

Health Services

Youth Justice Policy Determination 5.0

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Acronyms	Full form
ASYDC	Alice Springs Youth Detention Centre
CEO	Chief Executive Officer
CPPM	Care and Protection Practice Manual
DDYDC	Don Dale Youth Detention Centre
Department	Department of Territory Families, Housing and Communities
IOMS	Integrated Offender Management System
MAHSS	Medical and Allied Health Specialist contract
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NT	Northern Territory
PHCP	Primary Health Care Provider
SATS	Specialist Assessment and Treatment Services
SOS	Signs of Success
SYJO	Senior Youth Justice Officer
YJ Act	Youth Justice Act 2005
YJO	Youth Justice Officer

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1. Policy Purpose

- 1.1. Young people will have access to a comprehensive range of health care services as well as health promotion services and programs at a Youth Detention Centre (YDC) to maintain or improve their health and wellbeing.

2. Authority / Responsibility

- 2.1. The Executive Leadership Board and Senior Managers have responsibility for ensuring that supervisors and employees understand and comply with this policy.
- 2.2. This policy applies to all Youth Justice Officers (YJOs), Senior Youth Justice Officers (SYJOs), Team Leaders, Health Care professionals, Primary Health Care Provider (PHCP) staff, and the Superintendent and Deputy Superintendent.

3. Policy Statement

- 3.1. The Department of Territory Families, Housing and Communities (the Department), in partnership with contracted PHCPs and Northern Territory (NT) Regional Health Services, will provide young people in a YDC with access to health care services and programs that improve and maintain their health and wellbeing. This includes access to treatments for special health needs within a framework that recognises a young person's individual strengths and any specific vulnerabilities associated with their social, psychological and physical development.

4. Provision of Health Services

- 4.1. Health Assessment upon admission of young people.
 - (1). Within 24 hours of a young person's admission to detention a comprehensive medical and health assessment of the young person must be carried out by the PHCP. Refer to the *Policy Determination 4.0: Admissions, Warrants and Release* and s57-60 of the [Youth Justice Regulations 2006](#).
- 4.2. General Principles
 - (1). All young people should receive services that are appropriate to them and are provided in a culturally safe manner— and take into consideration and be sensitive to the young person's age, gender, disability, sexuality, socioeconomic, and cultural and linguistic background.
 - (2). Young people accommodated in a YDC often experience complex health issues and have specific needs requiring specialist health service intervention. Developmental stage, lifestyle, trauma history, substance misuse or addiction issues, family history, and the availability of social supports all affect a young person's health and wellbeing.
 - (3). The Superintendent and Youth Justice Operations (Detention) staff are responsible for the promotion, development and maintenance of the health and wellbeing of young people, and providing an appropriate response to their social, physical, psychological, and emotional needs, including providing supports to young people experiencing substance misuse, addiction issues, self-harm or suicidal ideation.

5. The Primary Health Care Provider - Top End & Alice Springs

- 5.1. The PHCP will work and coordinate with NT Regional Health Services, which includes Royal Darwin and Alice Springs Hospitals.
- (1). The PHCP provides health care to young people including diagnostic, treatment and preventative care generally. In addition, the PHCP will provide medication management, assessment of young people 'at risk', referrals and emergency care. Emergency care involves an initial response to emergency situations, first aid, emergency assessment, treatment and stabilisation (including, where evacuation is required, the provision of such services until safe evacuation can occur), consultation with receiving health services, and preparation for evacuation.
 - (2). The PHCP will work with the NT Regional Health Service specialists to refer young people to the full range of care, e.g., Dental services, Mental Health assessment, diagnosis and treatment services, sexual and reproductive health, and relevant alcohol and other drugs services.
 - (3). The PHCP's business hours in Darwin and Alice Springs are from 8:00am to 4:36pm, Monday to Friday. An on-call service is provided Monday to Friday from 4:37pm to 9:00pm.
 - (4). During on-call hours, the on-call officer (nurse or Aboriginal Health Practitioner), may access NT Regional Health Services' Duty Medical Officer on-call service to seek support and assistance in diagnosis and medicine management.
 - (5). The PHCPs provide an **after-hours call-out service** from 8:00am to 5:00pm on Saturday and Sunday. The on-call officer (nurse or Aboriginal Health Practitioner) is on-site at the facility during the morning for up to three hours, and is on-call for the remainder of the after-hours period until 5:00pm.
 - (6). In the event that a young person requires medical attention outside the hours provided by the PHCP, staff will:
 - a) Call 000 when an emergency response is required;
 - b) Refer to the PHCP's out-of-hours instructions;
 - c) Attend the nearest Hospital Emergency Department with the young person; or
 - d) Call the [Health Direct National hotline](#) - 1800 022 222 for non-urgent advice.
- 5.2. In partnership with PHCPs and NT Health, YDC staff working with young people in detention will ensure they are provided access to:
- (1). a comprehensive range of health and health promotion services and programs on an ongoing basis;
 - (2). mental health services, including systematic early assessment, diagnosis and treatment;
 - (3). an alcohol and other drugs service, including assessment, education and intervention;
 - (4). as soon as practicable after force has been used, a young person must be given the opportunity to have a medical assessment and treatment. Refer to *Youth Justice Policy Determination 2.5: Use of Force*;
 - (5). services that cater to the needs of young men, young women, and gender diverse young people;
 - (6). a visiting medical officer of the same gender as the young person, or a medical officer in the gender preferred by the young person; and
 - (7). access to a therapeutic diet and nutritional supplements as required.

6. Aboriginal young people

- 6.1. Staff must be aware of the specific considerations outlined in the Aboriginal Cultural Security Framework, and consider the following principles:
- (1). The power imbalance between Aboriginal young people and the non-Aboriginal adults and services providers who work in the youth justice system;
 - (2). The impact that detention and separation can have;
 - (3). Feelings of shame and guilt for the young person and their family;
 - (4). The engagement of a certified interpreter, translator or other communication assistance, when or where required;
 - (5). Recognition of specific health considerations of Aboriginal young people; and
 - (6). Ensuring young people can access Aboriginal specific health services.

Refer to *Using Interpreters, Translators and Assisted Communication Services Guidance* and the Department's [Aboriginal Cultural Security Framework](#).

7. Young people with a disability

- 7.1. All sentenced young people, and young people who are remanded in custody for a period of more than 14 days, will have an individualised case plan, health related or otherwise, developed by the Specialist Assessment and Treatment (SATS) team that should identify any specific worries, complicating factors and address their specific needs, their existing successes and strengths and any special requirements.
- 7.2. Departmental staff should ensure that the special requirements of young people living with a disability are addressed in this plan, and that the plan is tailored to the young person's needs, including their gender. If the young person is also a National Disability Insurance Scheme (NDIS) participant, determine supports for participants residing at a youth detention centre, refer to page 25 of the [National Disability Insurance Scheme \(NDIS\) COAG Agreed Principles to Determine Responsibilities](#).
- 7.3. **Note:** If deemed necessary, it may be appropriate to develop a case plan for young people living with a disability who have been remanded in custody for less than 14 days.
- 7.4. The SATS team, through consultation with the young person, their parents, family and members of their support network, the Disability and Development Team, and a review of the Department's database for current and past, health, youth justice or care and protection involvement should determine if the young person is already receiving services and supports from the NDIS.
- (1). If supports are in place they should be continued, wherever possible, while the young person is accommodated in a YDC.
 - (2). If the young person is not an NDIS participant, and there are grounds to think they may be eligible, an access request form may be submitted directly to the National Disability Insurance Agency (NDIA).
 - (3). If the young person, is unlikely to be eligible for the NDIS, they may be able to be referred for services and supports through NT Health's community allied health teams.
- 7.5. The Medical and Allied Health Specialist Services (MAHSS) contract may be used to procure medical and allied health assessments and interventions for young people in the care of the CEO, at risk of coming into care, or who are involved with the youth justice system. Services available through the MAHSS contract may be used to gather evidence of disability to support an NDIS access request or

to provide support, not otherwise available, to young people who are not NDIS eligible. Referrals can be made through the Disability and Development Team.

- 7.6. The SATS team will work closely with the NDIA's Justice Liaison Officer NT to ensure young people with a disability are receiving the services they require while accommodated in a YDC.

8. Medical Examination on Admission

8.1. Initial assessment:

- (1). In accordance with Part 5, Division 3 of the *Youth Justice Regulations 2006*, a comprehensive medical and health assessment must be carried out by the designated PHCP of each young person within 24 hours after the young person's admission to a YDC. Where practicable a young person should be assessed prior to being moved to an accommodation unit.
- (2). When a young person is admitted into the YDC during the evening and they are scheduled to attend Court the next morning, it is the responsibility of the escorting YJO or Team Leader to ensure the young person attends the medical centre to undergo a wellbeing check by the PHCP. When operationally possible, this must occur before the young person is escorted from the YDC. If the young person remains in custody after the Court hearing, a full admission health screen should occur upon their return to the YDC.
- (3). YDCs must not admit a young person who is injured, ill or intoxicated unless they have first been examined and received appropriate treatment from a medical practitioner, and a medical certificate has been provided stating the young person is fit to be admitted to a YDC.
- (4). Refer to *Youth Justice Policy Determinations 4.0: Admissions, Warrants and Release*.

8.2. Medical sample:

- (1). Young people who state or exhibit anxiety or fear, or present as under the influence of drugs or alcohol, or have symptoms consistent with substance withdrawal will require engaging and supportive reassurance during the medical assessment process. Young people are to be informed that it is imperative that a full and accurate health assessment is completed, where possible, and that they can request that the medical practitioner conducting the assessment is the same gender or gender of their preference. In order to complete a comprehensive assessment of a young person, a blood, bodily secretion and/or excretion sample must be taken by a medical practitioner or nurse. This needs to be done as soon as practicable after admission to assist in identifying any outstanding health issues and to ensure timely management the young person's health needs.
- (2). If a young person is difficult to engage during the assessment and sample taking process, the PHCP will inform the SATS team for their follow up. The SATS team must document the circumstances, and consult with other involved staff and members of the young person's natural support network, about how best to proceed with the assessment.
- (3). Refer to s175 *Taking a Medical Sample* in the *Youth Justice Act 2005*.

9. Consent for Medical Treatment

9.1. Consent of a young person:

- (1). If a medical practitioner assesses a young person's level of maturity, cognitive functioning and/or mental health and determines that the young person is unable to provide informed consent for a medical exam or treatment, consent must be sought from a person with parental responsibility for the young person. If after reasonable efforts a person with parental responsibility cannot be located to provide consent the Superintendent must be notified as soon as possible.
- (2). **Note:** when a young person is the subject of a protection order giving parental responsibility to the CEO, consent may be sought from the Child Protection Practitioner or when out of hours, Central Intake (1800 700 250).
- (3). The CEO can consent to medical treatment in place of the parent or guardian under section 177 of the [Youth Justice Act 2005](#) if, on medical advice, the CEO forms the opinion that delaying the treatment would be detrimental to the health of the young person.
- (4). If the CEO is required to consent to medical treatment in an emergency situation, all possible efforts must be made to contact the young person's parent (person/s with parental responsibility or responsible adult who exercises parental responsibility, as defined by the *Youth Justice Act 2005*) as soon as possible to inform them of the situation in line with the type of reportable incident.
- (5). Refer to *Youth Justice Policy Determination 2.3: Incident Recording and Reporting*.
- (6). Refer to s5 of the *Youth Justice Act 2005* for the definition of a parent and responsible adult.

9.2. Refusal to undergo treatment:

- (1). In the event a young person refuses medical attention and/or treatment and is assessed as capable of giving informed consent by a medical practitioner, then the young person's intention to not receive treatment should be respected.
- (2). In the event a young person refuses treatment and a medical practitioner considers that the life or health of the young person is likely to be endangered or seriously effected as a result of the refusal, the CEO may, after consulting with the medical practitioner, order a young person to undergo a medical exam or treatment considered necessary. This determination must be provided in writing by the CEO to the Superintendent. In this instance, the young person must first be informed of their right to obtain a second medical opinion.
- (3). If a young person is assessed as being able to provide informed consent and their decision is not overridden by the CEO (on the advice of a medical practitioner), YJOs must ensure records are made about the refusal and 'duty of care' precautions taken. Refer to s176 of the *Youth Justice Act 2005*.

10. Young person 'at risk' of self-harm or suicide

- 10.1. A young person may be identified as 'at risk' of self-harm or suicide by the Court or by any YDC staff member. Other people who interact with the young person may also identify that a young person is 'at risk'. This includes NT Health staff, PHCP staff, Department of Education staff, personal or professional visitors, the young person's parents or their Child Protection Practitioner.
- 10.2. If a young person is identified as 'at risk' refer to Division 3 of the *Youth Justice Regulations 2006*, s162 of the *Youth Justice Act 2005*, and the *Youth Justice Policy Determination 5.1: Young People At Risk*.

11. Health Needs

11.1. Access to treatment:

- (1). Young people must be informed of their rights and responsibilities and be informed of how to access health care services, including the right to refuse treatment and the consequences of refusal if the health concern is deemed serious by the CEO.
- (2). Young people have the right to health assessments and treatment, which will be available to them throughout their period of detention. Health assessments and treatment will meet their physical, psychological, emotional and social needs, including substance misuse issues, history of trauma, and self-harm and suicide behaviours. Health information, where appropriate, shall inform:
 - a) The day to day support of a young person;
 - b) The young person's placement in appropriate accommodation; and
 - c) The young person's Case Plan and Throughcare plan. Refer to *Youth Justice Policy Determination 4.1: Case Management, Assessment and Throughcare Services*.

11.2. Emergency medical treatment:

- (1). If a young person requires emergency medical treatment, YDC staff must take immediate action to ensure that medical attention is provided as a matter of urgency. This must include enacting the 'Medical Emergency' code procedures.
- (2). Refer to *Youth Justice Policy Determination 6.0: Incident Management*.

11.3. Non-urgent medical treatment:

- (1). If a young person presents to the PHCP with a minor injury or health concern, or reports the injury or complaint to a staff member, the PHCP or YDC staff member must:
 - a) Assess the situation;
 - b) If necessary, provide the appropriate first aid response (cleaning of minor cut or abrasion, applying a basic dressing); and
 - c) Advise the Team Leader or SYJO of the incident and any treatment already provided or recommended.
- (2). As appropriate, the SATS team will inform and consult with the young person's parent, carer or other responsible adult who has parental responsibility, of the physical or mental health condition.

11.4. External medical appointments:

- (1). Any non-emergency based requirement for a young person to leave a YDC for a health assessment or treatment must be approved by the Superintendent, Duty Manager or Executive Director, dependant on the escort risk rating as listed in table 2 of the *YDC Escorts Procedure*. Refer to *Youth Justice Policy Determination 2.6: Escorts and transfers* and s38 of the [Youth Justice Regulations 2006](#).
- (2). A young person should not be informed about the details of the time and location of a health appointment that is outside a YDC, although staff should inform the young person of the reason for the appointment and the day it is scheduled to occur.
- (3). With approval from the Superintendent, a young person must be provided with the opportunity to change into clothing of their choice prior to any escort, e.g. a health appointment outside a YDC. Where a young person expresses a preference to wear their own clothing, staff must facilitate this.

- (4). Staff escorting a young person to a health appointment must carry valid Departmental identification at all times.
- (5). Refer to *Youth Justice Policy Determination 2.6 Escorts* and the *Youth Detention Centre Escorts Procedure*.
- (6). Refer to s174 and s178 of the [Youth Justice Act 2005](#).

12. Management of Medication

12.1. Youth Justice Officers required to assist with dispensing of any medication to a young person when PHCP staff are not available must ensure that:

- (1). Non-prescription or 'over the counter' medication is administered at the correct times and frequency/intervals (as stated on the labelled package, or as directed by the PHCP);
- (2). The appropriate, as directed, dosage of medication is consumed by the young person; and
- (3). An accurate record is made on the appropriate register of medication taken or refused, including the time and date it was given (or refused), the name of the person who authorised it, and the name of the person who dispensed it.

12.2. Prescription medication:

- (1). In conjunction with the PHCP, YDCs must ensure medications are dispensed in a controlled manner, providing trained staff to supervise and confirm the identity of the young person during the dispensing process. Routine and prescribed medication is distributed through the satellite clinic within the YDC. PHCP staff will administer all routine and prescribed medications to young people each morning and where ever possible before education sessions begin each week day morning.
- (2). Prescription medication must only be given to a young person in accordance with the dosage guidelines prescribed by a medical practitioner. YJOs must only provide young people with prescription medication that has been placed in an approved container and clearly marked with the young person's name, dosage details and instructions regarding how to respond if a young person refuses to take their medication or incorrectly takes their medication. Refusal by a young person to take prescribed medication must be reported to a relevant health professional as soon as practicable.

12.3. Non-prescription medication:

- (1). The SYJO or Shift Supervisor may approve the dispensing of non-prescription medication (e.g. Panadol/Paracetamol) to a young person if appropriate. The SYJO or Shift Supervisor must seek advice from the PHCP (when after 21:00/9:00pm National Tele-health is to be utilised) if unsure of the suitability of the medication. The SYJO or Shift Supervisor must then provide advice to the YJO dispensing the non-prescription medication regarding suitability, dosage and frequency. The YJO giving the medication must record the approval and the reasons for dispensing the medication in the unit medication eJournal description field, including details of:
 - a) The name of the young person the medication was provided to;
 - b) The date and time of the provision;
 - c) The reason for the young person requesting medication;
 - d) The name of the YJO providing the medication;
 - e) Record in the eJournal the 'directions for use' from the medication packet, e.g. adults and children over 12 years of age – 2 caplets, then 1 or 2 caplets every 4-6 hrs as necessary;

- f) The dosage provided to the young person - as in the above example; and
 - g) The name and source of approval, e.g. Tele health, PHCP on call.
- (2). All staff must be aware that non-prescription medications, if taken incorrectly can be harmful and possibly life threatening, e.g. paracetamol overdoses may be fatal. Therefore it is essential to ensure that young people in YDCs do not have access to non-prescription medications, or the opportunity to accumulate or 'stock pile' medications over a period of time. Repeated requests for pain medications are to be carefully monitored, recorded and reported. If there is any doubt the PHCP or Health Direct National hotline **1800 022 222** must be consulted.
- (3). **Note:** Non-prescription medication packets includes details, such as active ingredients, what the medication is use for, and recommendations and warnings, all of which must be considered by staff who authorise and/or administer non-prescription medications. If there is any question or concern arising, a consultation with a health practitioner must be sought before providing the mediation to a young person.

13. Infectious Diseases

- 13.1. If a PHCP or youth justice staff identifies a young person in detention as having contracted an infectious disease they must report it to the Superintendent immediately. If the Superintendent is not available it must be reported to the Duty Manager immediately. The Superintendent must seek advice from a health practitioner and issue instructions regarding the safe management of the detention centre. Staff must comply with the instructions.

14. Health Information

14.1. Confidentiality:

- (1). The confidentiality of a young person's health information must be maintained to preserve their privacy. Staff must not disclose a young person's health information without the informed consent of the young person, unless ordered by the Court or required or allowed by law to do so, or where the sharing of information is in the best interests of the young person.
- (2). Refer to section 18 below and to the *Youth Justice Policy Determination 3.4: Confidentiality and Client Information Management*.

15. Mandatory reporting child harm and exploitation

- 15.1. Section 26 of the [Care and Protection of Children Act 2007](#) sets out the reporting obligations that apply to all persons in the NT who have concerns that a child or young person at risk of, is being, or has been harmed or exploited. Refer to *Youth Justice Policy Determination 5.2: Mandatory Reporting*.
- 15.2. Departmental staff should make a mandatory report using the online [Child Protection Reporting System](#), which includes links to:
- (1). step-by-step instructions;
 - (2). a video tutorial;
 - (3). [Family and Children's Enquires and Support](#) (FACES); and
 - (4). the [Professional Reporters Guide](#).

16. Mandatory reporting domestic family violence (DFV)

- 16.1. Section 124A 'Reporting domestic violence' in the *Domestic and Family Violence Act 2007* sets out the reporting obligations that apply to all persons in the NT.
- 16.2. Refer to the *Policy Determination 5.2: Mandatory Reporting*.
- 16.3. DFV *Risk Assessment and Management Framework* (RAMF).
 - 1) The purpose of the RAMF is to increase the safety and wellbeing of victim survivors of DFV, and to increase the accountability of people who commit DFV.
 - 2) The Department is an Information Sharing Entity (ISE), which allows the agency to share information under the *Domestic and Family Violence Act 2007*. Refer to the Information Sharing guidelines [here](#).
 - 3) The SATS team, and involved Child Protection Practitioner have a shared responsibility for identifying and responding to DFV risk; and
 - 4) Refer to the RAMF practice guides, tools and referrals [here](#).

17. When a young person accommodated in a YDC is also in the care of the CEO

- 17.1. When a young person in detention is also in the Care of the CEO, the SATS team will work closely with the young person's Child Protection Practitioner. In the Darwin region, this will be in accordance with the *Crossover Family Case Management Policy*.
- 17.2. Refer to *Policy Determination 4.1 Case Management, Assessment and Throughcare Services*, the *Crossover Families Case Management Policy*, and the *Child Protection and Youth Justice Policy* located on the *Care and Protection Practice Manual* (CPPM).

18. Discharge Planning

- 18.1. The PHCP must prepare a discharge planning summary for a young person who is about to complete a period in detention. This includes appropriate referrals and arrangements for the ongoing management of the young person's health and wellbeing. Staff members will provide relevant contact details and addresses for the PHCP's follow up.
- 18.2. Discharge summaries can be distributed (with consent) to a Young Person's parent, their Care and Protection Practitioner, and the Youth outreach and re-engagement team who supports the young person into the community after their release. When released on a community based order, e.g. ADO or Bail order (including release to a Supported Bail Accommodation service), the discharge summary will be provided to the young person's CYJO and to the Supported Bail Accommodation service provider.
- 18.3. This includes ensuring referrals are accepted and arrangements are confirmed with the young person, the person's parent, carer and/or Child Protection Practitioner for the ongoing management of the health and wellbeing of a young person who is to be released following a period of remand, when appropriate.

19. Legislative basis and related resources

[Youth Justice Act 2005](#)

[Youth Justice Regulations 2006](#)

[Health Services Act 2021](#)

[Care and Protection of Children Act 2007](#)

[Domestic and Family Violence Act 2007](#)

Youth Justice Policy Determination 2.3: Incident Recording and Reporting

Youth Justice Policy Determination 2.5: Use of Force

Youth Justice Policy Determination 2.6: Escorts and the Youth Detention Centre Escorts Procedure

Youth Justice Policy Determination 3.4: Confidentiality of a Young Persons Information

Youth Justice Policy Determination 4.0: Admissions, Warrants and Release

Youth Justice Policy Determination 4.1: Case Management, Assessment and Throughcare Services

Youth Justice Policy Determination 4.4: Aboriginal Young People

Youth Justice Policy Determination 4.5: Supporting Girls and Young Women in Detention

Youth Justice Policy Determination 4.7: Leave of Absence

Youth Justice Policy Determination 4.9: Young Person Support Plan

Youth Justice Policy Determination 5.1: Young People At Risk

Youth Justice Policy Determination 5.2: Mandatory Reporting

Youth Justice Policy Determination 6.0: Incident Management

Signs of Safety Knowledge Bank

[Risk Assessment Management Framework \(RAMF\)](#)