

 HM PRISON SERVICE <small>Public Sector Prisons</small>	<h2 style="text-align: center;">Medical Recommendations Against Segregation Or Special Accommodation - Initial Case Review</h2>				
ESTABLISHMENT				CODE	
<p>This document is to be used when an Initial Case Review is held if the Initial Segregation Health Screen states that there are healthcare reasons not to segregate but the Duty Governor/Duty Director considers that there are other reasons that may mean that Segregation or Special Accommodation is necessary.</p> <p>The Initial Case Review must be chaired by an Competent Operational Manager/Duty Director and involve the Doctor or a registered nurse, and Segregation (or other) unit staff.</p> <p>If on an open ACCT/Post-Closure, the ACCT Case Manager/Delegate must attend. In cases of Special Accommodation, the Designated Manager must attend.</p> <p>The IMB must also be invited to attend.</p> <p>Other staff who know the prisoner may also attend (e.g. chaplain, psychologist, personal officer, CARATS).</p> <p>The final decision regarding continued location in Segregation or Special Accommodation rests with the Chair.</p>					
<h3>Prisoner Details</h3>					
Prison Number	Surname	Forename(s)			
<h3>Case Review Attendees</h3>					
Provide details of those attending the Case Review.					
Chair (Competent Operational Manager / Duty Director or above)			Other Staff		
Doctor or registered nurse (mandatory)			Name	Department	
Unit Staff (mandatory)					
Designated Manager (see above) (mandatory, if on an open ACCT/Post-Closure)					
ACCT Case Manager/Delegate (mandatory, if on an open ACCT/Post-Closure)					
IMB member present	Yes	No	Name		
<p>Initial Reason for location to Segregation or Special Accommodation:</p> 					
<p>Comments about behaviour since being placed in Segregation or Special Accommodation. Comment on the de-escalation techniques employed. If there is an ACCT CAREMAP in place, comment on whether it has been followed and taken into account:</p> 					

What are the specific concerns about the mental health of the prisoner and/or their risk of self-harm or suicide?

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

Detail the supportive action to be taken:

Taking into account the above, what alternatives to Segregation or Special Accommodation have been considered ?
State why they were considered unsuitable.

Conclusions / Recommendations, including what plans are in place to end the use of
Segregation or Special Accommodation, with an envisaged timeframe:

Signature
(Chair)

Time

Date

A copy of this form must be kept in the Segregation History Booklet
A copy of this form (if appropriate) must be stored with the adjudication record (F256)
A copy of this form must be placed in the ACCT plan. (where open)