

Custodial Operations Policy and Procedures

3.7 Management of inmates at risk of self-harm or suicide

Policy summary

Inmates at risk of suicide and self-harm within police/court cell complexes, in transition between these places and correctional centres, and within correctional centres in NSW should be managed in a safe and secure way by:

- making the notification of any such risk mandatory for all staff
- devising, recording and promulgating individualised management plans for inmates at risk, using all available information, under the principle of least restrictive care
- sharing information and responsibility for at-risk inmates with Justice Health and Forensic Mental Health Network (JHNSW)
- setting out long-term service pathways for inmates after the risk of suicide or self-harm has been reduced.

Management of Public Correctional Centres Service Specifications

Service Specifications	<p>Decency and respect</p> <p>Health services</p> <p>Safety and security</p>
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Scope

This section applies to all correctional centres and other facilities administered by or on behalf of Corrective Services NSW (CSNSW).

It also applies to all CSNSW employees, and where relevant to other personnel such as JHNSW, contractors, subcontractors, and visitors.

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1 Prevention of suicide and self-harm

1.1 Policy

Prevention of suicide and self-harm is the responsibility of all staff as part of their duty of care to inmates. Suicide and self-harm prevention is a team responsibility which is facilitated by open collaboration and communication among staff from both CSNSW and JHNSW, at all staffing levels and across different locations, to ensure consistent management and continuity of care.

The identification and assessment of risk factors for suicide or self-harm begins when an inmate is received into the custody of CSNSW (**refer to COPP section 1.1 Reception procedures**). Any staff member who determines that an inmate may be at risk of suicide or self-harm must immediately notify the Officer in Charge (OIC).

This notification is mandatory. Once the OIC is notified, they must assess the risk and develop an Immediate Support Plan (ISP) appropriate to the level of risk, consistent with the principle of least restrictive care.

The OIC must also record the mandatory notification and details of the ISP in the Offender Integrated Management System (OIMS), including reporting the incident via the *Incident Reporting Module (IRM)* and recording an alert and case note. The OIC must also notify JHNSW staff (if on-site) and provide them with a copy of the mandatory notification form (MNF) and the ISP, and make a case-note in OIMS recording the name of the person who was notified. If no JHNSW staff are on site:

- the After-Hours Nursing Manager (AHNM) must be notified (for correctional centres only)
- the CESU and Placement Officer must be notified (for Police/Court Cells only).

An ISP may be reviewed and updated at any time in response to changing circumstances, such as a transfer from one location to another. In a police/court cell complex, the OIC must prioritise the transfer of the at-risk inmate to a correctional centre. In a correctional centre, the OIC must ensure that the Risk Intervention Team (RIT) Coordinator is informed as per local procedures.

All correctional centres must have an identified RIT Coordinator, as well as a relief RIT Coordinator. The RIT is a multidisciplinary team which must include a JHNSW staff member. Police/court cell complexes do not operate a RIT. Amber Laurel is considered a police/court cell complex for the purpose of this policy and procedures.

The RIT convenes to formulate a management plan in response to a notification of an inmate at risk of suicide or self-harm. This takes into account the inmate's presentation and inmate needs and the resources available to the centre. Each inmate requires an individualised approach to intervention, taking into consideration:

- gender
- cultural needs
- age
- cognitive and/or mental health impairments.

The management plan must be recorded and communicated to all staff involved with the management of the inmate.

The RIT may discharge the inmate from an ISP or RIT Management Plan:

- to a specialist unit
- with conditions and/or referrals
- with no further action to be taken.

In suicide and self-harm risk management, all decisions must be made with due consideration to CSNSW's duty of care to the inmate and must be able to withstand public scrutiny.

When an at-risk inmate is found guilty of a correctional centre offence, the Governor must ensure that an *Inmate discipline checklist* is completed. This is to ensure that any risk of suicide or self-harm is not exacerbated by an offence-in-custody sanction such as confinement to cell.

The *Suicide and self-harm: procedure checklist* provides the following procedures for the identification and management of inmates who may be at risk of suicide or self-harm:

- further evaluating risk of suicide or self-harm
- mandatory notification of inmates at risk of suicide or self-harm
- ISP for inmates at risk of suicide or self-harm
- RIT assessment and management plan – initial and review
- discharge from the management of the RIT.

2 Identifying and evaluating risk of suicide or self-harm

2.1 Identifying risk

Detailed information about identifying and evaluating risk of suicide and self-harm is contained in:

- *Risk factors for consideration: Reference guide*
- *Inmate interview questions to further evaluate risk.*

These annexures must be read in conjunction with this policy. All correctional centre staff, including non-custodial staff, **should** complete the on-line e-learning module *Awareness of Managing At-Risk Offenders* provided by the Brush Farm Corrective Services Academy.

Court Escort Security Unit (CESU) staff working in police/court cell locations **must** complete the Brush Farm Corrective Services Academy:

- online e-learning module *Awareness of Safe Custody*
- face to face course *Safe Custody*.

The identification and assessment of risk factors for suicide or self-harm begins when an inmate is received into the custody of CSNSW. As risk levels can change rapidly, risk factors need to be assessed on an ongoing basis. Risk factors will be present in a large number of the inmate population. The strongest predictors of a suicide or self-harm attempt are:

- expressing a wish to be dead
- expressing a wish to hurt oneself
- a history of previous suicide or self-harm attempts.

Expressing a wish to be dead and expressing a wish to hurt oneself are individually strong predictors of a suicide or self-harm attempt. Together they are a very strong indicator of a future suicide or self-harm attempt.

There are a number of other risk factors associated with suicide and self-harm. All staff should be aware of these risk factors as identified in the annexure *Risk factors for consideration: reference guide*.

Any staff member who suspects an inmate might be at risk of suicide or self-harm must make further inquiries to determine if a mandatory notification is required and record the outcome and details of their inquiries.

2.2 Further evaluating risk

Staff who directly observe or are the first to become aware of any inmate showing signs of possible self-harm or suicide must make further inquiries to determine the level of risk. Information to assist investigation can be sourced from the inmate's presentation, as well as all CSNSW and JHNSW files and database information, particularly OIMS.

Specifically, staff should consider the following sources of information:

- OIMS *Alert(s)*, *Disability*, *Health* screens, and case notes
- NSW Police Force (NSWPF) documents - *Prisoners/Intoxicated Persons Transfer Note and Police Custody Management Record*
- JHNSW
- Community Corrections *Pre-Sentence Report*
- CSNSW Case Management File, including the *Inmate Intake Observation (IIO) and Lodgement* form and any Health Problem Notification Form (HPNF) provided by JHNSW
- information from other file documents where available, such as psychology file, JHNSW medical file
- staff who are familiar with the inmate (e.g. case officers, Offender Services and Programs (OS&P), JHNSW, Community Corrections)
- reports from other inmates
- information gathered from contact with family or external service providers (e.g. health or legal professionals, social and community support services, etc.)
- information gathered from an interview with the inmate (accredited interpreters must be used when interviewing inmates from non-English speaking backgrounds and inmates who have any difficulty speaking or understanding English, including inmates who are deaf).

Information pertaining to suicide or self-harm risk gathered from family members, friends and other associates of the inmate (e.g. legal or medical professionals) must be taken very seriously.

When interviewing an inmate to determine the risk of suicide or self-harm, staff should make use of the information in annexure *Inmate interview questions to further evaluate risk*.

3 Mandatory notification of inmates at risk

3.1 Policy

Immediate action must be taken following identification of risk of suicide or self-harm.

One of these actions is to make a mandatory notification about an inmate at risk of suicide or self-harm.

The primary purpose of mandatory notification is to ensure that all relevant staff are aware of inmates who require additional management strategies to prevent suicide or self-harm, and to ensure that appropriate care is provided for the inmate's health and safety.

Mandatory notification records have the dual function of maintaining a record of all activity about the management of the inmate's risk of suicide and self-harm for, as well as gathering statistical information to ascertain prevalence of suicide and self-harm within CSNSW.

A mandatory notification must be recorded on the OIMS IRM (and if required *Part 1 - Mandatory notification*). When an inmate is subject to a mandatory notification, the OIMS IRM should only be completed again if an actual self-harm or suicide attempt occurs, but not if a repeated threat occurs.

3.2 First responding officer

All persons working within a court/police cell complex or correctional centre, including correctional officers, OS&P staff, JHNSW and sessional employees must immediately notify the OIC (in person, by radio, or telephone) once risk of suicide or self-harm has been identified.

The OIC (or assigned officer) must report the mandatory notification on the OIMS IRM. The submission of an OIMS IRM report does not remove the obligation of staff to write an Incident Report.

3.3 Procedures for notification by first responding officer and OIC

	Procedure	Responsibility
1.	Immediately notify the OIC once risk of suicide or self-harm has been identified.	First responding officer
2.	Take immediate action to ensure the safety of the inmate and other inmates/staff.	First responding officer

	Procedure	Responsibility
3.	Explain to the inmate that a mandatory notification has been raised, the reasons it has been raised, and that an ISP will be developed.	First responding officer
4.	Follow all instructions provided by OIC.	First responding officer
5.	Report the mandatory notification and ensure all details are recorded on the OIMS IRM as soon as possible and within two hours of the incident or the incident facts being known. The IRM must be kept open and updated until the inmate is discharged from ISP or RIT. If OIMS IRM access is unavailable all details must initially be recorded on <i>Part 1: Mandatory notification</i> .	OIC (or Assigned officer)
6.	Print and attach OIMS IRM to any other incident documentation.	OIC (or Assigned officer)

4 Immediate support plan (ISP)

4.1 Policy

All inmates who are the subject of a mandatory notification must have an ISP developed.

The ISP must reflect the level of risk and take into account the principle of least restrictive care. It must be based on all available information. The ISP must take into consideration the resources available at the centre at which it is being developed. The ISP must be reviewed and, where appropriate, updated when circumstances change, such as when an inmate is moved from one location to another.

The ISP should consider:

- cell placement options
- risk of harm to or from others
- risk of self-harm or suicide
- assessment cell apparel
- use of restraints
- observations
- diversionary activities
- access to sharp objects.

A response **must** be provided for every question in the *Part 2: Immediate support plan* including:

- Reasons for placement on the MNF
- Why a less restrictive placement has been chosen (if applicable)
- The cell placement decision

The ISP must be approved and implemented by the OIC. The ISP must be recorded and may be reviewed and updated until such time as:

- a RIT convenes to conducts an assessment and formulate a management plan, or
- the inmate is moved from a police court cell to a correctional centre.

The OIC must provide JHNSW with a copy of the MNF and the ISP as soon as practicable after the ISP is implemented. If no JHNSW staff are on site:

- in correctional centres, the AHNM must be notified. The OIC must also make a case note in OIMS recording the JHNSW notification and the name of the person it was given to.
- in Police/Court cells, the CESU and the Placement Officer must be notified, and this must be recorded as a case note in OIMS.

The annexure *ISP/RIT management plan - reference guide* provides strategies for the ISP and their relevance to both level of risk and principles of least restrictive care.

The submission of an OIMS IRM report does not remove the obligation of staff to write an Incident Report.

4.2 Procedures for an ISP

	Procedure	Responsibility
1.	Develop and record an ISP and incident details on the OIMS IRM after a mandatory notification as soon as possible, and within two hours of the incident or the incident facts being known. The IRM must be kept open and updated until the inmate is discharged from ISP or RIT. If OIMS IRM access is unavailable all ISP and incident details must initially be recorded on <i>Part 2: Immediate support plan</i> .	OIC (or Assigned officer)
2.	Approve and implement the ISP.	OIC
3.	In correctional centres, provide a copy of the MNF and ISP to an on-duty JHNSW staff member, or otherwise inform the AHNM. Record JHNSW notification in a case note in OIMS. In Court/Police cells, notify the CESU and Placement Officer. Record the notification in an OIMS case note.	
4.	Inform the inmate of the decision and reasons for the ISP. Inform the inmate that the ISP will be subject to review within 24 hours and they will need to attend the RIT management team meeting to discuss level of risk of harm	OIC

	Procedure	Responsibility
	and any protective factors and safeguards that can be put in place so they can be discharged from the RIT.	
5.	Print and attach OIMS IRM to any other incident documentation.	OIC (or Assigned officer)
6.	Provide the ISP to the officer who will be responsible for the inmate's supervision on the ISP.	OIC
7.	Sign for receipt of the ISP.	Officer responsible for management of the inmate

4.3 ISP cell placement options

Inmates may require a specific cell placement to manage their risk of suicide or self-harm. Cell placement must balance safety and security requirements with principles of least restrictive care. The following accommodation strategies for managing an inmate's risk of suicide or self-harm provide guidance, but decisions must be made by the OIC according to each individual's circumstance.

The inmate may be placed in a **normal cell**. This option could be suitable for inmates whose risk of suicide or self-harm does not require the presence of constant human contact or observation.

A **two-out cell** placement means that the inmate must be housed in a cell with a selected cell-mate, with the objective of reducing the risk of suicide or self-harm.

A suitable cell-mate should be selected by checking for any relevant alerts and other information in OIMS. There should be no indication the selected cell-mate poses any threat to the inmate or to themselves, or that the at-risk inmate is a threat to others. A suitable cell-mate would activate the cell alarm in the event of an emergency. The cell-mate must be aware of how and when to use the cell alarm.

Both the at-risk inmate and the cell-mate must sign an *Inmate undertaking to share accommodation*.

An inmate assessed as requiring a two-out cell placement must never be locked alone in a cell (with the exception of an assessment cell). If the selected cell-mate is not present at any time (e.g. is attending work, the clinic or court) the at-risk inmate should be moved to another cell which would maintain a suitable two-out arrangement, or must be in the direct company of a staff member until the cell-mate returns.

A similar level of supervision and support must be considered during out-of-cell hours. If the inmate is required to be left alone or unsupervised in a yard, waiting room or toilet the risk should be assessed and appropriate precautions taken on a case-by-case basis.

A two-out cell placement for an ISP should be identifiable to all staff managing the inmate by entering it in the OIMS alert module and by appropriately marking the accommodation records according to local procedures.

Two-out or group cell placement is **not** an option for those inmates who are assessed as:

- a risk of being harmed by others
- a risk of harming others.

A **camera cell** is any cell equipped with Closed Circuit Television (CCTV) allowing the inmate to be observed from a central monitor room/area. Police/court cell locations with camera cells have a dedicated monitor room post. This post can undertake electronic observations (including use of Touch Screen Technology where available) of all at-risk inmates placed in camera cells.

Most correctional centres have identified **transition cells**, which offer inmates fewer opportunities to self-harm, but are not as restrictive as assessment cells. A transition cell may be an appropriate placement option for an at-risk inmate who does not need constant CCTV monitoring.

Placing an inmate into an **assessment cell** is a measure of last resort and should not be used routinely. The use of assessment cells must be consistent with the approach of least restrictive care. No inmate is to stay in an assessment cell for more than 48 hours (under an ISP or RIT plan) without the written approval of the Governor.

When an assessment cell is used the ISP must specify the:

- length of time the inmate will stay in the cell before having the plan reviewed (this should be no more than 24 hours other than in exceptional circumstances)
- frequency of human interaction
- diversionary activities that can occur under direct staff supervision outside the assessment cell
- details of items issued for in-cell diversionary purposes
- observation monitoring schedule (physical and/or electronic observations with appropriate schedule, e.g. constant camera monitoring, 10 minute intervals, or other as determined by the OIC).

An inmate at-risk of suicide or self-harm must be body scanned (where practicable) or searched prior to being placed in an assessment cell.

Prior to an inmate's cell placement, the cell must be searched and cleared for any contraband or unapproved items that may be used to self-harm or to harm others.

An inmate placed on a RIT must be given precedence over the management of other inmates placed in an assessment cell. The OIC of accommodation must consult with the NUM about alternate management options for other inmates that have been placed in an assessment cell for medical reasons other than an RIT.

4.4 Assessment cell apparel

The use of assessment cell apparel must be determined on a case-by-case basis and not issued as standard procedure. It must be consistent with the approach of least restrictive care and should therefore be justified in its use as part of the ISP. Not all at-risk inmates placed in an assessment cell will require assessment cell apparel.

Only approved items of assessment cell apparel are to be issued. These are available from Corrective Services Industries (CSI) (see *Assistant Commissioner Custodial*

Corrections Memorandum 2014/37 Provision of assessment cell apparel for at-risk inmates).

Clothing must be matched to identified risks. For example:

- an inmate may need to be issued with assessment cell apparel if they have
 - attempted suicide or self-harm by hanging or
 - threatened suicide or self-harm and has discussed a plan that could involve the use of clothing (e.g. hanging, strangulation, fire)
- An inmate who has attempted or threatened suicide or self-harm by cutting or head-banging would not benefit from assessment cell apparel
- An inmate who has threatened suicide or self-harm but has not discussed a plan and who appears to have calmed since initial threats should not be issued with assessment cell apparel unless there are indicators of a specific risk that justifies its use.

An inmate must **never** be left naked in a cell to manage risk of suicide or self-harm.

4.5 Use of restraints

The use of restraints to manage the risk of suicide or self-harm is a measure of last resort and should not be used routinely. It must be consistent with the approach of least restrictive care, and must be justified in its use as part of the ISP.

Only approved items of restraint are to be used, and the appropriate authority must be obtained from the General Manager (GM) in police/court cells, or from the Governor in correctional centres. The use of restraints is considered a use of force, and must be reported on the OIMS IRM. Clause 131 of the *Crimes (Administration of Sentences) Regulation 2014* sets out the situations when force may be used (**refer to COPP section 13.7 Use of force**).

4.6 Observations

An ISP may require observations of the inmate at set intervals. The ISP must specify whether these observations are physical, with the use of a Morse Watchman Tool and/or by electronic (CCTV monitoring) and the time intervals for these observations.

All inmates who are assessed as requiring observations must be identified for each watch.

All observations conducted are to be recorded on a *ISP/RIT Management plan - Observation record*. Observations are useful both for keeping the inmate safe and for gathering information to inform the development of future plans to manage the inmate's risk.

Police/court cell locations with camera cells have a dedicated monitor room post. This post can undertake electronic observations (including use of touch screen technology where available) of all at-risk inmates placed in camera cells.

In police/court cells, all observations are to be recorded by the **designated** static post, i.e. Monitor /Control Room officer. In correctional centres, a correctional officer(s) must be **appointed** for each watch to carry out the observations as part of their duties.

The **designated/appointed** officer(s) must familiarise themselves with the ISP for each inmate to be observed.

The OIC/FM of accommodation should include in the ISP details of the name of the appointed officer(s), the inmate(s) and the frequency and nature of the observations.

Only **physical** observations without a Morse Watchman Tool must be recorded in detail on the *ISP/RIT management plan: observation record form* in a meaningful way. For example, an entry that says 'Appears asleep, laying on back', with the next entry that says 'Appears asleep, moved onto left side' gives a documented history of some kind of movement since the last observation.

Any observations that cause concern to the observing staff must be verbally reported *immediately* to the OIC, and an appropriate response made which includes notifying JHNSW staff. The OIC should also be informed if for any reason the observations cannot be undertaken on schedule.

The first page of *ISP/RIT management plan: observation record form* must be completed each time a new management plan is developed. The second page must be used as a continuation sheet.

The completed *ISP/RIT management plan: observation record form* must be stored in the inmate's Case Management File (CMF) in the alerts section and scanned to the Electronic Data and Records Management System (EDRMS) as per local procedures.

4.7 Procedures for conducting observations

	Procedure	Responsibility
1.	Record observations on an <i>ISP/RIT management plan: Observation record form</i> .	Officer conducting observations
2.	Verbally inform the OIC immediately of any observations that cannot be undertaken on schedule.	Officer conducting observations
3.	Verbally inform the OIC immediately of any observations that cause concern and respond appropriately.	Officer conducting observations

4.8 Diversionary activities

Inmates at risk of suicide or self-harm who are managed with any level of restrictive care will benefit from activities that will divert their attention from thoughts of suicide or self-harm.

The ISP may include diversionary activities such as provision of items in cell (e.g. a book, puzzle, deck of cards or access to a television or radio). They might also include a telephone call to family, and/or access to:

- a nominated support person
- an interpreter
- the Mental Health Information Line

- natural light
- conversational interactions with staff at set intervals in time.

All of these activities can occur in conjunction with cell placement and appropriate clothing strategies to manage risk of suicide or self-harm.

Staff should be mindful of any association between an inmate's acts or threats of suicide or self-harm and their access to diversionary activities. While all efforts should be made to assist inmates to divert attention from thoughts of suicide or self-harm, inmates should not have acts or threats of suicide or self-harm reinforced and rewarded by the provision of certain diversionary activities. For example, staff should be alert to the inmate who always receives a telephone call to family after threatening suicide or self-harm.

When staff have identified the presence of protective factors these should be utilised in the development of diversionary activities so that inmates are reminded of the thoughts and behaviours that have enabled them to cope in the past.

4.9 Access to sharp objects

The ISP should include instruction on whether the inmate can retain a razor, toothbrush, pen, or any other item that could be used as, or fashioned into, a sharp object. An inmate who has made an actual attempt at self-harm should not be given access to any sharp object.

Prior to an inmate being placed the OIC should ensure the cell is searched and cleared of any contraband or unapproved items which may be used to self-harm or harm others. A LOP should be developed outlining this process.

4.10 Requests to see a nurse or access mental health services

If an inmate in an assessment cell utilises the cell call alarm to request to see a nurse or access mental health services such as a psychiatrist, psychologist, or mental health practitioner the request must be logged in the *Cell call alarm medical request and physical response register*. The request is to be conveyed to onsite JHNSW.

A request for nurse, psychologist or psychiatrist from a specific inmate only needs to be recorded once during a shift (i.e. if an inmate repeatedly knocks up for a nurse, psychologist or psychiatrist the first call only is to be recorded per shift) and JHNSW also only need to be notified once during a shift.

If the request is done via physical interaction the request is to be recorded on the ISP/RIT management plan *Observation record form* and the request conveyed to onsite JHNSW.

The attendance or non-attendance of the nurse or mental health practitioner is to be recorded on the same register/form the request has been recorded on.

If there is no on-site nurse or mental health practitioner the OIC is to contact the After Hours Nursing Unit Manager to report the inmates request.

Once notified, if JHNSW staff do not complete the request, either by attending, advising a course of action or advising the OIC why they will not be attending, within

sixty (60) minutes then the OIC must contact the on-site JHNSW staff or the AHNUM again and remind them of the request.

If the OIC is advised by JHNSW staff that there will be no JHNSW action or attendance then this is to be recorded in OIMS case notes

4.11 Additional resources in police/court cells

An ISP developed in a police/court cell complex should take into account the resources available at the location, and should not try to address the management of the inmate at the destination correctional centre.

If an inmate engages in self-harming behaviour at a police/court cell and the OIC determines that the ISP for the inmate requires the provision of additional staffing, then the OIC should make these arrangements as per the approved staff call-in process.

All reports detailing the circumstances and the inmate's behaviour in support of the decision to provide additional resources are to be provided to the Centre Manager for review. These details must be included in the record of the inmate's ISP.

4.12 Transfer from one location to another

When an inmate managed under an ISP is transferred from one location to another, the CESU Placement Officer must advise the receiving location.

An inmate's ISP must be reviewed and, if appropriate, updated when the inmate is transferred from

- one police/court cell complex to another,
- a police/court cell complex to a correctional centre, or
- one correctional centre to another.

Inmates in police/court cell complexes under an ISP must be transferred to a correctional centre as soon as possible, where further assessment may be undertaken by the RIT. The RIT can only be established at a correctional centre. The CESU placement officer must prioritise transfer to a correctional centre for these inmates. These transfers are not dependent on availability of assessment cells at the receiving centre – the RIT at the receiving centre will determine the cell placement option for the inmate.

4.13 Reception into a correctional centre of inmates from police/court cell complexes

Inmates received from police/court cell complexes while under an ISP are to be subject to the reception screening procedures at the receiving correctional centre.

The ISP may require updating as per the resources at the correctional centre. For example, more suitable two-out cell placements may be immediately available at the correctional centre in order to manage the inmate with less restrictive practice.

On initial reception to a correctional centre it is the responsibility of the screening staff to consult with each other prior to updating the ISP, noting any changes in the

inmate's circumstances since transfer to the correctional centre (e.g. after a telephone call to family or friend).

If it is decided that the inmate is to remain under an ISP, the inmate must be referred to the RIT as per local procedure.

Given the limitations of the ISP and pending review by the RIT, inmates under an ISP should be provided with an induction to the correctional centre as soon as possible (**refer to COPP section 1.1 Reception procedures**).

4.14 Procedures in police/court cells

	Procedure	Responsibility
1.	Ensure an ISP is immediately developed and approved after a mandatory notification.	OIC
2.	Select a suitable cell-mate (for two-out cell placement only).	OIC
3.	Ensure the cell has been searched and cleared, prior to the inmate being placed, for any contraband or unapproved / restricted items that may be used to self-harm or to harm others.	OIC
4.	Ensure the ISP is implemented.	OIC
5.	Appoint an officer to carry out any physical observations specified in the ISP. The OIC must record in their journal: <ul style="list-style-type: none"> • the name of the appointed officer • the inmate the officer is observing • the period of the observations to be conducted. 	OIC
6.	Advise the Monitor/Control Room officer of all inmates who require physical or electronic observations as part of their ISP.	OIC
7.	Ensure all required observations are recorded on an <i>ISP/RIT management plan: Observation record form</i> .	OIC
8.	Ensure relevant records are marked with clear instructions including cell placement requirements (as per local procedures).	OIC
9.	Ensure the mandatory notification and ISP are recorded on OIMS, including: <ul style="list-style-type: none"> • the IRM • case notes - include details of the mandatory notification, ISP and who has been provided a copy of the OIMS IRM report (and if completed <i>Part 1: Mandatory notification</i> and <i>Part 2: Immediate support plan</i>) • alerts: create an active self-harm alert and under Reason select <i>Initial alert</i>. Provide details of the 	OIC

	Procedure	Responsibility
	<p>mandatory notification and ISP in the comments section</p> <ul style="list-style-type: none"> alerts - where applicable, create a two-out cell placement alert. 	
10.	Ensure, as per local procedures, all relevant stakeholders (including the CESU Manager of Security (MOS) and Placement Officer) are informed of the at-risk inmate including providing all relevant documents.	OIC
11.	Ensure the ISP is reviewed and updated in response to any change in the level of risk of the inmate and/or location of the inmate (OIMS case notes and alerts are also to be updated).	OIC
12.	Ensure the OIMS IRM printout (and if completed, the original copy of <i>Part 1: Mandatory notification</i> and <i>Part 2: Immediate support plan</i> and any associated original documents (e.g. <i>ISP/RIT Management plan: Observation record form</i> , <i>Health Problem Notification Form (HPNF)</i>) accompanies any at-risk inmates being transferred from one location to another.	OIC
13.	Determine and arrange additional staffing resources where required.	OIC
14.	Ensure all incident reports are prepared for the Centre Manager.	OIC
15.	Prioritise the transfer of an at-risk inmate to a correctional centre.	OIC

4.15 Procedures in correctional centres

	Procedure	Responsibility
1.	<p>Ensure an ISP is immediately developed and approved following a mandatory notification</p> <p>or</p> <p>Review the ISP of an inmate received from a Court/Police cell under an ISP.</p> <p>Inform JH@FMHN staff that an inmates has been placed on an ISP, and make a case note of the notification in OIMS.</p>	OIC Accommodation
2.	Select a suitable cell-mate (for a two-out cell placement).	OIC Accommodation
3.	Ensure the cell has been searched and cleared, prior to the inmate being placed, for any contraband or unapproved / restricted items that may be used to self-harm or to harm others.	OIC Accommodation

	Procedure	Responsibility
4.	Ensure the ISP is implemented.	OIC Accommodation
5.	Appoint a correctional officer to carry out any physical observations specified in the ISP. The OIC must record in their journal: <ul style="list-style-type: none"> the name of the appointed officer the inmate the officer is observing the period of the observations to be conducted. 	OIC Accommodation
6.	Ensure all required observations are recorded on annexure <i>ISP/RIT management plan: Observation record form</i> .	OIC Accommodation
7.	Ensure relevant records are marked with clear instructions including cell placement requirements (as per local procedures).	OIC Accommodation
8.	Ensure the mandatory notification and ISP are recorded on OIMS, including where accessible: <ul style="list-style-type: none"> the IRM case notes - include details of the mandatory notification, ISP and who has been provided a copy of the OIMS IRM report (and if completed <i>Part 1: Mandatory notification</i> and <i>Part 2: Immediate support plan</i>) alerts – create an active self-harm alert and under Reason select <i>Initial Alert</i>. Provide details of the mandatory notification and ISP in the comments section alerts - where applicable, create a two-out cell placement alert. 	OIC Accommodation
9.	Ensure, as per local procedures, all relevant stakeholders are informed of the at-risk inmate including providing all relevant documents.	OIC Accommodation
10.	Ensure the OIMS IRM printout (and/or the original copy of <i>Part 1: Mandatory notification</i> and <i>Part 2: Immediate support plan</i>) and any associated original documents (e.g. <i>ISP/RIT management plan: Observation record form</i> , HPNF) accompanies all at-risk inmates being transferred from one location to another.	OIC Accommodation

5 Risk Intervention Team (RIT)

In a correctional centre, following a mandatory notification and development of an ISP, the RIT must convene.

The RIT is responsible for:

- ongoing assessments of an inmate's risk of suicide or self-harm

- assessing an inmate's risk of harm to and from others
- developing and reviewing a RIT Management Plan to manage an inmate's risk of suicide or self-harm
- where appropriate, referring inmates to specialist assessment or treatment services to address immediate and ongoing needs
- providing a continuity of crisis and management interventions while an inmate is being managed by the RIT, and after the inmate is discharged from the RIT (*Part 4: RIT Discharge plan*) so that future risk factors for suicide or self-harm are appropriately managed.

A response **must** be provided for every question in the *Part 3: Risk Intervention Team Management Plan*. Including:

- Reasons for placement on the MNF
- Why a less restrictive placement has been chosen (if applicable)
- The cell placement decision

An inmate must be reviewed by the RIT within 24 hours of a mandatory notification being made and an ISP developed at a correctional centre.

A Risk Assessment Intervention Team (RAIT) operates at some centres. For the purpose of this policy and associated procedures reference to RIT includes RAIT.

5.1 Membership

The RIT must have three members. All members of the RIT must assess the inmate together:

- the RIT Coordinator, who must be a custodial officer (of Senior Correctional Officer rank or above) designated by the Governor and be available to respond and promptly convene a RIT. A relief RIT Coordinator must also be designated by the Governor to cover the coordinator's role in their absence
- a JHNSW staff member
- an OS&P staff member. The Governor should identify another CSNSW staff member to attend the RIT in the event that an OS&P staff member is not available (e.g. weekends/public holidays).

5.2 Training requirements

All members of the RIT (with the exception of the JHNSW RIT member) must have completed the *Awareness of Managing At-Risk Offenders* on-line e-learning module.

RIT Coordinators must also complete the *Managing At-Risk Offenders* 2-day training course at the Brush Farm Corrective Services Academy.

All staff must ensure their relevant RIT training has been completed or is up to date.

5.3 Assessment of risk of suicide or self-harm

The RIT must review all available information and conduct an assessment regarding the inmate's risk of suicide or self-harm (refer to *RIT: assessment interview and documentation guidelines*).

The RIT should interview the inmate. Interviews should occur in a room as comfortable and private as possible. Every effort must be made to engage the inmate in developing the management plan. Any issues such as mental health and/or cognitive impairment or low literacy should be considered. Accredited interpreters must be used when interviewing inmates from non-English speaking backgrounds, or who are deaf, if they have difficulty understanding or speaking English.

There are three possible outcomes of a RIT assessment interview:

- if the inmate is not considered by the RIT to be at risk of suicide or self-harm and does not require additional management strategies, then no RIT Management Plan is developed. Instead, a *Part 4: RIT Discharge plan* is completed which identifies the factors that brought the inmate before the RIT referrals made to relevant areas of CSNSW and/or JHNSW.
- if the inmate is considered by the RIT to be at risk of suicide or self-harm, then a RIT Management Plan should be developed which includes strategies that directly target risk factors while maintaining principles of least restrictive care. It must be based on all available information. The RIT Management Plan can be of short- or long-term duration as determined by the strategies required to manage the inmate's risk of suicide or self-harm.
- If the inmate is unable to properly participate in an interview (for example, due to the inmate's emotional state, level of aggression or intoxication) the ISP is to continue (subject to any reviews and updates by the OIC) until the inmate is able to participate in an interview.

6 RIT management plan

6.1 Matters for consideration

The RIT Management Plan is to consider all options as detailed for the ISP plan (refer to subsection **4 Immediate support plan (ISP)** and subsection **4.2 Procedures for an ISP** of this policy):

- cell placement options
- risk of harm to or from others
- risk of self-harm or suicide
- assessment cell apparel
- use of restraints
- observations
- diversionary activities
- access to sharp objects.

In addition to the above, the RIT Management Plan must also consider:

- referrals
- transport requirements
- next RIT review date.

6.2 Referrals

The RIT aims to settle the emotional state of the inmate and address any non-coping behaviours. This may require assistance from staff outside the RIT. The following referrals should be considered by the RIT:

- JHNSW (to be made by the JHNSW RIT member):
 - mandatory: for mental health assessment and/or medication review. An inmate who is suspected of having a mental illness or who presents with any other acute mental health issue must be referred to a mental health nurse and/or psychiatrist for specialist mental health assessment and intervention
 - for a primary health medical issue.
- OIMS to a CSNSW psychologist
- OIMS to a CSNSW Services and Programs Officer (SAPO)
- Other specialist services such as Statewide Disability Services or Personality and Behavioural Disorders Service.

Referrals may also be made to the following specialist units:

- Acute Crisis Management Unit (ACMU – males only)
- Additional Support Unit (ASU – males only)
- Mum Shirl Unit (MSU – females only)
- Mental Health Screening Units (at Metropolitan Remand and Reception Centre for males and Silverwater Women’s Correctional Centre for females).

Note: In correctional centres that have a Mental Health Team on-site, the RIT should refer the at-risk inmate to the Mental Health Team for assessment and possible referral onto the Mental Health Screening Unit.

If appropriate, staff at the Mental Health Screening Unit will refer the inmate onto the Long Bay Hospital Mental Health Unit. For further information, contact the JHNSW Mental Health Helpline on 1800 222 472.

The RIT Management Plan may still be reviewed while awaiting the results of any referrals.

6.3 Transport requirement

Every RIT Management Plan must consider any requirements or conditions regarding the transport of the at-risk inmate, even if there are no escorts scheduled for the inmate. The RIT should identify any risks associated with transport and include in the RIT Management Plan strategies to address the risk, including during the escort, arrival of the inmate at the destination, and on return to the correctional centre.

At the time an escort is to take place of an inmate under a RIT Management Plan, the RIT Coordinator (or in their absence, the OIC in consultation with a JHNSW staff member) must refer to the RIT Management Plan and either support or oppose the transfer, and then, if required, update the escort requirements of the inmate.

If the RIT Coordinator (or the OIC/JHNSW staff member) does not support the transfer they must advise the MOS/FM immediately and provide reasons for their decision. A HPNF for medical hold may be completed by JHNSW staff in these instances.

If the escort is to go ahead, the FM of the sending centre must contact the FM of the receiving centre and inform them of the transfer.

Escort staff must be made aware of the inmate's RIT Management Plan details. The senior escorting officer must check the OIMS alerts for all inmates on an escort to determine if any inmates are being managed by the RIT. Escort staff and the OIC of the receiving destination should have a copy of the RIT Management Plan.

It is the responsibility of receiving officers at correctional centres and police/court cell complexes to establish whether inmates arriving on transfer are deemed to be at increased risk of self-harm or suicide and to manage them accordingly.

6.4 Next RIT review date

RIT Management Plans have a fixed time frame for review. The review date is determined by the RIT and is dependent on the restrictive nature of the intervention.

For inmates placed in an assessment cell, the RIT Management Plan should be reviewed within 24 hours (unless exceptional circumstances exist).

For less intense management regimes, the review date will be dependent on the RIT assessment and should allow for critical referrals to be actioned and completed.

6.5 Developing and recording

The RIT Management Plan should be developed in the presence of, and with input from, the inmate and based on all available information. The plan is to be recorded on *Part 3: Risk Management Plan*.

The RIT team should consider relevant information including:

- The Part 1 Mandatory Notification
- Prior Mandatory Notifications, ISPs and RIT plans
- Recent OIMS case notes with regard to the mental health of the inmate
- Any observations of the inmate in a cell made while on an ISP or a RIT;
- Current OIMS alerts in relation to the inmate.

The team should assist and engage the inmate in active problem solving, which can include referral to specialist assessment and treatment services for priority assistance.

The plan must consider the level of resources available at the correctional centre at which it is being developed.

If the RIT members are unable to reach a unanimous decision regarding the assessment or management of an inmate, then the RIT Coordinator should refer the case to the Governor (or delegate) for adjudication and provide all relevant information. This can be done in person or by telephone. Until the Governor is available the RIT should adopt the safest option.

All RIT members and the inmate should sign the RIT Management Plan. If the inmate refuses or is unable to sign, the RIT Coordinator must note this on the form.

The annexure *ISP/RIT management plan - Reference guide* provides strategies for the RIT Management Plan and their relevance to both level of risk and principles of least restrictive care.

6.6 Responsibilities of RIT coordinator

	Procedure	Responsibility
1.	<p>Ensure all RIT team members has access to and opportunity to consider relevant information required to make an informed RIT management plan decision including:</p> <ul style="list-style-type: none"> • The Part 1 Mandatory Notification • Prior Mandatory Notifications, ISPs and RIT plans • Recent OIMS case notes with regard to the mental health of the inmate • Any observations of the inmate in a cell made while on an ISP or a RIT; • Current OIMS alerts in relation to the inmate. 	RIT Coordinator
2.	Complete <i>Part 3 – Risk intervention team (RIT) management plan</i> .	RIT Coordinator
3.	Contact the Governor in the event of required adjudication of a RIT decision and provide them with all relevant information to assist the adjudication.	RIT Coordinator
4.	Inform the inmate of the decision and reasons for the RIT. Inform the inmate that the RIT will be subject to review within 24 hours (if placed in an assessment cell) and they will need to attend the next RIT management team meeting to discuss level of risk of harm and any protective factors and safeguards that can be put in place so they can be discharged from the RIT.	OIC
5.	Ensure all RIT members and the inmate (where possible) have signed the <i>Part 4: RIT Discharge plan</i> . Ensure a new cell placement decision is completed and reasons for the decision are provided on the <i>Part 4: RIT Discharge plan (Part A)</i> . Ensure risk to others is considered.	RIT Coordinator
6.	For two-out cell placement, select a suitable cell-mate.	RIT Coordinator
7.	<p>Ensure the RIT Management Plan is recorded on OIMS, including:</p> <ul style="list-style-type: none"> • case notes - include details of the RIT Management Plan and if applicable the Governor's adjudicating decision <p>alerts – update active self-harm alert, and under <i>Reason</i> select <i>On Going Review</i>. Provide details of the management plan in the comments section. If required, a two-out cell placement alert should also be entered.</p>	RIT Coordinator

	Procedure	Responsibility
8.	Ensure any referrals to services and programs are completed.	RIT Coordinator or Assigned Officer
9.	Ensure that the completed original <i>Part 3 – Risk intervention team (RIT)</i> and any associated original documents e.g. annexure <i>ISP/RIT management plan observation record form</i> are placed in the inmate's Case Management File in alerts section and scanned to EDRMS according to local procedure.	RIT Coordinator
10.	As per local procedures ensure all relevant stakeholders are informed of the at-risk inmate's RIT Management Plan by providing a copy of <i>Part 3 – Risk intervention team (RIT)</i> (and any associated documents). This must include the OIC and staff of the accommodation unit and JHNSW staff (for the inmate's medical file).	RIT Coordinator
11.	Ensure the RIT Management Plan is reviewed as per the RIT Management Plan review date. OIMS case notes and alerts are also to be updated on review.	RIT Coordinator

6.7 Responsibilities of OIC

The OIC of the inmate accommodation area/watch responsible for the inmate must:

	Procedure	Responsibility
1.	Sign for receipt of the RIT Management Plan.	OIC initially receiving the RIT Management Plan
2.	Ensure the RIT Management Plan is implemented and displayed/available for all staff managing the inmate.	OIC
3.	Ensure the cell has been searched and cleared, prior to the inmate being placed, for any contraband or unapproved / restricted items that may be used to self-harm or to harm others.	OIC
4.	Appoint a correctional officer to carry out any observations. The OIC must record in their journal: <ul style="list-style-type: none"> the name of the appointed officer the inmate the officer is observing the period of the observations to be conducted.	OIC
5.	Ensure all required observations are recorded on annexure <i>ISP/RIT Management plan observation record form</i> .	OIC

	Procedure	Responsibility
6.	Ensure the accommodation records are marked with clear instructions including cell placement requirements (as per local procedures).	OIC

6.8 Responsibilities of Governor

On receipt of request for adjudication of a RIT decision by the RIT Coordinator, the Governor (or acting Governor) should:

	Procedure	Responsibility
1.	Confirm with the RIT Coordinator that all relevant information has been received.	Governor
2.	Consider all available information provided by the RIT Coordinator.	Governor
3.	Consider further interview with dissenting RIT members.	Governor
4.	Consider further interview with the inmate.	Governor
5.	Consider seeking advice from Regional Support Manager and/or Regional Chief Psychologist (or Chief Psychologist Specific Needs for inmates housed in specialist units within CSNSW).	Governor
6.	Recommend to the RIT Coordinator a course of action for the RIT Management Plan that accounts for the issues under dissent.	Governor
7.	Ensure that the RIT Coordinator completes an OIMS case note outlining the details of the recommendations for the RIT Management Plan subsequent to the adjudication.	Governor

6.9 Review

Review of the RIT Management Plan should consider the following issues to re-assess the inmate's ongoing risk of suicide or self-harm:

- indicators of suicidal or self-harming behaviour
- indicators of ongoing risk of suicidal or self-harming behaviour
- history of suicide or self-harm attempts and relevance to the current situation
- resolution/alleviation of any situations or context that triggered suicide or self-harm threats or behaviour
- change in presentation and/or situation from previous RIT assessment
- information available from other sources, including the observation record contained in annexure *ISP/RIT management plan observation record form*
- information obtained from completed referrals as recorded in OIMS including case notes and through other correspondences with referred services.

There is no limit to the number of times a RIT Management Plan can be reviewed, or the length of time an inmate can be managed by the RIT. The RIT should manage the

inmate on a RIT Management Plan until such time as the inmate's risk of suicide or self-harm can be managed by normal management processes (or until such time as the inmate is accepted into a specialist unit in the event that the level of risk requires this management).

After each RIT review, the RIT Coordinator must update the RIT Management Plan and OIMS alert and case notes. For full details of the RIT Coordinators responsibilities when reviewing the RIT Management Plan refer to subsection **6.6 RIT Management Plan – responsibilities of the RIT Coordinator**.

Once the RIT decides that an inmate no longer needs a RIT Management Plan, the RIT completes the *Part 4: RIT Discharge plan* form.

7 Discharge plans

The RIT should interview the inmate in developing a Discharge Plan. Interviews should occur in a room as comfortable and private as possible. Every effort must be made to engage the inmate in developing the RIT Discharge Plan.

A fresh cell placement decision must be made on the discharge of a RIT.

7.1 Discharge from an ISP

Some inmates subject to an ISP and assessed by the RIT for the first time are deemed to be not at risk of suicide or self-harm. In this case a RIT Management Plan is not developed, instead a Discharge Plan is developed. The factors that brought the inmate before the RIT are to be identified and if required appropriate referrals to relevant areas of CSNSW and/or JHNSW made.

All RIT members must agree on the decision to discharge an inmate from an ISP. If the RIT members are unable to reach a unanimous decision regarding the discharge from the ISP, then the RIT Coordinator should refer that matter to the Governor (or delegate) for adjudication and provide all relevant information. This can be done in person or by telephone. Until the Governor (or delegate) is available the RIT should adopt the safest option.

7.2 Discharge from a RIT management plan

Once the RIT determines that an inmate no longer needs to be managed on the RIT Management Plan, the RIT completes the RIT Discharge Plan.

