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Suicide Prevention & Self Harm Management

DATE EFFECTIVE FROM:

CONTACT POINT: Head of Safeguarding

RESPONSIBLE MANAGER: Centre Director

Site: Gatwick IRC		**Date published**	
Owned by: Audits & Compliance Manager		**Written by:**	**T Bond (June 2015)**
Approved by: Centre Manager		**Date:**	
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July 2016	Reviewed as per annual required	M Brown		
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AMENDMENTS TO POLICY			
Amended Section:	**Page:**	**Date**	**Reason for & Description of update:**
Title	Throughout	July 2016	Change of title form Head of Care and Regimes to Head of Safeguarding
5.6	24	July 2016	Inclusion of Safer Community Referrals
5.9	25	September 2016	Inclusive of substance misuse policy and location.

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ASSOCIATED POLICIES
ASSESSMENT, CARE in DETENTION and TEAMWORK (ACDT)
CONSTANT SUPERVISION

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GATWICK IRC's SELF-HARM MANAGEMENT AND SUICIDE PREVENTION POLICY STATEMENT

Gatwick IRC's is committed to preventing suicide and managing self-harm by identifying and supporting detainees at higher risk.

We offer support, encouragement and practical opportunities to detainees to enable them to develop coping strategies and manage their own personal safety.

The whole Centre as a community shares responsibility for supporting detainees to minimise their risk of suicide or self-harm. This is best achieved by a multi-agency multi-disciplinary approach that builds on what each department has to offer the care of detainees and builds on the links between G4S, Home Office, escort contractors and external groups who share in the care and support of detainees.

All staff have a positive role to play in ensuring the safety of detainees and all detainees are encouraged to take responsibility for themselves and others. This includes understanding and promoting the range of measures to safeguard the welfare of detainees such as Violence Reduction, Anti-bullying and Room Sharing Risk Assessments.

Effective care and support of detainees is achieved by regular staff training, team meetings, responsible supervision by all staff, appropriate documentation and auditing.

AIMS

Gatwick IRC has a duty of care for all detainees, particularly for those in distress and who are at elevated risk of self-harm and/or suicide. Our aim is to reduce the risk of self-harm and suicide and provide special care for those in need. We will maintain a close liaison with our local Samaritan Branch respecting confidentiality. The Director and all staff of Gatwick IRC will promote a safe environment for all, using all skills and resources available.

We aim to address these concerns and help detainees to cope with their problems by:

- Creating a safe, humane and positive environment
- Encouraging supportive and trusting relationships within the Centre
- Helping to alleviate fears and help new detainees to settle into Gatwick IRC
- Helping detainees to cope with their problems
- Reducing isolation and depression by providing activities and choices
- Assisting detainees to maintain family ties

We aim to care for detainees in crisis by:

- Endeavouring to identify times of crisis
- Treating those at risk with compassion and preserving individual dignity
- Providing contact and supervision through use of Close Supervision rooms and the Assessment Care in Detention Teamwork Plan.
- Treating with understanding those who have self-harmed

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CHAPTER 1: SUICIDE PREVENTION AND SELF HARM MANAGEMENT TEAM

1.1 Introduction

The Suicide Prevention and Self Harm Management Team is a multi-disciplinary team and will meet monthly. The team is responsible for co-ordinating the care of all detainees in Gatwick Immigration Removal Centre.

1.2 Membership

The Director of Gatwick IRC will normally appoint the Head of Safeguarding as the Safer Custody Management Team leader.

The Team will consist of representatives from the following:

- Safer Community Manager
- Diversity and Race Relations Manager
- Residential Manager
- Home Office Manager
- Manager of Religious Affairs
- Safer Community Orderlies
- Independent Monitoring Board
- Healthcare Manager

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1.3 Agenda

Meetings will have a set agenda with the following standing items:

- Apologies
- Minutes of the Last Meeting
  - Accuracy
  - Matters Arising
- Diversity
- Violence Reduction
- Safer Community Orderly update
- Training
- Religious Affairs
- Healthcare
- IMB/Samaritans/Home Office
- Centre Reports
- Closed ACDT Plan review
- Any other business
- Date of next meeting

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1.4 Terms of Reference

To act in accordance with the agreement between Gatwick IRC and the Home Office to provide a safe and humane environment for detainees the Team will:

- Continually review the local policy.
- Annually review incidents, initiatives and objectives.
- Discuss, monthly, any relevant information appertaining to previous 'Deaths in Detention/Custody' which may be highlighted in Prison Probation Ombudsman Reports.
- Identify training needs of staff and monitor delivery.
- Ensure systems are in place to provide early identification of any detainee with suicidal or self-harming tendencies.
- Ensure that systems are in place to assist the detainee through the acute phase of their problem and to enable them to continue on normal location whenever possible.
- Monitor all ACDT Plan procedures.
- Co-ordinate multi-disciplinary co-operation in suicide prevention and self-harm management matters.
- Monitor the nature and level of self-harm.
- Ensure staff and detainees receive support and post-incident care.
- Hold monthly team meetings.
- Encourage detainee involvement in suicide prevention and self-harm management.
- Report back to the Director on all aspects of the Suicide Prevention and Self Harm Management Team.

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CHAPTER 2: ROLES AND RESPONSIBILITIES

2.1 Introduction

The principle of shared responsibility does not mean that individual members of staff are not accountable. All members of staff have clear responsibilities under the ACDT system, but preventing suicide/self-harm is wider than caring for those identified as at-risk. By being supportive to all detainees, and taking account of the very different needs of individuals and reflecting diversity and gender quality responsibilities, staff can reduce the levels of distress and thereby reduce the number of detainees who may become a risk-to-self.

It is important that all members of staff are aware of which detainees in their care are on open ACDT Plans. It is good practice for staff who have direct contact with detainees but who do not necessarily regularly receive information about current detainees on open ACDT Plans, to check the Daily Handover report daily.

2.2 All members of staff

All members of staff in contact with detainees must be trained to at least ACDT Foundation Level (Annex A) and be aware of the signs of risk summarised in the ACDT Staff Pocket Guide and when caring for at-risk detainees follow the ACDT procedures set out in the ACDT Policy.

Suicide prevention and self-harm management is the responsibility of all staff. Whenever any member of staff believes a detainee is at risk of suicide or self-harm they must open an ACDT Plan following the procedures set out in the ACDT Policy.

Members of staff have a responsibility to ensure they are aware of which detainees in their care are on an open ACDT Plan, and what the key requirements of that plan are.

Staff are responsible for the maintenance of ACDT Plans of detainees they come into contact with, and have a responsibility to share risk pertinent information with others caring for the detainee. It is important that any events relevant to the care of the at-risk detainee are appropriately noted in the ACDT.

At shift change when staff handover detainees on an open ACDT Plan to colleagues, they must always appropriately brief that member of staff. A record must be maintained to show that the receiving staff have received such a briefing and have checked those detainees on an open ACDT Plan. It is important that at other handover times receiving staff are made aware of any specific concerns about such detainees. An ink stamp is supplied to each wing for this purpose.

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Emergency response kits are held on every Residential Wing, Visits and Reception, it is the responsibility of all staff to make sure they are aware of the exact location.

2.3 All Managers in Gatwick IRC

All Directors and Detainee Custodial Managers will be trained as Case Managers in the ACDT process.

It is the responsibility of all Managers to:

- Promote the compassionate nature of the role of staff in caring for detainees
- Manage inappropriate behaviour – whether by detainees, staff or visitors – and to challenge unacceptable attitudes and actions.
- Ensure their staff have received (or are to receive) appropriate training as referred to in Annex A
- Support staff caring for at-risk detainees – for example, by debriefing or assisting to access clinical supervision.
- Carry out quality checks on each ACDT document in their area of responsibility.
- Ensure staff are aware of the location of all at risk detainees, triggers, observations and conversations required and the CAREMAP

2.4 Suicide Prevention and Self Harm Management Team

The Team Leader will be designated by the Director and must be a member of the Senior Management Team.

A Detainee Custody Manager will be appointed as the Safer Community Manager.

ACDT Trainers; who will have attended the ACDT Training for Trainers course facilitated by NOMS Training and Development Group.

Vacancies in the team will be, where possible, anticipated allowing sufficient time for replacement members to attend the relevant courses.

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2.5 Suicide Prevention and Self Harm Management

The Suicide Prevention and Self Harm Management Team Leader has key responsibility for the implementation and development of the local Suicide Prevention and Self-Harm Management Strategy at Gatwick IRC.

The Team Leader is responsible for the Suicide Prevention and Self Harm Management Team and its continued development. The Team leader must ensure that Suicide Prevention and Self Harm Management Team meetings review the Continuous Improvement Plan and the local use of self-harm interventions, and undertake an annual review of issues.

The Team leader must ensure that Suicide Prevention and Self Harm Management Team meetings are held every month.

The Team Leader will be trained to at least ACDT Case Manager.

2.6 Safer Community Manager

The Safer Community Manager will support the Team Leader.

The Safer Community Manager will be trained to both ACDT Case Manager and Assessor level.

Ideally the Safer Community Manager will be a Trained Trainer and have attended the relevant course provided by NOMS Training and Development Group.

2.7 Duty Director

All members of Gatwick IRC's Senior Management Team who assume the role of Duty Director will be trained as ACDT Case Managers.

The Duty Director will be an integral part of the auditing process of the ACDT system at Gatwick IRC by:

a) Checking the ACDT Plan Register daily in order to monitor the current status of any open ACDT Plan.
b) Checking all open ACDT Plans daily enquiring how the detainee is coping.

Duty Directors will chair any 'Enhanced Case Review' and the first Case Review for any detainee placed on 'Constant Supervision'.

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2.8 Wing Managers/Case Managers

ACDT Case Managers must be minimum grade of Detainee Custody Manager and have completed training for ACDT Case Managers. All Seconded Detainee Custody Managers must have completed ACDT Case Manager training before they can assume responsibilities of a Case Manager. Whenever Seconded Detainee Custody Managers are reverted they can no longer act as a Case Manager.

Wing Managers must ensure that all staff on their wing (including night staff), are aware which detainees are on an open ACDT Plan, what the Trigger box and CAREMAP contents are and what care is required from residential staff.

Wing Managers of each wing will check ACDT Plans daily, and record a comment on the quality of the ACDT Plan as well as signing to confirm they have undertaken the checks. They should ensure that:

a) Staff follow the ACDT procedures

b) The levels of conversations and observations are being maintained to the required standard

c) CAREMAP actions are completed by the due date and outcomes recorded

Wing Managers must ensure that where any individual member of staff is identified as having weaknesses regarding ACDT procedures, or awareness of suicide risk and ability to take required actions the relevant Line Manager is informed.

Wing/Case Managers must adhere to Gatwick IRC system of post-closure monitoring.

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2.9 Healthcare Manager

The Healthcare Manager will be responsible for ensuring that all staff working within their department have attended the appropriate Safer Custody training.

The Healthcare Manager must ensure all healthcare staff are aware of the importance of sharing risk pertinent and care information with staff from other disciplines. Managers are responsible for urging the staff that sharing of information does not contradict professional guidelines, and do share such information with those managing individual detainees.

2.10 Samaritan Liaison Officer

The Safer Custody Manager assumes the role of liaison officer.

2.11 ACDT Trainers

All ACDT Trainers at Gatwick IRC will have attended the NOMS Safer Custody Training for Trainers course.

Trainers will be expected to maintain a contemporary knowledge of Safer Custody good practice and policy.

2.12 ACDT Assessors

All Assessors at Gatwick IRC will be volunteers and will be selected in accordance with Competencies of ACDT Assessors. Grade and role are not important but all must successfully complete the training for ACDT Assessors.

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CHAPTER 3: STAFF-DETAINEE RELATIONSHIPS AND THE CUSTODIAL CULTURE

3.1 Custodial culture

Detention Centres build up their own culture, which can determine through custom, attitudes and language, the way in which 'things are done here'. It can be that the culture in a Detention Centre is less than homogenous across all staff, for example, not all staff will agree on how detainees should be treated. Suicide prevention is most effective in a Centre where: all staff feel that they are valued, communication is good, detainees feel safe, and there are good staff relationships with Senior Managers who are approachable and supportive. A negative culture can be created when staff rely on overuse of authority, distance themselves from detainees and express a distrust between uniformed and specialist staff groups. The quality of care for detainees in these Centres will be reduced.

A positive culture will be fostered in Gatwick IRC where suicide prevention and self harm management is most effective by such initiatives as joint (cross grade) training and the involvement of all disciplines in crucial processes such as Reception/Induction. Cross grade and multi-disciplinary involvement in care planning and through meaningful information sharing will make effective the 'Teamwork' aspect of ACDT.

The Safer Community Team will help raise general awareness of the importance of suicide prevention and improve the processes to support detainees.

3.2 Staff–detainee relationships

A member of staff who takes time to listen to detainees problems and takes them seriously is of great value to that detainee. Interviews with suicidal/self-harming detainees confirm that staff who take time to help them are greatly appreciated. It is common for those who attempt suicide to emphasise how they wanted staff to talk to them and engage with them, not just to observe them.

Research highlights the importance of staff attitudes to those who are suicidal or self-harm. In areas where a higher proportion of staff view suicide attempts as 'manipulative' there will be higher levels of detainee distress, linked in turn to higher suicide rates over time.

It is important that all staff working with detainees receive training and support in understanding and caring for detainees and working with them to address problems, including the importance of non-judgemental staff attitudes to detainees who self-harm, and the use of formal care planning processes (ACDT) when appropriate.

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3.3 Staff supervision and support

The provision of good support to staff after an incident of suicide or self-harm will lower staff stress levels.

Dealing with suicide attempts, or other serious incidents of self-harm, can be as stressful as dealing with a death. It is therefore also important to consider the needs of staff working with detainees engaged in on-going, severe and/or repetitive self-harm.

The Safer Custody Team will organise regular (at least annual) consultation with staff working in areas of high self-harm, to identify their support needs and implement appropriate action. The Local Care Team will be involved in this consultation process.

All staff will be provided with information on Employee Support, Gatwick Care Team as well as Samaritans, during their training.

The following support mechanisms are available:

Assessors	Support meeting, Care Team	First Assist	Local RMN
Case Managers	Care team	First Assist	Local RMN
All Staff	Care team	First Assist	Local RMN

Additionally staff may contact the Religious Affairs Team or the Samaritans.

G4S will ensure there is support available for any member of staff who feels they need further help. Employee Care Scheme can be contacted for counselling DPA or www.firstassistonline.com (access code: DPA)
Members of the Local Care Team are available daily in the IRC should staff wish to have the opportunity to express their feelings.

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CHAPTER 4: PRE-DETENTION AND TIME AT COURT

4.1 Introduction

It is well established that the early period in detention is a particularly high-risk time for suicide. Lack of consistent care or failure to put the detainee at ease not only adds to the risk whilst in our care, but also when they are in the next agency's care.

Gatwick IRC will manage detainees in early detention by targeting and commencing meaningful care for at-risk detainees at the moment of their arrival.

Detainees returning from Bail Hearings or Video link who are unsuccessful are known to be particularly vulnerable and will require close care. The receiving wing should be informed if a risk is identified.

4.2 Gatwick IRC cross-agency strategy

Gatwick IRC will ensure all risk pertinent information is shared with other agencies that are responsible for the care of detainees. The Prisoner Escort Record (PER) will always be completed in full whenever a detainee leaves Gatwick under escort.

Whenever a detainee is identified as being at risk the information will be passed to the Home Office Immigration Enforcement by means of the IS91 Part C. This will alert all agencies coming into contact with the detainee as to his level of risk.

4.3 Police

Police policies are based on the Police Safer Detention Guidance. The police are also required to use the Prisoner Escort Record (PER) whenever they move a detainee between locations or transfer them to the care of another agency.

Whenever a detainee attempts suicide or self-harms the Police National Computer Bureau will be e-mailed/faxed with the relevant information in order that records can be updated. This task will be carried out by the Safer Custody Manager.

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4.4 Escort staff

ALL escort staff, whether G4S or contracted agency, will be fully briefed when being given custody of a detainee on an open ACDT Plan. The escort must sign the ACDT Plan to confirm they have been fully briefed.
Reception staff will ensure that escorts make an immediate check for at-risk status when taking over responsibility for detainees.

All escort staff should maintain the PER form they receive with a detainee.

Where any escort staff receive an open an ACCT/ACDT Plan from an establishment, then they must follow instructions on the front and inside front cover, maintain the On-Going Record and follow the CAREMAP in line with procedures as set out in Gatwick IRC ACDT Policy.

Escorting agency staff **should not** open an ACDT Plan.

Escorts will complete a Suicide/Self-Harm Warning Form whenever they believe a detainee is at risk of suicide or self-harm.

If a detainee self-harms whilst under escort or at court, escort staff must inform the establishment due to receive the detainee as soon as possible, and record on the PER and ACDT (if open) who they have informed and when. This is to allow the establishment to prepare for the detainees arrival.

As well as noting any incident of self-harm in the PER and ACDT (if open), if there is a change to the lethality of a detainees method of self-harm whilst under escort or at court, such as a change in the severity of the method to potentially life threatening, escort staff must record details of this on the PER and ACDT (if open), ensuring it is clearly noticeable, for example in bold or marked by an asterisk.

When considering the opening of a Suicide/Self-Harm Warning Form a member of the escort staff must speak to the detainee. The detainee must be informed when a Suicide/Self-Harm Warning Form is being opened.

Escort staff must detail On-Going observations and events on the continuation sheets of the PER.

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CHAPTER 5: EARLY PERIOD IN DETENTION

5.1 Introduction

The early period of detention is a time of high risk of suicide and self-harm for the majority of detainees. It is important to have reception, first night and induction procedures that provide opportunities to identify and care for those detainees at heightened risk, and that also provide reassurance to those who – often unknown to staff – may also be at risk.

Reception/first night is where detainees fears about what awaits them in an establishment and about how much support they can expect to solve their individual problems, will be either confirmed or alleviated. It is essential that detainees pick up a positive message from their reception/first night experience that reflects the wider health of the Centre. Detainees should feel that the Centre environment is responsive and that it is a safe environment in which they will be assisted to cope with the detention experience.

While recognising the sometimes intense pressure that the reception department is under, it is essential that the reception/first night and induction processes should recognise detainees as individuals. Detainees are more likely to alert staff to their vulnerability where reception and first night are experienced as a meaningful interaction rather than as processes done to them.

5.2 Reception and First Night

In addition to security, the guiding principle in management of the reception and first night processes at Gatwick IRC will be a duty of care to detainees.

Detainees who are identified as being at risk or who are either being monitored / cared for through ACCT/ACDT or Self-Harm Warning form will be processed as a priority.

Health Care must be informed of any at risk detainee.

Detainees believed to be at-risk must be moved to the Induction wing at the earliest opportunity and the receiving wing informed verbally by reception staff. This must be documented in the ACDT plan and DAT notes, noting the name of the member of staff who they have spoken to.

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Similarly when a detainee is known to be suffering from withdrawal the Heath Care department and Induction wing must be informed verbally by reception staff. Consideration will be given to placing a detainee onto Eden Wing. Once again confirmation that information has been passed must be recorded in DAT and in the ACDT Plan if open.

5.3 Receiving at-risk detainees

Staff in reception will be competent in using ACDT procedures and must be prepared to initiate ACDT procedures themselves, in discussion as necessary with health care staff.

When receiving a detainee with a Suicide/Self-Harm Warning form, an open ACCT/ACDT Plan, or a PER with the suicide/self-harm warning box ticked, if the reasons for the concern are not clearly documented the Reception Officer will ask for a verbal handover from escorting staff.

Any difficulties concerning information sharing and Suicide/Self-Harm Warning form, ACCT/ACDT or PER procedures in relation to contracted escorts or police staff should be forwarded to the Safer Custody Manager, for discussion at the Safer Community Team meeting and follow-up with the Escort Manager.

5.4 The safer reception environment

The state of the physical environment in Reception gives important messages about how detainees are regarded by the Centre.

Reception areas will be clean, well decorated and welcoming.

Waiting rooms will be heated and ventilated appropriately, and ligature points removed wherever possible.

Staff will be able to interview detainees in private and not in an open area where other detainees can hear what is said.

Reception waiting rooms will be closely supervised and the time the detainees spend there is kept to a minimum to reduce the risk of bullying.

5.5 Receipt of detainees with a Suicide/Self-Harm Warning form

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The receiving Reception Officer will complete section 7 of the suicide/self-harm warning form upon receipt of the detainee. A copy of the form will then be retained by the escort staff.

The receiving Reception staff will then keep the detainee safe relating to the location, supervision and support of potentially at-risk detainee pending the reception healthcare screen. At-risk detainees will be 'fast-tracked' to the reception healthcare screen. There will be no bar to reception staff opening an ACDT Plan immediately, prior to a healthcare screen, if they think it necessary.

The Suicide/Self-Harm Warning form will provide one source of information for those completing the reception healthcare screen. Whenever a detainee arriving in reception is accompanied by a Suicide/Self-Harm Warning form, the PER and Suicide/Self-Harm Warning form, once seen by the Reception Officer, will be passed to the reception healthcare screener. Once the healthcare screening has been completed the PER will be filed appropriately.

Upon receipt of the Suicide/Self-harm Warning form and the PER the reception healthcare screener will decide, having spoken to the detainee and considered all other information available, whether to open an ACDT Plan. If the detainee has self-harmed during the time spent that day under escort supervision, at court, in transit, or while in Police or other custody then the reception healthcare screener must open an ACDT Plan.

A copy of the Suicide/Self-harm Warning form will be kept with the Detainee Medical Record and in the ACDT Plan if opened. If an ACDT Plan is not opened, the form will be kept in the Detainee Transferrable Record.

5.6 Detainees arriving with an open ACCT/ACDT plan (or in post closure phase)

Safer Community referrals will be received and circulated prior to the detainees arrival at Gatwick IRCS. When a detainee arrives on an open ACCT/ACDT Plan receiving staff will immediately check the frequency of conversations and observations requirements, the Triggers box and the CAREMAP. The Reception Manager will conduct a Case Review immediately following the healthcare screen and prior to location onto a Wing.

When a detainee arrives in the post-closure phase of ACCT/ACDT the Reception Officer will pass the closed ACCT/ACDT Plan to the healthcare screener, and keep the detainee safe.

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5.7 Reception health screen and follow-up care

An assessment of possible risk of suicide or self-harm will be made by a member of the healthcare team on the day of reception as part of the health screening procedure for all receptions (including transfers and returns from court) and an ACDT Plan opened if necessary. An ACDT Plan will be opened in every case where the screen is positive for current thoughts of self-harm, wherever the detainee is located in the Centre

In cases where the healthcare screener having interviewed a detainee in the post-closure phase of ACCT/ACDT has decided not to re-open the Plan, they will pass the closed Plan to the Reception Manager.

Where risk is identified, the care identified as necessary to support that detainee will be provided. If Gatwick IRC facilities or healthcare arrangements do not immediately provide for the identified need, interim care will be provided. Should Gatwick IRC not be able to provide the required care for an individual then it will be handed over to Home Office Immigration Enforcement for referral.

5.8 Change of status detainees and failed bail applicants

Reception staff will talk with detainees who have:

- arrived from prison after having their immigration status changed, or
- had a Bail Application rejected, or
- had a deportation cancelled after leaving Gatwick IRC

They will keep in mind the suicide and self-harm risks associated with such detainees. The information will be recorded in the detainees' DAT notes.
These detainees will be seen by the health screener.

All detainees who have had a video link to court bail application rejected will be closely monitored by visits staff.

Where there has been a change of immigration status or the detainee is a failed appellant, reception staff will inform the appropriate wing staff. In the case of video link the visits staff will be responsible. DAT will also be updated.

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5.9 Drug/Alcohol withdrawal and detoxification

From time to time detainees on detoxification or withdrawal will arrive at the Centre. This will process will be Healthcare led.
Management, care and location of the detainee will be provided from the Doctor/Health Care to take the lead.

As there is a significant relationship between drug and/or alcohol withdrawal and suicide, healthcare staff will inform the relevant staff caring for any detainee on detoxification or withdrawal.

5.10 Risk of harm to self and others

Where the room sharing assessment process highlights that a detainee is at risk of harming others as well as harming himself, then both risks must inform decisions about room allocation.

5.11 Next of kin and supportive person's details outside the Centre

Reception Staff at Gatwick will endeavour to obtain who the next of kin of each detainee is. The information will kept in the detainees files and loaded onto DAT. The information could be used, with the detainees' permission, to develop individual care plans for at-risk detainees

5.12 Telephone contact

Detainees will be given the opportunity to make contact with their family or close friends from reception.

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5.13 Provision of information and diversionary material

Detainees will be provided with information (in different languages), religious books and television whilst waiting in reception.

During the first night/Induction information leaflets will be provided in different languages. All rooms will have televisions. They will also have access to the Centre library with an abundance of books, newspapers and magazines in different languages.

All arrivals at Gatwick will be interviewed by Induction staff on the day of their arrival ensuring the following:

a) Detainees are made aware of the support that is available to them
b) What an Assessment, Care in Detention and Teamwork Plan is
c) What they should do if they do not feel safe in Gatwick IRC
d) How they can report concerns/incidents

5.14 Checking for risk in previous custody/detention

All new receptions will be asked whether they have been in detention or prison before and if so whether they were ever on an ACCT/ ACDT Plan.

The PER and accompanying records will all be checked for risk information.

Any information from the above will be utilised as part of the risk assessment prior to first night evening roll check (or for late arrivals before they are locked up for the night).

5.15 Receiving, recording and passing on information about risk from external sources

Any member of staff at Gatwick IRC who is contacted by a third party (solicitors, visitors, family or fellow detainees for example) who expresses concern for a detainee they consider may be at risk of self-harm or suicide must inform Oscar 1 or 2 immediately. If, after talking to the detainee, an ACDT Plan is not open, at the very least the concerns must be entered into the Wing Occurrence Book and DAT case notes.

Families and other visitors will always be encouraged to communicate any concerns about a detainee to members of staff. Information, in different languages, on how this can be done is provided in the visit areas.

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Gatwick IRC 'hotline' number is advertised in both visit areas and around the Centre. A log of all calls and follow any up actions will be held in the Safer Community Managers Office.

Safer Community Telephone DPA

Mobile for call or text DPA

Where a detainee at–risk is supported by persons outside the Centre then that information will be recorded in the ACDT Plan.

5.16 First Night/Induction

Where it may not be possible to put a detainee's mind at rest regarding his/her personal concerns prior to first night, they will be assured that these will be discussed the following morning. As it is essential to a detainee's wellbeing he/she will not be left feeling that his/her concerns are being ignored or overlooked.

Induction staff can use room sharing as a means of providing support unless the RSRA has recommended a single room, or when using a double room both detainees are known to be at-risk.

5.17 Induction

The induction programme will include:

a) Suicide Prevention and Self Harm Management
b) Information that self-harm will not result in being put in unfurnished conditions
c) The message that alerting staff to at-risk detainees is not "grassing"
d) Reference to the Violence Reduction
e) Further assessment to identify a detainee's needs and possible risk of self-harm
f) Provision for 24 hour telephone contact to Samaritans
g) Help with maintaining links with family and arranging visits
h) Time for more in-depth assessment from a multi-disciplinary team

Should any detainee be placed directly into the Care and Separation Unit then an Induction will take place immediately on being suitable to be returned to normal location.

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CHAPTER 6 POSITIVE REGIMES AND PURPOSEFUL ACTIVITY

6.1 Introduction

Positive regimes are those which enable detainees to engage in activities which reduce distress and potentially reduce rates of suicide or self-harm, for example through improving mood and increase coping skills and self-esteem. Helpful activities at Gatwick include work, education, stress management (Emotional Support sessions and Talking Therapy), art and exercise.

Independent research has indicated that lower rates of self-inflicted deaths over time are associated with higher rates of purposeful activity

Evaluations have found that vulnerable people in a custodial setting were significantly less distressed in establishments where they have less time in room, higher levels of employment and where association was less frequently cancelled.

Interviews with suicidal and self-harming people in custodial settings confirm their view of the importance of having 'something to do' as an alternative to self-harm.

Gatwick IRC provides a regime which is realistic and provide for both time out of room and for in-room activities. We recognise that detainees who are most vulnerable may be the most difficult to engage in activities initially. They will be supported and encouraged to do so. Wing Managers are responsible for ensuring there is adequate diversionary material for all detainees taking into account reading and writing abilities, disabilities and ethnicity.

6.2 Management of positive regimes

The Centre currently operates a number of various systems for recording detainee use of facilities. The current monitoring allows managerial checks to be made on usage of facilities based on nationality and religious belief. We are also able to interrogate the information to show when and why activities may have been curtailed.

At Gatwick IRC Wing Managers will ensure that when "out of room" activity for an at-risk detainee is cancelled or reduced, and at times when at-risk detainees are locked up, in-room activities (not just television) are offered, or record the reason for any non-provision. Activities will be available to all at-risk detainees regardless of location, which includes those in the Care and Separation Unit (unless this is not possible for reasons of safety, in which case the reasons

and how it is planned to move to a point where the detainee can undertake in-room activities, will be recorded in the ACDT Plan).
Table-top games are available on each wing.

Any detainee on an ACDT Plan will have an entry in the CAREMAP outlining how appropriate and suitably risk-assessed in and out of room activity will be provided. If for any reason the Case Review team consider such an entry in the CAREMAP inappropriate to an individual case, then it will be recorded in the ACDT Plan.

CHAPTER 7: SPECIALIST SERVICES AND COMMUNICATION WITH STAFF

7.1 Introduction

There are strong links between self-harm and mental ill health, drugs/alcohol problems, and experience of abuse. Other problems such as deportation, bereavement and loss of family can also be causes of distress to detainees. All are issues that staff caring for detainees need to be aware of and watch for; both in terms of the related risks to the detainee, and around what specialist support is available to help the detainee. Also, the often repeated findings from PPO investigations into deaths in custody/detention and HMIP reports cannot be emphasised enough, concerning the need for healthcare staff to share risk pertinent information and basic care information with discipline staff who manage a detainee.

Failures of communication of all kinds are one of the commonest contributory factors found in investigations into self-inflicted deaths, in custody and in the NHS.

7.2 Information sharing between healthcare and other staff

The Safer Community Team Leader and Health Care Manager will work together to ensure that information is appropriately shared between healthcare, residential and other Centre staff. Sharing risk and basic care information with discipline staff who manage a detainee is not breaking medical confidentiality.

Doctors and nurses and other professional groups are accountable to their respective professional bodies (the General Medical Council and the United Kingdom Central Council for Nursing, Midwifery and Health Visiting) for safeguarding and promoting the interest of individual patients/clients. This is reflected in the guidance issued which sanctions the sharing of information where this is clearly in the best interest of the patient/client.

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Irrespective of professional background, all staff have a duty to exercise confidentiality with regard to information relating to detainees. Information relating to any detainee will never be discussed within earshot of any of other detainees.

7.3 Transfers and moves

Detainees who transfer or have changes of location can be of increased risk. Preparing the person for transfer, communication between staff and (where possible) some continuity of care for a time can all help reduce the risks.

When a detainee is transferred to another Centre it is essential that we share all relevant information with that Centre, a Safer Custody Referral will be completed by a member of the Safer Community Team.

An ACDT Case Review will be held prior to discharge. The Reception Manager will make every effort to telephone the receiving Centre (Reception) passing on any relevant information appertaining to that detainee.

7.4 Health and Mental Health services

Within custody/detention it is recognised that there is a high proportion of people with one or more psychiatric disorders known to increase the risk of suicide and self-harm.

Research shows that the best care for people held in any form of custody with mental disorders is provided when mental health services are well integrated into the mainstream. Patients benefit from joined up care provided by mental health specialists and residential officers. HMCIP has also stressed the benefits of mental health workers working with those with lower levels of mental health problems, rather than exclusively with those with severe problems.

Supporting detainees to deal with mental health and other problems such as abuse and bereavement can reduce their distress and prevent a suicidal crisis. Where a suicidal crisis has been reached, addressing these associated problems forms a key part of the ACDT CAREMAP.

7.5 Providers of specialist services and ACDT

Where an ACDT Assessment identifies a likely problem with mental illness, substance dependence, abuse, bereavement or other problems causing distress contributing to the suicidal crisis, every effort will be made to refer the detainee, with their agreement, to an appropriate service. This will always be done through the Health Care team.

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It is a requirement that the Healthcare Manager regularly updates the ACDT Assessor Team and Wing Managers with information about the specialist services that are available in Gatwick.

7.6 In-Possession medication

If a detainee should be found to be in possession of what is considered to be an excessive amount of in-possession medication then clinical staff will be contacted immediately. This will enable a reassessment of the risk.

CHAPTER 8: DETAINEE SUPPORT- SAMARITANS

8.1 Introduction

Effective support can contribute to suicide prevention and self-harm management strategies by helping to create a safe, decent and healthy environment with positive staff/detainee relationships, where problems can be voiced and addressed and anxiety alleviated. Some detainees however, may find it difficult to discuss problems with discipline staff. To this end Samaritans are integral to Gatwick IRC suicide prevention and self-harm management strategy.

It is the policy of Gatwick IRC to work in partnership with the Samaritans in the care and support of the vulnerable in our care. The Samaritans are a crisis organisation and are available 24 hours a day.

The Safer Community Manager will act as the Samaritans Liaison Officer.

8.2 What the Samaritans offer:

- To maintain confidential contact with people during a suicidal crisis.
- To help develop staff understanding of suicide and self-harm, and maintain awareness.
- To support staff at all levels in their work with detainees at risk, and when they themselves feel despairing.
- To befriend detainees who are in emotional distress and may be suicidal.

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- To be represented on the Safer Community Management Team.

8.3 Access to the Samaritans:

- The Samaritans telephone number will be displayed near all Samaritans mail boxes and on various posters in detainee communal areas.
- Detainees will always be offered privacy in which to talk to a Samaritan both face to face or by telephone.
- Members of the East Surrey Branch will visit on Wednesday evenings to speak to any detainee being monitored on open ACDT Plans.
- All detainees are welcome to talk to Samaritans on visits but can request a special visit by application form.
- The local branch offers a 'flying squad' service if there should be an urgent need.

8.4 Understanding confidentiality

The principle of total confidentiality is central to the work of Samaritans; this applies equally to their work in Gatwick IRC.

Samaritans allow exceptions to its principle of confidentiality only in the following very specific circumstances:

- Samaritans will not accept a confidence which contravenes the Prevention of Terrorism (Temporary Provisions) Act 1989, since updated to the Terrorism Act 2000, as amended by the Anti-Terrorism, Crime and Security Act 2001
- Samaritans will call for help, without consent, where a contact is attempting to take their own life and has reached a condition where it is clear that they are unable to make their own decision.

All correspondence between detainees and Samaritans is confidential.

Calls made from detainees to Samaritans will not be monitored.

Samaritans are not required to make entries into any open ACDT Plan. Where a Samaritan speaks to an at-risk detainee then it will be for a member of the unit staff to make an entry into the 'on-going record' stating "visited by the Samaritans".

8.5 Access to the Centre

Staff will be required to do everything possible to help Samaritan volunteers make best use of their time and to reduce avoidable delays in entry to the Centre.

Every effort will be made to facilitate the swift completion of security clearance procedures, the provision of keys and appropriate training.

Where circumstances arise which will prevent Samaritans' entry to the Centre, they will be informed as soon as possible.

CHAPTER 9: PLANNING AND PROVIDING CARE FOR DETAINEES AT RISK OF SUICIDE AND/OR SELF HARM

9.1 Identifying detainees at risk

The training requirements for all staff relating to identifying detainees at risk and the ACDT process are set out in Annex B.

9.2 Actions to take when a detainee is identified as at-risk

Actions to take when a detainee is identified as at-risk are set out in Annex C which clearly explains the ACDT process.

The requirements relating to the Suicide/Self-Harm Warning Form for escort staff are set out in Chapter 5.

9.3 Core elements of care – for all detainees at risk of suicide or self-harm

Core elements of care are the basics that should be reflected in the CAREMAP for all detainees-at-risk, both those thought to be actively thinking of suicide and those whose self-harm is not thought to be suicidal in intent.

9.4 Care for detainees who self-harm repeatedly without current suicidal intent

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Detainees harm themselves for many reasons, not always with suicidal intent. For many people, self-harm is a way of managing distress, blocking out painful and traumatic memories, alleviating anxiety or dealing with anger. Self-harm may be used as a coping strategy when common means of managing distress are not available (use of alcohol or drugs, support from family and friends). Detainees may also be unclear or ambivalent about their motives for serious self-harm.

Gatwick IRC does not advocate the practice of 'safer self-harming' however staff may wish to discuss with detainees, particularly those with a long history of self-harm, the use of activities which mimic the sensation or appearance of self-harm without actually causing injury, such as elastic bands, red pens or ice cubes. Any such safe alternatives to self-harm offered to detainees will be assessed and monitored on an individual basis as part of the ACDT procedures. This is in addition to providing distractions from self-harm (such as relaxation tapes or drawing books).

All members of staff at Gatwick IRC who have contact with any at-risk detainee are encouraged to talk with the individual to offer support and help the individual build awareness of the factors that lead to self-harm, explore alternatives and encourage motivation to reduce self-harm. A non-judgemental approach, that recognises that reducing self-harm can be a long-term endeavour, is essential. The aim is to stop the individual from wanting to self-harm.

The approach to gradually reduce self-harming behaviour will **never** involve the use of a compact, whereby the detainee is rewarded for not-self-harming and punished for self-harming.

9.5 Location and accommodation

The type of accommodation required for at-risk detainees cannot be prescriptive, as much will depend on the facilities available. Double rooms, single rooms, multiple occupancy and Close Supervision rooms (will only be used with the support of Constant Supervision) are the facilities that we use in the care of detainees at Gatwick IRC.

At-risk detainees will never be isolated and will be kept in association wherever possible. When deciding on where to locate an at-risk detainee, consideration will be given to:

- Whether the detainee should be on a residential unit.
- How the individual can better be made to feel safe, comfortable and relaxed
- What opportunities will there be for interaction
- Whether access to daytime activities in a supportive environment is possible
- Is provision for conversation at night required

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• Whether when locating at-risk detainee in adjoining rooms there are risks associated with one or both detainees encouraging self-harm in the other.

9.6 Room sharing for at-risk detainees

The doubling-up of an at-risk detainee with a roommate can help to reduce feelings of loneliness and provide both with someone to talk to. Roommates can also inform staff if they are particularly worried about their companion.
Staff will be reminded that it remains their responsibility to keep an at-risk detainee safe, not his roommate.

When considering where to locate an at-risk detainee consideration will be given to whether the detainee will benefit from allocation to shared accommodation. Account will be taken of whether:

- Shared accommodation is available
- The detainee presents a risk to others (RSRA Policy)
- Their behaviour is too disturbing to other detainees
- Personal space is particularly important to the detainee and sharing may increase the risk of distress and self-harm
- There are friends within the Centre who the case review believe sharing with would benefit the detainee.

All decisions about the type of accommodation most suitable for the detainee will be recorded in the ACDT Plan.

Where an at-risk detainee is in shared accommodation, the Case Manager will note on the front of the ACDT Plan which bed the at-risk detainee is using. Once again this will be recorded in the ACDT Plan.

When allocating an at-risk detainee to shared accommodation, account will be taken of the suitability of the roommate/s, and consideration given of the impact on and ability of the roommates to cope with the situation.

At no time at Gatwick IRC will two detainees on open ACDT Plans or in the 'Post-Closure' phase of ACDT, or a combination of each, be located together in a shared room.

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Case Reviews will discuss whether provision needs to be made for when an at-risk detainee in shared accommodation is alone in the room (if the roommate is at work, education, on a visit or at court). Any provisions agreed will be included in the CAREMAP.

Detainees' room doors will be unlocked in line with the requirements which allows for at-risk detainees to have access to all facilities available at Gatwick IRC. Case Reviews will encourage detainees to make full use of the activities.
When locating an at-risk detainee to a single room the Case Manager/Review team will consider the added risk involved in the individual being alone, and these must be included in their CAREMAP. Some options for consideration could be:

- Locating the detainee in a room that is easier to supervise by staff
- Increasing the frequency of staff conversations and observations
- Combining attendance at work, education or activities during the day with increased levels of staff conversations and observation when the individual is in his room.
- The issuing of activities.

9.7 Separation accommodation

Detainees on an open ACDT Plan or in the post-closure phase of ACDT will not routinely be located in the Care and Separation Unit at Gatwick IRC. Being located in such accommodation will reduce a detainee's access to social support, other people, activities and stimulation.

Some detainees however may be such a risk to others that no other suitable location is appropriate. All other options will have been tried or will be considered inappropriate.

Location of an at-risk detainee in the Care and Separation Unit will only be authorised by the Duty Director. An entry will be recorded in the ACDT document that this has been done and the reasons it was considered necessary.

A mental health assessment will be undertaken by a registered nurse of all detainees who are placed in the Care and Separation unit. This will take place within 24 hours.

Where detainees who are at risk of suicide or self-harm are exceptionally located in the Care and Separation Unit the additional safety mechanisms will be in place.

Detainees in the Care and Separation Unit will not be barred from seeing a Samaritan or from ringing the Samaritans.

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Family contact is an important aspect of reducing suicide and self-harm. Any detainee located in the Care and Separation Unit will be encouraged to communicate with family each day. There will be no restriction on social visits.

9.8 Conversations and observations

'**Conversations**' are supportive interactions when the member of staff talks with the detainee.
'**Observations**' are checks, appropriate when the detainee is asleep at night.
The purpose of conversations and observation is to:

- Engage with the detainee, build a rapport, and provide emotional support.
- Prevent suicide or acts of self-harm
- Identify signs of the detainee's progress.

The required frequency of conversations and observations and the frequency of recording of those conversations and observations will be decided at each Case Review and set out clearly on the front cover of each ACDT Plan. Clear language will be used.

Night time observations will be undertaken discreetly – Night staff will try to avoid waking at-risk detainees and their roommates at night when they are being observed. If it is apparent that the detainee is sound asleep, it is not necessary and is likely to be detrimental to wake him up by, for example, banging on the door or shining a light in his face. This is a matter of balance and judgement as occasionally, it may be necessary to rouse a detainee, for example when a drug overdose is suspected. However, numerous awakenings during the night will prevent the person from sleeping, be detrimental to their well-being and could increase risk.

