



VICTORIA POLICE

Our Ref: FF-113880

Judge John Olle
State Coroner of Victoria
Coroners Court Victoria
65 Kavanagh Street
Southbank Vic 3006

Graham Ashton AM
Chief Commissioner of Police

Victoria Police Centre
637 Flinders Street
Docklands Victoria 3008 Australia
Telephone +61 3 9247 6868
Facsimile +61 3 9247 6869

P.O. Box 913
Melbourne Victoria 3001 Australia



Dear Judge Olle

Subject: Michael Darmody
Case No: 2014/2445
Date of Rec: 12 April 2017

I refer to recommendations arising from the Inquest into the death of Michael Carmody who died at Monash Medical Centre on 12 April 2014. The recommendations were delivered by you on 10 April 2017.

To inform the status of those recommendations, advice has been obtained from the Human Resource Department, People Development Command and State Emergencies & Security Command.

Recommendation 1 *That Victoria Police introduce training for Custody Sergeants and Custody Staff regarding identifying and communicating signs and symptoms of life threatening conditions. Such training ought to include the practicalities of understanding aspects of the medical checklist and ought to train on using the ISBAR philosophy to communicate concerns.*

Response This recommendation will be implemented

As part of the 2015-16 Budget, the Victorian Government committed \$148.6 million to recruit and deploy 400 new VPS Police Custody Officers (PCOs). This essential support role has enabled Victoria Police to transition the supervision of people held in police care or custody from Police Custody Staff to PCOs. This program provides specialist training and expertise to persons employed as PCOs who will be working in police station custody areas.

Police Custody Sergeants will continue their role as the member-in-charge of the police station cells and will additionally oversee the PCOs. In July 2017, existing PCOs commenced training as Supervising PCOs.

The standard PCO course has lectures from the Custodial Health Unit and practical assessments where prisoner welfare is discussed and assessed. There are particular sessions on medical checklists and the use of detainee risk assessment sheets and checklists. In addition to the standard PCO course, the Supervising PCOs are trained in a supervision, leadership and management course with extra emphasis on custody health and wellbeing.

In February 2015, Victoria Police selected the ISOBAR mnemonic instead of ISBAR as it provides a greater level of detail in the open and more variable environment of police custody. The Prisoner Management Unit commenced work in mid-2016 to roll out the ISOBAR mnemonic for use across police cells. In both PCO courses, the training includes identifying and communicating signs and symptoms of life threatening conditions and the use of the ISOBAR system.

Currently, training for Police Custody Sergeants in relation to this recommendation is delivered via online training. In response to this recommendation, Victoria Police is establishing a working party consisting subject matter experts from the Prisoner Management Unit, Centre for Custody and Protective Services and Custodial Health Services. The working party will be established to redevelop the Victoria Police Learning Hub online training modules for 'persons in Police Care or Custody'. In addition, the Centre for Law and Operational Development will deliver a one hour session on 'Managing Persons in Care or Custody' to police recruits during their second Dedicated Training Workplace deployment.

Recommendation 2 *That Victoria Police review the medical checklist to incorporate difficulty of rousability into the checklist. Exactly how this is done is a matter for further medical opinion and advice, although it is submitted that as a starting point, if a person is not orientated to time and space (ie. Is on the scale of anything lower than a 5) and is difficult to rouse them then this should arguably lead to the need for an ambulance to be called.*

Response An alternative to the Coroner's recommendation will be implemented.

Victoria Police fully supports the disposition of 'ambulance to be called' for coma score less than five. A review of the intention of the medical checklist found that the addition of 'rousability' would not lead to further safety in the application of the tool. In 2016, the Victoria Police Custodial Health Service released the latest version of the Medical Checklist which contains further information on resources available to the police members and staff. The Medical Checklist directs PCOs and police members to assess the level of responsiveness and then apply an action/escalation.

The Custodial Health Service is currently reviewing the policies and guidelines of all units. This review encompasses the development of the Custodial Triage Scale, similar to the Australian Triage Scale. It has options of call ambulance Triple Zero applied to a coma score of less than five.

Recommendation 3 *That Victoria Police consider the viability of introducing web camera or similar device into the CHAL system (one roving camera per police gazetted cell block facility) to be live-streamed to the CHAL nurses.*

Response An alternative to the Coroner's recommendation will be implemented.

The Coroner's recommendation to introduce a live-streaming, roving camera has been considered by Victoria Police and at this stage is not practicable.

This recommendation will be implemented in part by accessing video via the video-link network being established in courts and prisons. The system is in place at the Melbourne Custody Centre and some police cells. The use of the technology would be similar to the tele-health provided in hospitals. Stakeholder engagement for this alternative solution commenced in April 2017.

Recommendation 4 *That Victoria Police develop a formal training module for CHAL nurses along the lines suggested by expert witness Associate Professor Gerdtz, and ensure they undergo training and appropriate support/review of their work prior to undertaking the role of providing telephone advice regarding the health of detainees in police custody.*

Response This recommendation has been implemented.

In 2015, the Custodial Health Advice Line (CHAL) training module was developed prior to the Coroner's recommendation. When compared against Professor Gerdtz's training module *Emergency Triage Education Kit (2009)*, the Custodial Health Service version was found to address the same generic training principles for all Triage Nurses and also the specifics for the police custody environment.

Further to the introduction of the CHAL training module, Custodial Health Service also introduced:

- Call auditing and active feedback to staff via DiMetro® voice recording technology;
- The 'buddy system', where staff are teamed with another CHAL staff member until their orientation is completed; and
- dual telephone headset technology, which has benefitted staff training

Recommendation 5 *That the CHAL protocols be amended as suggested by Associate Professor Gerdtz to include a basic primary survey structure and appropriate physiological descriptors.*

Response An alternative to the Coroner's recommendation has been implemented.

The Coroner's recommendation was reviewed and while the method suggested by Professor Gerdtz is very effective in the trauma setting, it is far too complex for the police custodial environment. The role of the police member and the PCOs is to identify a situation, conduct a DRABC (Medical Checklist) assessment and contact the CHAL or Ambulance 'Triple Zero'; anything outside this is beyond their scope of practice.

Victoria Police has adopted the Australian Resuscitation Council's simple approach of DRABC, which is in line with the teaching and terminology used by the police members and PCOs. It is noted that a basic primary survey structure approach does include DRABC. This approach should be maintained as it provides simple techniques and terminology. DRABC is contemporary, based on the scientific approach, and peer reviewed by experts in the field.

The Primary Survey would also have to include a Secondary Survey. A concept change would be confusing for police members and PCOs who generally are not experts in health care, which is why consistent terminology such as DRABC needs to be reinforced.

Recommendation 6 *That Victoria Police redevelop a training package which highlights the mandatory requirement that medical checklists are always referred to when concern for prisoner welfare is held. In addition, whether there is a more appropriate tool to assess the need for urgent medical treatment.*

Response This recommendation will be implemented.

As noted in the response to recommendation 1, Victoria Police will establish a working party consisting of subject matter experts from the Prisoner Management Unit, Centre for Custody and Protective Services and Custodial Health Services to develop and re-write the Victoria Police Learning Hub online training modules for 'Persons in Police Care or Custody'. The terms of reference for the committee will incorporate the requirements of the recommendation. In addition, the Centre for Law and Operational Development will deliver a one hour session on 'Managing Persons in Care or Custody' to police recruits prior to their second Dedicated Training workplace deployment to address this recommendation.

Victoria Police has also undertaken extensive work in relation to the tool used for the assessment of the need for urgent medical attention. In November 2016, a uniform (for use across all police custody) Detainee Risk Assessment Form was released and is used to assess the need for urgent medical treatment.

Yours sincerely



Graham Ashton AM
Chief Commissioner

2019/11