The RIT may discharge the inmate:

- to a specialist unit
- with conditions and/or referrals
- with no further actions.

The RIT Discharge Plan must identify for all staff involved in the future management of the inmate any specific future triggers for increased risk of suicide or self-harm. The RIT Discharge Plan should also provide management strategies relevant to minimising the inmate's future risk of suicide or self-harm, including recommendations regarding long-term cell placement options, referrals, and coordinated service provision between CSNSW and JHNSW.

All RIT members must agree on the decision to discharge an inmate from the management of the RIT. If the RIT members are unable to reach a unanimous decision regarding the discharge from the RIT Management Plan, then the RIT Coordinator should refer that matter to the Governor (or assigned officer) for adjudication, providing all relevant information. This can be done in person or by telephone. Until the Governor (or assigned officer) is available the RIT should adopt the safest option.

7.3 Discharge to a specialist unit

When the RIT decides that an inmate can no longer be safely managed by the RIT at the local correctional centre (i.e. requires more intensive or specialised management) the inmate can be referred to a specialist unit within CSNSW.

Referrals may be made to the following specialists units:

- Acute Crisis Management Unit (ACMU – males only)
- Additional Support Unit (ASU – males only)
- Mum Shirl Unit (MSU – females only)
- Mental Health Screening Units (at Metropolitan Remand and Reception Centre for males and Silverwater Women’s Correctional Centre for females).

Note: In centres that have a Mental Health Team on-site, the RIT should refer the at-risk inmate to the Mental Health Team for assessment and possible referral onto the Mental Health Screening Unit. If indicated, staff at the Mental Health Screening Unit may refer the inmate onto the Long Bay Hospital Mental Health Unit. For further information, contact the JHNSW Mental Health Helpline on 1800 222 472.

The RIT Coordinator must also confirm with the specialist unit staff if the inmate is to be transferred to the specialist unit under the sending centres RIT Management Plan or RIT Discharge Plan.

7.4 Discharge with conditions and/or referrals

Even when the RIT assesses no current risk of suicide or self-harm, some inmates who are discharged from a RIT Management Plan will require ongoing management strategies and coordinated provision and review of services and programs to minimise their longer-term risk of suicide or self-harm. For example, inmates who have complex needs will likely require ongoing coordinated management by CSNSW and JHNSW beyond the RIT process.

The RIT Discharge Plan should give recommendations to supplement normal management processes with specific conditions around referred services to be provided.

The RIT Discharge Plan must ensure that the risk factors that precipitated the RIT are addressed through appropriate referrals to CSNSW services and programs and JHNSW. Any services from the RIT Management Plan that require ongoing contact with the inmate should be recorded in the RIT Discharge Plan. Any new referrals to services or programs should also be recorded in the RIT Discharge Plan.

An inmate may be identified by the RIT as requiring normal management processes with specific conditions around referred services to be provided for the following reasons (including but not limited to):

- chronic history of self-harm
- changing mental health status
- impulsivity related to borderline personality disorder, acquired brain injury, dementia or other cognitive impairment
- poor problem solving or stress management skills
- identified situational stressors e.g. anniversaries of traumatic events
- upcoming Family Court hearings or other deteriorating family structure
- increased media coverage
- forthcoming changes in circumstances e.g. sentencing
- parole hearing
- change to classification
- correctional centre transfer (especially away from family or cultural supports).

The RIT Discharge plan must be integrated with the inmate's case management plan or service needs plan. The RIT Discharge Plan should provide details of management strategies required and timeframes for review of these strategies (which may be more regular than standard case management plan review timeframes). The RIT Discharge Plan must be case noted in OIMS with appropriate alerts attached, making information available for case management staff.

7.5 Discharge with no further actions

Some inmates who are discharged from an ISP or a RIT Management Plan will not require any specific case management strategies or follow-up after discharge.

The RIT Discharge Plan should reflect recommendations to normal management processes without specific conditions.

7.6 Developing and recording the discharge plan

When developing and recording the RIT Discharge Plan, the RIT must:

- ensure that strategies in the RIT Discharge Plan are adequate to manage associated risks
- ensure that the strategies in the RIT Discharge Plan follow principles of least restrictive care, noting that any shared accommodation requirements beyond the management of the RIT must be documented on the HPNF by the JHNSW RIT member
- ensure that any referrals to specialist units have been accepted prior to completing the RIT Discharge Plan. NOTE: Only complete the RIT Discharge Plan if an inmate is not being transferred on the current RIT Management Plan (Refer to subsection 7.3 **Discharge to a specialist unit** of this policy)
- all RIT members and the inmate must sign the Discharge Plan. If the inmate refuses or is unable to sign, the RIT Coordinator will note this on the form.

7.7 Responsibilities of RIT Coordinator for a RIT discharge plan

	Procedure	Responsibility
1.	Complete <i>Part 4: RIT Discharge plan</i> .	RIT Coordinator
2.	Contact the Governor in the event of required adjudication of a RIT decision and provide the Governor with all relevant information to assist the adjudication.	RIT Coordinator
3.	Ensure all RIT members and the inmate (where possible) have signed the RIT Discharge Plan.	RIT Coordinator
4.	Update OIMS including: <ul style="list-style-type: none"> • case notes • alerts - change the active self-harm alert to inactive and update the alerts comment with details of the RIT Discharge Plan (including any Governor adjudicating recommendations). An automatic additional <i>History of self-harm incident</i> alert will be created that will remain active for the duration of the inmate's OIMS booking and cannot be made inactive • Update the IRM and close off for review. 	RIT Coordinator
5.	Ensure any referrals to services and programs are completed.	RIT Coordinator or assigned officer
6.	Ensure that the completed original <i>Part 4: RIT Discharge plan</i> is filed in the alerts section of the inmates Case Management File.	RIT Coordinator
7.	Ensure that a copy of <i>Part 4: RIT Discharge plan</i> and any associated documents (including but not limited to) HPNF is: <ul style="list-style-type: none"> • made available to the OIC of the accommodation unit housing the inmate • made available to the JHNSW RIT staff member for placement on the inmates medical file • scanned to EDRMS. 	RIT Coordinator
8.	Ensure that a copy of <i>Part 4: RIT Discharge plan</i> is provided to the inmate (at the discretion of the RIT Coordinator pending any security issues).	RIT Coordinator
9.	Ensure, where appropriate, the accommodation records are marked with clear instructions including cell placement requirements (as per local procedures).	RIT Coordinator
10.	Inform case management staff about the recommendations contained in the RIT Discharge Plan so that the inmate's case plan or service needs plan can be updated, if required.	RIT Coordinator

8 General duties of RIT coordinator

8.1 Policy

The RIT Coordinator is also responsible for the following on-going general duties concerning the management of at-risk inmates in the correctional centre:

- monitoring and reporting any issues arising from the implementation of this policy which emerge from the operation of the RIT
- monitoring the state of the assessment cells, CCTV equipment and cell alarms to ensure they are in a good state of repair, and are covered by Daily Security Reporting requirements (**Refer to COPP section 16.14 Daily security reporting**)
- monitoring assessment cell apparel (including availability, condition and quantity)
- monitoring the availability of diversionary materials and amenities for at-risk inmates
- ensuring the original IRM is updated with each review
- ensuring the IRM is finalized when the inmate is discharged from RIT management.

Any identified issues are to be reported in writing to the Governor.

9 Quick links

- [Related COPP](#)
- [Forms and annexures](#)
- [Related documents](#)

10 Definitions

Amber Laurel Correctional Centre	Amber Laurel is gazetted as a correctional centre. However, in the application of this policy and procedures, Amber Laurel is operationally considered to be a police/court cell complex (and not a correctional centre) and does not have a Risk Intervention Team.
Assessment cell	A cell designed to reduce the opportunities for an inmate to self-harm. All fixtures are recessed and all furniture is fixed, thus reducing the number of possible hanging points. Each assessment cell is equipped with Closed Circuit Television. Assessment cells are equipped with transparent panels for observation purposes. While inmates at risk of suicide or self-harm are a priority for use of assessment cells, they can be used for inmates who are not at risk of suicide or self-harm.
Assessment cell apparel	Approved clothing and bedding appropriate for inmates at risk of self-harm including gowns, shorts, smock tops, sheets and pillowcases. These items are available from Corrective Services Industries and can be ordered via the on-line catalogue. This apparel can only be issued to an at-risk inmate placed in an assessment cell.
At-risk	For the purposes of this policy and its associated procedures, an at-risk inmate is one deemed to be at risk of suicide or self-harm.
Assigned Officer	An individual officer or an officer who is a position that the Governor (or MOS) in charge of a correctional centre has assigned to perform a particular duty or task.
Camera cell	Any cell equipped with Closed Circuit Television allowing the inmate to be monitored from a central monitor room/area.
CCTV	Closed Circuit Television
Centre Manager	The Custodial Officer in charge of the Police/Court cell location.
CESU	Court Escort Security Unit
CMF	Case Management File
COPP	Custodial Operations Policy and Procedures
CSI	Corrective Services Industries
CSNSW	Corrective Services New South Wales
EDRMS	Electronic Data and Records Management System

Functional Manager	For the purpose of Custodial Operations Policy and Procedures, all reference to a FM will include a Manager of Security (MOS) and Senior Assistant Superintendent (SAS) for those correctional centres that have not been benchmarked. Appropriate Local Operating Procedures must be developed in those correctional centres to ensure responsibilities have been allocated.
First responding officer	All persons working in a court/police cell complex or correctional centre, including correctional officers, OS&P staff, JHNSW and sessional employees
GM	General Manager
HPNF	Health Problem Notification Form. A Health Problem Notification Form (HPNF) is a Justice Health & Forensic Mental Health Network record that is used to notify Corrective Services NSW staff of an inmate's health problems relevant to the custodial management of that inmate.
IRM	Incident Reporting Module. The Incident Reporting Module (IRM) on the Offender Integrated Management System is a system for notifying certain staff of the occurrence of reportable incidents.
ISP	<p>Immediate Support Plan. The Immediate Support Plan (ISP) is a plan to manage an inmate immediately after they have been identified as being at risk of suicide or self-harm. The ISP must be approved and implemented by the Officer In Charge. The ISP needs to be recorded on the Offender Integrated Management System Incident Reporting Module (and if required in Part 2 of the annexure 13.13 <i>Mandatory Notification for Inmates at Risk of Suicide or Self-Harm</i>).</p> <p>The ISP can be reviewed and updated until such time as a RIT convenes (correctional centre only) and conducts an assessment and formulates a RIT management plan.</p>
JHNSW	Justice Health & Forensic Mental Health Network (JHNSW) is a division of NSW Health providing health services to inmates. Also includes any private health provider performing equivalent duties at a correctional facility.
Least restrictive care	Any restrictions or strategies that are placed on an inmate to manage their risk of suicide or self-harm must be the least necessary in order to manage that risk. Management strategies that are more restrictive than necessary can exacerbate an inmate's risk of suicide or self-harm.
LOPs	Local Operating Procedures
OIC	Officer in Charge. Officer in Charge is the custodial officer in charge of a shift in a police/court cell complex
OIMS	Offender Integrated management System. The Offender Integrated Management System is the principle method for CSNSW staff to record information relevant to the management of inmates in correctional centres and offenders in the community.

OS&P	Offender Services and Programs
RAIT	Risk Assessment Intervention Team. Risk Assessment Intervention Team operate at some centres. For the purpose of this policy and associated procedures reference to Risk Intervention Team includes RAIT.
RIT	Risk Intervention Team. Risk Intervention Team is a multidisciplinary team with staff from Corrective Services New South Wales and Justice Health & Forensic Mental Health Network, responsible for assessing an inmate's risk of suicide or self-harm and developing ongoing strategies to manage the risk following mandatory notification. The RIT is led by the RIT Coordinator.
RIT Coordinator	The Risk Intervention Team Coordinator is a custodial officer appointed by the Governor to lead the Risk Intervention Team and must have appropriate training in the identification and management of inmates at risk of suicide or self-harm. The coordinator must be of the rank of Senior Correctional Officer or above, be someone who is accessible (that is someone whose post can be covered, with the Manager Security's concurrence) and is in a position to respond and convene the Risk Intervention Team promptly.
S&I	Security and Intelligence, a branch of CSNSW
SAPO	Services and Programs Officer
Touch Screen Technology	Touch Screen Technology is a form of electronic monitoring available at some police/court cells that allows the monitor room officer to record electronic observations.
Transition Cell	A cell offering fewer opportunities than a standard cell for an inmate to suicide or self-harm, and with reduced hanging points. A transition cell is an option for inmates who no longer require regular observations in an assessment cell but are not yet ready for normal cell placement. Most high and medium security correctional centres have cells suitable for transitional purposes. Transition cells may also be referred to as step-down cells.

11 Document information

Business centre:	Statewide Operations	
Approver:	Dr Anne Marie Martin (Deputy Commissioner Security and Custody)	
Date of effect:	16 December 2017	
EDRMS container:	18/7014	
Version	Date	Reason for amendment
1.0		Initial publication (<i>Replaces section 13.3.1 and 13.3.2 of the superseded Operations Procedures Manual</i>)
1.1	26/02/19	Inclusion of the requirement to consider access to sharp objects in the considerations lists for ISP at [4.1] Policy and [6.1] Matters for consideration.
1.2	12/03/20	General formatting update and improvements
1.3	15/02/21	Amendments at 3.3 <i>Procedures for notification by FRO and OIC</i> , 4.2 <i>Procedures for an ISP</i> , and 8.1 <i>General duties of RIT coordinator</i> to ensure the original IRM is kept open and updated until the inmate is discharged from the ISP or RIT management plan
1.4	16/08/21	Addition at 5.3 <i>Assessment of risk of suicide or self-harm</i> to allow a third outcome of a RIT assessment (when an interview with the inmate cannot be conducted).
1.5	16/12/22	Addition to 4.3 ISP cell placement options to include body-scan before placement in assessment cell. Refer to Deputy Commissioners memorandum 2022/05 <i>Use of body scanners in preference to strip searches</i> .
1.6	19/05/23	Addition at subsections 4.1 <i>Policy</i> and 6.1 <i>Matters for consideration</i> to include risk of self-harm or suicide.
1.7	23/05/23	The policy and procedures have been amended throughout to improve safeguards and record-keeping, ensure a higher level of compliance with RIT member requirements and responsibilities, and ensure appropriate cell placement when discharged from an ISP or RIT management plan. A more detailed description of changes are available in DC S&C Memorandum 2023/19 - <i>Updated policy and forms for managing inmates at risk of self-harm and suicide</i> .
1.8	10/10/23	Added obligation to inform JHNSW when ISP is implemented.
1.9	11/03/24	Addition of 4.10 Requests to see a nurse or access mental health services. Changing of Authorised officer to Assigned officer including definition

1.10	21/05/24	Addition within subsection 4.10 of the requirement to follow up with JHNSW if no action has occurred within 60 minutes Addition to 4.6 for the OIC to notify JHNSW when behaviour of concern is reported. Changing of JH&FMHN to JHNSW
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