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Scope

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1. Human Rights

It is unlawful for corrective services officers and QCS staff to act or make decisions in a way that is not compatible with human rights, or in making a decision, fail to give proper consideration to a human right to the decision.

Giving proper consideration to human rights entails identifying human rights which may be relevant to a decision and considering whether the decision would be compatible with human rights.

A decision will be compatible with human rights when it does not limit a human right, or only limits a right to the extent that is reasonable and demonstrably justifiable.

Human rights which may be relevant include:

a) the right to privacy and reputation;
b) the right to humane treatment when deprived of liberty;
c) property rights; and
d) right to health services.

2. Limitation of Human Rights

In determining whether a limitation may be reasonable and demonstrably justified, the following factors are relevant to consider:

a) The nature of the human right- this involves looking at the purpose and underlying value of the human right. For example, the right to privacy and reputation provides that a person has the right not to have that person's privacy, family, home or correspondence unlawfully or arbitrarily interfered with.
b) The nature and purpose of the limitation – this involves considering the actual purpose or legitimate aim/reason for limiting the human right. This document provides for the processes that should be considered in the safe management of a prisoner that presents with a higher risk of self-harm or attempted suicidal behaviour that has been determined through an assessment process with an appropriately trained staff member. Part of the assessment process involves the sharing of personal information about the prisoner with other relevant staff members directly involved with the management of that prisoner.
c) The relationship between the limitations and its purpose – this involves considering the connection between the limitation of the right and whether this will assist with achieving the purpose or legitimate aim. For example, would the requirement to share information about the prisoner with relevant staff, assist in the management of the prisoner with the least amount of risk to that prisoner?
d) The considerations around whether there are less restrictive or reasonable ways to achieve the purpose of safely managing the prisoner involves a 'necessity analysis'. This is where it is necessary to consider the purpose of the limitation and whether it can be achieved in any other way. For example, is there a less restrictive way to reduce the risk around managing a prisoner with an elevated baseline of self-harm other than the development of an EBLR Plan that is communicated to staff that are responsible for the safe management of the prisoner?
e) The importance between the purpose of the limitation and preserving the human right – this involves balancing the benefits obtained by the limitation with the harm caused to the human right. For example, does the development of an individual process that allows staff to manage the prisoner with the least amount of risk of self-harm or suicidal behaviour outweigh the impact of the limitations to privacy?

A person's human rights should only be limited to the extent that is reasonably and demonstrably justified.

QCS staff must treat all prisoners with respect. Prisoners must not be discriminated against or harassed on the grounds of their medical condition, sexual identity, gender identity, intersex status or related issues.

Considerations relevant to the Lesbian, Gay, Bisexual, Trans/transgender, Intersex, Queer/questioning and Asexual (LGBTIQA+) cohort of prisoners (where this is known) must be taken into account during any decision making. Decisions are to be made on a case by case basis following an individualised assessment of relevant factors, including the reasonableness of the actions being considered.

3. Management of Elevated Baseline Risk

The purpose of the Elevated Baseline Risk (EBLR) procedure is to ensure prisoners with chronic or an elevated baseline risk of suicide and/or self-harm are managed in accordance with their presenting risks and needs.

A prisoner with chronic or an elevated baseline risk is likely to present with ongoing risk factors that contribute to higher rates of suicide or self-harm in comparison to the general prison population, however, is not currently acutely at risk and does not require crisis interventions such as observations.

Chronic risk in this context refers to the increased and continued likelihood of a person making a future attempt of suicide or self-harm. Risks of a chronic nature may mirror elements of acute risk, however these factors are present over the long-term and coupled with psychosocial stressors can increase susceptibility to self-harming or suicidal behaviours.

3.1 Psychology and Allied Health Services

Psychologists, Occupational Therapists and/or Social Workers appointed to the following positions are approved to conduct (or are responsible for) assessments relating to a prisoner's elevated baseline risk:

a) Allied Health Clinician;
b) Senior Allied Health Clinician;
c) Team Leader, Allied Health Services; and
d) Manager, Allied Health.

All allied health professionals listed above must hold relevant qualifications, registration and/or accreditation with the relevant national board/professional association to practice.

4. Criteria for Determining if a Prisoner is EBLR

The below list of factors is not exhaustive and other factors may also contribute to a predisposition for risk of suicide and/or self-harm. The factors can be broken down into four areas: (1) Self-Harm/Suicide History, (2) Coping Style, (3) Vulnerability Factors, and (4) Enduring Ideation.

These indicators must be considered by assessing staff in light of ongoing presentations and overall patterns of behaviour and coping. If there are any acute or imminent warning signs the prisoner should be subject to a Notification of Concern for acute observation and further assessment, refer to the Custodial Operations Practice Directive (COPD) At-Risk Management: At-Risk.

The criteria for determining if a prisoner is EBLR are not to be used as a checklist and are rather guiding factors to be used to support decision-making on an individual case by case basis. Information sources include (but are not limited to):

a) direct observations;
b) self-report information obtained during an interview with the prisoner;
c) offender file information if available, including information regarding the nature and circumstances of past self-harm/suicidal behaviour or vulnerability factors;
d) electronic offender file information (IOMS) if available, including:
    i. self-harm episode history;
    ii. breach/incident history;
    iii. community/custodial case notes; and
    iv. assessment history (including past Immediate Risk Needs Assessments, Benchmark Assessments, Immediate Risk Assessments);
e) information from custodial/community corrective service officers, including escorting and reception officers, regarding the prisoner's presentation and the presence of any vulnerability or risk factors;
f) watchhouse records/assessments (including the Prisoner Transfer Sheet); and
g) information from other staff (including correctional staff), external organisations or other Government agencies (including Queensland Health Services, Prison Mental Health Services).

Professional discretion is to be used in decision making and the applicability of the guiding factors.

The assessment of elevated baseline risk must be based on known information at the time of making the assessment. If information is not known, the prisoner cannot be considered to be at elevated risk of suicide or self-harm.

An attempt must be made by assessing staff to obtain all relevant information from all available sources. EBLR is not to be used as a contingency to manage acute risk.

EBLR criteria

Self-Harm/Suicide History	
Characteristics of Past Self-Harming or Suicidal Behaviour Consider: a) an individual's history of self-harm or suicidal behaviour that is frequent and/or high in severity; b) recency of attempt/s; c) level of harm/lethality of attempt/s; d) patterns of behaviour through the number and duration of self-harm episodes in custody and/or the community if known (including in-patient psychiatric admissions); and e) precipitating factors for at risk episodes or hospital admissions (both custody and community).	**Rapid Escalation into Suicidal or Self-Harming Behaviour** Consider: a) how quickly an individual reverts to self-harming or suicidal behaviour during a perceived or actual crisis – consider speed of escalation and severity of attempt/s; b) tendency towards impulsivity in self-harming or suicidal behaviour; c) high levels of emotional reactivity and/or hyper arousal; and d) emotional lability (rapid and often exaggerated mood changes).
Coping Style	
Propensity to Crisis Consider: a) propensity to crisis states resulting in suicide attempts or self-harming behaviour; b) frequency of prisoner presenting in crisis; c) inability to cope with stressors resulting in extreme or disproportionate emotional/behavioural responses; d) low distress tolerance (inability to tolerate negative emotional states); e) inadequate or poorly developed behavioural or emotional capabilities, and f) known diagnosis of Cluster B personality disorder.	**Other Maladaptive Coping Patterns** Consider: a) maladaptive coping that increases an individual's risk of suicide and self-harm; b) functioning that temporarily decreases symptoms but does not solve problems and at times results in more or greater issues; c) maladaptive behaviour (e.g. poor institutional behaviour); d) verbal threats to achieve a desired outcome; e) failing to seek help, negative/mixed attitude toward help-receiving, or withdrawing from help-seeking during times of need; f) high levels of engagement with staff (resource intensive); and g) absence of coping considered healthy, pro-social or future orientated.
Vulnerability Factors	
An individual's vulnerability that, in consideration with other factors, increases the risk of suicide or self-harm. Consider: a) Characteristics of groups that are recognised as having a higher risk for suicide or self-harm including but not limited to: i. those who identify as LGBTIQA+; ii. cognitive impairment; iii. pervasive mood disorders;	

