

## Location In Body Belt 24 Hour Case Review

The prisoner's location in a Body Belt must be reviewed within 24 hours. Discussion must involve the Governor in Charge/Director (chair), the Doctor or a registered nurse, the Designated Manager, the ACCT Case Manager/Delegate, if on an open ACCT/Post-Closure, and segregation (or other) unit staff. The IMB must also be invited to attend.

Other staff who know the prisoner may also attend (e.g. chaplain, psychologist, personal officer, CARATS).

**The final decision regarding continued location in a Body Belt after 24 hours rests with the Regional Manager – Custodial Services/DOM.**

### Case Review Attendees

Provide details of those attending the Case Review.

| Chair (Governor in Charge/Director) (mandatory)                         | Other Staff |    |            |
|---|-------------|----|------------|
| Doctor or registered nurse (mandatory)                                  | Name        |    | Department |
| Unit Staff (mandatory)  |             |    |            |
| Designated Manager (mandatory)  |             |    |            |
| ACCT Case Manager/Delegate (mandatory, if on an open ACCT/Post-Closure) |             |    |            |
| IMB member present  | Yes         | No | Name       |

Initial Reason for location to a Body Belt:

Comments about behaviour since being placed in a Body Belt.  
If there is an ACCT CAREMAP in place,  
comment on whether it has been followed and taken into account:

De-escalation techniques / review arrangements employed:

Are there any specific concerns about the mental health of the prisoner / their risk of self-harm or suicide? Yes / No

Is there a need for a mental health assessment? Yes / No

If yes, detail the supportive action to be taken:

Conclusions / Recommendations, including what plans are in place to end its use, with an envisaged timeframe:

This document must be sent to the Regional Manager Custodial Services/DOM with other relevant forms for a decision to be made on continuing location in the Body Belt.

|                   |  |      |  |      |  |
|-------------------|--|------|--|------|--|
| Signature (Chair) |  | Time |  | Date |  |
|-------------------|--|------|--|------|--|

### IMB member

If an IMB member attends the 24 hour review, the IMB member should complete the following:

If the IMB member is unable to confirm that the procedures were correct and that the decision was fair and consistent, the concerns should be raised in the relevant section of this form and the Formal Objections procedure must be invoked.

I confirm procedures were correct and in line with PSO 1700.

Yes

No

I confirm the decision was fair and consistent.

Yes

No

Name of IMB member

Signature

Comments, including any concerns raised by the IMB during the meeting: