

ROOM SHARING RISK ASSESSMENT FORM

HIGH RISK	STANDARD RISK
Reception Assessment <input type="checkbox"/>	Reception Assessment <input checked="" type="checkbox"/>
Day 2 Assessment (If required) <input type="checkbox"/>	Day 2 Assessment (If required) <input type="checkbox"/>
High level of risk of severe in room violence to or from roommate, including short term. Restrictions must be applied	No immediate risk, but situation will need to be monitored

Image of D1538

Detainee's Details			
First Name	D1538		
Surname	D1538		
Date of Birth	DPA		
Ex FNO	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	

IRC	BROOK HOUSE		
Reception Date	01/06/2017		
CID Number	10596334		
Telephone Interpreter required			
YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>		

OPERATIONAL ASSESSMENT	Reception Assessment	Day 2 Assessment (If required)
Current or previous conviction, or knowledge of		
Life threatening assault on, or murder or manslaughter of another prisoner/detainee or assisting a suicide whilst in custody/detention IF YES, THE DETAINEE MUST BE MANDATORY HIGH RISK	Y / <input checked="" type="radio"/> N	Y / N
Sexual assault with same sex adult victim IF YES, THE DETAINEE MUST BE MANDATORY HIGH RISK	Y / <input checked="" type="radio"/> N	Y / N
Healthcare assessment of increased risk (from Part 2)	Y / <input checked="" type="radio"/> N	Y / N
Repeated violence (in custody/detention)	Y / <input checked="" type="radio"/> N	Y / N
Racially or homophobic motivated offending (in custody/detention OR the community)	Y / <input checked="" type="radio"/> N	Y / N
Arson, fire setting (in custody/detention OR the community)	Y / <input checked="" type="radio"/> N	Y / N
Kidnap / False imprisonment / Stalking / Hostage taking (in custody/detention OR the community)	Y / <input checked="" type="radio"/> N	Y / N
Detainee statement of heightened risk	Y / <input checked="" type="radio"/> N	Y / N
Detainee significantly vulnerable to assault	Y / <input checked="" type="radio"/> N	Y / N
Officer's observation	<input checked="" type="radio"/> Y / N	Y / N
Documentation interviews and other case related reviews	Y / <input checked="" type="radio"/> N	Y / N
Further charges or police interview	Y / <input checked="" type="radio"/> N	Y / N
Recent conflict between countries/nationalities/ethnicities	Y / <input checked="" type="radio"/> N	Y / N
Other (specify)	Y / <input checked="" type="radio"/> N	Y / N
Confirmation of Evidence Searches		
Detainee Transferable Document	Y / <input checked="" type="radio"/> N	Y / N
IS91	<input checked="" type="radio"/> Y / N	Y / N
Prison Licence	Y / <input checked="" type="radio"/> N	Y / N
Person Escort Record (PER)	<input checked="" type="radio"/> Y / N	Y / N
ACDT	Y / <input checked="" type="radio"/> N	Y / N
Previous assessment	Y / <input checked="" type="radio"/> N	Y / N
Prison record (ex-FNO)	Y / <input checked="" type="radio"/> N	Y / N
Other (describe) <i>not in other</i>	Y / <input checked="" type="radio"/> N	Y / N
Assessment carried out by:	Assessor Name: <i>DR. J. L. J.</i>	
	Signature: <i>[Signature]</i>	
	Date: 01/06/2017	
Comments: <i>HAS HAD ISSUES IN OTHER COUNTRIES BUT SAYS HE IS HAPPY TO STAY</i>		

HEALTHCARE ASSESSMENT (To be completed by a qualified nurse)

Following the reception health screen process, do you have any information (from your observations and if available any other records) that indicates this detainee may be at risk of severely harming another detainee in a locked room due to:

- ☐ Psychosis
- ☐ Extremely disturbed behaviour
- ☐ Failure or inability to engage with the reception health process
- ☐ Agitation or aggression
- ☐ Other reasons (e.g. attitudes and/or behaviour) described below*

If any of the above factors are present this indicates increased risk.

INCREASED RISK

☐

Clear indication of increased level of risk that detainee might assault a roommate. Discuss with appropriate IRC manager

If none of the factors above are present this indicates there are no immediate healthcare risks.

NO INCREASED RISK

☒

*Other reasons and comments including sharing considerations:

Smoker

Any relevant information, including any of the above, must be recorded in the clinical record including any plans for further assessment if required.

Available medical records have been accessed

Yes

☐

No

☒

now

Role / Position:

Rgn

Name:

WIN OMOHCEM

Signature:

Signature

Date:

1/6/17

AUTHORISATION

If any evidence is found, an IRC manager must decide on the risk rating. If no evidence is found, an officer can authorise standard risk.

Reception Assessment

Name:

D. TOLAN

Detainee is:
STANDARD RISK

☒

Signature:

Signature

HIGH RISK

☐

Job title:

DO

Date:

01/06/2017

Day 2 Assessment
(If required)

Name:

Detainee is:
STANDARD RISK

☐

Signature:

HIGH RISK

☐

Job title:

Date:

Reason for decision and comments