iv. emerging or diagnosed psychiatric or psychological disorder/s; v. psychiatric co-morbidity (greater than one psychiatric disorder present at the same time); and vi. the presence of psychotic phenomena with a self-harm or suicidal theme (for example, command hallucinations instructing the person to engage in self-harm/suicidal behaviour).
Enduring Ideation
Enduring ideation of suicide or self-harm Consider: a) ongoing helplessness and/or hopelessness; b) chronic suicide/self-harm ideation (in the absence of associated intent); and c) cognitive acceptance of suicide and/or self-harm.
To be considered in the absence of other risk factors, triggers and warning signs that indicate a person is currently at risk and require observations.

5. Process for Identifying EBLR Prisoners

Identification of prisoners that present with chronic or elevated baseline risk of suicide or self-harm can occur at multiple points of a prisoner's sentence including:

5.1 Upon reception into custody

A psychologist/allied health clinician or correctional counsellor is responsible for completing the Immediate Risk Needs Assessment (IRNA) upon a prisoner's admission. In completing the IRNA, collateral information should be sought by the assessing officer to obtain relevant information from all available sources, refer to the COPD Reception Processes: Admission and Assessments.

If one or more of the self-harm items are endorsed, or if any concerns exist that a prisoner may be at risk of self-harm or suicide a full risk assessment must be completed by a psychologist/allied health clinician. If the self-harm/suicide risk assessment identifies that the prisoner presents with acute risk indicators and is assessed as being at risk of self-harm or suicide, the Senior Psychologist/Team Leader, Allied Health Services must be consulted and observations are to be commenced. Prisoners that are placed on observation after an IRNA and risk assessment do not require assessment for EBLR at that point.

If a prisoner is not assessed as presenting an acute risk, however a review of available information indicates that the prisoner presents with an elevated risk of self-harm/and or suicide, the assessing officer should consult with the Senior Psychologist/Team Leader, Allied Health Services. There may be occasions upon a prisoner's initial admission where limited file information exists. An assessment of EBLR is to be based on known/available information, relating to the prisoner's overall patterns of behaviour/coping and ongoing presentation. In consultation with the Senior Psychologist/Team Leader, Allied Health Services, a decision is to be made about whether the prisoner is to be referred to the multidisciplinary team for consideration for management under the EBLR procedure. The details of the referral (including rationale and consultation) must be recorded in the Administrative Form 310 Elevated Baseline Risk (EBLR) Initial Referral Form - Part A by the assessing psychologist/allied health clinician or counsellor.

If a prisoner is assessed as posing an immediate risk of suicide or self-harm, they are to be managed in accordance with the COPD At-Risk Management: At-Risk. EBLR is not to be used for prisoners who are at immediate/acute risk of self-harm and/or suicide.

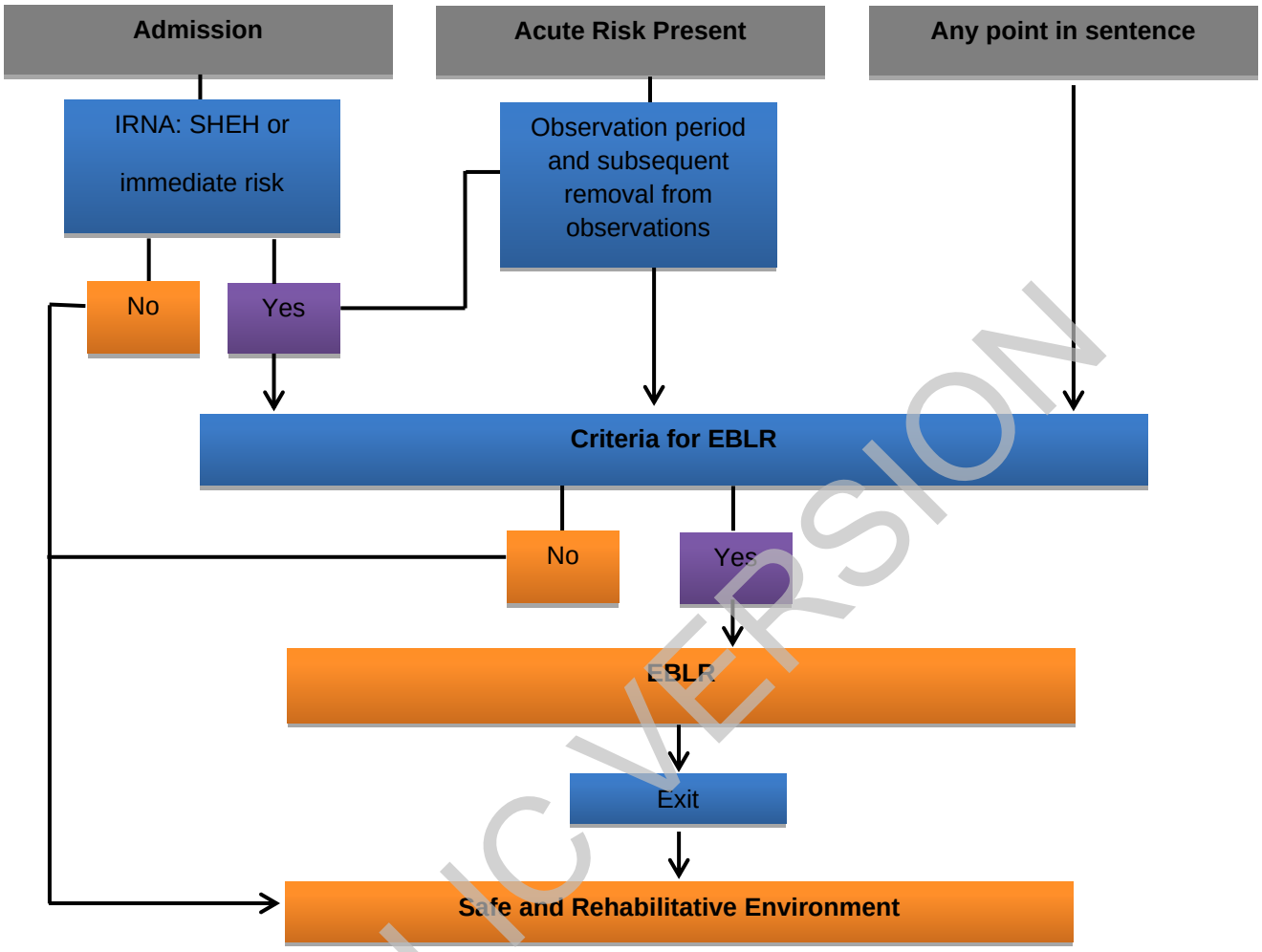
5.2 Upon exit from a self-harm episode

After a period of observations and at the point of termination of the At-Risk Management Plan (ARMP), the Risk Assessment Team (RAT) panel must consider a prisoner for chronic or elevated baseline risk to determine if further monitoring is required. The Senior Psychologist/Team Leader, Allied Health Services (or relevant manager), psychologist/allied health clinician, correctional supervisor, cultural liaison officer (if applicable) and any other relevant staff involved in the RAT panel are responsible for making this assessment. The details of the decision (including rationale and consultation) must be recorded in the Administrative Form 310 EBLR Initial Referral Form.

5.3 Any point within a custodial period

A prisoner can be considered for placement on EBLR at any point during their custodial episode where relevant information becomes known that indicates the prisoner may present with chronic risk factors for suicide or self-harm, e.g. from Prison Mental Health Services (PMHS). All staff involved in the management of prisoners are to remain vigilant in identifying and recognising any chronic ongoing risk factors, and must advise the Senior Psychologist/Team Leader, Allied Health Services of any prisoners that present with an elevated baseline risk of self-harm and/or suicide as soon as practicable. The Senior Psychologist/Team Leader, Allied Health Services is to make a decision about whether the prisoner is to be referred to the multidisciplinary team for consideration for management under the EBLR procedure. The details of the referral (including rationale and consultation) must be recorded in the Administrative Form 310 EBLR Initial Referral Form - Part A by the referring staff member.

Timeframe	The Administrative Form 310 EBLR Initial Referral Form– Part A must be completed within 48 hours of a prisoner being identified as requiring referral to the multidisciplinary team for consideration for management under the EBLR procedure.
Responsible Officer	Psychologist/allied health clinician, counsellor, corrective services officer.



6. Inclusion as EBLR

For prisoners who are identified as an elevated baseline risk of suicide or self-harm upon admission, upon exit from a self-harm episode, or at any other point of their custodial episode, the multidisciplinary team is to make a decision on the prisoner's suitability to be managed under the EBLR procedure. The multi-disciplinary panel must review EBLR initial referrals within one week of the referral being completed. The reasons for inclusion on the EBLR register must be documented in the Administrative Form 310 EBLR Initial Referral Form. The multi-disciplinary team must determine the initial frequency of contact with a case manager and ensure all parts of the form are completed.

For prisoners referred to the panel who are assessed as not meeting the criteria for elevated baseline risk of suicide or self-harm, the outcome and reason for decision must be documented in the Administrative Form 310 EBLR Initial Referral Form by the multidisciplinary team.

The Administrative Form 310 EBLR Initial Referral Form must be ratified by the Chief Superintendent or authorised nominee and electronically saved and attached to IOMS - Offender Attachments as EBLR Initial Referral ID.dd.mm.yy and placed on the offender file.

7. Raise EBLR Flag

If a prisoner is assessed as presenting with chronically elevated static/dynamic risk factors, the Senior Psychologist/Team Leader, Allied Health Services is responsible for activating the EBLR warning indicator. When raising the EBLR warning flag, the Senior Psychologist/Team Leader, Allied Health Services is to ensure that sufficient comments are recorded in the prisoner's active warning on IOMS to describe the EBLR information obtained.

Refer to the COPD Sentence Management: Assessment and Planning – Appendix SM1 Criteria for Warning Flag Indicators.

8. EBLR Management

The following minimum management strategies are required for prisoners managed under the EBLR procedure:

8.1 Accommodation

All prisoners who are identified as EBLR are to be managed in safer cell accommodation. The prisoner's ongoing accommodation needs should be assessed during each monthly review meeting. In extenuating situations where reasonable factors warrant against allocating a prisoner identified as EBLR to a safer cell, the justification for the individual decision must be recorded in a case note on IOMS by either a correctional supervisor or Senior Psychologist/Team Leader, Allied Health Services after consultation with a correctional manager or the duty manager.

8.2 Progression of an EBLR prisoner through the custodial system

An EBLR flag must not impact upon a prisoner's ability to progress through the custodial system. A prisoner with an EBLR flag can progress to alternative accommodation (e.g. residential, farm or work camp) provided they are deemed suitable via the classification, placement and transfer review process, and this is assessed through the multidisciplinary team. Refer to the COPD Sentence Management: Classification and Placement Practice; the COPD Sentence Management: Assessment and Planning; and the COPD Sentence Management: Transfers.

8.3 Management strategies

EBLR prisoners must have regular contact with a nominated psychologist/allied health clinician or counsellor (case manager) at intervals determined by the panel in the Administrative Form 310 EBLR Initial Referral Form and subsequent Administrative Form 311 Elevated Baseline Risk (EBLR) Plan, and based upon the prisoner's mental health state (i.e. a prisoner under a current observation regime does not require ongoing EBLR intervention) and behaviours. In determining the frequency of contact, consideration should be given to individual factors. For example, a prisoner who demonstrates a high level of dependency on psychological intervention could be detrimentally impacted by very frequent interventions.

The nominated staff member will conduct regular reviews and at-risk assessments as part of the ongoing contact with the prisoner. These ongoing assessments should consider the prisoner's mental health, risks, triggers, warning signs and protective factors. The allocated case manager is responsible for entering a case note on IOMS outlining the details of any contact with the EBLR prisoner. Any changes in the frequency of contact with an EBLR prisoner must be reviewed at the monthly EBLR review meetings and be provided to relevant unit staff.

In addition to the above, EBLR prisoners must have regular case notes entered on IOMS on at least a fortnightly basis by a nominated corrective services officer. The focus of the case notes will be on the prisoners overall institutional conduct and behaviour, any changes in behaviour and/or presentation (either positive or negative), any apparent signs and/or concerns regarding health or mental health changes, engagement in activities and/or employment, and interactions with and attitudes towards staff and other prisoners. Staff undertaking these case notes should be familiar with the factors identified as contributing to their EBLR status.

8.3.1 Safety Orders

In the event that an Elevated Baseline Risk (EBLR) prisoner requires placement on a safety order as the consequence of an incident or other reason, consideration must be given to the secure environment and the safe management of the prisoner by a correctional supervisor after consultation with a Senior Psychologist/Team Leader, Allied Health Services, and correctional manager or duty manager after hours.

The prisoner's EBLR plan and recent case notes must be viewed prior to the determination of the specific safety order conditions for the prisoner. The plan will provide information as to previous triggers for self-harm/suicide and associated strategies which may impact the conditions of management/placement and other considerations to safely manage the prisoner. For example, conditions may include considerations that enhance the prisoner's access to protective factors, such as access to diversional material, access to support and relevant management strategies for any special needs. These conditions do not replace the requirement for a Notification of Concern or an Initial Response Plan should there be indicators of acute self-harm and/or suicide risk.

The determination for the individual safety order conditions must be recorded in a case note on IOMS.

If there are any indications that the risk of self-harm/suicide has escalated as a result of the incident or reason for the safety order being raised, the prisoner must be kept in a corrective services officer's line of sight at all times to minimise the risk of self-harm/suicide until an Administrative Form 53 Notification of Concern is actioned. Refer to the COPD At Risk Management: At Risk.

8.4 Use of an EBLR Plan

An EBLR Plan must be developed by the Senior Psychologist/Team Leader, Allied Health Services or nominated psychologist/counsellor/allied health clinician in consultation with the Senior Psychologist/Team Leader, Allied Health Services within 4 weeks of the prisoner being placed on EBLR. The content of all EBLR Plans must be reviewed and approved by the Chief Superintendent or nominee prior to implementation. The EBLR Plan must include:

a) identified clinical needs;
b) supervision, case management and intervention risk mitigation strategies;
c) specialised services and/or supports if required;
d) review date/s;
e) frequency of contact with case manager;
f) summary of progress, including any changes in risk and/or protective factors;
g) reasons/rationale for exit from EBLR (if applicable); and
h) multi-disciplinary team members' recommendations.

Refer to the Administrative Form 311 EBLR Plan.

Any staff member involved in the management of the prisoner must be made aware of the prisoner's EBLR status, reasons for EBLR, triggers, warning signs, risks, protective factors and plan. The correctional supervisor and/or psychologist/allied health clinician must also brief staff responsible for the supervision, case management and intervention in relation to the contents and purpose of the EBLR Plan.

When completing the EBLR Plan human rights must be considered, and may include; protection from torture and cruel, inhuman or degrading treatment, that a person must not be treated or punished in a cruel, inhuman or degrading way; privacy and reputation, a right not to have privacy arbitrarily interfered with; humane treatment when deprived of liberty, must be treated with humanity and with respect for the inherent dignity of the human person and the right to access medical services without discrimination.

This includes reviewing the purpose of the human right which may be impacted, considering any reason for limiting a human right, the connection between the limitation of the right and whether this will assist in achieving the purpose or legitimate aim; and is there a less restrictive way to reduce any risk around managing the prisoner, other than the actions of the development of an EBLR Plan, see section 2 above.

The EBLR Plan must be electronically saved and attached to IOMS - Offender Attachments as EBLR Plan ID.dd.mm.yy and placed on the offender file.

An EBLR Plan should not replace a Notification of Concern or an Initial Response Plan.

8.5 Use of an Intensive Management Plan

Some EBLR prisoners, where appropriate, may benefit from additional management and intervention to address other behaviours or specific needs such as for behavioural management purposes. In these cases, placement on an Intensive Management Plan (IMP) should be considered. If used for a prisoner identified as being EBLR, the IMP should provide specific behaviour management or supervision requirements to address any identified problematic behaviours. An EBLR plan should also be developed for these prisoners to address the clinical treatment needs relating to the prisoner's EBLR status and to provide for the monitoring of dynamic risk. An IMP in these instances does not replace the need for an EBLR plan.

Refer to the COPD Safety Orders and Intensive Management Plans: Intensive Management Plans.

8.6 EBLR review meetings

EBLR review meetings must be held at a minimum monthly basis to review all EBLR prisoners. The meetings must include a multi-disciplinary team (consistent with that of a RAT panel) including a representative from each of the following areas:

a) Senior Psychologist/Team Leader, Allied Health Services (or relevant manager where the Senior Psychologist/Team Leader, Allied Health Services is not available);
b) Correctional Supervisor;
c) Psychological/Allied Health Services; and
d) Cultural Liaison Officer (if the EBLR prisoner identifies as an Aboriginal or Torres Strait Islander person).

Other relevant staff, such as a nurse or mental health nurse (if available) may also be included in the panel if assessed as suitable. The purpose of the EBLR review meetings is to review the progression and current statuses of all identified EBLR prisoners and develop and document any management strategies to ensure the safe management of all EBLR prisoners.

An Administrative Form 311 EBLR Plan must be reviewed by the multi-disciplinary team at intervals not exceeding one month. The reviewed plan must be approved by the Chief Superintendent or nominee.

Correctional Supervisor

Prisoners who are identified as being EBLR are to be allocated a supervisor or manager by the Chief Superintendent or nominee who will assume the responsibility for regularly reviewing case notes. This requires the nominated supervisor or manager to review the case notes recorded for the prisoner over the preceding month and give consideration to the prisoner's stability, behaviour and interactions (including with other prisoners). The nominated supervisor or manager must record the results of the case note review in a case note. The correctional supervisor must provide a summary of case notes completed during the review period to the multidisciplinary team each month.

Psychological services and allied health services staff

The psychological or allied health services representative must provide a summary of any assessments or interventions completed during the review period, and provide an overview of the prisoner's mental health, presenting issues, risk factors, protective factors, and EBLR Plan. They should also consider the prisoner's case notes for changes in identified clinical needs, behaviour and risk/protective factors.

Cultural Liaison Officer (or Aboriginal and Torres Strait Islander representative)

The cultural liaison officer (if applicable) must provide an overview of any welfare needs or cultural issues being experienced by the prisoner, and any other relevant information relating to the prisoner's individual, social and cultural needs and associated supports/interventions.

The health representative (if applicable)

The nurse, mental health nurse, or other health representative (if applicable) must provide relevant medical file information, and any other information relating to any medical issues being experienced by the prisoner. Where relevant health and medical information needs to be obtained from Queensland Health, refer - Offender Health Services - Forms - Release of a Prisoner's Confidential and Relevant Health Information to Queensland Corrective Services.

9. Exit from EBLR/Termination of the EBLR Plan

At any stage, if it is assessed that the prisoner no longer presents with chronically elevated static risk factors, the prisoner's risk status is to be reviewed by the multi-disciplinary team. If it is the consensus of the multi-disciplinary team that a prisoner no longer presents as a chronic or elevated risk, the prisoner is to be removed from the EBLR register and associated management strategies are to be ceased. The register should archive those prisoners who are removed from EBLR. The intensity and level of support and management of an EBLR prisoner should decrease over time after a maintained period of stability and improvement in the prisoner's presentation.

The main considerations for exit from EBLR should include:

a) the original reason for the individual prisoner's placement on EBLR;
b) the factors outlined in the EBLR criteria guidelines;
c) the EBLR Plan objectives and progression;
d) the presence of protective factors; and
e) any other relevant information that becomes known.

In considering a prisoner's exit from EBLR, emphasis should be placed on the prisoner's presenting issues, mental health, depression, levels of helplessness/hopelessness and intent.

The reasons and rationale for a prisoner's exit from EBLR should be clearly documented in the prisoner's EBLR Plan and a case note should be entered onto the prisoners IOMS file. It is expected that a prolonged period of stability should be evident if removing a prisoner from EBLR.

10. Additional Considerations-Prisoner with Acute At Risk Presentation

If any staff member becomes aware that an EBLR prisoner may be at risk of suicide or self-harm or has concern for a prisoner's safety and welfare throughout the review period, a Notification of Concern must be initiated refer to the COPD At Risk Management: At Risk.

If a prisoner is subsequently commenced on an at risk observation regime, the prisoner will be managed as per the At Risk procedure.

