



Youth justice custodial practice manual

Secure Services

(<http://intranet.dhs.vic.gov.au/youth-justice-custodial-manual>)

If you print and store this document, you may be looking at an outdated version and this may impact on your duty of care. Always check the latest version in the Youth justice custodial practice manual on the DHS intranet before taking action under this procedure. Please make sure the printed procedures are kept securely.

Youth Justice Custodial Services Practice Manual (<http://intranet.dhs.vic.gov.au/youth-justice-custodial-manual>) > Working with young people in custody (<http://intranet.dhs.vic.gov.au/youth-justice-custodial-manual/working-with-young-people-in-custody>) > Preventing harm to young people (<http://intranet.dhs.vic.gov.au/youth-justice-custodial-manual/working-with-young-people-in-custody/preventing-harm-to-young-people>) > Observation of young people in custody (<http://intranet.dhs.vic.gov.au/youth-justice-custodial-manual/working-with-young-people-in-custody/preventing-harm-to-young-people/observation-of-young-people-in-custody>)

Observation of young people in custody

Observation is used to make sure young people are safe.

- It allows you to carry out your duty of care and provides additional support for young people at risk of harm to themselves or others.

When to use this procedure

- When a young person needs an increased level of monitoring because they are at risk of harm to themselves or others.

What else you need to know

Make sure you have read and understood the following procedures:

- [Deliberate self harm and suicide prevention \(http://intranet.dhs.vic.gov.au/youth-justice-custodial-manual/working-with-young-people-in-custody/preventing-harm-to-young-people/working-with-young-people-in-custody\)](http://intranet.dhs.vic.gov.au/youth-justice-custodial-manual/working-with-young-people-in-custody/preventing-harm-to-young-people/working-with-young-people-in-custody)
- [How we deal with difficult behaviour \(http://intranet.dhs.vic.gov.au/youth-justice-custodial-manual/working-with-young-people-in-custody/responding-to-challenging-behaviour/how-we-deal-with-difficult-behaviour\)](http://intranet.dhs.vic.gov.au/youth-justice-custodial-manual/working-with-young-people-in-custody/responding-to-challenging-behaviour/how-we-deal-with-difficult-behaviour)
- [Client counts \(http://intranet.dhs.vic.gov.au/youth-justice-custodial-manual/emergency-safety-and-security-procedures/client-related-safety-processes/client-counts\)](http://intranet.dhs.vic.gov.au/youth-justice-custodial-manual/emergency-safety-and-security-procedures/client-related-safety-processes/client-counts)
- [Isolation \(http://intranet.dhs.vic.gov.au/youth-justice-custodial-manual/working-with-young-people-in-custody/preventing-harm-to-young-people/isolation\)](http://intranet.dhs.vic.gov.au/youth-justice-custodial-manual/working-with-young-people-in-custody/preventing-harm-to-young-people/isolation)

- [After hours health services \(http://intranet.dhs.vic.gov.au/youth-justice-custodial-manual/working-with-young-people-in-custody/health-services-in-custody/after-hours-health-services\)](http://intranet.dhs.vic.gov.au/youth-justice-custodial-manual/working-with-young-people-in-custody/health-services-in-custody/after-hours-health-services)

Staff responsibilities

Find your role in the list below to see what your responsibilities are:

- [All staff](#)
 - [YJW1](#)
 - [Unit Supervisor, Night Supervisor and above](#)
 - [Unit Coordinator and above](#)
 - [Unit Manager](#)
 - [Unit Supervisor](#)
 - [Health service](#)
 - [Operations Manager or General Manager](#)
 - [Unit night staff](#)
 - [Night Supervisor](#)
 - [General Manager's Executive Assistant](#)
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All staff

At all times

- Actively supervise all young people in custody.
- Seek out opportunities to have frequent, positive interactions with them.

When a young person needs to be placed on observation because:

- there is a concern that they may be at risk of harm
- they are showing signs of mental health problems
- they are newly admitted
- they are in isolation
- they are in time out
- they are starting pharmacotherapy treatment
- they have been assessed as being at risk on return from court
- they have been assessed as being at risk on transfer from another location
- they have been assessed as being at risk on return from unescorted leave
- they have undergone a traumatic experience such as assault, bullying or bad news from home
- they are demonstrating violent or otherwise harmful behaviours
- they are physically unwell or recovering from a medical procedure.

Start observation by:

- ensuring the young person's immediate safety
 - telling them they are being placed on observation and why
 - alerting the most senior person on the unit during the day or the Night Supervisor/Manager at night and seek their authorisation for observation to continue
 - starting an observation form by filling out all required sections
 - making a referral to and/or consulting with the health service.
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YJW1

When undertaking observation

- Follow the procedures for undertaking observation contained in this section.
 - Complete the client observation form at the designated intervals.
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Unit Supervisor, Night Supervisor and above

When a young person needs to be placed on observation

You should:

- nominate a staff member to observe the young person
- nominate which observation level is required
- nominate the location of observation
- discuss with staff the young person's management plan for the period of observation and for how observation is to be reduced or ceased
- arrange for back-up/replacement of observing staff members as required
- ensure that the Unit Coordinator and Unit Manager are made aware of the situation. The Unit Coordinator or Unit Manager must authorise close or constant observation.
- ensure that the young person is not left alone while the observation regime is set up. At least one staff member should be with them for a minimum of five minutes or until they have been assessed as safe to leave on the chosen observation regime
- ensure the observation form is started and that the observation is entered into the unit Day Book and the Daily Safety Advice.

When a young person returns from unescorted leave

- Assess the young person to decide whether they need to be placed on observation, for example if they appear to be substance affected or distressed.
- When placing a young person on observation following unescorted leave, follow all procedures for starting observation.

Unit Coordinator and above

When a young person returns from court

- Assess the young person to decide whether they need to be placed on observation, for example, if they have received a significant sentence or appear emotionally distressed.
- When placing a young person on observation on return from court, follow all procedures for starting observation.

When a young person has been placed on close or constant observation

- Review the decision and, if appropriate, authorise the use of close or constant observation.
- Authorise obtaining an additional staff member to undertake the observation.

For young people on observation because they are at risk of self-harm or suicide

- Consult with the health service when considering reducing or ceasing observation levels.
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Unit Manager

Daily

- Review each young person on observation to decide whether observation needs to continue and determine the most appropriate level of observation.
 - Review and sign each observation form on CRIS.
 - If observation forms have not been appropriately completed, follow up with the staff member to ensure they are aware of their obligations in this area.
 - Download the recorded information from the Tour Guard database each morning and check that observations have been completed correctly. Follow up on any issues such as incorrect observation procedures.
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Unit Supervisor

Daily

- Ensure that an up to date list of young people on observation is maintained in the unit's Day Book and that the Daily Safety Advice includes information on young people on observation.

Health service

When you are concerned about a young person and think they need to be placed on observation

- Contact a member of the unit management, Unit Supervisor at a minimum, to make this recommendation.

Daily – when a young person has been placed on observation at the recommendation of the health service

- Review and provide advice to the unit staff on how to support and monitor the young person.
- If you need to review observation when there will be no health service coverage the next day, provide unit staff with advice on how to manage the young person over the next 48-hour period.

When a young person is placed on observation because they are newly admitted

- When conducting the initial health assessment, make a recommendation about whether the young person can be taken off observation when the 24 hour period ends including when this occurs during the night.
 - Record the recommendation on CRIS and on the observation sheet. If you are providing this advice to the unit by phone, the Unit Supervisor can record the recommendation on your behalf.
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Operations Manager or General Manager

If there are conflicting views between youth justice and health staff about commencing or continuing a young person on observation

- Make a determination about the level of observation required for the young person. This decision cannot be delegated to a lower level.
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Unit night staff

At 30-minute intervals during the night, at a minimum

- Check each young person by observing them through the window of the locked door.
- When observing a young person who is under the covers in bed, you need to observe them closely enough to be certain that they are both present and safe. This can be achieved by observing their breathing or other movements or by sighting some part of their body. If you cannot be certain that the young person is safe and breathing, you may need to use a torch, turn on the light or tap on the window. This should be a last resort, as we should not wake young people unnecessarily. If all of these options have been attempted, and it is still not clear whether the young person is safe and breathing, the guidelines for **Responding to emergency situations at night** must be followed.
- Record the check in the unit Day/Communication Book along with the actual time the client count was conducted and the staff member's name and signature.

At appropriate times as per observation levels

- Conduct close, constant or frequent observations as outlined in these procedures.

After midnight each day

- Finalise all observation forms for that day as per the instructions on recording observation later in this procedure.
 - Start a new observation form for each client on observation at frequent level and above.
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Night Supervisor

Before the end of each shift

- Collect observation forms from all units, sign them and deliver them to the General Manager's Executive Assistant's pigeon hole.
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General Manager's Executive Assistant

Daily

- Scan each of the observation forms and attach them to each individual client's case notes on CRIS.
 - Send each individual case note to the Unit Manager and the health worker's worklist on CRIS for endorsement.
 - Place the observation form in the appropriate Unit Manager's pigeonhole.
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The procedure in detail

- Role of observation in youth justice precincts

- Objectives of undertaking observation in custody
 - Young people who may require observation
 - Observation levels
 - Placing a young person on observation
 - Location of observation
 - Procedures for undertaking observation
 - Conducting observation at night
 - Recording observation
 - Reducing or ceasing observation
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Role of observation in youth justice precincts

All young people in custody require active supervision and monitoring.

This takes place through:

- an active and visible youth justice worker presence
- a high level of vigilance regarding young people's behaviour
- frequent positive interactions between young people and youth justice workers.

In a custodial precinct environment, no young person should be unsighted for an extended period of time, no longer than 30 minutes, regardless of their level of risk of harm.

Over and above this active supervision of all young people, some will need increased levels of observation, based on risk assessment, to keep them safe.

The purpose of an observation process is not only to note that the young person at risk is present and safe, but to provide them with an appropriate interaction and emotional support.

Objectives of undertaking observation in custody

Observation helps the youth justice system to:

- ensure the safety of a young person who has been assessed as being at risk of harm
 - maintain the safety of staff and other young people
 - support young people through appropriate engagement, interaction and attention from staff
 - monitor their behaviour, mood and general presentation
 - develop a plan to provide the required level of support while the young person remains at risk of harm, together with a process for their longer term management.
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Young people who may require observation

Newly admitted young people

Because of the increased suicide risk at the time of admission, all young people, including those on remand, are placed on observation as follows:

- Young Aboriginal people must be placed on a minimum of close observation (every five minutes), for the first 24 hours in custody.
- Non-Aboriginal young people must be placed on a minimum of frequent observation (three per half-hour with a maximum interval of 15 minutes) for the first 24 hours in custody.

All young people are assessed by the health service within 24 hours of admission (or 12 hours if they are Aboriginal). At this time, health staff make a recommendation about whether observation needs to be continued. If the assessment is conducted after hours by a locum service, observation should continue at the original level until the young person can be seen by the precinct health service.

Health staff at the precincts can make a recommendation that a young person be continued on observation (at any level) if they have a concern for their health or safety.

If the health staff make a recommendation for observation to be continued, senior unit staff should consider the recommendation in the context of the overall management of the young person and decide whether observation should be continued.

If there is a difference of opinion between youth justice staff and health staff about continuing observation or the level of observation recommended, this must be referred by the relevant Unit Manager to the Operations Manager or General Manager for a determination.

If a young person is finding it difficult to settle in the custodial environment, observation should be maintained until they are more stable. This should be monitored in consultation with the health service.

The court or the police may have requested that the client be placed on observation for safety reasons.

Young people at risk of suicide or self-harm because of past history and/or current thinking about suicide or self-harm

Sometimes it is difficult to judge whether a young person's behaviour is occurring because they are at risk of self-harm or suicide, or because they are looking for attention.

In order to ensure young people's safety, the rule of thumb is if a young person is talking about self-harm, put them on observation. Consult with the health service to assist in determining whether observation should continue.

If you think a young person may be at risk of self-harm or suicide, place them on constant observation and alert the health service immediately. After hours, the On Call Manager must be called and must determine the best process for supporting the young person.

When initiating observation for self-harm or suicide risk outside business hours, the guidelines for after hours health services must be followed. At the Parkville Precinct, this may include seeking advice from the After Hours Psychiatry Service or calling the locum service.

If a young person has been placed on observation because they are at risk of self-harm or suicide, the health service **must** be consulted before observation levels are reduced or ceased, regardless of who initiated the observation. After hours, call the After Hours Psychiatry Service

(Parkville) or the On Call Nurse (Malmesbury).

If there is a **difference of opinion** between youth justice staff and health staff about continuing observation or the level of observation recommended, this must be referred by the relevant Unit Manager to the Operations Manager or General Manager for a determination.

Young people who have been transferred from another location

To ensure the safety of young people transferred from another location (whether between precincts, between units or from adult prison), the most senior staff member present on the unit must ensure that a risk assessment is conducted to determine the appropriate level of observation.

Young people returning from court

On return from court, each young person should be seen by the most senior staff member present on the unit who will make a decision about whether they should be placed on observation.

Examples of young people who should be placed on observation on return from court are:

- those who appear emotionally distressed, overly anxious or depressed
- those who have received a significant sentence (either a long sentence or conviction on serious charges such as sex offences)
- those who may have experienced a distressing incident at court.

Young people returning from unescorted leave

Young people returning from unescorted leave are searched and the Unit Supervisor ensures that the outcome of the leave is entered into CRIS.

At this time, the Unit Supervisor should make a determination about whether the young person needs to be placed on observation.

Reasons for observation following unescorted leave include that the young person appears substance affected, if any type of distressing incident has occurred, or if the leave was terminated.

Young people who have started pharmacotherapy treatment

During the initial period of pharmacotherapy treatment (usually methadone or suboxone), there is some risk of side-effects or overdose. For this reason, close monitoring is needed and young people should be placed on frequent observation for 72 hours following their first dose of methadone or suboxone in custody.

This may be extended or ceased on advice from the health team. If the dosage is increased, or if they seem to be over-sedated, frequent observation should be recommenced for a further 72 hours.

Other young people who may need to be placed on observation

- Young people showing signs of mental health problems should be placed on observation until they can be assessed by a member of the health service.
- Young people who have undergone a traumatic experience such as assault, significant bullying, bad news from home or disruption of temporary leave should be on observation.

- Young people who are demonstrating violent or otherwise harmful behaviours should be on observation while an individual behaviour management plan is developed.
 - Young people in isolation should be on a minimum of close observation. The young person must not be left alone while the observation regime is set up. At least one staff member should be with them for a minimum of five minutes – performing constant observation – or until they have been assessed as safe to leave on the chosen observation regime.
 - Young people on time-out should be on a minimum of frequent observation.
 - Young people who are physically unwell or who are recovering from a medical procedure should be on observation.
 - If a search of a young person is indicated but is delayed (for example if the young person is non-compliant, or a staff member of the appropriate gender is coming from another location to do the search), the young person should be on observation.
 - Young people who may have a prohibited item in their possession should be on observation.
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Observation levels

The level of observation must be based on the level of risk of harm to the young person and others and/or threat to the security of the precinct.

If it is unclear which level of observation should be undertaken, the higher level must always be chosen.

At any time, any staff member can initiate an increase in the level of observation if the perceived risk of harm increases.

Procedures for increasing the level of observation must be followed.

This means that the person who identifies a need for increased observation must:

- notify the most senior person on unit duty or the On Call Manager if after hours
- alert the health service
- update the client observation form.

The observation levels are summarised below.

Base observation

No current risk of harm to self or others identified – active supervision and frequent interactions with unit staff.

Observation form is not used for base observation.

- Malmsbury – young men to be formally sighted every 30 minutes during the day and as a minimum at night.
- Parkville – young people to be formally sighted every 30 minutes at a minimum at night and regular counts conducted during the day.

Frequent observation

Low- to medium-level risk of harm to self or others identified – interaction and observation three times each half hour, with a maximum interval of 15 minutes.

Close observation

Medium- to high-risk of harm to self or others identified – interaction and observation every five minutes.

Constant observation

High to extreme risk of harm to self or others identified – one-on-one observation with a staff member able to immediately intervene in any incident of self-harm or other dangerous behaviour.

Constant observation should be thought of as a time-limited safety mechanism, primarily used for young people with the most significant self-harm or mental health problems.

Placing a young person on constant observation should prompt the development of an Individual Care Plan and strategies for the safe management of the young person beyond the period of observation.

While young people are on close or constant observation, best practice is for the staff member to be within arm's length.

Unit management discretion

While the four levels of observation described above are most commonly used, unit management (Unit Managers and Unit Coordinators) can designate alternative levels of observation, based on a risk assessment of the young person and consultation with the precinct's health service.

For example, a young person demonstrating difficult behaviours may be placed on an Individual Behaviour Management Plan with a stipulation that they be checked at a ten minute interval.

Placing a young person on observation

The categories of young people who should be placed on observation are listed above. Some of these are automatic (new admissions, young people transferred from another location, those in isolation and those commencing pharmacotherapy treatment, for example).

In other circumstances, such as if there is a risk of self-harm or if the young person is demonstrating signs of mental health problems, some judgement is required.

If you think that observation is needed, you should trust your instincts and initiate it.

You will never be criticised for a genuine belief that observation is needed to keep a young person safe.

Procedures for placing a young person on observation

Any member of staff in a custodial precinct can initiate observation if they think a young person is at risk of harm to themselves or others.

Once observation has commenced, the staff member who initiated observation must seek authorisation for it to continue. This must be done as soon as possible after the commencement of observation.

Authorisation for frequent observation must come from the Unit Supervisor at a minimum.

Authorisation for constant or close observation must be obtained from the Unit Manager or Unit Coordinator, or the Night Supervisor/Manager at night at a minimum. The Unit Manager or Unit Coordinator also needs to authorise obtaining an additional staff member to undertake the observation.

The staff member responsible for initiating the observation period must:

- ensure the young person's immediate safety
- tell the young person they are being placed on observation, explain why, and that the purpose is to keep them safe and provide them with extra support
- alert the most senior person on the unit during the day or the Night Supervisor/Manager at night and seek their authorisation for observation to continue
- fill out an observation form, ensuring that the procedures for recording observation are followed
- make a referral to and/or consult with the health service.

The staff member authorising the period of observation (Unit Supervisor or Night Supervisor at a minimum) must:

- nominate a staff member to observe the client
- nominate which observation level is required
- nominate the location of observation
- ensure that the young person is not left alone while the observation regime is set up. At least one staff member should be with them for a minimum of five minutes or until they have been assessed as safe to leave on the chosen observation regime
- discuss with staff a young person's management plan for the period of observation and how observation is to be reduced or ceased
- arrange for back-up/replacement of observing staff members as required
- ensure that the Unit Coordinator and Unit Manager are made aware of the situation. The Unit Manager must authorise close or constant observation
- ensure the observation form is started and that the observation is entered into the unit Day Book and the Daily Safety Advice.

Location of observation

A risk assessment must be done to decide on the place where a young person is to be observed.

This decision is based on the perceived risk of harm, reason for observation, atmosphere of the unit, time of day and potential either for support or aggravation by other young people in the unit.

This can range from a young person continuing normal day-to-day activities on the unit, to being placed in a safe room or designated isolation room.

If an isolation room is chosen as the location for observation, explain the reason for this decision to the young person and make a distinction between observation and isolation.

A young person being placed on observation should not be made to feel that they are being punished.

Managing risk and keeping young people and staff safe are the most important factors in selecting the appropriate space.

The most senior person on duty, in consultation with unit staff, must decide on the location for observation.

Use of CCTV cameras for observation

Some young people may be at such a high level of risk that we need to use all resources available to keep them safe. A small number of bedrooms are equipped with CCTV cameras which are live streamed to a monitor in the unit.

These rooms can be used when a decision has been made to incorporate CCTV monitoring into an observation regime.

The human interaction provided by observation – having a conversation with the young person and providing them with emotional support – is an important part of our observation of young people.

Part of conducting the risk assessment before deciding on the location for observation, is considering the level of engagement the young person needs and the potential role that CCTV monitoring could provide.

On rare occasions, when young people are on constant observation, CCTV can be used to supplement the physical presence of a staff member.

This can only happen if each of the following conditions are in place:

- An assessment has been made by an Operations Manager (or above). The Operations Manager will take advice from the unit staff and the health service and decide whether it would be counter-productive for the young person to have a staff member observe them on a constant basis, for example if the close presence of a staff member will increase their agitation, distress or feelings of paranoia.
- The live stream must be constantly monitored by a youth justice staff member who is solely responsible for watching this footage. They must have, at a minimum, a five-minute break each hour. They also must be within close proximity to the young person, and able to quickly intervene in a crisis, such as observing the young person harming themselves.
- In conjunction with the observation conducted via CCTV, a staff member must physically attend to conduct observation, including having a conversation with the young person (when awake), as per the close observation regime (each five minutes) or frequent observation

(three times each half-hour with a maximum interval of 15 minutes) regime. The frequency will be determined by an Operations Manager (or higher).

- The use of CCTV live monitoring for constant observation must be reviewed twice daily by an Operations Manager (or higher).

When a young person is on observation in a room equipped with CCTV, follow all instructions in the CCTV procedure.

You must be mindful that the young person's privacy should be respected. This means that the footage can only be monitored or viewed by an approved staff member.

Procedures for undertaking observation

Young people may feel embarrassed about being placed on observation and may feel that this singles them out for attention. Other young people may use this as a reason to intimidate or tease them, particularly if the observation is for mental health or self-harm purposes.

It is important for staff to be discrete and sensitive to minimise any stigma associated with being on observation. For example, do not discuss observation in public venues and conduct any procedures such as searches in private.

You should never disclose to other young people that a young person is on observation. This is unprofessional behaviour that stigmatises the young person and may jeopardise their safety.

When young people are on close or constant observation, best practice is for the staff member to be within arm's length.

Procedures for constant observation

Constant observation is used when there is an immediate risk to the young person's safety, usually when a young person has self-harmed or attempted suicide or there is an indication that they may do so.

As this is the most intrusive level of observation with a significant impact on the young person, an Individual Behaviour Management Plan must be developed to provide a care plan for the young person.

The Unit Manager or most senior person on duty must inform the Operations Manager or On Call Manager of the decision to place a young person on constant observation at the earliest opportunity.

- The young person's room must be searched before they are placed in it, even if it has been searched previously that day. Particular attention must be paid to the bed and bedding, to ensure that no sharp or otherwise dangerous objects are concealed.
- The young person should also have a frisk search to make sure they are not hiding any dangerous objects on their person. Explain to the young person that this is not to punish them but to make sure they are safe.
- If a young person moves around the unit while on constant observation, you must be vigilant and ensure that the area is free from dangerous objects, and that any potentially dangerous situations with other young people are minimised.

- You should be with the young person constantly, able to see and hear what is occurring with them, without staring at them or acting in an overly intrusive way. This can include sitting in the same room with the young person, sitting or standing in the open doorway of the room (during the day only), or watching them through the observation window or open trap in their bedroom door.
- When observing a young person who is under the covers in bed, you need to observe them closely enough to be certain that they are both present and safe. This can be achieved by observing their breathing or other movements or by sighting some part of their body. If you cannot be certain that the young person is safe and breathing, you may need to use a torch, turn on the light or tap on the window. This should be a last resort, as we should not wake young people unnecessarily. If all of these options have been attempted, and it is still not clear whether the young person is safe and breathing, the guidelines for **responding to emergency situations at night** must be followed.
- When the young person is awake, you should use the observation process to provide support and two-way communication. You should show positive regard for the young person and be willing to listen to them. For this reason, it is best practice to assign a staff member who is known to the young person.
- You should tell the young person that they have been placed on observation, discuss the reason for this, and talk about why the precinct is committed to helping them to be safe.
- When you observe a young person on constant observation, this is your only responsibility, and your attention must not be diverted to any other tasks, including responding to incidents.
- The Unit Supervisor must ensure that staff undertaking constant observation are given appropriate meal and toilet breaks and that a staff member is assigned to replace them during these times.
- At night, in order to stay alert, you should be relieved to have a 10-minute break to refresh yourself and ensure your ongoing alertness – this should occur every hour, as far as is practicable.
- During shift changeover, you must constantly have the young person in eyesight and earshot.
- A meaningful summary, giving information on the young person's mood and activities, must be written on the observation form every half hour.

Procedures for close observation (every five minutes)

Close observation is used when there is a medium- to high-level risk of harm to self or others but constant observation is not indicated, for example when a young person has a history of self-harm or suicide attempts or mental health issues but no identified risk of immediate harm, or when a young person is substance affected.

Close observation is always used as a minimum level of observation for young Aboriginal people on admission to custody.

- If a young person is to be observed in a designated room (for example, bedroom or isolation room), the room must be searched before they are placed in it, even if it has been searched previously that day. Particular attention must be paid to the bed and bedding, to ensure that no sharp or otherwise dangerous objects are concealed.
- The young person should also have a frisk search to make sure they are not hiding any dangerous objects on their person. Explain this to the young person, emphasising that it is not to punish them but to make sure they are safe.
- If a young person moves around the unit while on close observation, you must be vigilant and ensure that the area is free from dangerous objects and that any potentially dangerous situations with other young people are minimised.
- When observing a young person who is under the covers in bed, you need to observe them closely enough to be certain that they are both present and safe. This can be achieved by observing their breathing or other movements or by sighting some part of their body. If you

cannot be certain that the young person is safe and breathing, you may need to use a torch, turn on the light or tap on the window. This should be a last resort, as we should not wake young people unnecessarily. If all of these options have been attempted, and it is still not clear whether the young person is safe and breathing, the guidelines for **responding to emergency situations at night** must be followed.

- If a young person moves around the unit while on close observation, you must be vigilant and ensure that the area is free from dangerous objects and that any potentially dangerous situations with other young people are minimised.
- Young people on close observation must be:
 - observed at a minimum of five-minute intervals
 - fully viewed at each observation
 - determined to be breathing, not engaging in potentially self-injurious behaviour or behaving in a threatening manner to others or property, or acting as a significant risk to the security of the precinct.
- Close observation of a young person in their bedroom can be done by sitting in the same room with the young person, sitting or standing in the open doorway of the room, or watching them through the observation window or open trap in their bedroom door.
- When the young person is awake you should use the observation process to provide support and two-way communication. You should show positive regard for the young person and be willing to listen to them. For this reason, it is best practice to assign a staff member who is known to the young person.
- You should tell the young person they have been placed on observation, discuss the reason for this, and talk about why the precinct is committed to helping them to be safe.

Procedures for frequent observation (three every half-hour with a maximum interval of 15 minutes)

Frequent observation is designed for situations where there is a low to medium level of risk of harm to self or others. This includes, for example, if young people have previously been on a higher level of observation, which is now being decreased, or if a young person is physically unwell with the flu or recovering from a medical procedure.

This level of observation is not appropriate if there is any concern of self-harm or suicide, or if there is significant concern for the safety of others or property, or to the security of the precinct.

Frequent observation consists of:

- A minimum of three checks each half-hour, which are not regular or predictable (not strictly at a 10-minute intervals) and with a maximum interval of 15 minutes.
- When observing a young person who is under the covers in bed, you need to observe them closely enough to be certain that they are both present and safe. This can be achieved by observing their breathing or other movements or by sighting some part of their body. If you cannot be certain that the young person is safe and breathing, you may need to use a torch, turn on the light or tap on the window. This should be a last resort, as we should not wake young people unnecessarily. If all of these options have been attempted, and it is still not clear whether the young person is safe and breathing, the guidelines for **responding to emergency situations at night** must be followed.
- Observation of a young person in their bedroom can be done by sitting in the same room with the young person, sitting or standing in the open doorway of the room, or watching them through the observation window or open trap in their bedroom door.

Procedures – base-level observation (every half-hour)

All young people in custody who have not been designated to a frequent or higher level of risk of harm to self or others are on base level observation. This involves active ongoing supervision and frequent positive interactions with unit staff.

In a custodial environment, no young person should be unsighted for an extended period of time, regardless of their level of risk of harm to self or others.

All young people are checked each half-hour during the night. At Malmsbury, half-hourly checks are also conducted during the day. When checking a young person who is under the covers in bed, make sure that you can clearly see their head, feet or hands.

Conducting observation at night

Night time, when young people are alone in their bedrooms for an extended period of time, is a high-risk time for self-harm to occur. It is critical that staff observe young people closely enough at night to ensure that they are present in their room, safe and not engaging in self-harming behaviours.

When observing a young person who is under the covers in bed, you need to observe them closely enough to be certain that they are both present and safe. This can be achieved by observing their breathing or other movements or by sighting some part of their body. If you cannot be certain that the young person is safe and breathing, you may need to use a torch, turn on the light or tap on the window. This should be a last resort, as we should not wake young people unnecessarily. If all of these options have been attempted, and it is still not clear whether the young person is safe and breathing, the guidelines for **responding to emergency situations at night** must be followed.

Use of Tour Guard system

The Tour Guard system for recording observation is used on the Parkville Precinct during the hours of 9.00 pm – 7.15 am. Outside of these hours, the usual paper-based system is used.

Tour Guard is used for close and frequent observations and for the usual 30 minute checks. Constant observation – requiring continuous monitoring of a young person – is recorded using the paper-based observation form at all times.

The Tour Guard system stores information on observations conducted during the night. At the end of the shift, the night staff member places the handheld device back in the cradle to recharge and to download the observation data. The system records the time each young person was observed.

Observations are recorded by placing the hand-held wand on the location button on each bedroom door at the time each set of observations is required. Staff will know when the system has been successfully activated by noticing a red light and a small vibration from the wand. The staff member then chooses from a list of 10 descriptors to record information about the young person at the time of observation (for example 'showering or 'watching TV').

When commencing night shift, the staff member must check that young people's room numbers are correctly recorded in CRIS and in the Communication/Day book and must correct any errors. If a young person is moved from their room during the night for any reason, this must be recorded

in a CRIS case note.

Each morning, the Unit Manager must download the recorded information into a secure word file located on the Precinct's computer drive and must carefully check that observations have been completed appropriately. The Unit Manager is responsible for following up on any issues identified, and taking remedial action, particularly where this relates to incorrect undertaking of observation.

Procedures for base, frequent and close observation at night

All young people who have not been put on a higher level of observation are on **base observation** and must be checked at 30-minute intervals during the night. This helps us keep young people safe and also safeguards the security of the precinct. An observation form is not needed for base-level observation.

The night staff member must check each young person each 30 minutes at a minimum by observing them through the locked door. You may need to use a torch or night light to ensure that they are present and safe.

The client count should be recorded in the Unit Day Book along with the actual time the count was conducted and the staff member's name and signature.

Procedures for constant observation at night

- The young person's room must be searched before they go to bed, even if it has been searched previously that day. Particular attention must be paid to the bed and bedding, to ensure that no sharp or otherwise dangerous objects are concealed.
- The young person should also have a frisk search to make sure they are not hiding any dangerous objects on their person. Explain this to the young person, emphasising that it is not to punish them but to make sure they are safe.
- Constant observation can be carried out through the observation window in the door or through the open door trap.
- In undertaking observation at night, it is vital that staff make sure they are familiar with, and adhere to, the procedures on opening locked bedroom doors at night. This includes the instructions to staff on passing items through the trap.
- When observing a young person who is under the covers in bed, you need to observe them closely enough to be certain that they are both present and safe. This can be achieved by observing their breathing or other movements or by sighting some part of their body. If you cannot be certain that the young person is safe and breathing, they may need to use a torch, turn on the light or tap on the window. This should be a last resort, as we should not wake young people unnecessarily. If all of these options have been attempted, and it is still not clear whether the young person is safe and breathing, the guidelines for **responding to emergency situations at night** must be followed.
- In exceptional circumstances, a young person is so vulnerable that their bedroom door should be kept open – allowing the staff member undertaking constant observation to appropriately engage and support them. This decision can be made only by the Night Manager or On Call Manager; it cannot be delegated to a lower level.
- Any decision to conduct observation through an open door at night must be supported by a well-considered and documented risk assessment process. This must take into account both the level of support and engagement needed by the young person and any potential risks indicating that the door should be kept locked. The risk assessment must also identify the role of other staff in the unit and a contingency plan for managing the young person should they demonstrate any unsafe behaviour while the door is open. If there is any suggestion that the young person is a risk to others, or an escape risk, the door must remain closed.

- In order to stay alert, staff conducting constant observation should be relieved to have a 10-minute break to refresh themselves and ensure their ongoing alertness – this should occur every hour, as far as is practicable.

Conducting observation when the door is locked

Methods for appropriately observing a young person through the glass panel of a locked door include:

- the use of dimmer switches in bedrooms
- if appropriate, allowing the young person to have the television (muted or at a low volume) switched on to provide light and distraction
- use of an appropriate torch to provide enough light without being overly intrusive.

If a young person is on observation with their door locked for safety reasons, staff must follow the procedures related to opening doors at night.

In a non-emergency situation, a bedroom must only be entered at night by a minimum of three staff members (if it is a double room, this should be increased to four) and with the authority of the Night Manager/Supervisor.

Responding to emergency situations at night

If you discover an emergency situation at night, you must take immediate action to seek assistance. Emergency codes should be called in all such circumstances.

For example if you see that a young person is harming themselves, is visibly bleeding or is seriously unwell, you should immediately radio for assistance or call an emergency code over the radio.

When support staff arrive, the bedroom door can then be unlocked, but all precautions still need to be maintained before doing so. No door is to be opened without the authorisation of the Night Manager/Supervisor.

If you consider that there is a significant risk to the life of the young person and that immediate intervention is required (for example if they appear to be unconscious, have attempted to hang themselves or there is significant bleeding) then all precautions should be taken before entering the bedroom to provide assistance.

You should activate your duress alarm, radio the Night Manager/Supervisor for assistance or call an emergency code over the radio.

In the case of a medical emergency, you must call for an ambulance.

Once initial assistance has been provided to the young person you must contact the precinct's On Call Manager and YJCS On Call Manager to notify them of the situation and seek their instructions.

Recording observation

Base-level observations are not recorded.

Recording of **frequent** and **close** observations must be done immediately.

For **constant** observation, a summary must be written every half-hour.

Each unit must maintain a list of all young people on observation in the Unit Day Book. Information on young people on observation is also included in the Daily Safety Advice. The Unit Supervisor is responsible for maintaining both the list in the Day Book and the Daily Safety Advice.

The staff member undertaking observation is responsible for maintaining the Client Observation Form (see **Additional Information** below). This must provide enough detail on how the young person is progressing for the unit's management team to make decisions about their risk status.

The observation form must be completed at the designated intervals. Entering the details ahead of time or all at the one time (for example at the end of a shift) is not allowed, as this practice jeopardises the safety of the young person and the precinct.

All entries on the observation form must contain:

- name and classification of the staff members undertaking the observation
- young person's name, unit, and location that observation is undertaken
- observation frequency, the reason they were placed on observation and review period (not greater than 24 hours)
- dates and accurate times of each observation conducted
- some level of detail about the young person's status and behaviour (for example, asleep, awake, unsettled)
- any requests, comments or other actions, including comments from the health service or Aboriginal Support Worker
- any medication or other items given to the client
- change of observation level noted in the comments section.

A new observation form should be started at midnight each day.

You must record any change of observation level in the comments section of the observation form, including the time, the reason for change and who gave approval.

Transferring observation forms onto CRIS

Observation forms are transferred onto CRIS each day by the General Manager's Executive Assistant.

It is the responsibility of the Night Manager/Supervisor to collect observation forms from all units, sign them and deliver them to the General Manager's Executive Assistant's pigeon hole for scanning onto CRIS.

The Unit Manager must review and sign off on all observation forms on CRIS daily.

If observation forms have not been appropriately completed, the Unit Manager or Unit Coordinator must follow up with the staff member to ensure they are aware of their obligations in this area.

Reducing or ceasing observation

Observation must be reviewed at a minimum once per day.

Observation must only be reduced or ceased after a thorough assessment of the level of risk of harm to the young person.

The following steps must be taken:

- When a decision is made to reduce the frequency of observation, or to cease CCTV monitoring of young people on constant observation, it must be done gradually (level by level), rather than suddenly discontinuing monitoring.
- Any decision to reduce or cease the observation level must be documented in the observation form noting appropriate authorisation, and signed by the authorising staff member.

Reducing observation during the day

- During the day, two senior staff (Unit Supervisor and above) must be involved in any decision to reduce an observation level. This can include a Unit Manager or Unit Coordinator external to the unit. If appropriate, the advice of the Aboriginal Support Worker or Cultural Worker should be sought.
- If a member of the health service has initiated observation, the health service must review the observation at least once every day during business hours. When the health staff member is reviewing observation and is aware that there will be no health service provision the next day, they should provide youth justice staff with advice on how to manage the young person over the next 48-hour period.
- If the health staff make a recommendation for observation to be continued, senior unit staff should consider the recommendation in the context of the overall management of the young person and decide whether observation should be continued.
- If there is a **difference of opinion** between youth justice staff and health staff about continuing observation or the level of observation recommended, this must be referred by the relevant Unit Manager to the Operations Manager or General Manager for a determination.
- If a young person has been placed on observation because they are at risk of self-harm or suicide, the health service must be consulted before observation levels are reduced or ceased, regardless of who initiated the observation. After hours, contact should be made by phone with the After Hours Psychiatry Service (Parkville) or the On Call Nurse (Malmsbury).

Reducing observation at night

- Night staff coming on duty must have a discussion with the most senior person in the unit about any young people on observation and confirm their overnight level.
- If the young person is on observation for any reason other than self-harm or suicide risk, an informed decision can be made at this time about the level of observation. Having this discussion explicitly allows for a robust assessment of risk and ensures that everyone has the same understanding about supporting young people when they are their most vulnerable.
- At night, if a young person on close observation is settled, staff can suggest to the Night Manager/Supervisor that they be reduced to frequent observation.
- The Night Supervisor must always seek authorisation from the On Call Manager or Night Manager before a reduction is agreed upon.
- Constant observation cannot be reduced at night. Young people on observation for risk of self-harm or suicide or those who are on observation at the recommendation of the health

service must not have their levels decreased at night.

Reducing observation of newly admitted clients at night

If they are settled, young people who are on observation solely because they are newly admitted can have their observation ceased when the first 24 hours ends at night, unless:

- they are Aboriginal, or
- there is an identified concern that they may be at risk of harm, or
- the health service has recommended, based on their health assessment, that they should remain on observation for longer than 24 hours.

If observation is ceased at night, newly admitted clients remain on base level observation overnight and are checked every 30 minutes.

When the health service conducts the initial assessment, they should recommend whether the young person can be taken off observation when the 24 hour period ends, including when this will occur during the night.

The recommendation must be recorded on CRIS and on the young person's observation sheet. If health staff communicate the recommendation over the phone, the Unit Supervisor must record it on CRIS and on the observation sheet on their behalf.

Authorisation to cease observation at night can only be made by the Night Supervisor. If further advice is needed, the Night Supervisor must contact the On Call Manager or Night Manager before observation is ceased.

Additional Information

- [Client observation levels chart \(20.3 KB, PDF\)](http://intranet.dhs.vic.gov.au/youth-justice-custodial-manual/additional-information/practice-guidelines/safety2/Client-observation-levels-chart.pdf) (<http://intranet.dhs.vic.gov.au/youth-justice-custodial-manual/additional-information/practice-guidelines/safety2/Client-observation-levels-chart.pdf>)
 - [Observation form \(179.0 KB, MS Word\)](http://intranet.dhs.vic.gov.au/youth-justice-custodial-manual/additional-information/forms/safety2/Observation-form.doc) (<http://intranet.dhs.vic.gov.au/youth-justice-custodial-manual/additional-information/forms/safety2/Observation-form.doc>)
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Authorised by: Ian Lanyon, Director Secure Services

Web Page Address: <http://intranet.dhs.vic.gov.au/youth-justice-custodial-manual/observation-of-young-people-in-custody>

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