

Keep SAFE / Psychological Support Program Policy

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Table of Contents

1. Introduction	4
1.1 Policy.....	4
1.2 Related Forms.....	4
1.3 Legislative and Standards Framework	4
1.4 Roles & Responsibilities.....	5
2. Nine principles for the prevention and management of self-harm	6
3. The S.A.F.E (support, action, follow-up and evaluation) Approach	7
3.1 Support.....	7
3.2 Action	7
3.3 Keep Safe and Psychological Support Program Processes	8
3.3.1 PSP Referrals.....	10
3.3.2 Use of Closed Circuit TV	10
3.3.3 PSP Reporting – Serco requirements	10
3.3.4 Escalation to Serco National Operations Office	11
3.4 Follow Up	11
3.5 Impact of suicides, self harm, suicide attempts / ‘near misses’ on staff	11
3.6 Evaluation.....	12
4. IHMS decisions not to manage a client through PSP	12
5. Roles and team arrangements	12
5.1 The PSP Team.....	13
5.2 Privacy & Confidentiality.....	14
6. Levels of risk and associated monitoring	14
7. Handovers	14
8. Review	14

List of Diagrams

Diagram 1 – Keep Safe & PSP processes	9
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List of Tables

Table 1 – Nine principles for the prevention and management of self-harm	6
Table 2 – Creation of PSP record within Portal	10
Table 3 - Annex 1 PSP Risk levels and associated information.	15

1. Introduction

1.1 Policy

The wellbeing, safety and security, of all persons in detention is of paramount importance, and Serco will have processes in place to work both independently and cohesively with other agencies towards ensuring the safety of all people in detention.

This policy aims to:

- provide clear and practical instruction for all Serco staff in the management of persons in detention at risk of self harm or suicide
- introduce standard documentation for use across all sites thereby ensuring People in Detention are given the best possible support by staff who are able to recognise the documentation regardless of the facility in which they are working

This policy should be read and implemented locally in conjunction with the Detention Services Manual (DSM) Chapter 6: Detention Health, Psychological Support Program (PSP).

The current PSP program recognises the impossibility of eliminating all risk and balances the need for 'end-stage' safety with a new emphasis on prevention, support, engagement, autonomy and reintegration. This policy supports that approach.

A PSP can only be initiated by a clinician; it is Serco's responsibility to work as part of a collaborative team with IHMS & DIAC in caring for and supporting Persons in Detention at risk of self harm or suicide.

1.2 Related Forms

- Keep S.A.F.E document cover and inside front page (S.A.F.E 1 & 2, respectively)
- Keep S.A.F.E Management Check (S.A.F.E 3)
- Keep S.A.F.E Action Flowchart (S.A.F.E 4)
- Concern and Keep S.A.F.E Information (S.A.F.E.5)
- Immediate Keep S.A.F.E Action plan (S.A.F.E 6)
- PSP Referral (S.A.F.E 7)
- Keep Safe / PSP Observations and Interactions (front sheet, S.A.F.E 8, and continuation sheet, S.A.F.E 9)
- PSP Placement / Change form – **not** a Serco document, this will be supplied by IHMS.

1.3 Legislative and Standards Framework

- Migration Act 1958
- Detention Services Manual, DIAC
- Detention Services Contract, Volume 1, Section 2.2.1 (Statement of Work)

1.4 Roles & Responsibilities

Role	Responsibility
Any staff member	Identifying a concern regarding the wellbeing of a person in detention
Duty Operations Manager / Shift Supervisor as appropriate	Completing Keep SAFE processes to safeguard the wellbeing of a person in detention following identification of a concern until the individual can be assessed by IHMS, and further to this where IHMS do not consider PSP appropriate but Serco still has concerns
Appropriate staff member as locally designated	Contribute to PSP meetings
All Serco staff	Actively work towards maintaining the safety of all people in detention

2. Nine principles for the prevention and management of self-harm

The DSM lists the following nine principles as underpinning the prevention and management of self-harm for persons in immigration detention. Through collaborative working with IHMS and DIAC, Serco aims to address each of these principles as described in the table below.

Table 1 – Nine principles for the prevention and management of self-harm

Principle	How Serco aim to meet the principle
A supportive environment	Engaging with Persons in Detention; treating them with dignity and respect. Providing an environment in which an individual should feel comfortable to disclose any issues they might be experiencing.
Clinically-informed response	Serco will liaise with IHMS who manage the PSP processes, and work together to promote Person in Detention safety
A positive, supportive response	This will be achieved through interaction with individuals at risk of self-harm or suicide, and ensuring as much as possible that all 'normal' routines and behaviours can still be accessed. A balance must be reached to avoid excessive surveillance which may increase distress and risk.
Early identification of risk	Effective risk assessment screening completed on reception, but also through the creation of valuable professional relationships between staff and Persons in Detention to ensure any risk factors / changes in behaviour are identified at the earliest possible opportunity.
Response appropriate to the level of risk	Upon identification of a Person in Detention who requires referral for PSP, Serco must ensure that the individual is kept safe until they are assessed by a member of the IHMS Mental Health team. Once the level of risk is determined by IHMS and the Person in Detention has been assigned a level of monitoring accordingly, Serco will engage with and facilitate the individual's support plan.
External referral in high risk cases	Where an individual is assessed as presenting a high imminent level of risk, and maintains this level of risk for a period of 24 hours, they must receive external assessment. This may be facilitated by an external agency attending the centre, or through transferring the individual to an external healthcare provider.
Well trained and supported staff	Serco's contract with DIAC stipulates that DIAC will provide DeHAG recommended training for Serco personnel. To supplement this, Serco provide an overview of mental health awareness within the initial training course for all staff. In managing an individual at risk of self-harm or suicide, or an actual incident of self-harm or suicide, staff will receive peer and managerial support. All staff are able to access the Employee Assistance Programme for further confidential support if desired.
Cultural competence is critical	All staff are provided with cross cultural diversity training, and interpreters are available either in person at the site, or through the use of a telephone interpreting service. Serco staff come from diverse backgrounds and possess skills and knowledge to assist in this area.
Response must actively seek out and offer support to	Serco is aware that if an act of self-harm / suicide occurs

others who may be affected.	or is threatened, this may have a wider impact on the community within the detention facility (both Persons in Detention and staff). As such, support for Persons in Detention will be facilitated through the personal officer scheme, the welfare officer, support provided by IHMS. Support for staff will include peer & management support and the services of the EAP.
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3. The S.A.F.E (support, action, follow-up and evaluation) approach

The approach starts with the premise that 'self harm and suicide is everyone's concern' and that staff locally will work in multidisciplinary teams to create a safe and caring environment in all detention facilities. The approach aims to ensure that distress to clients is minimised and that they are able to seek help and support before, during and after a crisis.

3.1 Support

Preventing self harm or suicide involves:

- Actively listening to the person at risk and making the time to do so
- Suspending any personal judgements about the individual or their intention/motivation
- Engaging the individual in planning ways of reducing or addressing the presenting problem
- Talking to the client about their concerns in an open and transparent manner – this is a strength not a weakness
- Helping the client make healthy decisions

3.2 Action

Prompt, clear and consistent action is necessary to reduce the risks of self harm or suicide. The Keep S.A.F.E policy provides all paperwork and forms that **must be** completed by Serco staff to support the management of an individual at risk of self harm or suicide. All documents should be kept securely within the individual's Keep S.A.F.E. file.

Remember only a qualified clinician can make a judgement as to the seriousness of the individual's 'at risk' status. Serco staff should always operate on the basis of care and support for the individual in the first instance and the Keep S.A.F.E documents are designed to simplify the process.

The following documents all contribute to the Keep S.A.F.E monitoring process:

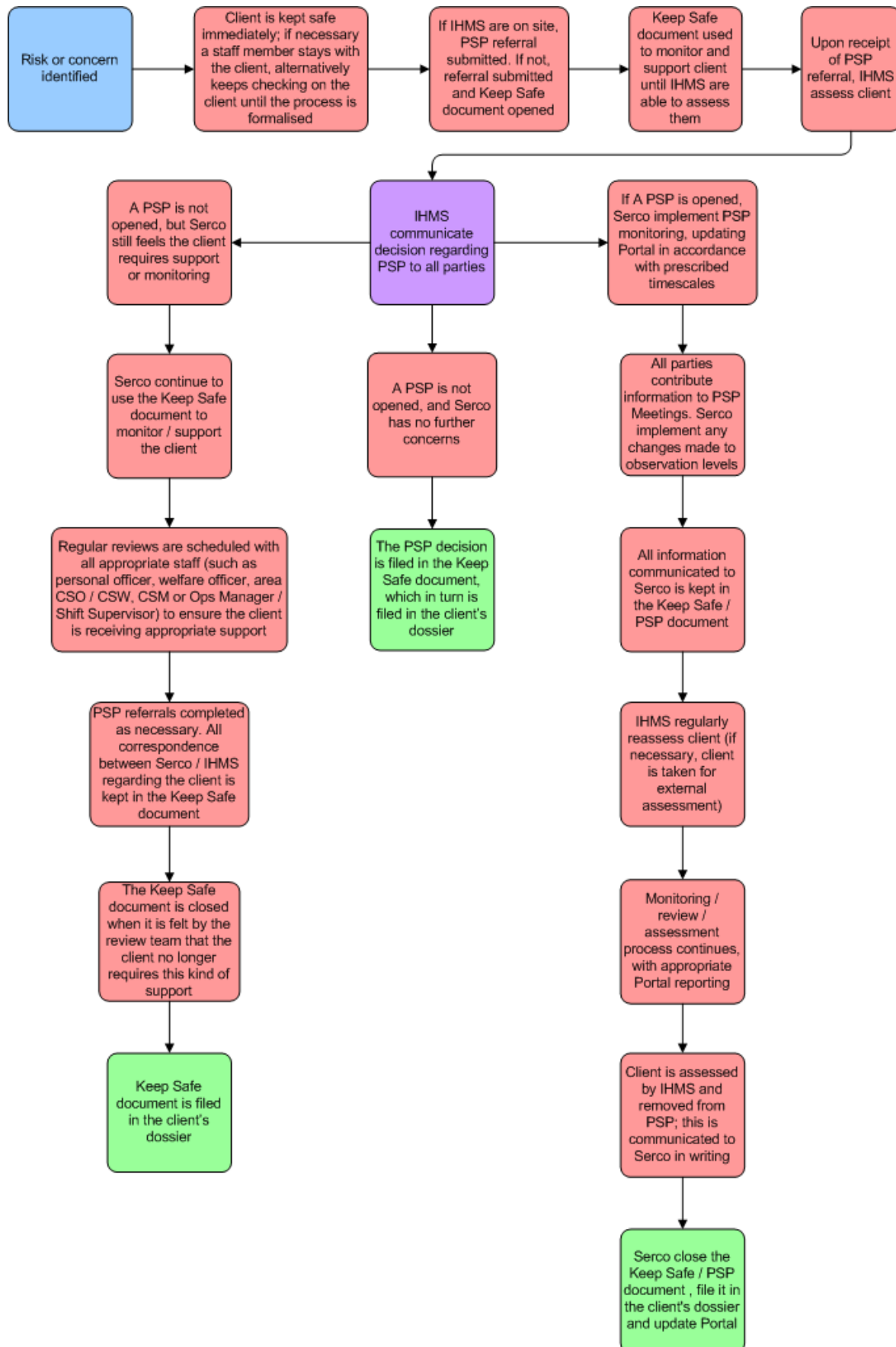
- Keep S.A.F.E document cover and inside front page (S.A.F.E 1 & 2, respectively)
- Keep S.A.F.E Management Check (S.A.F.E 3)
- Keep S.A.F.E Action Flowchart (S.A.F.E 4)
- Concern and Keep S.A.F.E Information (S.A.F.E.5)
- Immediate Keep S.A.F.E Action plan (S.A.F.E 6)
- PSP Referral (S.A.F.E 7)
- Keep Safe / PSP Observations and Interactions (front sheet, S.A.F.E 8, and continuation sheet, S.A.F.E 9)

- PSP Placement / Change form – **not** a Serco document, this will be supplied by IHMS.

3.3 Keep Safe and Psychological Support Program Processes

The diagram on the next page shows the Keep Safe / PSP process.

Diagram 1 – Keep Safe & PSP processes



3.3.1 PSP Referrals

Serco staff must be aware of situations, triggers and changes in behaviour which might create the need for a PSP referral to be completed. These may include but are not limited to the following:

- Negative information / delays relating to a visa application / outcome or appeal process
- Impending removal
- Harm to or concern about a friend / family member
- Changes in behaviour – eg increased aggression, becoming withdrawn
- Threats and warnings of self-harm
- Current affairs
- Self-harm by other Persons in Detention

See PSP referral form. Referrals must be passed to IHMS immediately by whichever means is agreed at site level. Persons in detention must be kept safe until assessed by a mental health professional. Information will be shared at the PSP Meetings about incidents which prompt an automatic reassessment of risk by IHMS.

3.3.2 Use of Closed Circuit TV

Observation of a person in detention must not, under any circumstances, be via CCTV. Monitoring and engagement with a client must involve person to person interaction.

3.3.3 PSP Reporting – Serco requirements

Serco is responsible for providing DIAC with formal incident reports on all threats, attempts or occurrences of self-harm and suicide, in accordance with prescribed incident reporting timescales.

The creation of a PSP record within Portal should follow the process below:

Table 2 – Creation of PSP record within Portal

Process	Portal reporting requirement	Timescale
PSP level confirmed in writing by IHMS on PSP Placement or Change form	PSP Indicator recorded with the correct start date of the client being placed on PSP in the Portal	Within one hour of receipt of paperwork
	PSP objective is created under 'work plans' and Placement form is scanned and attached to the Placement form task	As soon as possible
PSP Multidisciplinary team meeting minutes forwarded to Serco	Minutes are scanned and attached under the work plan on the Prevention Committee Meeting task	As soon as possible
PSP level is changed and confirmed by Placement or Change form	PSP form is scanned and attached under the work plan on the Step Down/Removal Form task	Within one hour of receipt of paperwork
Monitoring and engagement observations recorded by Serco	Observation sheets are scanned and attached under the work plan on the Observation task - NOTE: this task can be copied by using the Copy button function	Regularly; at least every 24 hours
Client removed from PSP – confirmed by Placement or Change form	PSP form is scanned and attached under the work plan PSP Indicator is end dated under the Client Info tab. PSP work plan tasks and the Objective are all updated to a Status	Within one hour of receipt of paperwork

	of Complete.	
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NOTE: A new PSP work plan must be created each time a client is placed on PSP

3.3.4 Escalation to Serco National Operations Office

Whilst clear processes already exist within the PSP processes for the escalation of complex cases/issues, the Centre Manager or equivalent should consider notification to the Serco National Operations Office in cases where:

- The individual concerned is of particular public/media interest e.g. activist or previous media interest
- The age/gender of the individual is likely to raise public interest
- It is a case of a significant 'near miss'
- Any other circumstance that might evoke public acceptability test and as such might require Serco National response

Nothing in any of the above should be read as an alternative to established PSP processes but rather as an additional strategic management check and response to abnormal events.

If in doubt call the National Operations Duty Manager on **0417 322 772**.

Hindsight is not a defensible management position.

3.4 Follow Up

Follow up of the 'at risk' status of an individual is clearly regulated by the PSP reporting requirements however follow up care of the individual or support for staff in the event of a 'near miss' or other distressing incident is equally important.

The CSM or other appropriate manager should ensure that the Personal Officer is fully briefed, if they have not been fully engaged in the PSP process, to offer follow up support with the client. The CSM must ensure that relevant staff are aware of the current situation at handover or shift changes.

Special care must be taken with fly in /out staff or new staff that may not be fully cognisant of the client population of the centre.

Clear arrangements must be in place to ensure that the client continues to feel supported and that he/she can see other ways of dealing with similar problems should they arise in the future. This information should be detailed in the client's Individual Management Plan.

3.5 Impact of suicides, self harm, suicide attempts / 'near misses' on staff

Stress reactions following a suicide or attempted suicide / 'near miss' are common and in fact are normal reactions to an abnormal event. The Centre Manager and OH&S Manager or equivalent, should work with all staff to ensure they;

- Recognise that stress is a normal reaction
- Accept that taking care of yourself is a strength – not a weakness
- Are encouraged to talk to a colleague, friend, family member or employee assistance program
- Take part in debriefing sessions
- Get back to normal routines as soon as possible
- Get enough sleep, food and regular exercise

- Exercise additional caution when driving long distances or operating machinery
- Are supported to seek additional external support if this is required

3.6 Evaluation

Actions taken after an incident by staff are as important as those that take place during an incident.

Any death, suicide attempt or 'near miss' is devastating for the families, friends, staff or associates of the individual. In detention facilities it is likely to have additional significance for those who may have formed close relationships e.g they travelled on the same vessel, or were/have been in the same facilities for a lengthy period etc. Centre Managers therefore play a critical role in ensuring that clear and sensitive procedures follow an incident.

The evaluation approach should be:

- Non-judgemental, and all attempts to apportion blame must be avoided by staff and clients – *it must not be an attempt to re-live the incident*
- Include next of kin where they are known or where there is an established relationship with other client/s every effort should be made to keep them informed as appropriate and time made to listen (not challenge) their views/ concerns etc
- Ensure debriefs take place in a timely manner for all staff
- Ensure debriefs take place with clients as soon as is practicable – where client supporters are in place they should be included if appropriate
- Ensure the relevant religious leader is included and any faith /cultural traditions respected
- That any learning/suggestions derived are discussed as soon as possible with the Regional Manager

4. IHMS decisions not to manage a client through PSP

In some instances IHMS decide, following a review of a client, that the individual does not warrant management through the PSP protocol: for example, where it is felt that the client's actions / statements are indicative of a behavioural rather than mental health issue. Serco may still have concerns about the individual's wellbeing and feel that the individual would benefit from further monitoring / support from Serco staff.

In this instance the Keep S.A.F.E documentation may be used to facilitate this support and the recording of such. The IHMS decision not to place someone on a PSP must be included in the paperwork. Reviews must be arranged with key personnel with whom the client works in order to assess the level of support required to keep the individual safe.

Any further concerns about the client's mental health should be communicated to IHMS via the PSP referral form, with copies kept in the Keep S.A.F.E folder for reference.

5. Roles and team arrangements

The DSM Chapter 6 provides information relating to the roles and responsibilities of all parties involved with the PSP process.

Serco's responsibilities are:

- To be alert to early warning signs; to keep the individual in question safe through engagement and monitoring, while seeking immediate advice from IHMS where there is a suspected risk of self-harm and following any instructions given
- Engage with persons identified as at risk of self-harm in a supportive way
- Record meaningful observations of persons on monitoring and engagement plans and ensure these are communicated to the PSP team
- Respond to any attempted or committed self-harm or suicide incidents and submit incident reports to DIAC on Portal within the prescribed timescales
- Ensure that responsibility for supporting persons at risk of self-harm is transferred effectively at shift changeovers
- Engage in PSP Team processes
- Complete all Portal reporting requirements

5.1 The PSP Team

While PSP is a clinically driven process, collaborative working between Serco, DIAC, and IHMS is paramount to provide the best care to any person in detention at risk of self-harm or suicide. The membership of the PSP Team will usually be as follows:

- Team leader – Senior Clinician (usually mental health specialist)
- Serco Operations Manager or Shift Supervisor
- DIAC representative (s)
- Any other person as deemed appropriate by the team leader who may be able to offer valuable information relating to the person in detention

Serco must contribute to and implement the decisions made by the PSP Team.

Pertinent information to share at a PSP Team meeting includes but is not limited to:

- How the client states they are feeling, and whether they feel there is anything they need which would help
- Any changes in attitude / behaviour displayed by the client
- What has the client been doing? Have they been involved in any programmes & activities?
- Do they interact with staff / other clients? Is the client associating with different people from normal?
- Has their routine changed?

A thorough review of the Keep SAFE documents should provide this information, however best practice is always to have a discussion with the client, ensuring to record the interaction in the Keep SAFE documentation.

5.2 Privacy & Confidentiality

While Serco staff do not need to know intricate details of a person in detention's medical matters, Serco staff are, by the nature of their roles, likely to have information pertinent to the effective support / management of a person in detention. This information will be shared with the appropriate parties within the PSP meeting arena, and IHMS will share pertinent information with Serco to enable us to appropriately support any individual subject to PSP processes. The DSM contains information relating to the process that must be followed if any party believes another is applying the rules relating to confidentiality so rigidly as to compromise the care of persons in detention.

6. Levels of risk and associated monitoring

There are three levels of risk and associated monitoring and engagement under the PSP Protocol;

- Ongoing
- Moderate
- High Imminent

Each of these has associated monitoring requirements. See the table included at Annex 1 for a breakdown of this information.

7. Handovers

Handovers at changes of shift are critical. Incoming staff must be fully briefed and continue the monitoring and engagement plans developed by the PSP team. It is the responsibility of shift managers to ensure that plans are adhered to and that reporting requirements are satisfied.

8. Review

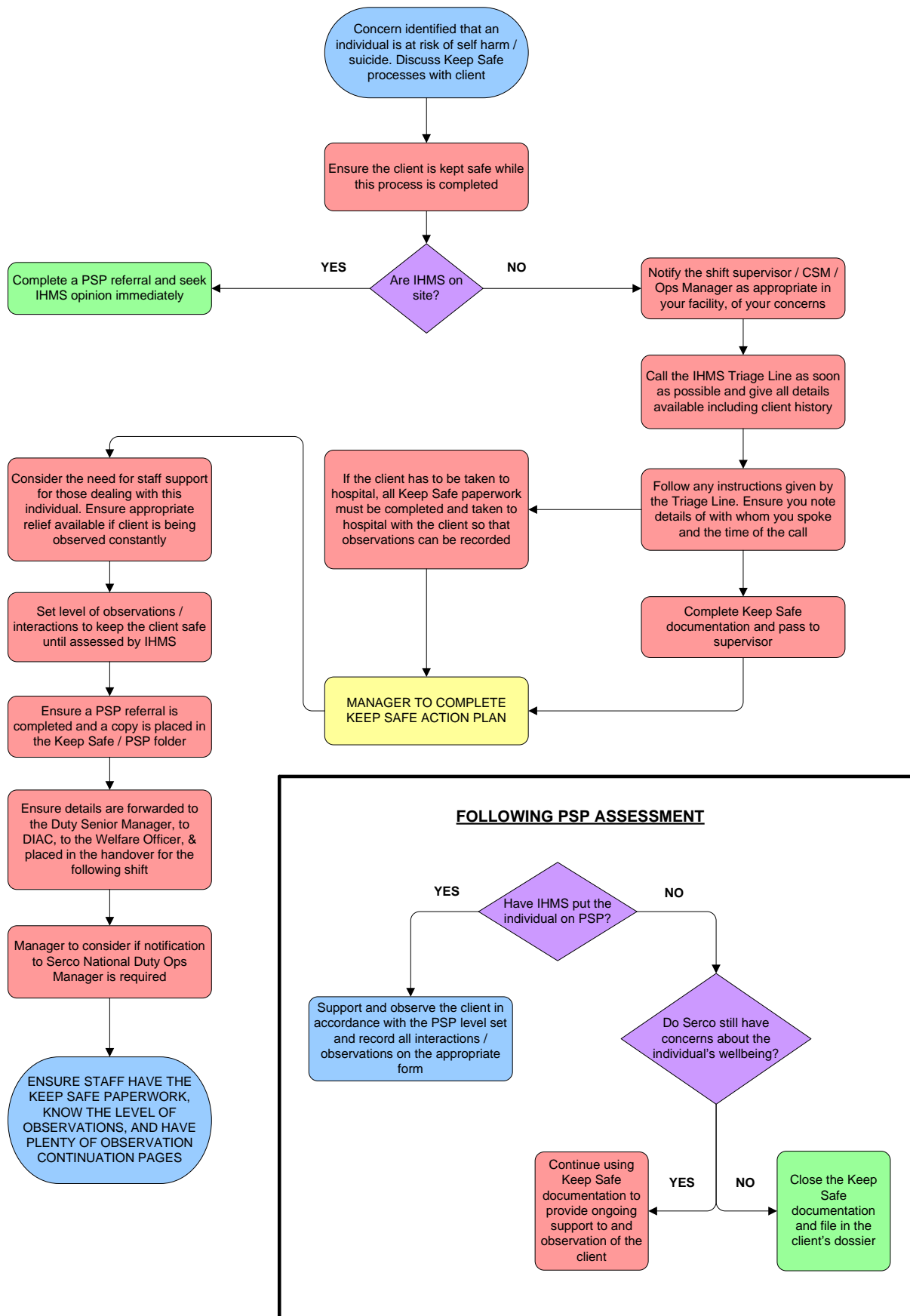
It is imperative that the entries made in each document be of a standard sufficient to actively promote client welfare and safety. As such, each Keep Safe / PSP Document should be checked on a daily basis by the manager of the residence area, the duty operations manager and the welfare officer / manager, and entries made on the management check sheet.

In addition to this review process, Serco must work collaboratively with IHMS and DIAC and engage in any PSP reviews initiated.

Table 3 - Annex 1 PSP Risk levels and associated information

Risk level	Corresponding Observation level	Accommodation	Clinical Review
Ongoing <ul style="list-style-type: none"> The lowest of the PSP categories Used for individuals for whom a clinician considers there is a need for monitoring, but for whom a higher level of monitoring may contribute to their distress This person may have previously engaged in self-harming behaviour but is considered highly unlikely to have suicidal intent. 	Ongoing <ul style="list-style-type: none"> Observations must be recorded on three occasions during day shift hours, and three occasions through a night shift. Normal behaviour should be encouraged; mixing with friends, taking part in activities etc Any changes in mood / level of interaction / disclosed feelings must be documented 	Normal	Every 7 days
Moderate <ul style="list-style-type: none"> The middle PSP category May be used when a person may have threatened self harm or expressed ideas of hopelessness, but has not engaged in serious self harming behaviour. A clinician believes that an increased level of scrutiny is warranted but that constant 1:1 monitoring would contribute to the level of distress. 	30 Minute <ul style="list-style-type: none"> Observations must be recorded at random times at least once every 30 minutes Normal behaviour should be encouraged; mixing with friends, taking part in activities etc. If the PID has been relocated to a more supportive environment, consideration should be given to how normal activities can be effectively facilitated If relocated, the PID should be encouraged to spend time in their normal location as long as they feel comfortable to do so. Any changes in mood / level of interaction / disclosed feelings must be documented 	Secure and safe accommodation, without being overly restrictive. If such accommodation is not available, normal location may be used however consideration must be given to the fact that a PID subject to Moderate PSP requires a higher level of support than someone on Ongoing. Practices should reflect this difference.	Every 24 hours
High Imminent <ul style="list-style-type: none"> The highest PSP level May be used where an individual has expressed clear plans to attempt serious self-harm or suicide, or Where there is a high level of expressed intent, or Where the PID is experiencing severe psychological distress A clinician considers that constant 1:1 monitoring and engagement is necessary to prevent serious self-harm or suicide. 	Constant <ul style="list-style-type: none"> Constant one-on-one monitoring of, and engagement with, the individual in a safe and secure place. Written observations must be recorded as an absolute minimum every 30 minutes Staff should continue to consider ways for an individual on constant observation to maintain autonomy and interaction with their support networks 	Secure, safe environment with supervised exercise and interaction with others. Any concerns about the ability to locate an individual in a safe location must be immediately flagged to all relevant parties.	Every 12 hours, with assessment by an external mental health professional after 24 hours

KEEP SAFE / PSP FLOWCHART



PSP PORTAL REPORTING REQUIREMENTS

Process	Portal reporting requirement	Timescale
PSP level confirmed in writing by IHMS on PSP Placement or Change form	PSP Indicator recorded with the correct start date of the client being placed on PSP in the Portal	Within one hour of receipt of paperwork
	PSP objective is created under 'work plans' and Placement form is scanned and attached to the Placement form task	As soon as possible
PSP Multidisciplinary team meeting minutes forwarded to Serco	Minutes are scanned and attached under the work plan on the Prevention Committee Meeting task	As soon as possible
PSP level is changed and confirmed by Placement or Change form	PSP form is scanned and attached under the work plan on the Step Down/Removal Form task	Within one hour of receipt of paperwork
Monitoring and engagement observations recorded by Serco	Observation sheets are scanned and attached under the work plan on the Observation task - NOTE: this task can be copied by using the Copy button function	Regularly; at least every 24 hours
Client removed from PSP – confirmed by Placement or Change form	PSP form is scanned and attached under the work plan PSP Indicator is end dated under the Client Info tab. PSP work plan tasks and the Objective are all updated to a Status of Complete.	Within one hour of receipt of paperwork



Keep S.A.F.E / PSP Quick Reference Guide

If you have any questions / queries about Keep SAFE / PSP, speak to your Welfare Officer

Your local Welfare Officer is:

KEEP SAFE / PSP OBSERVATIONS & INTERACTIONS

It is important that you provide meaningful comments on what has happened with the client during your time with them. This allows others who also care for this person to understand the situation and how to care for them, and provides information for PSP Meetings. In particular, record:

- **Mood check** – is he / she happy, sad, withdrawn, excitable, aggressive etc
- **Conversations** –Talk to the client (using interpreter if necessary) What does the client have to say about their situation?
- **Activities** – is the client engaging socially with others, participating in activities etc?
- **Sudden changes** – has the client been doing anything out of the ordinary, such as giving away their possessions to other clients or on a visit, or changing their routine / friendship groups?
- **Self harm** – is there any evidence to suggest the client has self harmed?

IF ATTENDING A PSP MEETING YOU SHOULD PROVIDE INFO ON ALL OF THE ABOVE POINTS

Poor observation: "Checked on Mr. Smith. He seems fine."

Good observation: "I spoke with Mr. Smith, who was playing cards in his room with friends. He appeared in good spirits, laughing and joking. He stated that he felt a bit better because his friends were with him, but that he is still anxious to speak to DIAC about his visa."

Poor observation: "Checked on Mr. Smith. He shouted at me so I told him his behaviour was unacceptable"

Good observation: "Mr. Smith displayed unusually aggressive behaviour when I spoke with him. I asked if there was anything I could do to help as he was clearly distressed, however he became abusive, walked away, and sat by himself near the dining room. Mr. Smith does not appear to be mixing with his peers, and displayed poor eye contact when we spoke."

KEEP SAFE / PSP MONITORING

This folder contains Keep Safe and PSP monitoring documents. Where a PSP has been initiated, all monitoring is guided by Senior Clinician and PSP Meeting decisions.

Centre					
Client Name			Client Number		
Residence Area			Room Number		
Is the client an Unaccompanied Minor?	YES / NO		Is an interpreter required? If so, what language?	YES / NO LANGUAGE:	
Date & time Keep Safe commenced	Date	Time	Date & time Keep Safe ceased (until reviewed by IHMS)	Date	Time
Date & time PSP opened	Date	Time	Date & time PSP closed	Date	Time
Initial concern raised by	<input type="checkbox"/> IHMS <input type="checkbox"/> Serco: Staff name / position _____ <input type="checkbox"/> DIAC <input type="checkbox"/> Other				
Initial observation level (observations must be at irregular intervals)	KEEP SAFE		PSP		
	<input type="checkbox"/> Constant <input type="checkbox"/> Half hourly <input type="checkbox"/> Hourly		<input type="checkbox"/> High Imminent <input type="checkbox"/> Moderate <input type="checkbox"/> Ongoing		

NOTE: PSP CAN ONLY BE INITIATED BY IHMS. ENSURE PLACEMENT SHEET IS INCLUDED IN THIS FOLDER.

Changes / Key events in PSP (PSP meetings, changes to observation levels) or Keep SAFE

Date	Detail	Observation level	Staff name / sign

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PHOTO

PSP REPORTING REQUIREMENTS

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Client removed from PSP – confirmed by Placement or Change form	PSP form is scanned and attached under the work plan. PSP Indicator is end dated under the Client Info tab. PSP work plan tasks and the Objective are all updated to a status of Complete.	Within one hour of receipt of paperwork

NOTE: A NEW PSP WORK PLAN MUST BE CREATED EACH TIME A CLIENT IS PLACED ON PSP

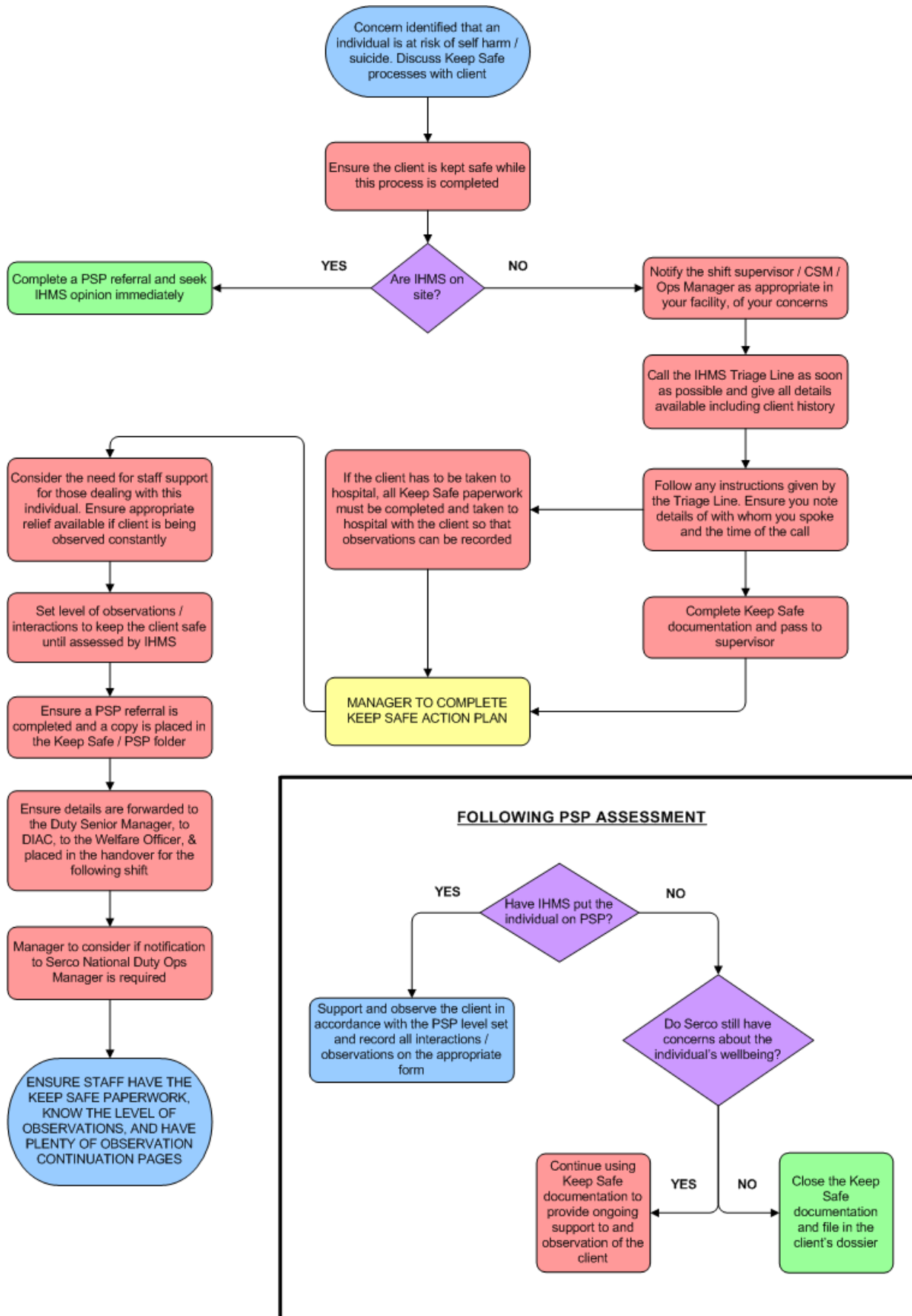
KEEP SAFE / PSP MANAGEMENT CHECK

To be completed by CSM /Shift Supervisor, Duty Operations Manager and Welfare Officer/Manager on a daily basis.

The purpose of this check is to ensure the quality of the support offered and interactions detailed with the client. Please note any feedback you have regarding the execution of this care plan and the quality of the entries made.

[illegible]

KEEP SAFE FLOW CHART



CONCERN AND KEEP SAFE INFORMATION

This form must be completed by any staff member who has concerns about a Person in Detention and IHMS are unavailable to assess the individual with a view to opening a PSP document. In this situation, as much information as possible about the nature of your concern will assist Serco in appropriately managing the individual and keeping them safe until they can be suitably assessed.

What are your concerns?

Ask the individual open questions to determine what the main problems are, then tick all the relevant boxes and give details in the open box below.		
1. Suicide attempt or statement of intent to kill self	<input type="checkbox"/>	Please describe why you are concerned. Summarise any recent events, behaviour, or information received that gives cause for concern and what the Person in Detention said about the situation when you discussed it with them:
2. Self injury or statement of intent to self harm	<input type="checkbox"/>	
3. Unusual behaviour or talk; e.g withdrawn or more active, changes in mood	<input type="checkbox"/>	
4. Problems relating to detention / visa / negative notification	<input type="checkbox"/>	
5. Other concerns, including vulnerability due to age or immaturity, ethnic background, health, in possession medication	<input type="checkbox"/>	

Action required by initiating staff member

Pass this information to the person responsible for deciding the immediate action required to keep the Person in Detention Safe. This will usually be the CSM / Shift Supervisor / Operational Manager as appropriate in your centre.

Details of initiating staff member

Name		Signature	
Date		Time	

IMMEDIATE KEEP SAFE ACTION PLAN

To be completed by CSM/Ops Manager/Shift Supervisor as applicable.

The purpose of this immediate action plan is to consider and record the most appropriate support for a client at risk of self harm/suicide until the individual can be assessed by IHMS.

Please detail any known concerns regarding room sharing			
Does client have family /friends support:			
At this centre	Yes	No	Unknown
At another centre in Australia	Yes	No	Unknown
Living in Australia	Yes	No	Unknown
Overseas	Yes	No	Unknown
Things to consider	Action to be taken	By whom	Completed
Frequency of staff support Include irregular observations and interactions, at a minimum of one hourly intervals			
Location Is any action to be taken regarding the clients location? Does the client need relocating for their safety or the well being of any other clients?			
Medication Does client state that they have any medication in possession? If so, try to find out what it is, include it in the information for the triage line and detail any action taken here; such as removal of medication, increased observations taking into account possession of medication etc			
Any other interventions to be put in place / scheduled May include phone call, internet, legal phone call, activities, provision of activity pack			
Any additional comments			
Immediate Action Required	Name of contact	Time completed	By whom (Serco staff member)
Call IHMS Triage line and inform of concerns			
Notification to DIAC			
Notification to Duty Senior Manager			
Information placed in handover			
Complete PSP referral (include copy)			
Manager Name		Manager signature	
Date		Time	

THIS ACTION PLAN ONLY APPLIES UNTIL THE CLIENT IS ASSESSED BY IHMS

PSP REFERRAL

Name of person of PSP Concern	DOB	Client Identifier Number

Staff member providing information	Position

Place of Immigration Detention	Residence Area	Room Number

Actions of person providing information

Have you notified anyone of your concerns?	YES/NO
If so, who, when and how?	

Please provide reasons for your concerns

- Has the person in immigration detention displayed behaviour of concern?
- Has the person in immigration detention said anything of concern?
- Has somebody reported that the person in immigration detention has displayed behaviour of concern or said anything of concern?
 - Please detail what was said or done, where and when it occurred, and who else may have witnessed this activity.
- Have the circumstances affecting the person in immigration detention recently changed?
 - If so, how?

IF OUT OF HOURS

Has the Triage line been contacted?	Yes / No	Contact	
Has a 'Keep Safe' document been opened?	Yes / No	Manager name	
If so, at what level have observations been set?	<input type="checkbox"/> Constant <input type="checkbox"/> Half hourly <input type="checkbox"/> Hourly		

Staff signature	Contact Details	Date	Time

NOW PASS THIS FORM IMMEDIATELY TO IHMS

KEEP SAFE / PSP OBSERVATIONS & INTERACTIONS

It is important that you provide meaningful comments on what has happened with the client during your time with them. This allows others who also care for this person to understand the situation and how to care for them, and provides information for PSP Meetings. In particular, record:

- **Mood check** – is he / she happy, sad, withdrawn, excitable, aggressive etc
- **Conversations** – speak to the client. What do they have to say about their situation? Is the client interacting with staff?
- **Activities** – is the client engaging socially with others, participating in activities etc?
- **Sudden changes** – has the client been doing anything out of the ordinary, such as giving away their possessions to other clients or on a visit, or changing their routine / friendship groups?
- **Self harm** – is there any evidence to suggest the client has self harmed?

NOTE: IF YOU ARE ATTENDING A PSP MEETING, YOU SHOULD HAVE INFORMATION ON ALL OF THE ABOVE

Poor observation: “Checked on Mr. Smith. He seems fine.”

Good observation: “I spoke with Mr. Smith, who was playing cards in his room with friends. He appeared in good spirits, laughing and joking. He stated that he felt a bit better because his friends were with him, but that he is still anxious to speak to DIAC about his visa.”

Poor observation: “Checked on Mr. Smith. He shouted at me so I told him his behaviour was unacceptable”

Good observation: “Mr. Smith displayed unusually aggressive behaviour when I spoke with him. I asked if there was anything I could do to help as he was clearly distressed, however he became abusive, walked away, and sat by himself near the dining room. Mr. Smith does not appear to be mixing with his peers, and displayed poor eye contact when we spoke.”

Name		Residence area & room	
Level of observation		Keep Safe	PSP
NOTE: Observations should be at irregular intervals within the stipulated time frame	<input type="checkbox"/> Constant	<input type="checkbox"/> High imminent: Constant one-on-one monitoring of, and engagement with, the individual in a safe and secure place with a minimum of written observations recorded every 30 minutes, ideally by an individual other than the constant support staff member	
	<input type="checkbox"/> Half hourly	<input type="checkbox"/> Moderate: Observations must be recorded at random times at least once every 30 minutes. Normal behaviour should be encouraged.	
	<input type="checkbox"/> Hourly	<input type="checkbox"/> Ongoing: The focus is to encourage normal behaviour, documenting levels of social interaction noting progress such as improvements or any signs of distress or deterioration. Three meaningful interactions must be detailed during daylight hours, as well as 3 observations overnight	
Date	Time	Comment	Print name & sign

KEEP SAFE / PSP OBSERVATION & INTERACTION CONTINUATION SHEET

[illegible]

THESE PAGES MUST BE KEPT IN THE KEEP SAFE / PSP FOLDER

Secondary Dispensing of Medication

Serco Immigration Services

Document Control

Document:	Secondary Dispensing of Medication
Type:	Policy & Procedure Manual
Reference No:	SIS-OPS-PPM-0005
Applies To:	IDCs, IRHs, ITAs, APODs, Immigration Services Offices
Owner:	Director of Client Services
Approved By:	Beverley Thompson
Date Approved:	13/07/2011
Version:	1.0

Amendment Record

Version	Description

Table of Contents

1. Introduction	5
1.1 Policy.....	5
1.2 Related Documents	5
1.3 Related Forms	5
1.4 Legislative and Standards Framework.....	5
2. Procedures	6
2.1 Contractual Obligation	6
2.2 Serco / IHMS responsibility.....	6
2.3 Appropriate packaging of medication.....	6
2.4 Location.....	6
2.5 Times	6
2.6 Record keeping	7
2.7 Storage of medication.....	7
2.8 Security & safety considerations.....	8
2.8.1 Identification	8
2.8.2 Dispensing checks.....	8
2.8.3 Clients taking medication away from dispensing point	8
2.9 Issuing non prescription pain relief medication to clients.....	10

List of Figures

Figure 1 Secondary Dispensing Process	9
Figure 2 Non Prescription Pain Relief Issue Process.....	11

1. Introduction

1.1 Policy

Serco has a contractual obligation to secondarily dispense medication to people in detention, upon written instruction from the Health Service Manager. This dispensing will be executed in a manner that does not endanger the health and safety of any person in detention or staff member.

1.2 Related Documents

- IDC & IRH / ITA Detention Services Contracts

1.3 Related Forms

- Secondary Dispensing Register (SIS-OPS-FRM-0010)
- Non Prescription Pain Relief Register (SIS-OPS-FRM-0011)

1.4 Legislative and Standards Framework

- Migration Act 1958
- Detention Services Manual, DIAC

2. Procedures

2.1 Contractual Obligation

The Detention Services Contract Statement of Works (IDC 2.2.1, 3.7; IRH & ITA 2A.1, 3.7) states:

The Service Provider must:

- on instruction from the Health Services Manager, dispense medication to People in Detention;
- record all instances where the Service Provider dispenses medication to People in Detention, including details of what was dispensed and at what times;
- ensure all medication stored for the purposes of dispensing to People in Detention is securely stored and not accessible by People in Detention; and
- only dispense medication in accordance with written instructions provided by the health services manager.

2.2 Serco / IHMS responsibility

Serco staff are not trained medical professionals. As such, in order to promote and ensure client safety, while ever there is a trained medical professional, such as a Detention Health Service Provider (DHSP) staff member, on site, all dispensing will be executed by that agency.

Serco will execute its contractual responsibility, outlined above, solely when the DHSP is not on site.

If a client requires a dose of their medication outside the hours that the DHSP is on site, and cannot be given their medication to hold in their possession, Serco will dispense it, when directed to do so in writing by the Health Services Manager. Specific explicit written instruction must be received by Serco for each client & medication.

2.3 Appropriate packaging of medication

Serco will only dispense medication where it has been pre packaged into single dose amounts, using blister or Webster packs, by the DHSP or by a Pharmacist. If a client is to be issued more than one dose at any one time, this will be done by the DHSP while that agency is onsite.

2.4 Location

All Serco dispensing will be done from a locally designated secure dispensing point. This space must have secure storage for medication, located in a staff only area. Under no circumstances will Serco staff take a client's medication to their room for them. The client must attend the designated dispensing point. If they fail to do so, they will miss their medication dose.

2.5 Times

Serco will only dispense at locally designated dispensing times, when the DHSP is not onsite. These dispensing times will be agreed between the DHSP and Serco.

If a client fails to attend at the designated time, the dose will not be provided at any other time. Serco staff are not qualified to assess what, if any, effect there may be as a result of taking the medication at a time other than the agreed dispensing time, and clients must be encouraged to take responsibility for their own healthcare needs. Local strategies must be implemented to structure client expectations regarding dispensing times.

Dispensing times will only be varied in accordance with specific instruction from the DHSP, for example, when a client requires medication at four hourly intervals.

Note: if a client requires medication this regularly Serco should prompt the DHSP to consider whether the medication is suitable for the client to have in their possession. If a client is given medication to be held in their possession, the client and Serco should be provided with written advice of this by the DHSP.

2.6 Record keeping

Serco must complete a register of all medications held in its possession for the purposes of dispensing to clients (Secondary Dispensing Register SIS-OPS-FRM-0010). This should be updated as follows:

- By the Operations Manager / Shift Supervisor as appropriate in the facility, upon provision of the medication by the Detention Health Services Provider, in the presence of the DHSP staff member. All discrepancies must be identified immediately and annotated on the Dispensing Register.
- By the staff member and Client Service Manager / Shift Supervisor upon dispensing of medication (the two signatures are required as a check to ensure the appropriate medication is given to the client)
- By the Operations Manager / Shift Supervisor to indicate what medication is left prior to handing back any surplus to the Detention Health Services Provider once onsite

2.7 Storage of medication

Serco will only store the medications for provision to clients between the times that the DHSP leaves and returns to site.

All medication for dispensing by Serco must be provided by the DHSP at the end of the working day, and any medications not dispensed must be returned to the DHSP at the beginning of the next DHSP working day, with a copy of the Secondary Dispensing Register for the appropriate period of time.

If the DHSP is going to be offsite for more than one day (for example, leaving site on Friday and returning on Monday) then each dose to be secondarily dispensed must be separately packaged and annotated separately on the register.

Serco will not hold any medication that has been prescribed to a client while the DHSP is onsite.

All medication that is stored for dispensing must be in a secure location, accessible only to appropriate designated staff.

2.8 Security & safety considerations

2.8.1 Identification

A client must always present their photographic identification when attending the dispensing point to collect medication, and staff must always complete a face to photo check.

Even if the staff member knows the client, the medication cannot be dispensed without production of the client's identification.

2.8.2 Dispensing checks

Before a staff member can issue a client their medication, the written instruction, client identification, and medication being dispensed must always be checked by another staff member, preferably the area CSM or the Shift Supervisor. The names and signatures of both the dispensing staff member and the checker must be included in the records.

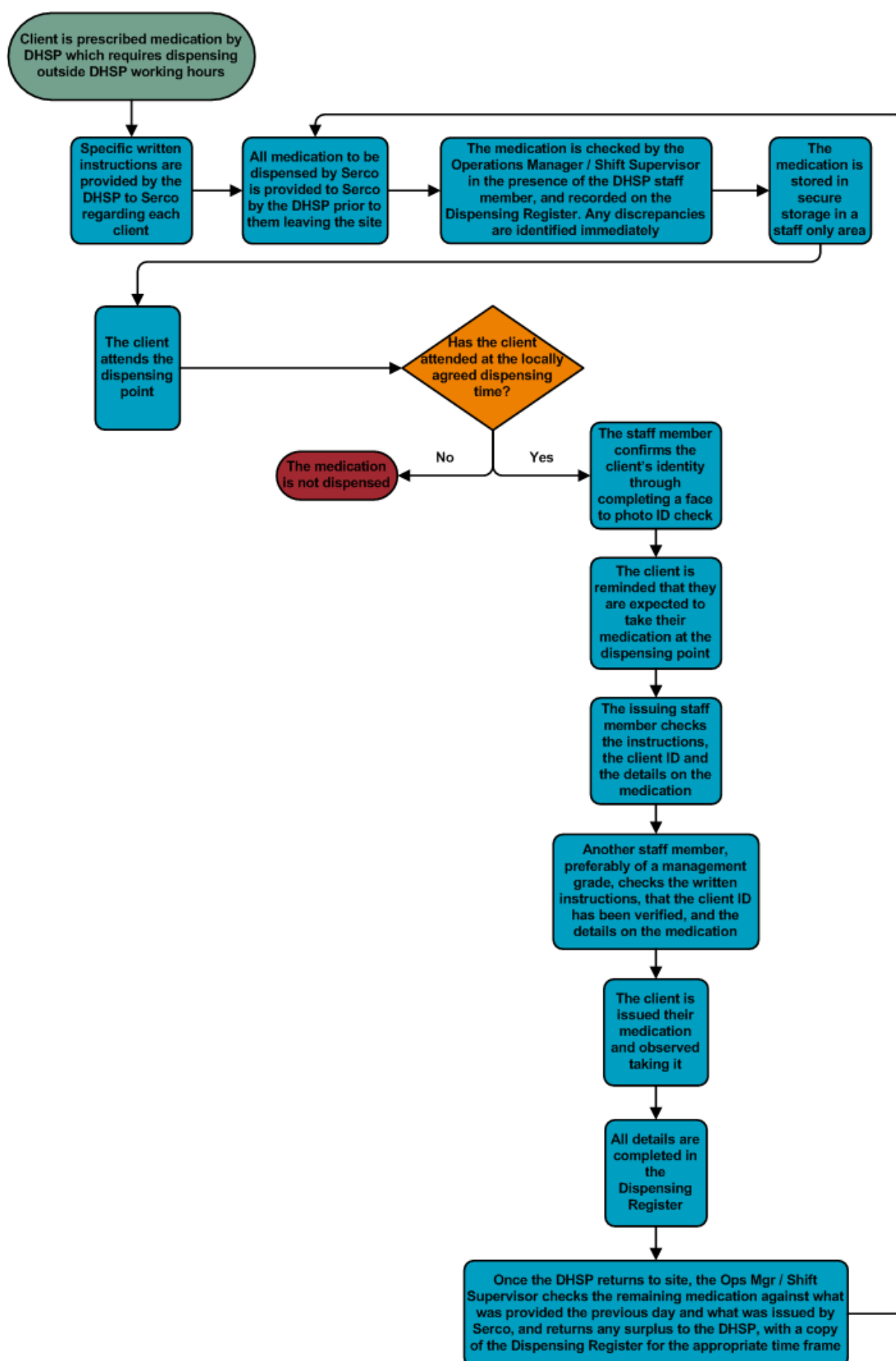
2.8.3 Clients taking medication away from dispensing point

In order to maintain a safe and secure environment for all clients and staff, Serco staff dispensing medication must ensure that clients take their medication before leaving the dispensing point. If the DHSP prescribes something which cannot reasonably be taken in front of a staff member, such as a suppository, this must be dispensed by the DHSP.

If the client refuses to take their medication at the dispensing point, the medication should not be issued. If the client attempts to leave the dispensing point with their medication, they must be prevented from doing so.

Please see below for the Secondary Dispensing Process.

Figure 1 Secondary Dispensing Process



2.9 Issuing non prescription pain relief medication to clients

Serco staff will only issue non prescription pain relief medication to clients following consultation with the DHSP Triage Line. The Triage Line staff have access to the DHSP client record system and as such can see if the client is taking any other medications that would make this inappropriate.

Non prescription pain relief medication must be stored securely in a non client area. Access to this storage must be appropriately controlled and restricted to Operations Manager / Shift Supervisor grades and above.

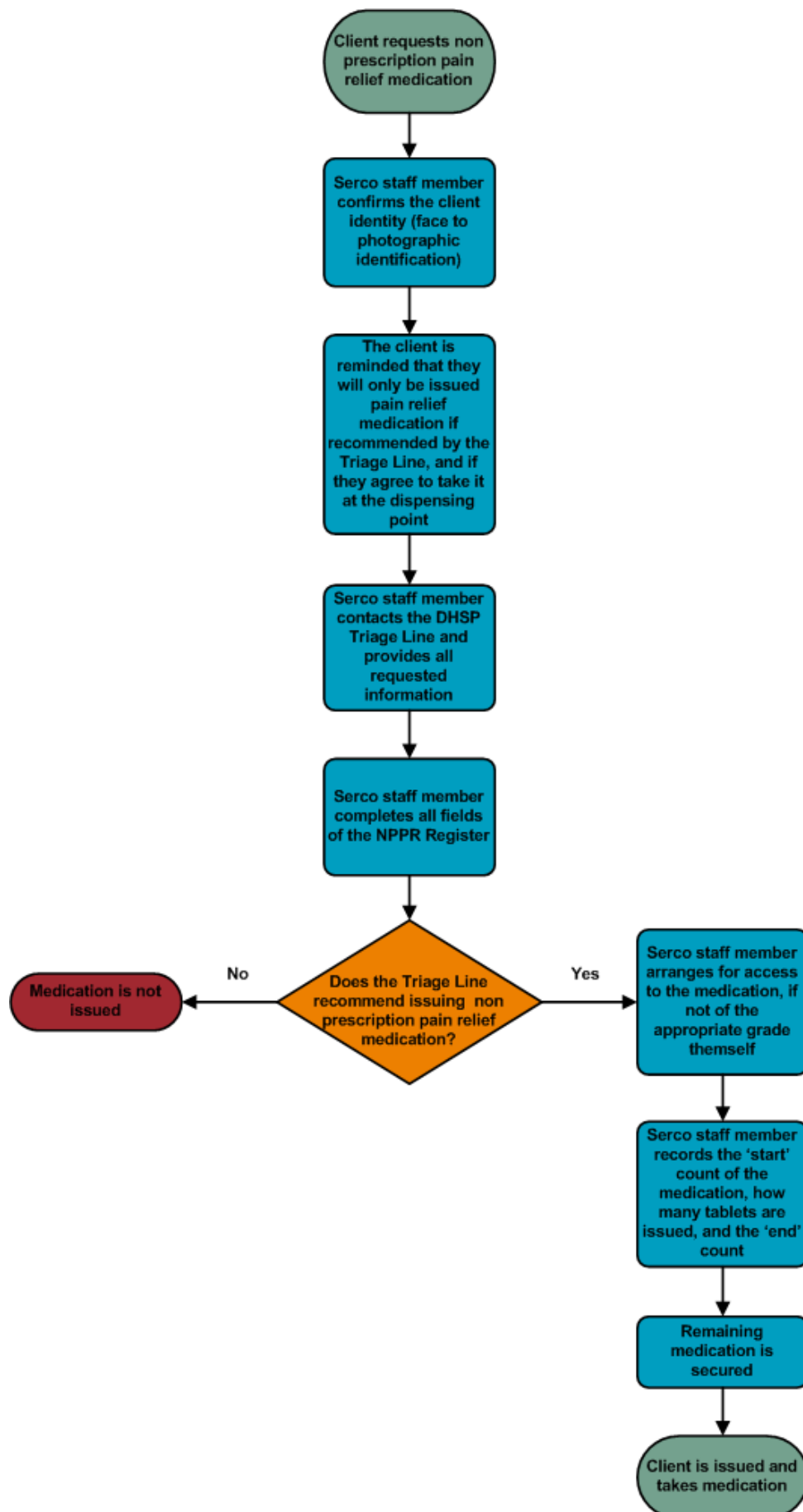
The following process must be followed in order to give non prescription pain relief medication to a client.

1. Client requests pain relief medication
2. Serco staff member confirms client identity (face to photographic identification)
3. The client must be reminded that they will only be issued the pain relief medication if they agree to take it at the dispensing point
4. Serco staff member contacts DHSP Triage Line and provides all requested information
5. The following details must be recorded by the Serco staff member on the Non Prescription Pain Relief (NPPR) Register (SIS-OPS-FRM-0011):
 - a. the date and time of the call
 - b. the client name and Portal identifier
 - c. the Serco staff member making the call
 - d. the name of the Triage Line staff member and their recommendation
6. If non prescription pain relief medication is recommended, the issuing staff member must record:
 - a. the 'start' count of medication (how many tablets there are before any are issued to the client)
 - b. the number of tablets recommended and given
 - c. the 'end' count (how many tablets there remain after the client has been issued their medication)
7. The client is issued, and takes, the medication
8. If the client is issued the medication and attempts to leave the dispensing point without taking the medication, they must be prevented from doing so

While the access to the non prescription pain relief medication must be restricted, steps 1-5 above can be executed by any staff member prior to contacting the Operations Manager / Shift Supervisor for access to the medication.

Please see below for the Non Prescription Pain Relief Issue Process.

Figure 2 Non Prescription Pain Relief Issue Process



Secondary Dispensing Register

Date	Medication received by Serco			Medication dispensed to client						Medication returned to DHSP (not collected by client)		
	Client name & Portal ID	Medication & dispensing date where applicable (if DHSP to be offsite for more than 1 day, eg a weekend)	Serco staff name & sign	Date & time	ID checked (face to photo)	Written instruction checked	Medication checked	Issuing staff member name & sign	Countersigning staff member name & sign	Date & time	Serco staff name & sign	DHSP staff name & sign
24/08/11	BOB SMITH ID 1-23ABCD	CETILIZINE 20mg x1	KIRKHAM DL	24/08/11 19:30	✓	✓	✓	RICHARDSON TR	DAVIS FD			
25/08/11	BOB SMITH ID 1-23ABCD	CETILIZINE 20mg x1	KIRKHAM DL							26/08/11 0800	JONES FD	A. NURSE DN
26/08/11	BOB SMITH ID 1-23ABCD	CETILIZINE 20mg x1 (26/08)	KIRKHAM DL	26/08/11 19:30	✓	✓	✓	RICHARDSON TR	DAVIS FD			
"	BOB SMITH ID 1-23ABCD	CETILIZINE 20mg x1 (27/08)	KIRKHAM DL	27-08-11 7:30pm	✓	✓	✓	ABBOTT JA	HADLEY NH			
"	BOB SMITH ID 1-23ABCD	CETILIZINE 20mg x1 (28/08)	KIRKHAM DL							29/08/11 0800	JONES FD	A. NURSE DN
"	CHARLIE BROWN ID 1-45EFGH	OMEPRAZOLE 10mg x1 (26/08)	KIRKHAM DL	26/08/11 19:30	✓	✓	✓	RICHARDSON TR	DAVIS FD			
"	CHARLIE BROWN ID 1-45EFGH	OMEPRAZOLE 10mg x1 (27/08)	KIRKHAM DL	27-08-11 7:40pm	✓	✓	✓	ABBOTT JA	HADLEY NH			
"	CHARLIE BROWN ID 1-45EFGH	OMEPRAZOLE 10mg x1 (28/08)	KIRKHAM DL	28-08-11 7:30pm	✓	✓	✓	ABBOTT JA	HADLEY NH			

Secondary Dispensing Register

Date	Medication received by Serco			Medication dispensed to client						Medication returned to DHSP (not collected by client)		
	Client name & Portal ID	Medication & dispensing date where applicable (if DHSP to be offsite for more than 1 day, eg a weekend)	Serco staff name & sign	Date & time	ID checked (face to photo)	Written instruction checked	Medication checked	Issuing staff member name & sign	Countersigning staff member name & sign	Date & time	Serco staff name & sign	DHSP staff name & sign
	Name		Name					Name	Name		Name	Name
	ID		Sign					Sign	Sign			
	Name		Name					Name	Name		Name	Name
	ID		Sign					Sign	Sign			
	Name		Name					Name	Name		Name	Name
	ID		Sign					Sign	Sign			
	Name		Name					Name	Name		Name	Name
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	Name		Name					Name	Name		Name	Name
	ID		Sign					Sign	Sign			