
 <p>Clinical risk assessment</p>	CONFIDENTIAL
	Name:
	Halaxy ID:
	Date of birth:

Risk assessment completed by:

Risk assessment

General vulnerability

Static (background)	Y	N	U/K	Dynamic (current)	Y	N	U/K	Comment
Previous diagnosis of mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Self-neglect eating, drinking, self-care, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Diagnosed personality disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emotional distress / agitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Serious head injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical illness / physical pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cognitive deficit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Social / accommodation / financial issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
History of serious medical condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intoxication / withdrawal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Social / accommodation / financial issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Threatened loss of relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Significant alcohol / drug abuse history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current / pending or recent custodial or family court matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
History of sexual vulnerability (e.g., grooming, assault, abuse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The member is undergoing a discipline process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The member is currently/ recently suspended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operational safety tactics training (OSTT) is suspended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current or past poor experience with compensation processes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disinhibition / intrusive / impulsive behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify):				Disorientation or disorganisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Suicide


Static (background)	Y	N	U/K	Dynamic (current)	Y	N	U/K	Comment
Previous attempts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Expressing suicidal ideation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Previous threats of attempt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Expressing high levels of distress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Family history of suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hopelessness/ despair/ depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Major psychiatric diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol / drug abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Serious medical condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recent significant life events, especially loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Separated / widowed / divorced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perceived lack of resources to deal with current difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Isolation/ lack of support/ supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plan / intent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Male gender (3:1 higher ratio of suicide)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access to means	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify):				Access to firearms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Non-suicidal deliberate self-harm

Static (background)	Y	N	U/K	Dynamic (current)	Y	N	U/K	Comment
History of self-harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Actual or thoughts of self-harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Aggression or harm to others

Static (background)	Y	N	U/K	Dynamic (current)	Y	N	U/K	Comment
Previous incidents of violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recent / current violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Previous inappropriate use of weapons / force	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Command hallucinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Forensic history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Legal proceedings / violence restraining order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Previous dangerous / violent ideation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paranoid ideation about others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
History of predatory behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Expressing intent to harm others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Role instability	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Anger, frustration or agitation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Childhood abuse/maladjustment	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Reduced ability to control behaviour	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Antisocial PD	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Access to means	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Contact with vulnerable person/s	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Fixated or obsessional behaviours towards another	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other (specify):	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

Overview / impression

Level of risk highly changeable?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Are there factors that contribute to uncertainty regarding the level of risk?	<input type="checkbox"/> Y	<input type="checkbox"/> N


Risk summary

Current level of risk	L	M	H	Long-term level of risk	L	M	H	Comment
General vulnerability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	General vulnerability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Non-suicidal deliberate self-harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-suicidal deliberate self-harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Aggression or harm to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aggression or harm to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other identified risks / issues:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other identified risks / issues:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Protective factors

(Factors that reduce the likelihood of negative outcomes, e.g., insight, social supports, family, engagement with service)

Overall level of risk ☐ Low ☐ Medium ☐ High

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Risk management / action plan

Risk management interventions as per risk assessment

Risk Management Procedures

Clinicians are expected to have knowledge of and follow their internal risk assessment, management, and escalation policies. The Risk Management Protocol is reproduced below for guidance.

Low Risk	
Those at low risk will usually disclose infrequent ideation with no planning or intent to follow through on ideation. Some protective factors will also be evident.	<p>Provide crisis line to member in case their risk escalates:</p> <ul style="list-style-type: none"> • TPAV Wellbeing Team: 03 9468 2600 (8.30am-4.50pm) • Victoria Police Wellbeing Services: 1300 090 995 • AFP Organisational Health Triage: 02 5127 0001 • Local Psychiatric Triage: http://www3.health.vic.gov.au/mentalhealthservices/ • Suicide Call Back Service: 1300 659 467 • Suicide Line Victoria: 1300 651 251 • BeyondBlue: 1300 224 636 • Lifeline: 13 11 14 • Emergency Services: 000
Medium Risk	
Those at medium risk will typically have moderate ideation with vague planning but limited preparation and intent. Protective factors would typically be evident but diminished in number or power with modest hope for the future.	<ul style="list-style-type: none"> • Develop a comprehensive safety plan (template is available on Halaxy) and share a copy with client. • Recommend an expedited appointment and obtain consent to share information regarding their risk with other treating professionals (e.g., GP, psychiatrist etc.) * • Recommend sharing information regarding their risk with NOK and obtain consent to discuss risk mitigation strategies with their NOK * • Contact TPAV BlueHub Project Team via 03 9468 2600 or bluehub-intake@tpav.org.au. • TPAV may escalate the case for further advice to Phoenix Australia. • Present the case at your next individual supervision or psychiatric oversight meeting. <p><i>* For individuals at medium risk, while explanation of the reasons for, and discussion of sharing information with others should be held, if consent to share information with other professionals or NOK is not obtained, it is not standard practice to break confidentiality.</i></p>
High Risk	
Those assessed at being high risk will usually have disclosed frequent thoughts of suicide or harm to others, a concrete plan for acting on these thoughts, and the means to do so.	<ul style="list-style-type: none"> • Develop a comprehensive safety plan (template is available on Halaxy) and share a copy with client. • Contact TPAV BlueHub Project Team via 03 9468 2600 or bluehub-intake@tpav.org.au.

Actions / Management plan (consider current / immediate and longer-term risk):

Name of clinician:

Date:

Signature: