

Department of Justice and Community Safety  
Released under the Freedom of Information Act 1982 (Vic)

## SCHEDULE 1.02 (8A)

Metropolitan  
Remand Centre  
070/ 13942

## Modified Risk Management Plan

Name:

Jacob Farrara

Given name &amp; Surname

JAID/CRN:

229122

## MODIFIED RISK MANAGEMENT PLAN

Date:

5/5/22

Time:

1400

Risk Level Status (eg S1, S2, S3, S4) S 1

Comments

Accommodation

'Muirhead'/observation cell, single cell,  
shared cell; unit name or type; clothing;  
type of bedding and cell property.

Muirhead

Observation Level

Eg 15, 30, 60 minute direct observations;  
alternative requirements for day / night;  
in/out of cell; different daily activities.  
CCTV monitoring where appropriate.

15/30

Daily Activities / Régime

Eg let out régime, access to services,  
association, privileges.

Access

Caseworker Support

Eg interaction / monitoring required from  
caseworker and other custodial staff.

Unit

Other Support

Eg Offender services, family, peer support,  
chaplaincy, volunteers, VACRO, CALD,  
ISO, AWO.

regime

Treatment Plan

Eg health service contact, Offending  
Behaviour Programs, appointments, contracts,  
assessments.MH + mental  
nurses as required

Significant Issues

Eg court dates, visits, phone calls, family  
contact arrangements, anniversaries.

S2

## RRT Composition

Operations Manager

Signed:

Nursing Staff:

Signed:

Other Attendee:

Signed:

(position):

Other Attendee:

Signed:

(position):

Other Attendee:

Signed:

(position):

Other Attendee:

Signed:

(position):

Other Attendee:

Signed:

(position):

Discussion Notes:

Safety Cannot Guarantee his Safety, Say he  
is Sch - S1 for today, Review Tom.

RRT Co-ordinator:

Signed:

Original to be placed in Prison

Copy to be placed in

CPW 0617-056

## SCHEDULE 1.02 (8A)

Metropolitan  
Remand Centre  
070/ 13947

## Modified Risk Management Plan

Name:

Jacob Farrara

Given name &amp; Surname

JAID/CRN:

229122

MODIFIED RISK MANAGEMENT PLAN		Date: 6/5/22	Time: 1400
Risk Level Status (eg S1, S2, S3, S4) S2		Comments	
Accommodation	Muirhead/observation cell, single cell, shared cell; unit name or type; clothing; type of bedding and cell property.	Modified	
Observation Level	Eg 15, 30, 60 minute direct observations; alternative requirements for day / night; in/out of cell; different daily activities. CCTV monitoring where appropriate.	30/60	
Daily Activities / Régime	Eg let out régime, access to services, association, privileges.	As per unit	
Caseworker Support	Eg interaction / monitoring required from caseworker and other custodial staff.	Refuse	
Other Support	Eg Offender services, family, peer support, chaplaincy, volunteers, VACRO, CALD, ISO, AWO.	Refuse	
Treatment Plan	Eg health service contact, Offending Behaviour Programs, appointments, contracts, assessments.		
Significant Issues	Eg court dates, visits, phone calls, family, contact arrangements, anniversaries.		
<b>RRT Composition and Endorsement:</b>			
Operations Manager		Signed:	
Nursing Staff:		Signed:	
Other Attendee		Signed:	
(position)			
Other Attendee		Signed:	
(position)			
Other Attendee:		Signed:	
(position):			
Other Attendee:		Signed:	
(position):			
Other Attendee:		Signed:	
(position):			
<b>Discussion Notes:</b>			
Not settled, downgrading but allie			
SASH, all AH/UH Downgrade to			
S2			
<b>RRT Co-ordinator:</b>		<b>Signed:</b>	

Original to be placed in Prison

Copy to be placed in

Medical file

CPW 0617-056



**SCHEDULE 1.02 (8A)**

# Modified Risk Management Plan

Name: Fallhead J JAID/CRN: 22112  
Given name & Surname

MODIFIED RISK MANAGEMENT PLAN		Date: <u>7/5/22</u>	Time: <u>14:00</u>
Risk Level Status (eg S1, S2, S3, S4) <u>S 3</u>		Comments	
Accommodation	'Muirhead'/observation cell, single cell, shared cell; unit name or type; clothing; type of bedding and cell property.	Modified	
Observation Level	Eg 15, 30, 60 minute direct observations; alternative requirements for day / night; in/out of cell; different daily activities. CCTV monitoring where appropriate.	S3 / 16	
Daily Activities / Régime	Eg let out régime, access to services, association, privileges.	S3 / 16	
Caseworker Support	Eg interaction / monitoring required from caseworker and other custodial staff.	S3 / 16	
Other Support	Eg Offender services, family, peer support, chaplaincy, volunteers, VACRO, CALD, ISO, AWO.	S3 / 16	
Treatment Plan	Eg health service contact, Offending Behaviour Programs, appointments, contracts, assessments.	RPT & RPT 16	
Significant Issues	Eg court dates, visits, phone calls, family contact arrangements, anniversaries.	as above.	
<b>RRT Composition</b> Operations Manager: _____ Nursing Staff: _____ Other Attendee: _____ (position): _____ Other Attendee: _____ (position): _____ Other Attendee: _____ (position): _____ Other Attendee: _____ (position): _____ Other Attendee: _____ (position): _____		Signed: _____ Signed: _____ Signed: _____ Signed: _____ Signed: _____ Signed: _____ Signed: _____	
<b>Discussion Notes:</b> <u>To reduce to S3 &amp; R15</u> _____ _____ _____			
<b>RRT Co-ordinator:</b> _____		<b>Signed:</b> _____	

## SCHEDULE 1.2/1 (9)

Metropolitan  
Remand Centre  
070/19738

## Interim Risk Management Plan

Name: JACOB FARRARA

JAID/CRN: 229122

Interim Risk Management Plan		Date: 08/05/22
Current Suicide Rating (eg S1, S2, S3) S <u>2</u>		Comments
Accommodation	eg 'Muirhead' cell, observation cell, single cell, shared cell; unit name or type; clothing; type of bedding and cell property.	single cell
Observation Level	eg 15, 30, 60 minute direct observations; alternative requirements for day / night; in/out of cell; different daily activities. CCTV monitoring where appropriate.	60/6
Daily Activities / Régime	eg let out régime, access to services, association, privileges.	
Caseworker Support	eg interaction / monitoring required from caseworker and other custodial staff.	
Other Support	eg Welfare Officer, family, peer support, chaplaincy, volunteers, VACRO, CALS, ISO, AWO.	regime
Treatment Plan	eg health service contact, clinical services, appointments, contracts, assessments.	
Significant Issues	eg court dates, visits, phone calls, family contact arrangements, anniversaries.	
Additional Notes:		
largely reluctant to engage in meaningful conversation.		
As he will not engage in social, but rapport difficult to establish		
Prepared by:	S38	Signed

04/07-057 (TRI)



Metropolitan  
Remand Centre  
070/ 21928

**SCHEDULE 1.2/1 (5)**  
**REFERRAL FOR 'AT RISK' ASSESSMENT**

J.A.I.D. or CRN: <u>229122</u>	Name: <u>FARRARA JACOB</u>		
Unit: <u>BELLBRIDGE</u>	Date of Referral: <u>09/05/22</u>	Time Risk Behaviour Identified: <u>16:45</u>	Time of Referral: <u>16:45</u>

Source of Referral (tick at least one):

Name (please print)

- ☐ Staff Member
- ☐ Staff Member on Basis of Prisoner's Self Report
- ☒ Other Agency Representative (eg Police)
- ☐ Prisoner's Family Member
- ☐ Other Prisoner(s)
- ☐ Other (Please Specify)

Other Relevant Information Concerning Source of Referral:

*Prisoner contacted Abudsmant. During the course of this, prisoner could not guarantee his safety. 911 referral made.*

Description of Prisoner's Difficulties Requiring Referral (including prisoner's view of referral):

*Prisoner complained of being held unlawfully in QT unit. Also complained of insomnia. Prisoner refused to return phone handset.*

REFERRED BY:

Name (please print):

Unit No.:

BELLBRIDGE

Received By:

Name:

Date & Time Booked:

TIME 16:45 am/pm

Has the referral been added to the Crisis Call Referral List?

