess whether the detainee needs an at risk referral. To request a Welfare Review, the staff member must either call or email the Support and Interventions Unit to inform them of their concerns. A non-exhaustive list of risk factors can be found in Annex 1 of the Detainees at Risk of Suicide or Self-harm Policy.

5. After hours identification of Detainees at risk of Suicide or Self-harm

- 5.1. If a Correctional officer or member of ACTCS staff observes a detainee who may be at risk of suicide or self-harm after hours, that person must notify the Officer-in-Charge (OIC).
- 5.2. The OIC must:
 - a. Place the detainee on constant observations until the detainee can be relocated to CSU
 - b. Once relocated to CSU the detainee will be placed on 15 minute observations which will remain until the detainee has been triaged by Custodial Mental Health
 - c. Complete a D30.F1: At-Risk Referral form to provide to Custodial Mental Health the next morning
 - d. inform all relevant staff.
- 5.3. If the detainee attempts to or there is a reasonable concern that they may attempt to use their clothing to harm themselves, the OIC may authorise that the detainee be required to wear a safety smock.

6. Interim Risk Management Plan

- 6.1. Following notification and receipt of a D30.F1: At-Risk Referral form, Custodial Mental Health will triage the detainee:
 - a. within two (2) hours of notification during business hours or
 - b. within two (2) hours of commencement of the next business day.
- 6.2. Following triage, Custodial Mental Health will advise the referrer by phone and email of the timeframe for direct assessment of the detainee and provide a recommendation for an interim observation interval.
- 6.3. Following assessment, Custodial Mental Health will:
 - a. provide a D30.F2: Interim Risk Management Plan; or
 - b. advise in writing that there are no apparent grounds for the detainee to be managed under this procedure; and
 - c. remove or update the detainee's S: Suicide or Self-Harm or P: Psychiatric alert.
- 6.4. A D30.F2: Interim Risk Management Plan must state:
 - a. the appropriate conditions for managing the detainee
 - b. the current observation level for the detainee
 - c. required care, treatment and supports that must be provided to the detainee.
- 6.5. The Area Manager must implement the D30.F2: Interim Risk Management Plan as soon as possible and inform all relevant staff of the requirements.
- 6.6. Area Managers must update the detainee's risk rating on the electronic database according to the D30.F2: Interim Risk Management Plan and inform relevant staff of the update.
- 6.7. The D30.F2: Interim Risk Management Plan must be reviewed and modified or revoked as necessary at the next High Risk Assessment Team meeting in accordance with the High Risk Assessment Team Standing Committee Terms of Reference.

7. Reviewing risk management plans

- 7.1. The High Risk Assessment Team must review a detainee's D30.F2: Interim Risk Management Plan on or before the end of the next business day following the finalisation of the D30.F2: Interim Risk Management Plan.

- 7.2. If amendments are required, the High Risk Assessment Team must recommend the approval or revocation of the D30.F3: Modified Risk Management Plan.
- 7.3. The Officer-in-Charge (OIC) must implement the D30.F3: Modified Risk Management Plan as soon as possible and ensure all relevant staff are informed of changes from the D30.F2: Interim Risk Management Plan.
- 7.4. Area Managers must update the detainee's risk rating on the electronic database according to the D30.F3: Modified Risk Management Plan and inform relevant staff of the update.

8. Accommodation for Detainees at Risk of Suicide or Self-harm

- 8.1. Detainees who are managed under an Interim or Modified Risk Management Plan will be accommodated in the Crisis Support Unit (CSU) where it is identified on the plan.
- 8.2. Where a Risk Management Plan supports a detainee being accommodated outside of CSU, the Area Manager must assess the safety and security risk of the identified accommodation and make any reasonable adjustments to mitigate identified risks. If the Area Manager does not believe the risks can be appropriately managed in the identified accommodation, they must notify the Senior Director Accommodation.
- 8.3. Detainees who are identified as at risk of suicide or self-harm after hours and awaiting assessment by CMH, will be accommodated in CSU. Until a detainee can be accommodated in CSU, they must be placed on constant observations.
- 8.4. While accommodated in CSU, a detainee may be required to wear a safety smock where this is directed in the detainee's risk management plan or where authorised by the Duty Manager based on a reasonable concern that the person may use their clothing to harm themselves.
- 8.5. When an officer requests a detainee to remove their clothing to change into a safety smock, they must be aware that this may cause distress to the detainee. The officer must make this request in a sensitive, calm manner, explaining the reason for the request.
- 8.6. Where a detainee needs to leave CSU temporarily for a visit or medical appointment or other approved reason and they are wearing a safety smock, they must be allowed to change into their regular clothing to ensure their dignity is maintained.
- 8.7. Detainees may bring non-perishable items to CSU and these must be stored outside of the detainee's cell in CSU and provided to the detainee upon request as appropriate.
- 8.8. Detainees may access buy-ups while accommodated in CSU by filling out the CSU buy-up form. All items on the CSU buy-ups list are available to all detainees in CSU.

9. Exit planning

- 9.1. The High Risk Assessment Team (HRAT) must review a detainee's D30.F3: Modified Risk Management Plan on each business day and decide whether a detainee is still required to be managed under an individualised risk management plan.
- 9.2. The High Risk Assessment Team also decides when a detainee may be relocated from CSU or other temporary accommodation.
- 9.3. If the High Risk Assessment Team determines that a detainee be relocated from CSU, the High Risk Assessment Team will recommend and record in the D30.F3: Modified Risk Management Plan:
 - a. the date by which the detainee must be relocated from the Crisis Support Unit
 - b. any ongoing observation requirements for the detainee

- c. any placement considerations
 - d. the appropriate level of ongoing care, treatment and support where required.
- 9.4. In the development of exit plans, HRAT must collaborate with the Supports and Interventions Unit and other relevant teams to ensure all appropriate referrals, assessments and unit planning is completed prior to a detainee’s exit from the Crisis Support Unit.
- 9.5. Where the High Risk Assessment Team recommend that a detainee no longer requires management under an individualised risk management plan, the Chair must ensure all relevant ACTCS teams are informed.

RELATED DOCUMENTS AND FORMS

- Detainees at Risk of Suicide or Self-harm Policy
- Practice Guideline – Responding to Suicidal Thoughts and Behaviours
- Admissions Policy
- Risk Alerts Policy
- Custodial Mental Health Notification Form
- Primary Health Notification Form
- D30.F1: At-Risk Referral
- D30.F2: Interim Risk Management Plan
- D30.F3: Modified Risk Management Plan
- High Risk Assessment Team Standing Committee Terms of Reference
- Court Transport Unit Person at Risk Management Operating Procedure

Corinne Justason
 Deputy Commissioner, Custodial Operations
 ACT Corrective Services
 11 April 2022

Document details

Criteria	Details
Document title:	<i>Corrections Management (Detainees at Risk of Suicide or Self-harm) Operating Procedure 2022</i>
Document owner/approver:	Deputy Commissioner Custodial Operations, ACT Corrective Services
Date effective:	The day after the notification date
Review date:	3 years after the notification date

Criteria	Details
Responsible Officer:	General Manager, Alexander Maconochie Centre
Compliance:	This operating procedure reflects the requirements of the <i>Corrections Management (Policy Framework) Policy 2020</i>

Version Control			
Version no.	Date	Description	Author
V1	Jan-22	First Issued	S Young