

Removal from Association Initial Health Assessment

Detainee Details

Name		Cid Reference	
Time of assessment		Date of Birth	

Initial screening

To be completed within two hours of a detainee being removed from association (DC rules 40 & 42). If no Registered nurse or Duty doctor available to complete within two hours of a detainee being removed from association, then the detainee is to be observed by wing staff four times per hour or in line with ACDT observations if greater. Clinical records and ACDT plans should also be considered.

Is the Detainee currently being assessed or sectioned under section 48 of the Mental Health ACT?

YES/NO

Is the detainee currently on an Open ACDT plan, are there any recent acts of self harm OR is the detainee currently taking any anti-psychotic medication?

YES/NO

Does the detainee show signs of being acutely unwell (e.g. Psychotic/ withdrawal from drugs/ significant injury) at the present time?

YES/NO

Do you think the detainee will be able to cope with a period of removal from association?

YES/NO

Do you think the detainee's mental health will deteriorate from being removed from association?

YES/NO

Health Assessment

Following the above screening are there any clinical reasons to advise against removal from separation at this time?			
NO		Delete as appropriate	
Signature		Name	
Grade		Time	Date:
Where necessary this form should be part of a multi-disciplinary review culminating in a care map for the individual			

Notes for Healthcare

This assessment must be completed for all detainees being removed from association (DC Rule 40 & 42). The purpose of this assessment is to determine if there are any healthcare reasons against removing a detainee from association, and to provide a snapshot of the detainee's mental health at the time of the assessment. However if there are any immediate physical health concerns these should also be considered.

It is not intended to be a comprehensive mental or physical health assessment. It is not intended to predict or anticipate a change in the detainee's condition over time. If you have any concerns about the detainee you are screening seek further guidance from healthcare colleagues or from the on call healthcare manager. A multi-disciplinary case review maybe required.

The assessment should be completed after:

- A discussion with the detainee
- Reference to his clinical record and any other relevant documentation, e.g. incident reports, ACDT if appropriate.
- Gathering information from other members of staff in contact with the detainee.
- Reviewing the nature of the incident which led to removal from association.

The Duty Director will make the final decision on where to locate the detainee.

Duty Director / Duty Operations Manager

(Sign at the bottom on all occasions)

The Duty Director (or Operations Manager in their absence) uses this section to acknowledge the healthcare assessment overleaf.

If a doctor or a registered nurse indicates that there are healthcare reasons to advise against removal from association and the Duty Director considers that removal from association necessary for safety or security reasons a case review must be held immediately to discuss the best location for the detainee and any actions that could be taken to mitigate healthcare issues raised recorded on a Care map.

Following the Healthcare assessment I the Duty Director/ Operations Manager have decided that the detainee will					
Continue to be removed from association	Yes		NO	<i>Delete as appropriate</i>	
Duty Director Comments					
Signature				Name	
Grade				Time	Date
Is a Care Map needed to mitigate Issues raised by Healthcare assessment					
Yes		NO	Delete as appropriate		

Care Map

To be completed in all cases where initial assessment by Healthcare has indicated that there are medical considerations to be made after removing a detainee from association.

Actions to be considered should include;

- Action to lessen effects of isolation
- Increased observation from wing staff or Healthcare staff
- Review of prescribed medications
- Transfer to a Medical bed at another IRC
- Talking Therapy with an RMN

Issue Number	Issue	Goals	Action Required	By whom and when	Status of Action
1.					
2.					
3.					
4.					
5.					
6.					

Name	Role	Signature	Date	Time
	Duty Director			
	Duty Operations Manager			
	Health Care			
	Wing Staff			