☒ Yes

☐ No

Date & Time seen:

TIME 16:45 am/pm

Prisoner 'At Risk'? ☒ Yes

☒ Interim Risk Management Plan completed and provided to PO Health Centre

☒ Suicide Rating (eg S1, S2, S3 or S4) S2

☒ Unit OIC verbally informed

☐ No

☐ Unit OIC verbally informed

Assessed by:

Name:

Signature:

CPW 0603-125



## SCHEDULE 1.2/1 (9)

Metropolitan  
Remand Centre  
070/19651

## Interim Risk Management Plan

Name:

JACOB FARRARA

JAID/CRN:

229122

## Interim Risk Management Plan

Date:

09/05/22

Current Suicide Rating (eg S1, S2, S3) S 2

Comments

Accommodation

eg 'Muirhead' cell, observation cell, single cell,  
shared cell; unit name or type; clothing;  
type of bedding and cell property.

Observation Level

eg 15, 30, 60 minute direct observations;  
alternative requirements for day / night;  
in/out of cell; different daily activities.  
CCTV monitoring where appropriate.

Daily Activities / Régime

eg let out régime, access to services,  
association, privileges.

Caseworker Support

eg interaction / monitoring required from  
caseworker and other custodial staff.

Other Support

eg Welfare Officer, family, peer support,  
chaplaincy, volunteers, VACRO, CALD,  
ISO, AWO.

Treatment Plan

eg health service contact, Clinical services,  
appointments, contracts, assessments.

Significant Issues

eg court dates, visits, phone calls, family  
contact arrangements, anniversaries.

Additional Notes:

REFUSED TO GUARANTEE SAFETY.  
HIGHLY AGITATED. S2.

SCOTT → Alex Leonard Wise EOD..

SCOTT → Daniel Vellner EOD

SCOTT → Janice Hall case plan

Prepared by

Signed

-057 (TRI)



## SCHEDULE 1.02 (8A)

Metropolitan  
Remand Centre  
070/ 15307

## Modified Risk Management Plan

Name:

Farrara Jacob

JAID/CRN:

229122

Given name &amp; Surname

## MODIFIED RISK MANAGEMENT PLAN

Date:

10/05/22

Time:

14:00

Risk Level Status (eg S1, S2, S3, S4) S

3

Comments

Accommodation

Muirhead/observation cell, single cell,  
shared cell; unit name or type; clothing;  
type of bedding and cell property.

Observation Level

Eg 15, 30, 60 minute direct observations;  
alternative requirements for day / night;  
in/out of cell; different daily activities.  
CCTV monitoring where appropriate.

Daily Activities / Régime

Eg let out régime, access to services,  
association, privileges.

Caseworker Support

Eg interaction / monitoring required from  
caseworker and other custodial staff.

Other Support

Eg Offender services, family, peer support,  
chaplaincy, volunteers, VACRO, CALD,  
ISO, AWO.

Treatment Plan

Eg health service contact, Offending  
Behaviour Programs, appointments, contracts,  
assessments.

Significant Issues

Eg court dates, visits, phone calls, family  
contact arrangements, anniversaries.

## RRT Composition and Endorsement

Operations Manager:

Signed:

Nursing Staff:

Signed:

Other Attendee:

Signed:

(position):

Other Attendee:

Signed:

(position):

Other Attendee:

Signed:

(position):

Other Attendee:

Signed:

(position):

Other Attendee:

Signed:

(position):

Discussion Notes:

IMPROVED MENTAL STATE, ↓ S3

RRT Co-ordinator:

Signed:

Original to be placed in Prison

Copy to be placed in

0617-056



Metropolitan  
Remand Centre  
070/ 16344SCHEDULE 1.2/1 (5)  
REFERRAL FOR 'AT RISK' ASSESSMENT

JAID or CRN: 229122	Name: FARRARA, Jacob		
Unit: CAMBRIDGE	Date of Referral: 17-5-22	Time Risk Behaviour Identified: 13.30	Time of Referral: 13.30

Source of Referral (tick at least one):	Name (please print)
<input type="checkbox"/> Staff Member	[REDACTED]
<input checked="" type="checkbox"/> Staff Member on Basis of Prisoner's Self Report	
<input type="checkbox"/> Other Agency Representative (eg Police)	
<input type="checkbox"/> Prisoner's Family Member	
<input type="checkbox"/> Other Prisoner(s)	
<input type="checkbox"/> Other (Please Specify)	
Other Relevant Information Concerning Source of Referral:	

## Description of Prisoner's Difficulties Requiring Referral (including prisoner's view of referral):

Prisoner was very upset and distressed and stated he wanted to die continuously. He was escorted by S38 to medical as per instructions from the psych nurse

## REFERRED BY:

[REDACTED]	Unit No.:
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## HEALTH CENTRE USE ONLY