A prisoner who is considered to be at risk of suicide or self-harm must be managed on an ARMP. The RAT must consider the EBLR Plan in the development of the ARMP, including the prisoner's identified clinical needs, the level of case management required and the use of intervention risk mitigation strategies.

For prisoners who were identified as being EBLR prior to the commencement of the self-harm episode, a new assessment and initial referral is not required upon their exit from a self-harm episode. In these instances, the prisoner's EBLR Plan should be reviewed and updated to reflect the prisoner's management post observations, within seven days of being removed from observations.

11. Transfer and Escort to Secure Facility

If a prisoner is transferred between corrective services facilities prior to an initial EBLR referral being decided by the multi-disciplinary team, the transferring centre must provide copy of the Administrative Form 310 EBLR Initial Referral Form to the receiving centre prior to the transfer. This information should also be entered as a case note in IOMS by the transferring centre.

The receiving centre's multi-disciplinary team must consider the Administrative Form 310 EBLR Initial Referral Form for the prisoner within one week of the prisoner's reception at the centre.

If an EBLR prisoner is to be transferred between corrective services facilities, the officer responsible for authorising the transfer must ensure that a sending facility staff member advises an appropriate receiving facility staff member (e.g. correctional supervisor; Senior Psychologist/Team Leader, Allied Health Services; manager; sentence management) of the prisoner's EBLR status prior to departure from the sending facility.

The sending facility must provide an appropriate receiving facility staff member with a copy of the EBLR prisoner's plan (if applicable); and ensure that the prisoner's EBLR status, including any special requirements of the EBLR plan are considered as part of the escort planning for the prisoner.

Receiving facility staff members, who are given any information about the prisoner's EBLR status, must ensure that the correctional supervisor is advised of this information as soon as practicable, and make a case note of the information they receive.

The EBLR prisoner must be managed in accordance with the interval determined in the EBLR plan provided by the sending facility, until a multidisciplinary meeting can be convened, unless it is determined that based upon the prisoner's mental health state and behaviours, more frequent contact is required.

The prisoner's EBLR plan should be reviewed and updated (if required) within one week of transferring to the new centre. The receiving centre is able to re-assess a prisoner's suitability for EBLR and associated management strategies if the prisoner is transferring from a reception/remand centre. In these instances, the re-assessment should be documented in the Administrative Form 310 EBLR Initial Referral Form, the decision of the multi-disciplinary team must be documented and the Administrative Form 310 EBLR Initial Referral Forms should be ratified by the Chief Superintendent or nominee.

12. Discharge of an EBLR Prisoner

If an EBLR prisoner is to be discharged to the community (e.g. release to liberty, release to parole), the prisoner's EBLR status must be considered for transitional and pre-release planning.

For EBLR prisoners who are to be discharged from custody and subject to community supervision, contact should be made with the relevant Community Corrections office to advise them of the prisoner's EBLR status, and to provide relevant available information relating to the clinical needs of the prisoner. The case manager for the prisoner must ensure that appropriate notifications are conducted and must record the event as a case note on IOMS.

13. Record Keeping

For the purpose or maintaining adequate records the following minimum information is required to be documented:

a) Each centre must have a register of prisoners on an EBLR Plan for that centre, including: the prisoners' demographic details (i.e. name, ID number), accommodation unit, brief reason for being on the register, nominated case manager, frequency of contact with case manager, and any other relevant information. Registers are to be maintained in a secure location for access by all centre staff.
b) All Administrative Form 310 EBLR Initial Referral Forms are to be uploaded onto IOMS under Offender Attachments as EBLR Initial Referral ID.dd.mm.yy and placed on the Offender File.
c) All Administrative Form 311 EBLR Plans are to be uploaded onto IOMS under Offender Attachments as EBLR Plan ID.dd.mm.yy and placed on the Offender File. These are to be updated on at least a monthly basis through the EBLR monthly review meetings.
d) Any contact with the EBLR prisoner as part of the case management, or communication with other corrective service facilities (in the instance of transfers) or Community Corrections (in the instance of releases) must be recorded as a case note on IOMS.

A record of all information and decision making activities must be kept in accordance with QCS Offender File Management and Record Keeping procedures.