At-Risk Management

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Safety Unit

Custodial Operations Practice Directive

Process Owner: Custodial Operations and Specialist Operations	Security Classification: Official/Public

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PUBLIC VERSION

1. Human Rights

It is unlawful for corrective services officers to act or make decisions in a way that is not compatible with human rights, or in making a decision, fail to give proper consideration to a human right relevant to the decision.

Giving proper consideration to human rights entails identifying human rights which may be relevant to a decision and considering whether the decision would be compatible with human rights.

A decision will be compatible with human rights when it does not limit a human right, or only limits a right to the extent that is reasonable and demonstrably justifiable.

Human rights which may be relevant include but are not limited to:

a) the right to humane treatment when deprived of liberty;
b) the right to privacy and reputation;
c) property rights;
d) protection of families and children;
e) the prisoner's cultural rights – generally and for Aboriginal peoples and Torres Strait Islander peoples; and
f) the right to health services.

PUBLIC VERSION

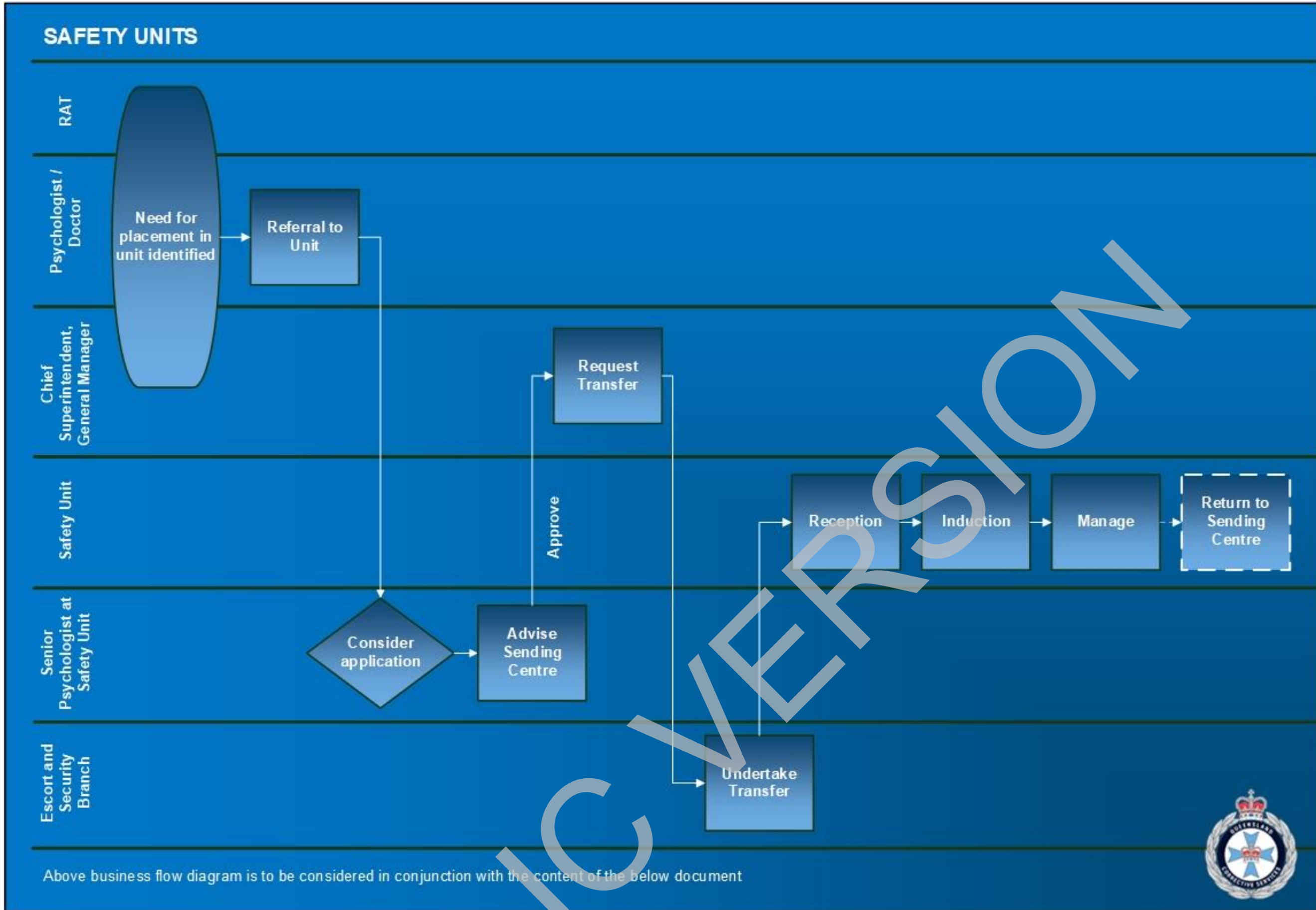
2. Limitation of Human Rights

In determining whether a limitation may be reasonable and demonstrably justifiable, the following factors are relevant to consider:

a) The nature of the human right – this involves looking at the purpose and underlying value of the human right. For example, the right to humane treatment when deprived of liberty provides that all persons deprived of liberty must be treated with humanity and with respect for the inherent dignity of the human person.
b) The nature of the purpose of the limitation – this involves considering the actual purpose or legitimate aim/reason for limiting the human right. This practice directive limits the right to humane treatment when deprived of liberty by placing a prisoner on a more restricted regime that may involve a reduced property allocation and a higher level of observation by corrective services officers.
c) The relationship between the limitation and its purpose – this involves considering the rational connection between the legitimate right, and whether this will actually help to achieve said purpose or legitimate aim. For example, the limit to a prisoner's right to humane treatment when deprived of liberty is required to ensure the safety of the prisoner.
d) Whether there are any less restrictive and reasonably available ways to achieve the purpose – this involves the necessity analysis where it is necessary to consider the purpose of the limitation and if it can be achieved in any other way.
e) The importance between the purpose for the limitation and preserving the human right – this involves a balancing exercise of the benefits obtained by the limitation vs the harm caused to the human right. For example, does the limit to the prisoner's access to property and the increased level of observation to ensure the safety of the prisoner, outweigh the consequential limits to the prisoner's right to humane treatment when deprived of liberty?

A person's human rights should only be limited to the extent that is reasonably and demonstrably justified.

3. Safety Unit Process Map



PUBLIC VERSION

Refer to the COPD At-Risk Management: At-Risk, the COPD Prisoner Behaviour Managment: Intensive Management Plans and the Appendix AR7 Special Containment and Interventions Options - Secure.

3.1 Allied Health Services

In some instances, or at some locations psychologists, occupational therapists and/or social workers appointed to the following positions are approved to conduct at-risk assessments which may include recommendations for management under a safety order:

a) Allied Health Clinician;
b) Senior Allied Health Clinician;
c) Team Leader, Allied Health Services; and
d) Manager, Allied Health.

4. Need for Placement in Unit Identified

A Risk Assessment Team, psychologist/allied health clinician or doctor may recommend to a Chief Superintendent of the corrective services facility that a prisoner subject to a safety order under section 53 of the *Corrective Services Act 2006* (CSA) be considered for admission to a safety unit if the prisoner:

a) is assessed as being at a level of risk of self-harm or suicide requiring close monitoring and intensive intervention that cannot be provided in the mainstream corrections system; or
b) has made a suicide attempt and is in need of close monitoring and intensive intervention and cannot be managed in the mainstream corrections system; or
c) has self-harmed and is in need of close monitoring and intensive intervention and cannot be managed in mainstream accommodation; and/or
d) is considered at risk of harming others and requires specialised confinement and safety intervention.

Where a Chief Superintendent of a corrective services facility believes a prisoner should be accommodated in a designated safety unit, a referral to an Assistant Commissioner, Custodial Operations for consideration of the placement of a prisoner in a safety unit will be required. This may also include the transfer of a prisoner to a corrective services facility where there is a designated safety unit.

4.1 Referral for consideration

Referrals should be made by a psychologist/allied health clinician or medical officer to an Assistant Commissioner, Custodial Operations. Application must be made using the Administrative Form 81 Safety Unit Referral, which is to be emailed to an Assistant Commissioner, Custodial Operations.

If possible, initial contact for a referral should be made by telephone to an Assistant Commissioner, Custodial Operations

4.2 Consider application - availability of accommodation

An Assistant Commissioner, Custodial Operations may seek further information from the Chief Superintendent of the referring corrective services facility and the Senior Psychologist/Team Leader, Allied Health Services that oversees the Safety Unit to assist in the decision making process and decide priority of placement.

Where the designated safety unit is at capacity when a referral is received for admission, an Assistant Commissioner, Custodial Operations must:
a) determine if any prisoner from the safety unit is ready for discharge;
b) seek alternate accommodation within the facility for any prisoner eligible for discharge from the safety unit; or
c) consider alternative accommodation arrangements for the prisoner.

If no vacancy is available to accept a prisoner or a decision is made that the prisoner is not to be accommodated in a safety unit:
a) an Administrative Form 82 Safety Unit Outcome of Referral must be sent to the referring facility outlining the reasons for non-acceptance of the referral as soon as practicable and within 12 hours of the initial receipt of the referral; and
b) staff experienced in the management of safety unit prisoners will, upon request, provide advice regarding the management of the prisoner until such time as the prisoner is no longer at a level of risk requiring transfer or until a vacancy becomes available and the prisoner may be transferred.

If the Safety Unit has capacity and there are no pending applications then the Chief Superintendent of the corrective services facility may use the Safety Unit cells to manage their own prisoner cohort.

The Administrative Form 82 Safety Unit Outcome of Referral must be responded to within 12 hours of receipt by an Assistant Commissioner, Custodial Operations.

PUBLIC VERSION

4.3 Advice of decision

The Chief Superintendent of a corrective services facility will be advised of the outcome of the application by an Assistant Commissioner, Custodial Operations.

4.4 Request transfer

The Chief Superintendent of the corrective services facility is to facilitate the transfer of the prisoner, where a prisoner has been accepted for placement in a designated Safety Unit.

4.5 Undertake transfer

Refer to the COPD Sentence Management: Transfers.

To minimise the risk of self-harm or harm to others by a prisoner during transfer to a safety unit at another facility, the referring facility must:

a) advise escorting staff that the prisoner is at risk of self-harm or harm to others and case note that this has been completed;
b) ensure all at risk paperwork is transported with the prisoner;
c) conduct a search of the prisoner requiring the removal of clothing prior to the transfer in accordance with the Direction for a Search of Prisoners Requiring the Removal of Clothing refer to section 35 of the CSA; and
d) note the observation level on the Approved Form 9 Order for Transfer of a Prisoner.

The prisoner should be transferred as a priority after being notified by the referring facility.

4.6 Reception

Prior to the arrival of a new prisoner subject to a safety order at the safety unit, all other prisoners accommodated in the safety unit must be secured. The immediate management of the new prisoner must ensure their physical safety from self-harm or harm to others. The prisoner being admitted:

a) must be under close visual observation during the reception process and while under escort into the safety unit in accordance with the prisoners at-risk management plan;
b) must be received by a staff member trained in the safety unit reception management and admission process;
c) may be subject to a search requiring the removal of clothing;
d) must be provided with safer design clothing and bedding;
e) may be placed in an observation cell;
f) must be briefed regarding the routine of the safety unit; and
g) must be assessed by a registered nurse who will note the medical record accordingly.

PUBLIC VERSION

5. Management of a Prisoner in a Safety Unit

5.1 Induction

The prisoner must be provided with a general induction to the safety unit, including but not limited to informing the prisoner:

a) that the prisoner is expected to participate in the daily routine of the safety unit;
b) of the prisoner's privileges, for example; if referred from another facility, a reception buy-up is permitted within 24 hours;
c) of the prisoner's responsibilities;

d) of the prisoner's right to request a review of their safety order by an official visitor and to submit any information of relevance in relation to a decision to be placed on a consecutive safety order, refer to the COPD Prisoner Behaviour Management: Safety Orders:
e) of the safety unit rules which must be clearly displayed for the reference of prisoners and staff including that:
   i. potentially hazardous items are not permitted in the safety unit;
   ii. personal belongings may be secured for access only under supervision; and
   iii. a prisoner is expected to abide by the rules of the safety unit; and
f) of details of the prisoner's At-Risk Management Plan (ARMP) or Intensive Management Plan (IMP) (as relevant to the prisoner).

5.2 Assessment and interviews by health practitioners

An interview or assessment by a health practitioner may be conducted within view of, but outside the hearing, of at least one corrective services officer.

5.3 Visitors

A prisoner is entitled to visits while accommodated in a safety unit, in accordance with the COPD Visitors to a Facility: Visits Process. Consideration must be given to the prisoners ARMP or Safety Order for conditions or any restrictions that may apply.

5.4 Safety unit management team

At each corrective services facility containing a safety unit, a safety unit management team must be formed, and may comprise of the following:
a) the Chief Superintendent and/or Superintendent of the corrective services facility;
b) the Manager, Offender Development;
c) an Accommodation Manager;
d) a Correctional Supervisor;
e) a doctor or psychologist/allied health clinician; and
f) Cultural Liaison Officer.

The Chief Superintendent of a corrective services facility may nominate additional members.

The safety unit management team must:
a) overview the day to day operations of the safety unit;
b) implement a system of review of (any) local instructions developed for the safety unit;
c) review any significant incidents occurring within the safety unit to identify opportunities to enhance operations; and
d) consider options for prisoner engagement and meaningful activities with the safety unit.

PUBLIC VERSION

6. Management Plans

All at-risk prisoners placed in a safety unit must be managed in accordance with an ARMP, refer to the COPD At Risk Management: At Risk and the Administrative Form 57 Observation Log – At Risk Prisoner.

Prisoners that are not considered to at-risk of suicide or self-harm may be accommodated in a safety unit. Prisoners who are not subject to an ARMP may be managed on an IMP or other management regime that is approved by the Chief Superintendent or nominee.

Refer to the COPD Prisoner Behaviour Management: Intensive Management Plans.

If considered beneficial to the prisoner and in accordance with the requirements for the disclosure of confidential information appropriate, staff may:

a) contact and work with family and nominated support people to assist the prisoner;
b) consider the suitability of the prisoner for individual and group programs;
c) access special supports and services including, if appropriate, culturally relevant interventions; and
d) integrate traditional healing practices into the intervention plan if practicable and relevant.

Refer to the COPD Confidential Information: Disclosure of Confidential Information.

6.1 Requirements

Where a prisoner on a safety order is separately confined in a safety unit in accordance with section 53(7) of the CSA, the conditions of this confinement must be in accordance with section 4 of the Corrective Services Regulation 2017 (CSR), including that the prisoner must be given the opportunity to exercise in the fresh air for at least two daylight hours a day unless a doctor or nurse advises that it would not be in the interests of the prisoner's health to exercise for a stated period or indefinitely, refer section 4(1)(d) of the CSR. Where a prisoner refuses or declines the out of cell time, or where the prisoner requests that the out of cell time period ceases early this must be recorded in a case note on IOMS. A case note must also be made in circumstances where a prisoner does not receive this period of out cell time detailing the reason for same.

Separate confinement in relation to a prisoner, means the separation of the prisoner from other prisoners, refer Schedule 4 Dictionary of the CSA.

A logbook must be maintained for each safety unit. It is to include all elements in accordance with the COPD Daily Operations: Gate Books, Log Books and Registers.

a) significant events out of the ordinary, whether to do with an individual officer or prisoner, or the management of the area generally, occurring during the shift;
b) periods of open-air exercise for prisoners undergoing separate confinement;
c) details of safety orders, IMPs or ARMP's, etc.;
d) attendance of Queensland Health or other health service providers; and
e) any other visitors to the safety unit.

PUBLIC VERSION

6.2 Considerations for female prisoners

Individualised assessments must be conducted when considering a prisoner's access to sanitary items (sanitary pads, tampons and underwear) and must consider the least restrictive options available. If removing access to one or all of these items is critical to safety, a human rights impact assessment must be completed and the identified risk and assessment must be recorded in the relevant Initial Response Plan (IRP) or At Risk Management Plan (ARMP).

7. Shared Cell Accommodation

An at-risk prisoner should ordinarily be accommodated in a single cell, however, a Risk Assessment Team may determine that an at-risk prisoner is suitable for shared cell accommodation.

Refer to the COPD At-Risk Management: At-Risk.

8. Issuing of Safer Design Clothing, Bedding and Towels

An at-risk prisoner who is assessed to be an extreme risk (requiring continuous observations) or a high risk (requiring 15 or 30 minute observations) is to be issued a safer design towel (where available) only for the time required while the prisoner is showering. The towel is to be retrieved from the prisoner after use and is not to remain in the prisoner's cell.

A corrective services officer issuing safer design clothing, bedding or towels to an at-risk prisoner is to undertake a visual inspection of each of the items prior to issue. The inspection is to ensure the items do not display signs of excessive wear, or any damage to the fabric or stitching of the items.

Where there are signs of excessive wear or any damage to the item, the officer must not issue the items to the at-risk prisoner.

9. Restraints

To prevent a prisoner from harming themselves or others, restraints may need to be applied that result in the prisoner having significantly restricted movement. In the event that this occurs, any restriction should be to the lowest level possible while still ensuring:

a) that the prisoner's opportunity to self-harm/suicide is limited to an acceptable level of risk; and
b) that the officer's safety is protected.

Also, in addition to the above logbook requirements, staff rostered to safety units must record:

a) the time the restraints were applied and when they are removed; and
b) the times apparent good health checks are conducted on those prisoners who have restraints applied for purpose of preventing them from harming themselves or others.

Refer to the COPD Safety and Security Equipment: Management of Safety and Security Equipment, the Appendix SSE24 Safety and Security Equipment Reference Table and training document Control and Restraint Manual.

The above requirement relating to restraints does not apply to prisoners who have restraints applied in accordance with the Appendix ESC1 Escort Staffing, Weapons and Restraint Matrix for an external escort.

10. Return to Sending Centre

Where a prisoner is to be discharged from the Safety Unit notification must be forwarded to the transferring centre via the Administrative Form 85 Safety Unit Notification of Impending Discharge.

PUBLIC VERSION