Received By: Name: [REDACTED]	
Date & Time Booked: 17/5/22 TIME 13.30 am/pm	
Has the referral been added to the Crisis Call Referral List? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Date & Time seen: 17/5/22 TIME 13.45 am/pm	
Prisoner 'At Risk?' <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Interim Risk Management Plan completed and provided to PO Health Centre	
<input checked="" type="checkbox"/> Suicide Rating (eg S1, S2, S3 or S4) S2	
<input checked="" type="checkbox"/> Unit OIC verbally informed	
<input type="checkbox"/> Unit OIC verbally informed	
<input type="checkbox"/> Copy of this referral form provided to PO Health Centre	

Assessed by: Name: [REDACTED]	Signature: [REDACTED]
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CPW 06/06-125



## SCHEDULE 1.2/1 (9)

Metropolitan  
Remand Centre  
070/ 19674

## Interim Risk Management Plan

Name:

JACOB FARRARA

JAID/CRN:

229122

## Interim Risk Management Plan

Date:

17/05/22

Current Suicide Rating (eg S1, S2, S3) S \_\_\_\_

Comments

Accommodation

eg 'Muirhead' cell, observation cell, single cell, shared cell; unit name or type; clothing; type of bedding and cell property.

MH CRP

Observation Level

eg 15, 30, 60 minute direct observations; alternative requirements for day / night; in/out of cell; different daily activities. CCTV monitoring where appropriate.

15/60

Daily Activities / Régime

eg let out régime, access to services, association, privileges.

ASPER UNIT

Caseworker Support

eg interaction / monitoring required from caseworker and other custodial staff.

CUSTODIAL

Other Support

eg Welfare Officer, family, peer support, chaplaincy, volunteers, VACRO, CALP, ISO, AWO.

THNS

Treatment Plan

eg health service contact, clinical services, appointments, contracts, assessments.

RRT 18/05/22

Significant Issues

eg court dates, visits, phone calls, family contact arrangements, anniversaries.

1ST TIME

Additional Notes:

REPORTING WISH TO BE DEAD.

DEMANDING TO BE KILLED.

PUNCHED SELF IN HEAD, REPEATEDLY.

ANXIOUS, DISTRESSED, UNWILLING

TO ENGAGE.

S4 - 15/60

Prepared by:

Signed:

57 (TRI)



## SCHEDULE 1.02 (8A)

Metropolitan  
Remand Centre  
070/ 18013

## Modified Risk Management Plan

Name: Farrara

Given name &amp; Surname

JAID/CRN: 229122

MODIFIED RISK MANAGEMENT PLAN		Date: <u>18, 5, 22</u>	Time: <u>1400</u>
Risk Level Status (eg S1, S2, S3, S4) <u>S 1</u>		Comments	
Accommodation	Muirhead/observation cell, single cell, shared cell; unit name or type; clothing; type of bedding and cell property.	M.N. cell	
Observation Level	Eg 15, 30, 60 minute direct observations; alternative requirements for day / night; in/out of cell; different daily activities. CCTV monitoring where appropriate.	15/60	
Daily Activities / Régime	Eg let out régime, access to services, association, privileges.	As per unit	
Caseworker Support	Eg interaction / monitoring required from caseworker and other custodial staff.	As per CU	
Other Support	Eg Offender services, family, peer support, chaplaincy, volunteers, VACRO, CALD, ISO, AWO.	As required	
Treatment Plan	Eg health service contact, Offending Behaviour Programs, appointments, contracts, assessments.	As required	
Significant Issues	Eg court dates, visits, phone calls, family contact arrangements, anniversaries.	RRT rlv's	
<b>RRT Composition and Endorsement:</b>			
Operations		Sig	
Nursing Staff		Sig	
Other Attendee		Sig	
(position):			
Other Attendee		Sig	
(position):			
Other Attendee		Signed:	
(position):			
Other Attendee		Signed:	
(position):			
Other Attendee		Signed:	
(position):			
Discussions/Notes:			
<u>Continued @ Risk Conference S1</u>			
S38		Sig	
Copy to		Medical file	CPN 387-058

SCHEDULE 1.02 (8A)