Case Review teams will explain to the detainee what is happening and that additional observations are happening because of staff concern for them.

9.9 Constant Supervision

Constant Supervision is where a detainee is supervised by a designated member of staff (Constant Supervision Guidance) on a one-to-one basis, remaining within eyesight at all times and within a suitable distance to be able to physically intervene quickly.

Constant Supervision at Gatwick IRC will be authorised by the Duty Director. It will only be for the shortest time possible and how the detainee will be returned to normal location and/or a lesser level of conversations and observations will be reflected in the CAREMAP. A detainee who is considered to be at imminent risk of suicide will never be left alone while this process is carried out.

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If a detainee is placed on Constant Supervision during the core day, the first ACDT case review - chaired by the Duty Director – will take place as soon as is practicable and certainly within four hours or by 1000 hours the following morning in cases where the detainee is placed under Constant Supervision during the night. For the first 72 hours supervision, an ACDT case review will be held at least once a day. Constant Supervision beyond 72 hours will only occur in exceptional cases. Where the level of crisis lasts beyond 72 hours, it will be for the case review to decide how often future case reviews will be held. Where this is less often than daily, for example; because awaiting transfer to hospital or outcome of specific event, the reasons for holding less frequent than daily case reviews must be entered in the ACDT Plan. Detainees who remain on Constant Supervision for 8 days or more will be managed with the additional input set out in Chapter 10.

9.10 Removal of items in possession, including the removal of normal clothing

This section refers to removal of personal items such as normal clothing, shoelaces, belts and other individual items such as razors, lighters, plastic bags, cutlery and other items that a detainee may use to harm himself.

Removing personal belongings from a person who is feeling hopeless and depressed, especially items of clothing, belts or shoelaces, can increase feelings of distress and therefore increase the risk of suicide, self-harm or a higher risk method of self-harm. Fear of losing their normal possessions can discourage detainees from disclosing suicidal feelings. The removal of some items in possession, such as pens, can deprive the individual of access to creative activities which might distract them from their painful feelings. Where possible, detainees at risk will be allowed to retain their belongings unless it is clearly unsafe to do so.

Staff will not remove items from at-risk detainees as a matter of course. The case review team will decide this having first considered alternative responses.

If it is necessary to remove an item, to protect the life of the detainee, before it is possible to hold a case review, then a case review will take place as soon as is practicable and certainly within four hours or by 1000 hours the following morning in cases where items were removed during the night.

The reason for removing each item will be documented in the ACDT Plan, for example; perceived risk of suicide, methods used in previous incidents, perceived likelihood of particular items being used to self-harm, failure of alternative methods of helping the detainee.

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Items will only be removed for the shortest possible times. For example; a high-risk detainee might have items removed only at night, during lock-up, but be allowed access to most items during the day, when engaged with other people. How the detainee will access some form of activity also needs to be considered. The item(s) will be returned to the detainee as soon as the crisis has passed and the case review team has indicated it is safe to do so. This decision will be documented in the ACDT Plan.

The detainee will be informed of the reason why the items have been removed, and again why they have been returned, and these conversations will be documented.

9.11 Additional requirements for the removal of normal clothing and issue with alternative clothing

Decisions to remove all of a detainee's normal clothing and issue alternative clothing (anti-tear or forensic/paper suit) will always be made by the case review team in consultation with the Duty Director and only on an individual basis and only when the detainee's behaviour is believed to be life threatening.

Alternative clothing will only be used for the shortest possible time.

It will be explained to the detainee that the use of alternative clothing is a short-term measure to ensure their safety.

If Use of Force is necessary to undress a detainee then it will be approved by the Duty Director and clearly documented.

Detainees will not be left in alternative clothing during any activities that bring them in contact with other detainees during the day, because of the risk of ridicule and bullying. Normal clothes will be re-issued during these times and increased levels of observation relied upon to reduce suicide risk instead.

Placing an at-risk detainee in alternative clothing will trigger enhanced care as set out in Chapter 10.

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CHAPTER 10: MANAGEMENT OF AT-RISK DETAINEES WITH PARTICULARLY CHALLENGING BEHAVIOUR

10.1 Introduction

This chapter aims to support staff in managing detainees who display one or both of the following:

- Prolific, sustained and/or extreme incidents of self-harming behaviour which usually requires medical intervention.
- Active suicidal intent – perhaps over a long period and/or from time-to-time being on constant supervision because of their suicidal intent.

And who also display one or more of the following characteristics:

- Present a risk to staff and/or other detainees
- Are disruptive of the regime
- Display repeated and prolonged anti-social behaviour
- Are on increased staffing levels of unlock

Detainees will be managed in accordance with this chapter, including use of enhanced case reviews and care planning if their behaviour:

- Has been subject to Constant Supervision for 8 or more days, or
- Involves fire-setting as a form of self-harm, or
- Has led staff to use measures of last resort.

10.2 Measures of last resort

'Measures of last resort' are defined as the detainee is on an open ACDT Plan and has been:

- Placed in special accommodation, or
- Issued with alternative clothing, or
- Given medication without consent under common law.

An enhanced case review will be held within 4 hours of the decision to use one of the measures of last resort, or within 4 hours after unlock if the decision is made at night.

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10.3 Enhanced case review team

Detainees who present with a combination of self-harming and very violent behaviour will be managed pro-actively on long-term, multi-disciplinary ACDT Plans by an enhanced case review team.

The enhanced case-review team will involve all relevant disciplines and include more specialists and a higher level of operational manager than a typical ACDT case review team. The enhanced case review team will include the Duty Director and where possible the involvement of the following will be facilitated:

- The Doctor
- The manager of the wing where the detainee is located
- Clinical Psychiatric Nurse
- All specialists who work with the individual detainee
- Wing Officer
- Religious Affairs
- Independent Monitoring Board
- Home Office Immigration Enforcement Manager

The detainee will also be invited to attend – if it is considered inappropriate for the detainee to attend then the reason(s) will be documented in the ACDT plan.

10.4 Care –planning and general approach to behaviour management

Consistent, integrated care by all staff involved with the detainee is critical, and the case review will ensure care planning enables staff to provide this. As well as setting out the normal planning expected in a CAREMAP, for example; location, regime, specialist interventions, frequency of conversation and observation, any items not allowed in use.

The CAREMAP will also include strategies for encouraging pro-social behaviour. There will also be agreed strategies for responding to individual problem behaviour that the detainee displays: both those behaviours that involve self-harm and those that involve anti-social behaviour.

The care provided will include an active, on-going, persistent attempt to engage the detainee at risk and build a positive on-going relationship.

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Care for the detainee will also include identifying a member of staff who can work closely with the detainee.

The identified member of staff will be expected to discuss with the detainee, and document in the ACDT Plan:

- Their own perception of the reason they self-harm and/or become violent which includes precursors and triggers, and
- Try to gain the commitment of the detainee to understanding his self-harming and/or violent behaviour and reducing it.

The enhanced case review team will decide on the approach staff will take to encourage and reward pro-social and positive behaviours.

Where a formal behaviour modification approach is taken to reduce the frequency and severity of undesirable behaviours such as violence, it will consist of an individualised programme of clear, achievable targets whereby the detainee is encouraged and rewarded. Account will also be taken of the detainee's mental health.

All forms of care plan for the detainee will reflect the same consistent approach to encouraging pro-social and positive coping behaviours and responding to problem behaviours.

Enhanced case reviews to review progress will be held initially at least weekly, if on constant supervision timings will follow requirements at Chapter 9, then less often if agreed by the team, unless behaviour deteriorates. Decisions on the frequency of reviews will take into account the detainee's current mental state, prescribed medications and their effects and assessment of risk. The views of the detainee will be taken into account wherever possible.

10.5 Location

The likelihood of violent incidents by people who are acutely mentally ill and/or suicidal can be reduced when they live in places where they have:

- Access to privacy - a private toilet, washing and shower facilities
- Access to open space, fresh air and natural daylight
- Personal space, including avoidance of overcrowding
- A homely environment, including access to television, lockers
- Adequate means of controlling light, temperature, ventilation and noise
- All areas should look and smell clean.

Challenging at-risk detainees will be located in places where:

- They have access to activities, social support and mental health assessment and care

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- They are kept safe during periods of acute suicidal crisis
- The staff who care for them are appropriately selected, trained and supported
- Communication systems are in place to ensure that the detainee is managed in a consistent manner by staff.

The Enhanced Case Review Team will consider, and document in the CAREMAP, whether transfer of the detainee to a special therapeutic unit outside the Centre or mental hospital would be appropriate and, if so, take steps to facilitate such a transfer.

10.6 Regime – Access to activities

Increased activity, both in and out of room, can distract at-risk detainee from negative thoughts and feelings and can reduce the frequency of self-harm. Having nothing to do can contribute to disturbed/violent behaviour.

The Enhanced Case Review will discuss all activities available with the at-risk detainee.

10.7 Access to social support

The requirement for the case review team to consider how to provide access to social support, including peer support, staff support and family contact will also apply to those who present challenging behaviours.

10.8 Mental Health assessment, engagement and treatment

In the case of all challenging at-risk detainees the case review will determine whether to refer them for a mental health assessment, and ensure that there is a CAREMAP action that a request is made to the Doctor to provide subsequent advice to the review team.

Where a medication review has taken place, the member of the healthcare team attending the case review must inform the case review, this and any actions the case review decide upon as a consequence will be recorded in the ACDT Plan. It is important that the case review team are aware of this as self-harm or aggression may be related to particular symptoms such as difficulty sleeping, feeling constantly tired, hearing voices and experiencing nightmares that medication can reduce. In addition, self-harm and aggression may increase when reductions to the dosage of prescribed or illegally obtained drugs are made.

10.9 Consistency of care – communication

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It is essential when managing people with complex, behavioural disorders that all work is multi-disciplinary. Staff of all disciplines and the detainee will be clear about what behaviour is expected and what limits are set. Consistency is essential.

10.10 Transfers between Centres

All requests for transfers from Gatwick IRC will be made through Home Office Immigration Enforcement.

10.11 At-risk detainees with a history of arson

There is a very strong link between arson and self-harm, particularly prolific self-harm.

Staff will be aware that setting a fire can be both an act of self-harm and a serious breach of discipline. It will require a response on both counts – that is, where discussion with the detainee demonstrates that the fire-setting was an act of self-harm, ACDT procedures will be followed. Police involvement will be considered.

A detainee with a history of arson as well as self-harm will be managed as set out in this chapter – that is, as a challenging at-risk detainee who presents challenging behaviours.

10.12 Dirty protests

Detainees generally make dirty protests as a form of personal or political protest. It can also be undertaken to achieve a goal such as a transfer to another Centre. Dirty protests are more commonly seen in detainees with a personality disorder and/or those who are not skilled in negotiating with others and see the dirty protest as their only option to achieve what they want.

These protests are more likely to occur where detainees feel they have no other options open to them and where staff-detainee relationships have broken down and staff and the detainee are engaged in a power struggle, where neither is prepared to back down or compromise. Challenging detainees will be managed in accordance with the guidance in this chapter.

Because of the possibility of mental illness and other disorders, a detainee who starts a dirty protest will be referred to the doctor or clinical nurse who will decide whether to refer for a full mental health assessment.

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The detainee's physical health will also be monitored – dirty protests may result in infections.

Given the importance of participating in activities for at-risk detainees, the detainee will be encouraged to partake in exercise, maintaining contact with family and friends by telephone and visits if they agree to shower and wear clean clothing.

CHAPTER 11: EQUIPMENT (Emergency Response Boxes, Personal Issue Cut-Down Tools.

11.1 Introduction

It is essential that not only is the necessary equipment available to save lives, but that staff members are trained in its use. A variety of staff also need to know how to carry out resuscitation procedures.

11.2 Emergency Response Boxes

Emergency Response Boxes are available throughout Gatwick IRC on all residential units and where the detainee population has access.

It will be the Wing Managers responsibility to ensure that a daily visual check of boxes on their respective wings is carried out and that staff members are aware of the locations.

The Night Oscar 1 will ensure that all staff on nights are aware of the Response Box locations.

Monthly audit checks will be completed by the Safer Custody Manager.

Response Boxes will contain the following:

1 pair paramedic shears (ligature scissors)
2 CPR face masks, with non-return valve (for resuscitation attempts)
2 resuscitation aids with non-return valves
4 pairs rubber gloves (3 medium and 1 large)
2 large dressing (to stem large bleeds / wounds)
1 spare 'Big Fish'

A spillage kit box will be provided in and alongside the Response Boxes

11.3 Personal issue cut-down tools

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Cut-down tools are implements designed to cut ligatures. They are also known as anti-ligature knives. There is not one single piece of equipment that will cut all materials, particularly very thick ligatures such as twisted blankets and towels. Therefore emergency response kits at Gatwick IRC will all contain paramedic shears.

All Detainee Custody Managers and Detainee Custody Officers in Gatwick IRC will be issued and will be required to carry, on duty, their own cut-down tool.

11.4 Specialist equipment

In addition to the Emergency Response Kits specialised resuscitation equipment for use in responding to incidents of attempted suicide or self-harm will be held in the Healthcare Centre.

11.5 Training

As part of any ACDT or Suicide Prevention training all staff will be refreshed on the contents and locations of the emergency response kits boxes.

The Healthcare Manager will ensure that sufficient members of health care staff are trained in the use of the specialist equipment held in the Healthcare Centre to ensure it can be used to full effect in an emergency.

CHAPTER 12: SUICIDE PREVENTION AND SELF-HARM MANAGEMENT FOR WOMEN DETAINEES

12.1 Introduction

This Strategy is written for all detainees – male, female, young, old, of every ethnicity but given the particular vulnerabilities and needs of women detainees, there are some areas of suicide prevention and self-harm management that require a gender-specific approach (for example: regarding homicide of a violent partner). Gatwick IRC does not seek to provide favoured treatment for women detainees, but recognises that treating men and women detainees with uniformity does not necessarily amount to equality, or to the best level of care. The Equality Act 2010 explains the gender equality.

Many female detainees enter custody already struggling to cope with a wide range of difficult issues. These issues, which include drug misuse, a history of abuse, mental health problems and family background problems, have all been identified as significant risk factors for suicide and self-harm.

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In recent years, the rate of self-inflicted deaths among women held in custodial environments (that is; the number of deaths expressed as a proportion of the total population of women held in custody) has been higher than that for males, and statistics show that women in custody self-harm at a rate over 20 times that of men in custody.

12.2 Reception/ First Night

It is well established that the early period in custody is a particularly high-risk time for suicide. Women are often unwell on entry and may have injuries.
Waiting for long periods in reception can add to anxiety, particularly if women have arrived late. To that end women will be moved through the process promptly and then taken to the first night area.

12.3 Vulnerability

Female detainees may also be more vulnerable: they are more likely to have feelings of isolation and difficulties in communication. They are also more likely to be experiencing detention for the first time. They may be experiencing feelings of shame that they have let down not only themselves and their families, but their community and culture too. For others it is the distance from family support and a sense of hopelessness. For some, cultural norms may mean a reluctance to complain or seek help and staff need to be alert to this.
All this means Gatwick IRC will be alert to the languages within our population.
Assisting all women on reception to make contact with families to let them know where they are, this applies equally to women whose family are overseas.

'Big Word' professional interpreting service will be used at Gatwick IRC. However, when considering asking other detainees with relevant language skills to act as translators we will always take account of those detainees' own needs and concerns. Care will be taken to ensure that what is being asked of them does not add to their personal burden or cause distress.

12.4 Women withdrawing from drugs and/or alcohol on arrival to detention

Women who may be undergoing withdrawal from drugs and/or alcohol on their arrival to detention (as well as those who have recently undergone withdrawal) are at appreciably higher risk of suicide and self-harm.

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One of the key learning points from investigations into deaths in custodial environments is that a substantial proportion of women who have died in recent years were undergoing detoxification or had recently undergone detoxification) at the time of their death.

Therefore wherever a woman undergoing withdrawal is located, the healthcare will meet the same criteria as if she was located in a substance misuse or healthcare unit, which are unrestricted observation and a nurse available 24 hours a day.

12.5 Mothers in Detention

When discussing maintaining links with children, account needs to be taken that not all detainees may have told their families that they are in detention. Staff working with female detainees will have an understanding of maternity blues, post natal depression, post natal psychosis.

Gatwick IRC will also be aware of the increased risks relating to last visits with children and family. Women held in detention may also face having their children go into care or be adopted. This can be a traumatic experience both for the woman and children and the staff supporting her.

CHAPTER 13: ACTIONS FOLLOWING AN INCIDENT OF SELF-HARM

13.1 Introduction

People harm themselves for many different reasons. The reasons detainees harm themselves fall mainly into three main groups. They self-harm as a way to:

- Cope with painful feelings or thoughts (perhaps of previous abuse) and not dying;
- Escape their problems either by dying or by blotting out their problems for a time;
- Achieve a goal, such as influencing the outcome of their immigration case.

The great majority of self-harm in detention centres is not done with suicidal intent.

Studies on people in custodial settings who reported that they had been trying to kill themselves were more likely than others who self-harmed to use highly lethal methods such as hanging. But a significant minority of those reporting that they self harmed in order to achieve a goal also used methods that would have resulted in death if intervention had not been immediately provided. Furthermore, a history of self-harm (of all types) greatly increases the risk that someone will kill themselves in the future. Self-harm, whether suicidal in intent or not, is a sign that something is wrong.

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All acts of self-harm or statements of intent to self-harm will always be taken seriously in Gatwick IRC no matter what the perceived reason for the self-harm is. Attitudes that see some people who self-harm as "genuine" and others as "manipulative" are dangerous and will not be tolerated. Where the self-harm is goal-oriented, the detainee will be helped to find a more constructive way to meet their underlying need.

13.2 Immediate action following incidents of self-harm or attempted suicide

Flow Charts for initial action following self-harm and action upon discovering a hanging can be found in Annex D and E.

Emergency first aid procedures are described in Annex F

Where the detainee who has self-harmed is still conscious, it is vital that the member of staff who is first on the scene – will have ensured help is on its way – will talk to the detainee in a calm and empathic way, without judging them. The nature of the harm may not reflect the seriousness of the distress and it is important to talk to the detainee to find out if they are feeling suicidal. Gatwick IRC will never sanction scolding someone for self-harming or ignoring them. Staff members will be expected to supportively respond to a detainee who has self-harmed.

13.3 Follow-up actions and care for detainees who have self-harmed

In the event of any incident of self-harm staff will (where there is not one open already) open an ACDT Plan. This will be done no matter what the reason for the self-harm. Opening an ACDT means that the detainee will be interviewed by an ACDT Assessor who will talk with them about what led up to the incident, what they were trying to achieve and why and how they think further self-harm could be avoided or reduced in the future. The care plan for someone whose self-harm was not suicidal in intent will be different from one who is determinedly suicidal, but they will still require care as per Gatwick IRC ACDT Policy.

Where an ACDT Plan is already open and the detainee self-harms, unless the CAREMAP states otherwise, the Case/Wing Manager will be informed about the incident and an ACDT case review held as soon as possible (within two hours, or twelve hours if the incident occurred at night). All incidents will be noted in the ACDT Plan regardless when the case review is to take place.

After consultation with the detainee, the nominated next of kin will be notified, unless:

- There is a clinical reason not to, or;
- If aged 18 and over, the detainee does not consent (when asked, the detainees response must be noted in the ACDT Plan.

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- The detainees CAREMAP indicates otherwise (for example, in the case of a detainee who repetitively self-harms).

Where appropriate and possible, after suicide attempts or medically serious incidents of self-harm ('serious incidents' are defined as those that mean the detainee involved required resuscitation and/or transfer to an outside hospital as a result of harming themselves) consideration will be given to allowing the detainee themselves the opportunity to notify the next of kin by a phone call.

If the detainee is taken to hospital, the ACDT Plan will travel with them. Staff on 'bed watch' will include any pertinent observations in the On-Going record in the ACDT Plan, including any information provided by specialist services at the hospital, for example, the deliberate self-harm team. A case review will still take place to decide what, if any, action is required by the Centre at that time. Once it is known when the detainee is to be discharged from hospital, a case review will be held in time to prepare an updated CAREMAP for his return to the Centre. Where possible this will involve appropriate specialist input (in person, in writing or by telephone) from hospital staff.

13.4 Investigating serious incidents of self-harm

All incidents of serious self-harm will be investigated at Gatwick IRC into the circumstances of the incident. As each individual incident will differ in level of severity, the Director will decide when such investigations are appropriate. Cases where the injury was life threatening, the person required hospitalisation and it is likely that they will be sustain permanent injuries as a result of the self-harm incident, are examples of where the Director may well consider an investigation into the incident to be imperative.

Every incident of self-harm which does not result in a Directors investigation will be investigated by the Safer Community Manager. The aim of this investigation will be to learn and improve procedures and offer praise where appropriate.

13.5 Reporting requirements

All incidents of self-harm will be reported on an Incident Report Form. Ligature making will also be reported on an Incident Report Form even if no injury has occurred.

The Home Office Immigration Enforcement Manager will be kept informed of all incidents of self-harm.

An IS91 Part C will also be completed and sent to DEPMU and the local Home Office Immigration team.

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13.6 Post-incident support for staff and other detainees

Dealing with suicide attempts, or other serious incidents of self-harm, can be as stressful as dealing with a death. The Safer Custody Team and Care Team will work closely to support staff and detainees following a death in detention, and also following an incident of serious self-harm, particularly those resulting in a life threatening injury where the person required hospitalisation and it is likely that they will be sustain permanent injuries as a result of the self-harm incident.

Support for staff involved in an incident of serious self-harm will be offered in every case by the Gatwick Staff Care Team.

Witnessing a suicide attempt or incident of self-harm is a traumatic experience for detainees too. Special attention will be paid to detainees who were in the vicinity of the incident (roommates). The relevant Oscar call sign attending the scene will offer Samaritans and Healthcare support and complete the relevant paperwork evidencing that this has happened. The form will be returned to the Safer Community Office.

Where a detainee was previously at risk of suicide or self-harm being aware that another detainee has attempted suicide or self-harm can raise the risk, by making self-harm and suicide seem more acceptable and familiar. Managers will interview any detainees on an open ACDT Plan or in the post closure phase and, where any concerns are raised, their care reviewed.

13.7 Contingency planning

Gatwick IRC contingency plans will include the following in respect of an incident of self-harm, or when there is concern that a detainees is at risk:

a) Ensuring speedy access to a suicidal detainee by (i) health care staff and (ii) external paramedics for transfer to outside hospital

b) Escorting of detainees who may have cut their wrists to hospital and cannot be put into mechanical restraints

c) Staff entering multi-occupancy rooms

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d) Requesting/authorising an ambulance to attend.

CHAPTER 14: DISCHARGE AND TRANSFER

14.1 Introduction

Whether transferring to another Centre, prison, into the custody of another agency, or being released, the safety and wellbeing of detainees requires that any existing support and care plans are maintained in the new environment.

Similarly, risk is increased by failure to adequately inform those taking over responsibility for detainees on transfer to another place of detention/custody about levels of risk, likely triggers of increased risk, and existing care plans, all of which enables continuation of care.

The reason for detainees leaving the Centre (Bail release, transfer to hospital, police custody, Immigration Service custody, or to another Centre/prison), will not detract from ensuring that all available and appropriate risk and care planning information is provided to:

- those who can assist in their on-going/future care; and/or
- who will take over responsibility for them; or
- those who store data to assist in care in the event of future likely contact.

14.2 Preparation for Temporary Admission/Immigration Bail

Detainees at Gatwick IRC can be released from detention with rapidity however a final Case Review must still take place. It is recognised attendance may be limited to who is available, for example, Reception Manager or Home Office representative. Every effort will be made to ensure all relevant parties/agencies attend.

If closure of an ACDT Plan is because the detainee is being discharged from detention the Case Manager will update the CAREMAP. Detainees will where possible be given advice on what support they may be able to obtain in the community.

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14.3 Transfers, court movements and other external movements of at-risk detainees

When a detainee on an open ACDT Plan leaves Gatwick IRC on transfer to another place of detention/custody, court or deportation:

- the ACDT Plan will accompany them;
- discharging reception staff will ensure receiving escort staff aware that the detainee is on an open ACDT. This will be recorded on the Prisoner Escort Record (PER).

This procedure will be mirrored where a detainee is in the post-closure phase of the ACDT.

ACDT Plans will not be routinely closed to facilitate a transfer (or where already closed and in the post-closure phase, the detainee will not have the final post-closure review) within the 72 hours before a known transfer.

All closed ACDT Plans relating to a detainee subject to a transfer will be sent with the Detainee Transferable Record.

Escorting staff will be made aware of the contents and be encouraged to maintain open ACDT Plan handed over by Gatwick IRC reception. Escorts will be encouraged to fully brief receiving staff at the other end of the journey.

The ACDT Plan will be readily visible to the escort staff; it **will not** be put in the sealed pouch with other detainee records. If the detainee is taken to hospital, the ACDT Plan will travel with them. Staff on bed watch will include any pertinent observations in the 'On going Record', including any information provided by specialist services at the hospital, for example the deliberate self-harm team.

Discharging staff will complete the PER accurately. Receiving staff will also be notified by way of a verbal briefing when an at-risk detainee is to be handed over into their care. Any significant information on the PER will be highlighted as part of these procedures.

Escort staff will, when taking over responsibility for detainees, be expected to make an immediate check for ACDT status, checking observation requirements and the content of CAREMAPs. They will then be expected to document relevant observations, contacts, events, changes in mood, behaviour or circumstances in the PER and in the ACDT 'On going Record'.

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Where detainees are released following a Video Court link then the ACDT Plan will be returned to the Safer Custody Manager.

14.4 Further instructions regarding transfers of at-risk detainees to other Detention Centres

All Detention Centres are expected to accept a detainee on an open ACDT Plan. Transfer may form an integral part of their CAREMAP, for example locating the detainee closer to relatives, and may be an appropriate tool to support a detainee at heightened risk.

The intention to transfer a detainee on an open ACDT Plan (or in the post-closure phase of ACDT) will be discussed with the receiving establishment and Home Office by means of a Safer Custody Referral process.

14.5 Transfer of at-risk detainees to Police custody

There are occasions when the police may take into custody a detainee from Gatwick IRC who could be on an open ACDT Plan.

It is important that discharging reception staff ensure the police have information about how to maintain the plan that is already in place.

Where an at-risk detainee is to be transferred or discharged to police custody, the receiving authority will be provided with the ACDT Plan so that this can be passed to the relevant police custodial staff. A photocopy will made and passed to the Safer Custody Manager.

14.6 Transfer of risk information

<u>Transfer of risk information to Home Office Border Enforcement</u>
Whenever a detainee attempts suicide, self-harms or is identified as being at-risk and is placed on an ACDT Plan it will be the Detainee Custody Manager (Oscar 1) responsibility to inform Home Office using the IS91 Part C. Copies will be sent to the 'on site' Home Office team and the Chief Immigration Officer at Detainee Escorting and Population Management Unit.

<u>Transfer of risk information to Police upon release</u>
The police will be informed through the Police National Computer (PNC) of any history of self-harm by the detainee during their period in detention. This information will allow the police to better care for any previous at-risk detainee who returns to their custody.

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The Safer Community Manager will be responsible for passing the appropriate information to the Sussex Police PNC Bureau.

ANNEX A

ACDT training requirements

ACDT TRAINING COURSES		
ACDT Foundation Course **3 hours**	**Case Manager Course** **1 day**	**ACDT Assessor Course** **4 days**
Uniformed and non-uniformed staff in contact with detainees	All Managers (Detainee Custody Managers and above including all Senior Management	Members of ACDT Assessor teams
Module 1 Overview of Safer Custody, Legislation & Duty of Care. Self-harm and Suicide – risks and triggers. Recognising distress Raising concerns & taking action Stress and Staff Support	Module 1 Same as Modules 1 of Foundation Course	Part 1: 2 days Mental Health Awareness Role of ACDT Assessor Substance dependence Self-injury
Module 2 Introduction to Mental Health Underlying Mental Health and Illness	Module 2 Estimating & Managing Immediate Risk of Suicide (levels of risk, mental disorder, substances) or the Skills Based Training Package	Part 2: 2 days Skills based course with video demonstration and role-play of assessment, hand-over and case review.
	Module 3 Care planning – case study	
	Module Enhanced Mental Health	

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Note 1: Case Managers who have completed the Foundation Module do not need to do it again as part of Case Manager Course

Note 2: Those training to be ACDT Assessors should be familiar with the ACDT process and documentation (Foundation) before they do the ACDT Assessors course

ANNEX B

Language Service during the ACDT process

- The on-call language service 'thebigword' is available as a professional interpreting service which should be used where language difficulties occur when caring for detainees at risk
- If there are language difficulties then the service must be used during the first stages of the ACDT process. 'thebigword' should be the preferred means of interpretation whilst the Plan is open
- Where there is clearly a language difficulty during the Assessment then 'thebigword' will be used
- Use of the 'thebigword' on-call language service should be recorded in the ACDT Plan
- Where a detainee is categorical that he will not partake in the use of the 'thebigword' a member of staff can be used.

Contact details

'Thebigword' contact numbers – DPA
Access service using code is DPA

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ANNEX C

SUPPORT AND AFTERCARE

Our aim at Gatwick IRC is to provide support and aftercare for any member of staff or detainee involved in any incident of self-harm or a suicide.

Staff

Any member of staff involved in such an incident will automatically be contacted by the local Care Team and be offered support and care. For most staff, an incident of this nature does not cause excessive distress, other than some normal post incident reactions, which allay after a few days. For others though, this type of incident may raise deep-rooted emotions leading onto the need for more specialised care. To go some way to preventing the latter, our policy is to actively engage the local Staff Care Team along with the Senior Management Team and the Suicide Prevention and Self Harm Management Team, who will take part in:

- Organising an immediate de-brief for all those involved in the incident
- A more critical incident de-brief
- For those staff that need support and specialised care, Human Resources will make the necessary arrangements.

Along with receiving aftercare and support, the staff involved will have to complete an Incident Report Form. Where the incident has resulted in a death, these witness statements will inform the Coroner's Clerk about those staff most likely to be required at the inquest. To ensure staff are advised and informed of all future actions all the necessary co-ordination and communications relating to the inquest are undertaken by the Senior Management Team. Their role is to:

- Ensure that the staff involved are aware of the dates of de-briefs, etc.
- Arrange appropriate briefing meetings
- Prepare briefing reports for the Centre Director
- Liaise with staff associations and the Care Team
- Liaise with families

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Employee Care Scheme - First Assist DPA
Log on using www.firstassistonline.com (access code DPA

Detainees

Detainees at risk of self-harm can find support from a number of sources:

- Uniformed staff- approachable 24 hours a day
- Religious/Pastoral team
- Samaritans
- Healthcare staff
- Independent Monitoring Board
- Gatwick Welfare Visitors Group
- Family visits, whenever possible
- Other detainees

Whenever possible a detainee will be kept on normal location, even if on an open ACDT Plan. Should this not appear to offer sufficient care and support then he will be moved to a Close Observation Room where staff can provide closer support

Whenever there has been a serious or traumatic incident of self-harm then all detainees directly involved will be offered extra care and support from Healthcare Services, Religious Affairs and Samaritans

Following a death in Detention the Safer Community Manager will arrange for reviews to take place on any detainees that are on open ACDT Plans and any that have recently closed plans.

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ANNEX D

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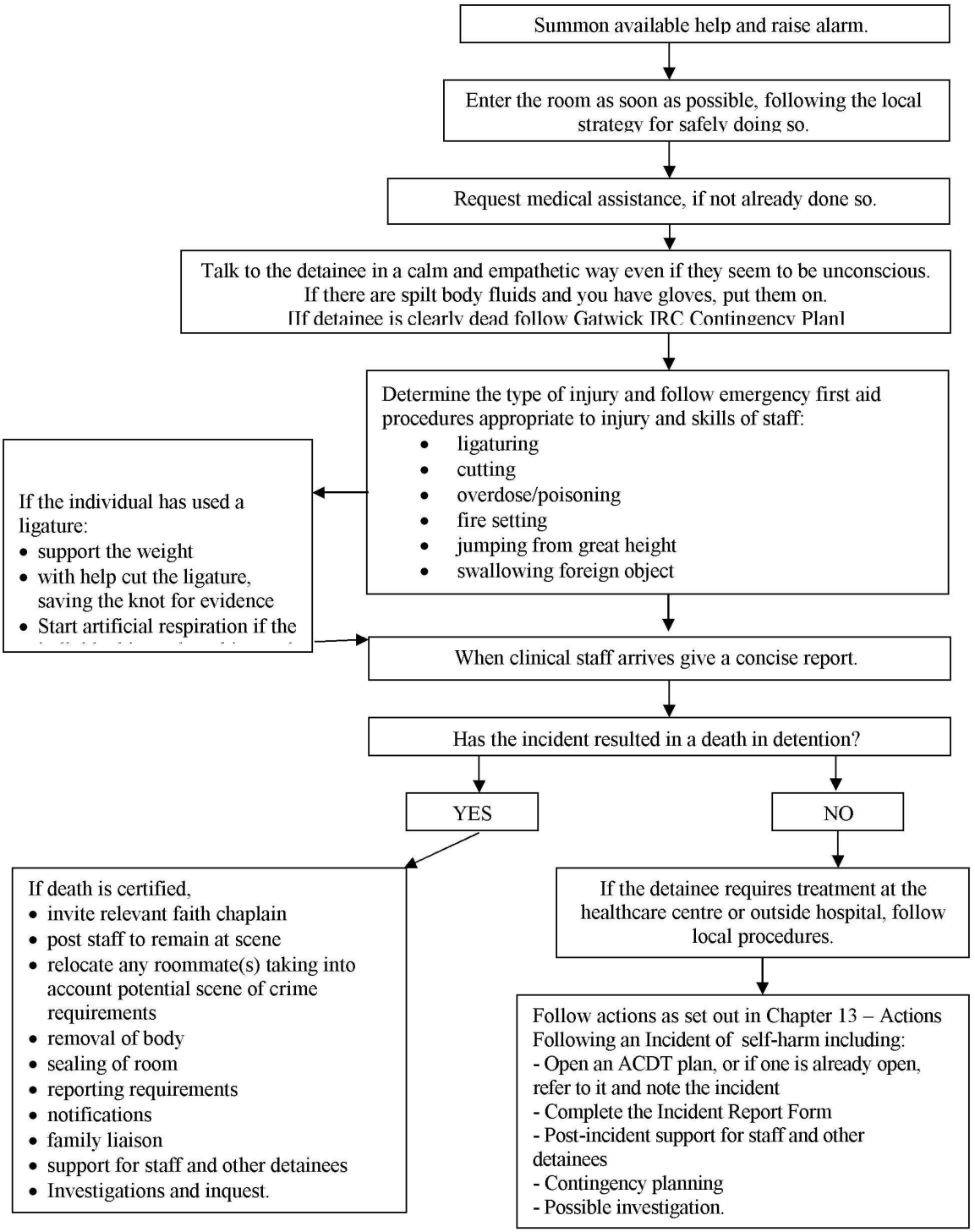
ACTION UPON ENTERING A ROOM FOLLOWING AN INCIDENT OF SELF-HARM



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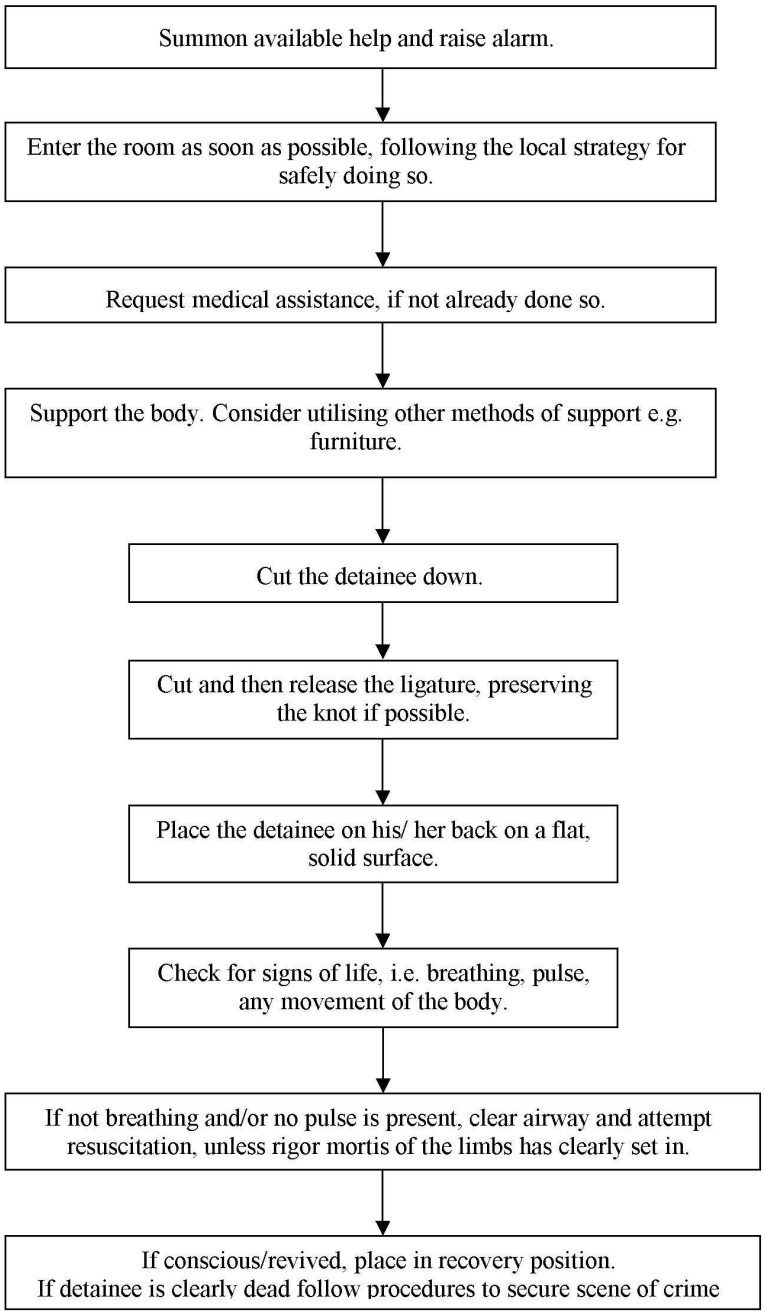
ANNEX E

ACTION TO TAKE ON DISCOVERING A DETAINEE WHO HAS SELF-HARMED THROUGH HANGING



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ANNEX F

ACTION TO BE TAKEN FOLLOWING SELF-HARM

Emergency Procedures

All cases

1. Summon help and request emergency medical assistance and first aid equipment.
2. Enter the room as soon as possible, following local protocols for safely doing so.
3. Give a concise report on handover to healthcare staff.

In the event of any act of self-harm, staff should administer first aid and summon healthcare, via communications, for any required assistance. Healthcare will determine whether treatment can be given at the Healthcare centre or whether a detainee needs to be escorted to hospital for treatment. If it is decided that outside treatment is necessary, Healthcare will inform the Oscar 1, who will then organise staffing for the escort.
Where a detainee, who has cut his/her wrists, is escorted to outside hospital and mechanical restraints cannot be applied, a risk assessment must be completed to determine the type and level of restraint. The Duty Director must approve this.

First Aid procedures

First Aid boxes are available in all areas where detainees have access, normally in offices. Self-harm Response boxes are held in every residential wing office, the Reception and Visits areas.
Whenever a Response box has its seal broken then it is the person who opens the box's responsibility to take it to the Safer Custody Office for it to replenished and resealed.
If the 'Big Fish' cut down tool is used it must be returned to the Safer Custody Manager in order that the blade, **one use only**, can be renewed.
All members of staff should carry on their person a pouch containing rubber gloves and a life aid resuscitator.

Hanging

1. Support the body to reduce constriction.
2. Cut the detainee down, using 'Big Fish' or Paramedic Shears, cutting above the knot.
3. Release the ligature immediately the detainee has been cut down taking care to preserve the knot.
4. Place the detainee on a firm surface on their back.
5. Check for signs of life, such as breathing, pulse or any movement of the body.

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6. If no breathing and/or no pulse is present; clear the airway and attempt resuscitation using a facemask with a non-return valve.
7. If conscious/revived, place in the recovery position.

Cutting

1. Check for level of consciousness, bleeding and breathing.
2. If no breathing and/or no pulse is present; clear the airway and attempt resuscitation using a facemask with a non-return valve.
3. If conscious/revived, the priority is to reduce bleeding.
4. Always use rubber gloves and follow universal infection control procedures.
5. Apply direct pressure over the wound using a sterile dressing.
6. Raising the injured limb may reduce blood loss.

Overdose/Poisoning

1. Do not try to make the detainee vomit.
2. Encourage the detainee to drink water or milk if a corrosive substance has been taken.
3. If no breathing and/or no pulse is present; clear the airway and attempt resuscitation using a facemask with a non-return valve.
4. Look for clues and ask what substance has been taken.
5. Keep any containers/bottles and any surplus tablets.

Self-harm by fire

1. If necessary, and if safe to do so, douse the fire before approaching the detainee.
2. Avoid inhaling fumes.
3. Remove the detainee from the proximity of the fire.
4. Lay the detainee on the ground to prevent flame from attacking their face and head.
5. If necessary to smother flame, tightly wrap the detainee in a blanket or similar material.
6. If no breathing and/or no pulse is present; clear the airway and attempt resuscitation using a facemask with a non-return valve.
7. Douse burnt areas with copious amounts of water.

Jumping

1. Likely to have caused multiple injuries both internal and skeletal which may not be instantly evident.
2. Control any major bleeding, but do not attempt to move the detainee.
3. Always use rubber gloves and follow universal infection control procedures.
4. If not breathing, clear the airway and attempt resuscitation using a facemask with a non-return valve.
5. Do not move the detainee in case of spinal/major bone injury.

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Swallowed foreign body

1. Provide nil by mouth in case of a need for surgery.
2. Seek medical assistance.

Advice regarding use of the recovery position where there may be a suspected fracture

An unconscious casualty who is breathing but has no other life- threatening conditions should be placed in the recovery position.

- Turn casualty onto their side.
- Lift chin forward in open airway position and adjust hand under the cheek as necessary.
- Check casualty cannot roll forwards or backwards.
- Monitor breathing and pulse continuously.

If injuries allow, turn the casualty to the other side after 30 minutes.