

Agency											
HIGH RISK					STANDARD F	RISK					
Reception Assess	ment				Reception Assessment					lma	ago of D12
Day 2 Assessmen If required) High level of risk o]	CA		Day 2 Assessment (If required)					IIIIc	age of D127
to or from roomm: Restrictions must	ate, including sh				No immediate risk, to be monitored	but situation	will need				
Detainee's Deta	ails	en de la company				IRC		BR	OOK HO	USE	
First Name	T					Reception	n Date	01/	05/17		
Surname	D127	5				CID Nun		991	12259		
Date of Birth	DPA						Tel	ephon	e Interpr	eter re	equired
	YES		NO			YES			NO		
Ex FNO	ILO	Ll	110								
OPERATION Current or prev	NAL ASSES	SSME n, or kr	NT nowledge	of		Association (eceptior sessme		Day 2 Assessment (If required)
Life threatening assisting a suid	cide whilst in c	ustody	detention		hter of another <u>pr</u> HIGH RISK	isoner/deta	<u>inee</u> or	Y (1	y)		Y / N
Sexual assault with same sex adult victim IF YES, THE DETAINEE <u>MUST</u> BE <u>MANDATORY</u> HIGH RISK								Y (N)			Y / N
Healthcare assessment of increased risk (from Part 2)							Y /(N)			Y / N	
Repeated violence (in custody/detention)							Y /(N)			Y / N	
				in cust	ody/detention OR the	e community)	YIN	<u>(</u>)		Y / N
Racially or homophobic motivated offending (in custody/detention OR the community) Arson, fire setting (in custody/detention OR the community)							7	N)		Y / N	
				-	e taking (in custod	dy/detention	OR the		N)		Y / N
Detainee statement of heightened risk								XI(I	N)		Y / N
Detainee significantly vulnerable to assault									Y)N		Y / N
Officer's obser		0						Y/(1	N)		Y/N
Documentation		nd othe	r case rela	ated re	eviews			Y /(1			Y/N
Further charge			1 3030 1316	3100 11				Y /	~		Y/N
			otion = liti =	alath.	vicitios					and the same	Y/N
Recent conflic		nules/r	lationalitie	:s/e(ni	notties			7	N)		Y/N
Other (specify								1 /(1 / IN
Confirmati			searche	S					N		Y / N
Detainee Tran	sferable Docu	ment						0)	N		Y/N
IS91 Prison Licence	2							X10	N		Y/N
Person Escort)						Y	И		Y/N
ACDT							Markey est a Court	XI			Y/N
Previous asse								Y			Y/N
Prison record								Y /(Y / N Y / N
Other (describe							NI =	Y / (T / IN
Asses	ssment carri	ed out	t by:			Assessor Sign	Name:		ignatur 01/05 /17		

 Psychosis Extremely disturbed behaviour Failure or inability to engage with the reception health Agitation or aggression Other reasons (e.g. attitudes and/or behaviour) descri 							
If any of the above factors are present this indicates increased risk.	If none of the factors above are present this indicates there are no immediate healthcare risks.						
INCREASED RISK	NO INCREASED RISK						
Clear indication of increased level of risk that detainee might assault a roommate. Discuss with appropriate IRC manager							
Any relevant information, including any of the above, must be reassessment if required.	ecorded in the clinical record including any plans for further						
Available medical records have been accessed	Yes Nove No No						
Role / Position: HCA Nar	me: Eavan Owens						
Signature: Signature Date	te: ©2/05/13						
Name: BSPACK STANDARD RISK	ng. If no evidence is found, an officer can authorise standard risk. Day 2 Assessment (If required) Detainee is: STANDARD RISK Signature: HIGH RISK Date:						