Modified Risk Management Plan

Name: Jacob Farrara  
Given name & Surname

JAID/CRN: 229122

MODIFIED RISK MANAGEMENT PLAN		Date: <u>19/5/22</u>	Time: <u>1400</u>
Risk Level Status (eg S1, S2, S3, S4) <u>S 2</u>		Comments	
Accommodation	Muirhead/observation cell, single cell, shared cell; unit name or type; clothing; type of bedding and cell property.	MH cell	
Observation Level	Eg 15, 30, 60 minute direct observations; alternative requirements for day / night; in/out of cell; different daily activities. CCTV monitoring where appropriate.	30/60	
Daily Activities / Régime	Eg let out régime, access to services, association, privileges.	As per unit	
Caseworker Support	Eg interaction / monitoring required from caseworker and other custodial staff.	S 2 CV	
Other Support	Eg Offender services, family, peer support, chaplaincy, volunteers, VACRO, CALD, ISO, AWO.	As required	
Treatment Plan	Eg health service contact, Offending Behaviour Programs, appointments, contracts, assessments.	S required	
Significant Issues	Eg court dates, visits, phone calls, family contact arrangements, anniversaries.	RRT RV's	
RRT Compos			
Operations Manager		Signed:	
Nursing Staff:		Signed:	
Other Attendee:		Signed:	
(position):			
Other Attendee:		Signed:	
(position):			
Other Attendee:		Signed:	
(position):			
Other Attendee:		Signed:	
(position):			
Other Attendee:		Signed:	
(position):			
Discussion Notes: <u>Denies risks. Obs reduced to 2</u>			
RRT Co-ordinator		Signed:	

Original to be placed in P

Copy to be placed in medical file

CPW 0617-056



## SCHEDULE 1.02 (8A)

Metropolitan  
Remand Centre  
070/ 18034

## Modified Risk Management Plan

Name:

Jacob Farrara

Given name &amp; Surname

JAID/CRN:

229122

## MODIFIED RISK MANAGEMENT PLAN

Date: 20/5/22

Time: 1400

Risk Level Status (eg S1, S2, S3, S4) S 3

Comments

Accommodation

'Muirhead/observation cell, single cell,  
shared cell; unit name or type; clothing;  
type of bedding and cell property.

Observation Level

Eg 15, 30, 60 minute direct observations;  
alternative requirements for day / night;  
in/out of cell; different daily activities.  
CCTV monitoring where appropriate.

Daily Activities / Régime

Eg let out régime, access to services,  
association, privileges.

Caseworker Support

Eg interaction / monitoring required from  
caseworker and other custodial staff.

Other Support

Eg Offender services, family, peer support,  
chaplaincy, volunteers, VACRO, CALD,  
ISO, AWO.

Treatment Plan

Eg health service contact, Offending  
Behaviour Programs, appointments, contracts,  
assessments.

Significant Issues

Eg court dates, visits, phone calls; family  
contact arrangements, anniversaries.

## RRT Composition

Operations Manager

Signed:

Nursing Staff:

Signed:

Other Attendee:

Signed:

(position):

Other Attendee:

Signed:

(position):

Other Attendee:

Signed:

(position):

Other Attendee:

Signed:

(position):

Other Attendee:

Signed:

(position):

Discussion Notes:

Verbally Prable, Promising nurse to seek  
help from CU or nurses. Nil GAT, Nil  
AT/UT. S3.

RRT Co-ordinator:

Signed:

Original to be placed in Prisoner file

Copy to be placed in

Medical file

CPW 0617-056

## SCHEDULE 1.02 (8A)

Metropolitan  
Remand Centre  
070/ 18047

## Modified Risk Management Plan

Name:

JACOB FARRARA

JAID/CRN:

