



Process Owner: Custodial Operations	Security Classification: Official/Public
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Version: 05	Implementation date: 04/07/2024	Review date: 2027
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Scope
1. Human Rights
2. Limitation of Human Rights
3. Prisoners with an Advance Health Directive (AHD)
[REDACTED]
[REDACTED]
6. Inpatient Prisoner Release from QCS Custody
[REDACTED]
8. At-Risk Prisoners at the PAHSU
9. Case Management
10. Searches
11. Visitor Access to PAHSU
12. Prisoner Canteen PAHSU
13. Prisoner Mail
14. Prisoner Phone Calls
15. Incidents
16. Breaches of Discipline
[REDACTED]





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:

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

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 requires an individual to be treated 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. For example, the restraints and restrictions applied in the process of conducting an escort limit the right to humane treatment when deprived of liberty, and are required for the safety and security of the officers, prisoner and others in the vicinity of, or impacted by, the escort.
- c) The relationship between the limitation and its purpose – this involves considering the connection between the limitation of the right, and whether this will assist with achieving the purpose or legitimate aim. For example, will the application of the restraints determined to be required, achieve the aim of facilitating the safety and security of the prisoner, officers and others?
- d) Whether there are any less restrictive and reasonable ways to achieve the purpose – this involves a 'necessity analysis' where it is necessary to consider the purpose of the limitation and if it can be achieved in any other way. For example, are the restraints and restrictions determined to be required for the escort the least restrictive they can be taking into account the circumstances of the escort and the behaviour of the prisoner?
- e) The importance between the purpose for the limitation and preserving the human right – this involves balancing the benefits obtained by the limitation vs the harm caused to the human right. For example, does the additional security provided by the application of restraints, justify the limit to the right to humane treatment when deprived of liberty?





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3. Prisoners with an Advance Health Directive (AHD)

An AHD is a legally enforceable document that allows a person to give directions about their future health care. An AHD operates only when a person's capacity becomes impaired, for example, a prisoner is suffering a medical episode and they are not responsive.

The PAHSU Nurse Unit Manager (NUM) will inform the PAHSU Correctional Manager if a prisoner has an AHD. The PAHSU Correctional Manager will disseminate the AHD information to the relevant corrective services officers.

Where QCS is advised by Queensland Health (QHealth) that a prisoner has made an AHD, all reasonable efforts must be made to inform the officers managing the prisoner about this Directive. Officers must abide by the requirements of the Directive, which may include a refusal to consent to cardio-pulmonary resuscitation (CPR).

There may be circumstances where an officer may treat a prisoner while not aware of the AHD, for example, an officer may commence CPR on an unconscious prisoner without knowing the AHD was in place. This will not be in breach of the AHD providing the officer ceases treatment upon being informed of the existence of an AHD.

The potential impact on staff who manage prisoners with an AHD which is implemented is acknowledged, as is the potential impact on prisoners who may observe an AHD being carried out. Support via the preferred service provider is to be offered to all staff involved in the incident, (the circumstances relating to the incident are to be provided to the service provider by the Chief Superintendent of the corrective services facility or nominee). Refer to the Critical Incident Support resources available on the QCS intranet for the appropriate course of action.

Refer to COPD Incident Management: Death in Custody for details of the debriefing process to be followed and the management of associated prisoners after a death in custody.

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6. Inpatient Prisoner Release from QCS Custody

For prisoners who are inpatient prisoners and due for release from custody this process is to be coordinated with the prisoner's placement centre. Confirmation of any pending release is to be conducted via email with the relevant Sentence Management Service (SMS) and all relevant release orders are to be signed by the prisoner and emailed back to the relevant SMS. All copies for the prisoner must be given to the prisoner.

Monies owed to the prisoner will be deposited by the prisoner's placement centre into the prisoner's nominated bank account. If the prisoner requires money for transport from the PAHSU the relevant Offender Development Service at the prisoner's placement centre must be contacted.

For prisoners to be released into the community, civilian clothing must be sourced for the prisoner from the relevant placement centre or the prisoner should be transported back to their placement centre for release from QCS custody.

The PAHSU has limited prisoner property storage capabilities. For any excess property the prisoner must attend the prisoner's placement centre to retrieve their personal property.

Prisoners who are released from QCS custody and are being transferred to a public ward of the PAH will be released in their issued hospital gown and taken to the public ward by QHealth.





8. At-Risk Prisoners at the PAHSU

Management of prisoners admitted as inpatients to the PAHSU will become the responsibility of the PAHSU Nurse Unit Manager (NUM).

The PAHSU Correctional Manager, PAHSU NUM, PAHSU Clinical Nursing Coordinator (CNC), correctional supervisor or custodial representative in consultation will determine the appropriate management of at-risk prisoners while admitted as inpatients.

Refer COPD At Risk Management: At Risk [REDACTED]

8.1 Observations – inpatient prisoners

The PAHSU NUM will determine observation requirements for prisoners admitted to the PAHSU.

The PAHSU At-Risk Team consisting of the PAHSU Correctional Manager, PAHSU NUM and/or PAHSU CNC, PAHSU inpatient supervisor or custodial representative, will convene at-risk team meetings every seven days from an inpatient prisoner's admission to the PAHSU, to discuss ongoing at-risk protocols for that prisoner.

The PAHSU NUM will determine observation requirements for inpatient prisoners admitted to the PAHSU in liaison with the PAHSU Correctional Manager and PAHSU inpatient supervisor.

The PAHSU NUM has the authority to alter the prisoner's placement centre's observation regimes for admitted inpatient prisoners to ensure the appropriate health care of an admitted PAHSU prisoner.

Refer COPD At Risk Management: At Risk [REDACTED]





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8.2 Observations – outpatient prisoners

The PAHSU outpatient supervisor will be responsible to ensure at-risk observations are conducted and recorded by the outpatient officers in accordance with the centre at-risk protocols, whilst the prisoner is receiving medical treatment in the PAHSU outpatients' area.

Refer COPD At Risk Management: At Risk [REDACTED]

8.3 Safer design clothing

Prisoners who are managed on an extreme or high at-risk regime will be provided with safer design clothing and bedding. If safer design clothing is in limited supply at the PAHSU, safer design clothing and bedding is to be requested from the prisoner's placement centre. [REDACTED]

9. Case Management

The case management of prisoners at the PAHSU will occur when a prisoner is accommodated as an inpatient and the case management services will be expanded when a prisoner is accommodated as an inpatient for more than seven days. This will require expanded case management services.

Case management includes:

- a) regular contact with the prisoner;
- b) provision of any welfare needs;
- c) arranging personal and legal telephone calls;
- d) supporting and arranging the visitation of personal and legal visitors;
- e) arranging access to the outgoing mail services and providing received mail;
- f) arranging of diversional activities (including, but not limited to, library services (literature books, religious texts), newspapers, games and puzzles);
- g) arranging religious/chaplaincy support through QHealth;
- h) liaison and support for all sentence management and parole board matters;
- i) contacting the prisoner's managing corrective services facility to ensure any mail at the facility is forwarded to the PAHSU in a timely fashion;
- j) managing the prisoner's buy up and liaising with the managing corrective services facility regarding trust accounts; and
- k) all case management activity, including any significant event, must be recorded in a timely manner by completing a case note on IOMS.

10. Searches

In the case of the PAHSU, the Chief Superintendent, ESB must determine the frequency of routine scanning and general searches.





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11. Visitor Access to PAHSU

11.1 Pastoral care

The pastoral care of prisoners admitted as inpatients to the PAHSU is the responsibility of the PAHSU NUM. This may involve the provision of pastoral and spiritual care by the PAH Pastoral Care Service or by a Chaplain appointed by the Board.

If a prisoner requests the services of other religious persons not from the PAH, this request is to be submitted to PAHSU Correctional Manager and the relevant Correctional Manager from the prisoner's placement centre for approval.

11.2 Requests to visit a prisoner at the PAHSU

All requests to visit a prisoner in the PAHSU must be made to the prisoner's placement centre.

The relevant facility staff must check if:

- an Approved Form 27 Approval for Access to a Corrective Services Facility and Visit a Prisoner (Personal Visitor) has previously been completed;
- access approval has been granted; and
- the prisoner has been approved for contact visits.

The relevant facility staff must send the completed Administrative Form 201 Princess Alexandra Hospital Secure Unit Personal Visitors to Prisoners Application to the PAHSU.

If the Approved Form 27 had not been previously completed, the PAHSU must request the personal visitor to apply for a visit using an Approved Form 27.

An inpatient confined to a bed may be permitted an inpatient bedside visit. Such a visit must be conducted under constant supervision.

Refer CSA s155, 326 and 327, Approved Form 27 Approval for Access to a Corrective Services Facility and Visit a Prisoner (Personal Visitor) and Appendix V1 Appropriate Dress Standards Notice.

11.3 Compassionate visits

PAHSU inpatient prisoners who are approaching "End of Life" will be granted compassionate visits with their family as per the direction of the Chief Superintendent, ESB.

11.4 Official Visitor

Regular visitation:

- The PAHSU Correctional Manager, will facilitate any visit regime required by the State Coordinator Official Visitors; and
- Any visits by an Official Visitor must be case noted on IOMS by the corrective service officers, PAHSU.

Irregular visitation:

- An inpatient prisoner at the PAHSU may request to see an Official Visitor;
- The request must be case noted by the receiving officer and the PAHSU inpatient supervisor/PAHSU Correctional Manager must be advised;
- The request must be forwarded to the State Coordinator Official Visitor;





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- d) The Official Visitor may attend the PAHSU for an irregular visitation during normal business hours 0800 hours to 1600 hours; and
- e) Any visits by an Official Visitor must be case noted on IOMS by corrective service officers, PAHSU.

12. Prisoner Canteen PAHSU

Canteen purchases will only be considered for a prisoner that will be accommodated at the PAHSU for a period of seven days or longer.

12.1 Request for canteen items

Upon request from a prisoner to purchase canteen items, the ward officer will contact the corrective services facility responsible for the prisoner to request a current buy up form to be emailed to the PAHSU.

The ward officer will check with medical staff as to the appropriateness of the items intended to be ordered from the buy up form by the prisoner.

Excess purchases of food items are not permitted due to infection control and QHealth health care requirements at the PAHSU.

The prisoner is to be informed of any items deemed not suitable for health care by QHealth prior to the buy up form being emailed to the prisoner's placement centre

The completed buy up form will then be scanned and emailed to the canteen officer at the corrective services facility responsible for the prisoner.

12.2 Receiving approved canteen items

The PAHSU inpatient supervisor must seek written approval from the escort supervisor via email for the canteen items to be transported by the escort unit.

A signed receipt for the canteen items must be scanned and emailed by the ward officer to the canteen officer at the corrective services facility responsible for the prisoner.

QHealth must be consulted prior to the prisoner receiving their buy up for any ongoing medical needs or intervention. This will be case noted by the officers overseeing the process.

The original buy up form and receipt will be attached to the prisoner's file in readiness for when they are discharged from the PAHSU.

13. Prisoner Mail

When a prisoner is admitted they are to be advised of the prisoner mail process during their induction.

13.1 Ordinary mail

- a) All prisoner mail is to be left in an unsealed envelope;





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13.2 Receiving ordinary mail

- a) Only inpatient prisoners can receive mail at the PAHSU;
- b) a prisoner who is admitted more than seven days will be assigned a case management officer;
- c) the case officer will send an email to the prisoner's placement centre, requesting all mail to be forwarded to the PAHSU;

13.3 Recording prisoner mail

A case note must be written from the corrective services officer who issues the ordinary mail to the prisoner.

13.4 Privileged mail

- a) All privileged mail is to be mailed in a sealed blue envelope;
- b) the envelope must be addressed;
- c) the privileged mail will be given to the PAHSU inpatient supervisor;
- d) the blue envelop is to be placed in a second envelop, sealed and addressed to ESB Administration
- e) privileged mail is to be placed in the internal mail the same day it is received from the prisoner;
- d) the PAHSU Correctional Manager will advise the prisoner the privileged mail has been sent to ESB Administration to be registered and sent accordingly; and
- e) ESB Administration will provide oversight and ensure the privileged mail is registered.

13.5 Receiving privileged mail

- [REDACTED]
- b) where a prisoner is to be admitted, officers are to send an email to the centre requesting any received mail be forwarded to the PAHSU; and

13.6 Recording privileged mail

The privileged mail register is to be completed by ESB Administration and a case note must be written by the corrective services officer who receives the privileged mail.

14. Prisoner Phone Calls

- a) All prisoners admitted from corrective services facilities must have their phone list printed and placed in the phone call folder;
- b) only numbers listed on the prisoner's approved phone call list can be actioned;
- c) if a prisoner wants to add a number to their phone list, they must fill in Administrative Form 28 Application to Enrol / Amend the Prisoner Telephone System (PTS);
- d) the Administrative Form 28 Application to Enrol / Amend the Prisoner Telephone System (PTS) must be emailed to the prisoner's placement centre's facility Administration for approval; and
- e) calls to the newly requested number must not be actioned until approval is received from the primary corrective services facility.





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14.1 Reception prisoners

- a) Prisoners requesting to make a phone call must complete Administrative Form 28 Application to Enrol / Amend the Prisoner Telephone System (PTS), which is then forwarded to Administration of the primary corrective services facility;
- b) legal phone calls are permitted after the number has been verified by the PAHSU inpatient supervisor;
- c) prior to the phone being handed to the prisoner, the initiating officer must confirm with the receiving person they agree to accept the phone call;
- d) a case note must be compiled on completion of the legal phone call with the legal firm's details recorded;
- e) ESB will provide a reception phone call when the prisoner is housed at the PAHSU in the inpatient area;
- f) corrective services officers must fill out Administrative Form 31 Officer Initiated Call Request.

14.2 Domestic phone calls

- a) All phone calls must be initiated by the corrective services officer assisting the prisoner. The initiating officer must ask the receiving person if they are subject to a Domestic Violence Order (DVO) with the prisoner trying to make contact:

14.3 Special phone calls

- a) A special phone call can be approved by the PAHSU Correctional Manager or PAHSU inpatient supervisor however the initiating officer must follow the same procedure that is described above in domestic phone calls:

- e) A corrective services officer may initiate a call on the PTS on behalf of a prisoner for urgent/compassionate reasons. Refer to the Appendix PE1 Prisoner Telephone Systems Operations Manual for the correct process and relevant examples; and
- f) If a prisoner requires an officer-initiated phone call, the prisoner must complete the Administrative Form 31 Officer Initiated Call Request which must be approved by a corrective services manager/duty manager.





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14.4 Documenting prisoner phone calls

A case note must be entered on the prisoner's profile in IOMS by the initiating officer.

15. Incidents

Incidents that occur within the confines off the PAHSU include the PAHSU vehicle lock and will be the responsibility of the ESB for reporting purposes.

16. Breaches of Discipline

The PAHSU Correctional Manager will determine if a matter should be dealt with as a major breach, the officer must forward their report electronically to the PAHSU inpatient supervisor prior to completing their shift.

Refer to COPD Incident Management: Incident Management Process.

