

# RESTRICTED - POLICY

## RISK ASSESSMENT

Name

CORDELL S.P.

Custody No.

01YE

5001

12

### Custody Officer Assessment

Detainee taken straight to cell?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Appears injured or unwell?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> Unknown <input type="checkbox"/>
Record here details of injury / observation AND what advice or treatment given - dog bites as above		
In need of First Aid or medical treatment?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> Unknown <input type="checkbox"/>
Record here details of injury / observation AND what advice or treatment given - FME en route re other detainees - dog bites to be examined.		
Is in need of a Health Care Professional?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> Unknown <input type="checkbox"/>
Record here details of injury / observation AND what advice or treatment given - FME en route. Dog Bite Aftercare card given to p/d.		
Appears to have taken or be under the influence of alcohol, drugs, or any other substance?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>
Has indications of self harm?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>
Incapacitant or force used?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Record here details of injury / observation AND what advice or treatment given - FME called re dog bites.		
Other detention related issues?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>
First time in custody? (If Yes, explain custody processes and cell facilities)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>

(If any of the answers to the above questions are affirmative the Custody Officer must consider completing a Detained Person's medical form and contacting a Health Care Professional)

### Officer Completing Assessment

Surname	<b>ELDRIDGE</b>	Rank	<b>PS</b>	No.	<b>P186092</b>
		Time	<b>09:12</b>	Date	<b>15/10/2012</b>

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