229 122

Given name &amp; Surname

MODIFIED RISK MANAGEMENT PLAN		Date: 21 / 05 / 22	Time: 14 00 Hrs
Risk Level Status (eg S1, S2, S3, S4) S <u>4</u>		Comments	
Accommodation	Muirhead/observation cell, single cell, shared cell; unit name or type; clothing; type of bedding and cell property.	NORMAL CELL	
Observation Level	Eg 15, 30, 60 minute direct observations; alternative requirements for day / night; in/out of cell; different daily activities. CCTV monitoring where appropriate.	NIL	
Daily Activities / Régime	Eg let out régime, access to services, association, privileges.	AS PER UNIT	
Caseworker Support	Eg interaction / monitoring required from caseworker and other custodial staff.	CUSTODIAL	
Other Support	Eg Offender services, family, peer support, chaplaincy, volunteers, VACRO, CALD, ISO, AWO.	MINDS / RGNs	
Treatment Plan	Eg health service contact, Offending Behaviour Programs, appointments, contracts, assessments.	RRT FOLLOW UP BY A NURSE	
Significant Issues	Eg court dates, visits, phone calls, family contact arrangements, anniversaries.	DENIED AND FURTHER SASH THOUGHTS OR INTENT	
RRT Co-ordinator	[Redacted]		
Operations	Signed: [Redacted]		
Nursing Staff	Signed: [Redacted]		
Other Attendees	Signed: [Redacted]		
(position):	[Redacted]		
Other Attendees	Signed: [Redacted]		
(position):	[Redacted]		
Other Attendees	Signed: [Redacted]		
(position):	[Redacted]		
Other Attendees	Signed: [Redacted]		
(position):	[Redacted]		
Other Attendees	Signed: [Redacted]		
(position):	[Redacted]		
Discussion Notes:	JACOB DENIED ANY FURTHER SASH THOUGHTS OR INTENT. REPORTED GOOD THERAPEUTIC EFFECTS OF CURRENT MEDICATION		
RRT Co-ordinator:	[Redacted]	Signed:	[Redacted]

Original to be placed in Prisoner IM

Copy to be placed in Prisoner Medical file

CPW 0617-056



Metropolitan  
Remand Centre  
070/ 17153SCHEDULE 1.2/1 (5)  
REFERRAL FOR 'AT RISK' ASSESSMENT

JAID or CRN: 224122	Name: JACOB FARRARA		
Unit: CAMBRIDGE	Date of Referral: 26/5/22	Time Risk Behaviour Identified: 1145	Time of Referral: 1150

Source of Referral (tick at least one):	Name (please print)
<input checked="" type="checkbox"/> Staff Member	
<input type="checkbox"/> Staff Member on Basis of Prisoner's Self Report	
<input type="checkbox"/> Other Agency Representative (eg Police)	
<input type="checkbox"/> Prisoner's Family Member	
<input type="checkbox"/> Other Prisoner(s)	
<input type="checkbox"/> Other (Please Specify)	

Other Relevant Information Concerning Source of Referral:

Prisoner was found with ligature around his neck - tightening it until he went purple.

Description of Prisoner's Difficulties Requiring Referral (including prisoner's view of referral):

REFERRED BY:

Name (please print): [REDACTED] Unit No.: [REDACTED]

Received By: [REDACTED] Name: [REDACTED]

Date & Time Booked: 26/5/22 TIME 1145 am/pm

Has the referral been added to the Crisis Call Referral List? ☒ Yes ☐ No

Date & Time seen: 26/5/22 TIME 1200 am/pm

Prisoner 'At Risk'? ☒ Yes ☐ No

☒ Interim Risk Management Plan completed and provided to PO Health Centre

☒ Suicide Rating (eg S1, S2, S3 or S4) S1

☒ Unit OIC verbally informed

☐ Unit OIC verbally informed

☐ Copy of this referral form provided to PO Health

Assessed by: Name: [REDACTED] Signature: [REDACTED]

06/06-125

## SCHEDULE 1.2/1 (9)

## Interim Risk Management Plan

Name:

JACOB FARRARA

JAID/CRN:

208968

## Interim Risk Management Plan

Date: 26/05/22

Current Suicide Rating (eg S1, S2, S3) S \_\_\_\_

Comments

Accommodation

eg 'Muirhead' cell, observation cell, single cell, shared cell; unit name or type; clothing; type of bedding and cell property.

M11 cell

Observation Level

eg 15, 30, 60 minute direct observations; alternative requirements for day / night; in/out of cell; different daily activities. CCTV monitoring where appropriate.

15 /

Daily Activities / Régime

eg let out régime, access to services, association, privileges.

15 PER UNIT

Caseworker Support

eg interaction / monitoring required from caseworker and other custodial staff.

CUSTODIAL

Other Support

eg Welfare Officer, family, peer support, chaplaincy, volunteers, VACRO, CALD, ISO, AWO.

M11Ns, MFMHS

Treatment Plan

eg health service contact, clinical services, appointments, contracts, assessments.

RET 27/05/22

Significant Issues

eg court dates, visits, phone calls, family contact arrangements, anniversaries.

P3 - CHRONIC CASE, RISK

Additional Notes:

FOUND IN HIS ROOM WITH SLEEP  
TIED AROUND HIS THROAT & HIS NECK.  
ATTEMPTED SELF-STRANGULATION.  
HIGHLY AGITATED, DISTRESSED.

Prepared by:

Signed: