



Prisoner Behaviour Management Safety Orders

SO

Custodial Operations Practice Directive

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Scope

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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 human right to the extent that is reasonable and demonstrably justifiable.

The human rights which may be relevant include:

- a) right to privacy;
- b) cultural rights – generally and for Aboriginal peoples and Torres Strait Islander peoples;
- c) humane treatment when deprived of liberty; and
- d) freedom of expression

2. Limitation of Human Rights

In determining whether a limitation may be reasonable and demonstrably justified, 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 and purpose of the limitation – this involves considering the actual purpose or legitimate aim/reason for limiting the human right. For example, a safety order, which limits the right to humane treatment when deprived of liberty by providing a mechanism to separately confine a prisoner, is implemented to ensure the safety of the individual.
- 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, does the implementation of a safety order, which limits humane treatment when deprived of liberty by providing for the separate confinement of an individual, achieve the purposes of ensuring the safety of the individual?
- d) Whether there are 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 whether it can be achieved in any other way. For example, is there a less restrictive way to safely manage a prisoner that is presenting with current risk factors, other than segregating them from other prisoners?
- e) The importance between the purpose of the limitation and preserving the human right - this involves balancing the benefits obtained by the limitation with the harm caused to the human right. For example, does the safe management of a prisoner provided by limiting the extent of their association with other prisoners, outweigh the impact of the limitation to humane treatment when deprived of liberty?

3. Purpose of Safety Orders

A safety order provides for the effective management of a prisoner, based on the presenting risk, and needs of the prisoner. It also provides for the lawful mechanism to separately confine a prisoner, subject to the grounds detailed in section 53 of the *Corrective Services Act 2006* (CSA). Separate confinement in relation to a prisoner, means the separation of the prisoner from other prisoners.





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This includes circumstances where a prisoner is subject to a significant restriction in relation to their out of cell hours or their ability to interact with other prisoners.

The placement of a prisoner on a safety order is not to be a punitive measure.

Corrective services officers are responsible for monitoring prisoners and reporting relevant information with regards to any risks that may require management of a prisoner via a safety order.

The CSA provides for a range of safeguards to ensure the appropriate management of a prisoner who is the subject to a safety order. A safety order is dynamic in nature and may be cancelled following review or at any time where the presenting risk no longer requires the prisoner to be separately confined, by the Chief Executive or delegate. The safety order may also be amended to allow for a change of the conditions that apply to the prisoner as a result of a change in circumstance at any time during the period of the safety order.

Refer to the Queensland Corrective Services (QCS) Instrument of Delegation of Chief Executive Powers.

Should a current safety order require amending, it is critical to provide specific detail in the "Return" tab/pop up text box to ensure the previous safety order particulars remain accessible under the "History" tab in the notes section. An example of relevant comments includes: Behavioural safety order (fighting) implemented on *date* has been amended to an at-risk safety order (self-harm) on *date*.

There are three types of safety orders:

- a) a temporary safety order (refer to section 58 of the CSA);
- b) a safety order (refer to section 53 of the CSA); and
- c) a consecutive safety order (refer to section 54 of the CSA).

A prisoner's safety order must be available and accessible to all officers, to ensure the appropriate and effective management of the presenting risks and needs.

4. Authorised Practitioner Policy - Requirements

Section 53 of the CSA states the chief executive may make an order (a safety order) for a prisoner if –

- a) an authorised practitioner advises the chief executive that the authorised practitioner reasonably believes there is a risk of the prisoner self-harming or harming someone else; or
- b) the chief executive reasonably believes –
 - (i) there is a risk of the prisoner harming, or being harmed by someone else; or
 - (ii) the safety order is necessary for the security or good order of the corrective services facility.

Under section 305B of the CSA, the chief executive may, by instrument in writing, appoint the following persons as an authorised practitioner:

- a) an accredited health service provider;
- b) a doctor;
- c) a registered nurse;
- d) an occupational therapist;
- e) a psychologist.





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The person appointed as an authorised person must also be a corrective services officer or public service officer and have the necessary competency and training to perform the functions of an authorised practitioner.

Refer to the QCS Instrument of Delegation of Chief Executive Powers.

4.1 Professional registration requirements

An authorised practitioner must hold the necessary professional registration, licensing or authorisation to provide health services, for example:

- a) Australian Health Practitioner Regulation Agency (Ahpra) - Ahpra works with 15 national boards to ensure that there are regulations in place for Australia's registered health practitioners. A full list of boards available at [Australian Health Practitioner Regulation Agency - National Boards \(ahpra.gov.au\)](http://www.ahpra.gov.au);
- b) Australian Association of Social Workers (AASW) - an authorised practitioner with a social work qualification must be eligible for membership with the Australian Association of Social Workers;
- c) Speech Pathology Australia - an authorised practitioner with a speech pathologist qualification must be eligible for membership with Speech Pathology Australia.

Other health service providers not listed above must be eligible for provisional or full membership with their respective association or professional group.

4.2 Required training

Prior to making recommendations regarding safety orders, the authorised practitioner should have completed the following training, or equivalent if the training pathway is under review:

- a) Human Rights training;
- b) Risk Assessment Team online training;
- c) QCS Core, Offender Development and Psychological Services Training Pathways;
- d) Agency endorsed suicide assessment clinical training; and
- e) Safety order online training.

4.3 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.

Where a safety order is required and the assessing allied health clinician is not an authorised practitioner, the matter **must be** referred to a Senior Allied Health Clinician (psychologist), the Team Leader, Allied Health Services (psychologist) or Senior Psychologist to undertake the necessary duties in relation to creating/reviewing safety orders.

In instances where an Allied Health Clinician is completing an at-risk assessment which has implications for the requirement for a safety order, the Senior Allied Health Clinician (Psychologist), Team Leader, Allied Health Services (Psychologist) or Senior Psychologist determining the suitability of a safety order should consider all available information (including but not limited to:





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the current at-risk assessment, previous at-risk assessments and safety orders if available, IOMS data, known history, previous RAT panel determinations, etc.) and **must not** rely solely on the current at-risk assessment.

5. Temporary Safety Orders

Temporary safety orders may be used in circumstances, where a notification of concern is raised for a prisoner who is at-risk of self-harm or suicide and there are no authorised practitioners available to undertake an immediate assessment of the prisoner (e.g. outside of hours).

Refer to the COPD At Risk Management: At Risk

5.1 Risk/need for placement on temporary safety order identified

Section 58 of the CSA outlines the chief executive may make a temporary safety order for a prisoner if:

- an authorised practitioner is not available to advise the chief executive about the risk of a prisoner harming themselves, or someone else; and
- a corrective services officer or health practitioner, who is not an authorised practitioner, reasonably believes the prisoner may harm themselves, or someone else.

5.2 Raise a temporary safety order

A temporary safety order must be raised in IOMS.

A temporary safety order that has been generated in IOMS but has not been approved by the delegate is not a lawful mechanism by which to separately confine a prisoner.

A temporary safety order must not be for a period longer than five days.

5.3 Accommodation considerations

Prisoners placed on a temporary safety order may be accommodated in a detention unit, safety unit, health centre or prisoner accommodation cell.

In determining the placement of a prisoner subject to a temporary safety order, consideration must be given to a secure environment for the safe management of the prisoner in accordance with the assessed risk to staff, other prisoners, and the prisoner.

For information in relation to placement and management of a prisoner in accordance with accommodation cell type, see below:

- Detention unit – COPD Prisoner Accommodation Management: Detention Unit;
- Safety unit – COPD At Risk Management: Safety Unit; and
- Padded cell – COPD At Risk Management: At Risk.

5.4 Conditions to be specified on the temporary safety order

A temporary safety order for a prisoner must include conditions which outline:

- the extent to which the prisoner is to be separated from other prisoners accommodated in the corrective services facility;
- any special needs of the prisoner and how the needs must be met;
- how and when the prisoner may receive visits;
- the amount of property the prisoner may keep and access during the period of the temporary safety order;
- the prisoner's access to approved activities, courses, and programs; and
- the phone calls and electronic communications the prisoner may make.





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Prisoners are required to be managed in the least restrictive environment necessary to ensure safety and security for themselves, other prisoners, staff, and visitors.

5.5 Approval of temporary safety order

A correctional supervisor may approve a temporary safety order following consultation with a Duty Manager or Chief Superintendent if no other delegate is available. For other delegates who are authorised to approve a temporary safety order refer to the QCS Instrument of Delegation of Chief Executive Powers.

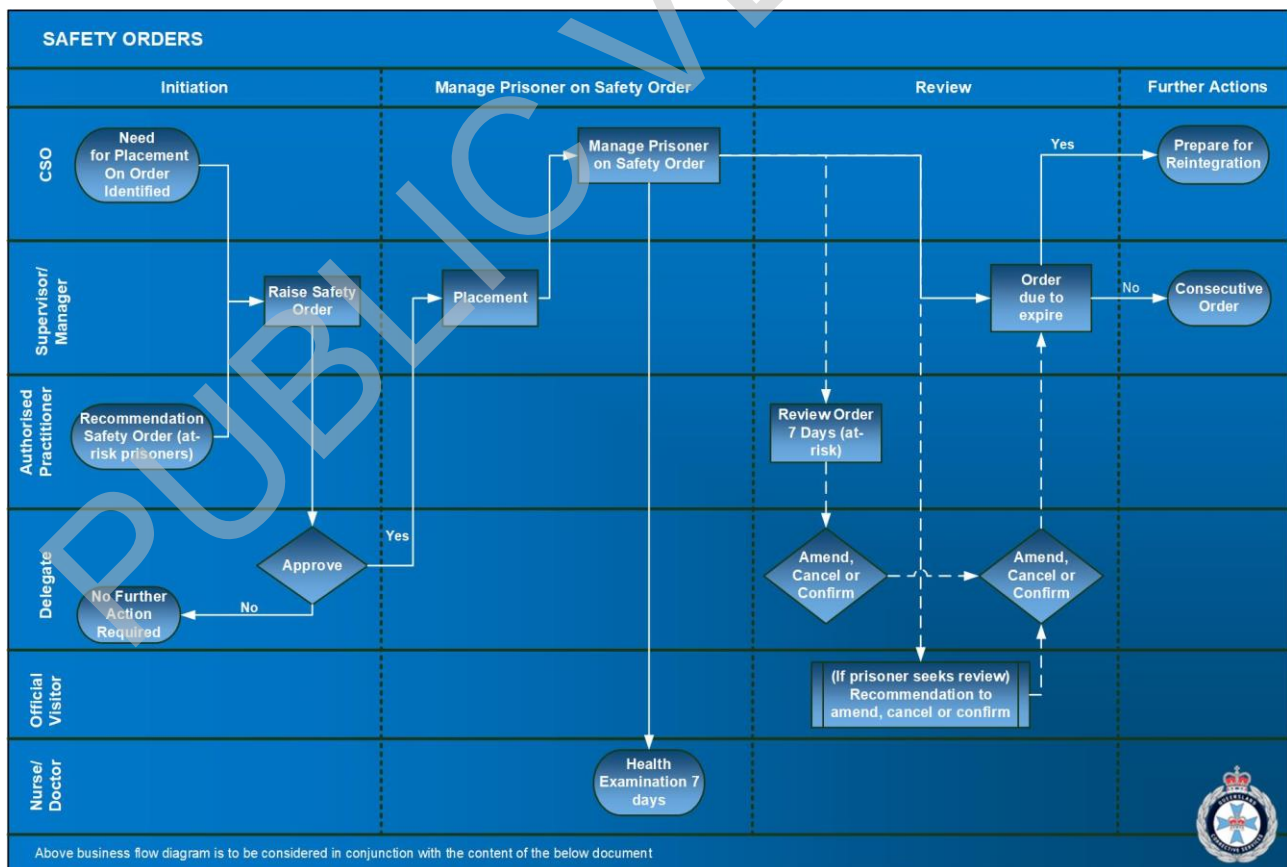
5.6 Review of a temporary safety order

An authorised practitioner must review a temporary safety order as soon as practicable before the end of the order period and make a recommendation whether a safety order should be made, or the temporary safety order should be cancelled.

5.7 Recommendation following temporary safety order

Following the review of the temporary safety order, where the authorised practitioner recommends that a safety order be made then the temporary safety order is to be confirmed in IOMS. This will allow for a safety order to be created in IOMS, which then must be forwarded to the delegate for approval.

6. Safety Orders





6.1 Need for placement on safety order identified

The safety of staff and prisoners is provided for by separating prisoners from the general prison population in certain circumstances. The conditions of a prisoner's separation are based on the individual risk and needs of the prisoner and the reason for the separation.

Section 53 of the CSA outlines:

- (1) The chief executive may make an order (a safety order) for a prisoner if—
 - (a) An authorised practitioner advises the chief executive that the authorised practitioner reasonably believes there is a risk of the prisoner harming themselves, or someone else; or
 - (b) the chief executive reasonably believes—
 - (i) there is a risk of the prisoner harming, or being harmed by, someone else; or
 - (ii) the safety order is necessary for the security or good order of the corrective services facility.

A safety order may be made for a period **up to** one month (refer to section 53(2) of the CSA). A month means a *calendar month* which means a period starting at the beginning of any day of one (1) of the 12 months and ending:

- a) immediately before the beginning of the corresponding day of the next named month; or
- if there is no such corresponding day – at the end of the next named month. Refer to section 36 of the *Acts Interpretation Act 1954*.

6.2 Raise safety order

Where there is a need to raise a safety order a correctional supervisor or a psychologist in the instance of an at-risk prisoner, must raise the safety order in IOMS and forward the safety order to the delegate for approval. Refer to the QCS Instrument of Delegation of Chief Executive Powers.

A safety order that has been generated in IOMS but has not been approved by the delegate is not a lawful mechanism by which to separately confine a prisoner.

6.3 Elevated Baseline Risk (EBLR) prisoners

In the event that an Elevated Baseline Risk (EBLR) prisoner requires placement on a safety order as the consequence of an incident or other reason, consideration must be given to the secure environment and the safe management of the prisoner by a correctional supervisor after consultation with a psychologist and correctional manager or duty manager after hours.

The prisoner's EBLR plan and recent case notes must be read prior to the determination of the specific safety order conditions for the prisoner. The plan will provide information as to previous triggers for self-harm which may impact on the conditions of the management/placement and other considerations to safely manage the prisoner.

The determination of the individual safety order conditions must be recorded in a case note on IOMS.

If there are any indications that the risk of self-harm/suicide has escalated as a result of the incident or reason for the safety order being raised, the prisoner must be kept in a corrective services officer's line of sight at all times to minimise the risk of self-harm/suicide until an Administrative Form 53 Notification of Concern is actioned. Refer to the COPD At Risk Management: At Risk.





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6.4 Accommodation considerations

Prisoners placed on a safety order may be accommodated in a detention unit, safety unit, health centre or prisoner accommodation cell.

In determining the placement of a prisoner subject to a safety order, consideration must be given to a secure environment for the safe management of the prisoner in accordance with the assessed risk to staff, other prisoners, and the prisoner.

For information in relation to placement and management of a prisoner in accordance with accommodation cell type, see below:

- a) Detention unit – COPD Prisoner Accommodation Management: Detention Unit;
- b) Safety unit – COPD At Risk Management: Safety Unit; and
- c) Padded cell – COPD At Risk Management: At Risk.

6.5 Conditions to be specified on the safety order

A safety order for a prisoner must include conditions which outline:

- a) the extent to which the prisoner is to be separated from other prisoners accommodated in the corrective services facility;
- b) any special needs of the prisoner and how the needs must be met;
- c) how and when the prisoner may receive visits;
- d) the amount of property the prisoner may keep and access during the period of the safety order;
- e) the prisoner's access to approved activities, courses, and programs; and
- f) the phone calls and electronic communications the prisoner may make.

The delegate may limit the privileges of a prisoner during the period of the safety order if the delegate reasonably believes that during the period:

- a) it will not be practicable for the prisoner to receive privileges to the extent the prisoner would otherwise have received them; or
- b) having regard to the purpose of the safety order, it is not desirable that the prisoner receive privileges to the extent the prisoner would otherwise have received them.

The safety order must also state the extent to which, as decided by the delegate, the prisoner may receive privileges during the period of the safety order.

Special conditions stipulated on the safety order must be complied with.

Prisoners are required to be managed in the least restrictive environment necessary to ensure safety and security for themselves, other prisoners, staff, and visitors.

6.6 Approval of safety order

The delegates for approving safety orders are identified in the QCS Instrument of Delegation of Chief Executive Powers.

6.7 Examination of prisoner on a safety order

A health practitioner, who is not an authorised practitioner, must examine a prisoner subject to a safety order:

- a) as soon as practicable after the order is made;
- b) subsequently, at intervals that are, to the greatest practicable extent, of not more than seven (7) days. Refer to section 57 of the CSA; and





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- c) medical examinations are to be recorded in IOMS using the safety orders medical review tab.

6.8 Review of a safety order by Official Visitor

When a prisoner is placed on a safety order, the prisoner must be informed that they may apply to have the safety order reviewed by an Official Visitor. This notification must be case noted.

A prisoner subject to a safety order may apply to the delegate requesting a review of the order by an Official Visitor. The Chief Superintendent of the corrective services facility must refer this request to an Official Visitor. The State Coordinator, Official Visitors will coordinate the review by the Official Visitor.

After completing a review, an Official Visitor must recommend to the delegate whether the safety order should be confirmed, amended, or cancelled.

The delegate must then consider the recommendation and confirm, amend, or cancel the safety order.

Considerations and actions following the Official Visitor Review (OVR) being received by the delegate must be documented in the 'safety order review' tab screen in IOMS.

The outcome must also be documented in a case note, which must not include personal details of the Official Visitor such as their full name.

The delegate is not bound by the Official Visitor's recommendation.

Refer to section 56 of the CSA.

6.9 Review of a safety order by an authorised practitioner

If a safety order was made on the advice of a authorised practitioner, the safety order must be referred to another authorised practitioner for review:

- a) at intervals of not more than seven (7) days if recommended by the advising authorised practitioner;
- b) otherwise, as soon as practicable. Refer to section 55 of the CSA; and
- c) reviews are to be recorded in IOMS using the safety orders review tab.

The reviewing authorised practitioner must provide a recommendation to the delegate whether the safety order should be confirmed, amended in a particular way, or cancelled.

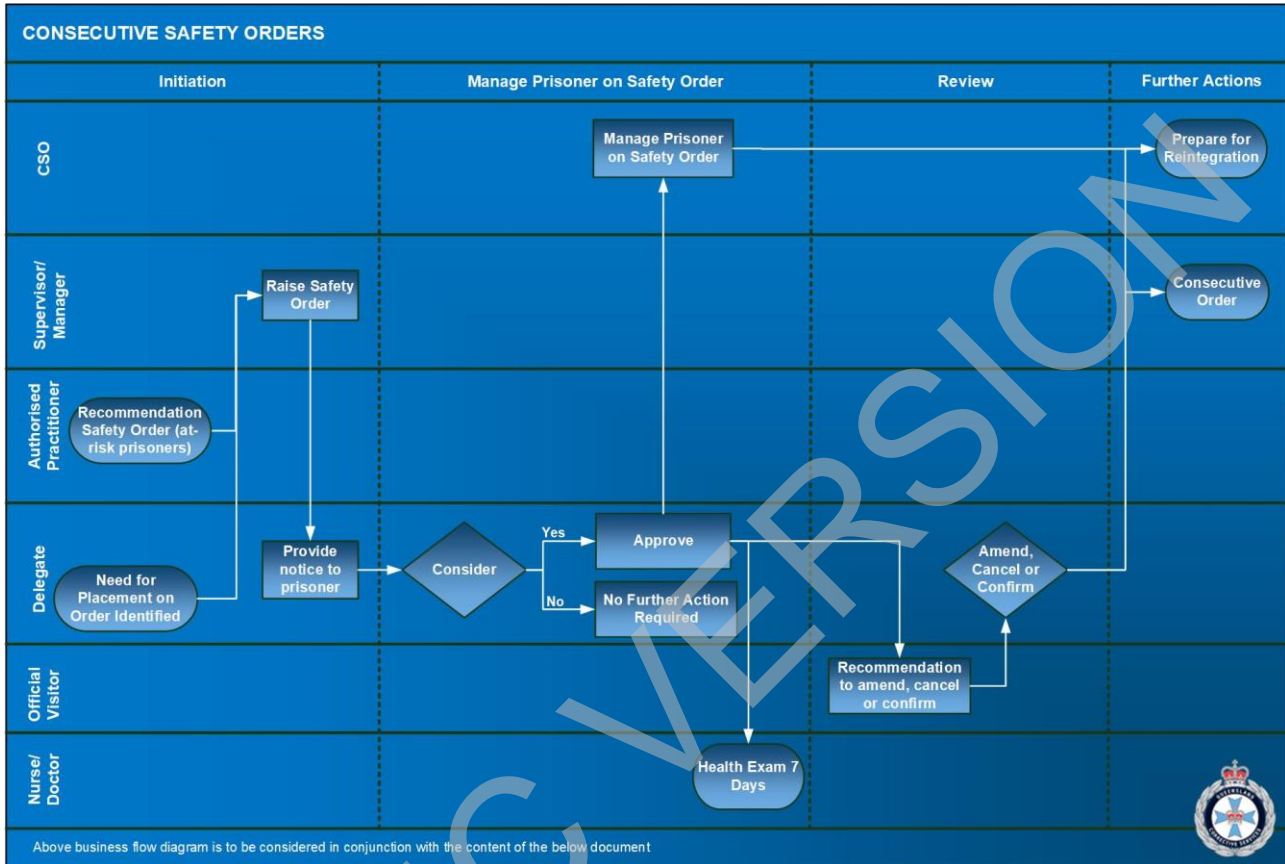
This will usually be undertaken as part of the Risk Assessment Team considerations and the requirements of the COPD At Risk Management: At Risk.

The delegate must then consider the recommendation and confirm, amend, or cancel the safety order. This decision must be recorded in IOMS. The delegate is not bound by the reviewing practitioner's recommendation.





7. Consecutive Safety Orders



7.1 Need for placement on consecutive safety order identified

A consecutive safety order may be considered in circumstances where there is an ongoing need for the prisoner to be managed on safety order conditions for more than one month.

If the existing safety order was made on the advice of an authorised practitioner, a consecutive safety order may only be made on the further advice of an authorised practitioner.

Where the delegate is considering the need for a further safety order, then not more than fourteen (14) days before the end of the existing safety order, the delegate must give written notice to the prisoner advising the prisoner that:

- the delegate is about to consider whether a further safety order should be made; and
- the prisoner may, within seven (7) days after receiving the written notice, make submissions to the delegate about anything relevant to the decision about making the consecutive safety order.

Refer section 54 of the CSA.

When providing the written notice to the prisoner, the prisoner must be advised of their right to submit in writing anything of relevance to the delegate. This notification must be case noted in IOMS.





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The letter to the prisoner and any response from the prisoner must be saved electronically to the safety order attachments tab in IOMS.

7.2 Raise consecutive safety order

Where there is a need to raise a consecutive safety order a person nominated by the Chief Superintendent must raise the consecutive safety order in IOMS and forward the consecutive safety order for approval. Refer to the QCS Instrument of Delegation of Chief Executive Powers.

A consecutive safety order that has been generated in IOMS but has not been approved by the delegate is not a lawful mechanism by which to separately confine a prisoner.

The relevant Correctional Manager will manage the process should a consecutive safety order be required.

7.3 Accommodation considerations

Prisoners placed on a consecutive safety order may be accommodated in a detention unit, safety unit, health centre or prisoner accommodation cell.

In determining the placement of a prisoner subject to a consecutive safety order, consideration must be given to a secure environment for the safe management of the prisoner in accordance with the assessed risk to staff, other prisoners, and the prisoner.

For information in relation to placement and management of a prisoner in accordance with accommodation cell type, see below:

- Detention unit – COPD Prisoner Accommodation Management: Detention Unit;
- Safety unit – COPD At Risk Management: Safety Unit; and
- Padded cell – COPD At Risk Management: At Risk.

7.4 Conditions to be specified on the consecutive safety order

A consecutive safety order for a prisoner must include conditions which outline:

- the extent to which the prisoner is to be separated from other prisoners accommodated in the corrective services facility;
- any special needs of the prisoner and how the needs must be met;
- how and when the prisoner may receive visits;
- the amount of property the prisoner may keep and access during the period of the consecutive safety order;
- the prisoner's access to approved activities, courses, and programs; and
- the phone calls and electronic communications the prisoner may make.

The delegate may limit the privileges of a prisoner during the period of the safety order if the delegate reasonably believes that during the period:

- it will not be practicable for the prisoner to receive privileges to the extent the prisoner would otherwise have received them; or
- having regard to the purpose of the safety order, it is not desirable that the prisoner receive privileges to the extent the prisoner would otherwise have received them.

The safety order must also state the extent to which, as decided by the delegate, the prisoner may receive privileges during the period of the safety order.

Special conditions stipulated on the safety order must be complied with.





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Prisoners are required to be managed in the least restrictive environment necessary to ensure safety and security for themselves, other prisoners, staff, and visitors.

7.5 Approval of consecutive safety order

The delegate must consider any submission made by the prisoner in making the decision about whether to make a consecutive safety order.

The Chief Superintendent of a corrective services facility is responsible for approving consecutive safety orders for prisoners accommodated at that centre. For other delegates who are authorised to approve a temporary safety order refer to the QCS Instrument of Delegation of Chief Executive Powers.

A consecutive safety order must be made not more than seven (7) days before the end of the existing safety order.

If the Chief Superintendent is unavailable to consider a consecutive safety order, and there is an urgent need, e.g. the substantive order will expire; the order is to be forwarded to an Assistant Commissioner within Custodial Operations for consideration or another delegate.

When a person is performing the duties of Chief Superintendent IOMS access permission should be amended to allow for the approval of consecutive safety orders.

7.6 Examination of prisoner on a consecutive safety order

A health practitioner, who is not an authorised practitioner, must examine a prisoner subject to a consecutive safety order:

- a) as soon as practicable after the order is made;
- b) subsequently, at intervals that are, to the greatest practicable extent, of not more than seven (7) days. Refer to section 57 of the CSA; and
- c) medical examinations are to be recorded in IOMS using the safety orders medical review tab.

7.7 Review of a consecutive safety order by an Official Visitor

An Official Visitor must review a decision to make a consecutive safety order (a safety order of more than one month, refer to sections 56(4) and (10) of the CSA) by the delegate. The safety order must be reviewed as soon as practicable to the end of the first month and at subsequent intervals of not more than one (1) month until the period ends. The review will occur after the making of the consecutive safety order as this is the decision that the Official Visitor must review. After completing a review of a decision to make a consecutive safety order, an Official Visitor must recommend to the delegate if the safety order should be confirmed, amended, or cancelled, refer to section 56 (6) of the CSA.

The Chief Superintendent as the delegate must consider the information in the Official Visitor Review (OVR) of a safety order. The OVR may recommend that the delegate, confirm, amend, or cancel the order. Considerations and actions following the OVR being received by the delegate must be documented in the safety order review tab screen in IOMS.

The outcome must also be documented in a case note, which must not include personal details of the Official Visitor such as their full name.





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Should a prisoner no longer need to be managed on a consecutive safety order and the order is required to be cancelled, advice must be provided to the delegate who will determine whether the order will be cancelled on IOMS.

The State Coordinator, Official Visitors will ensure that an Official Visitor report is completed and provided to the delegate for consideration, refer to the Official Visitor Review of safety order (section 56 of the CSA) Form.

The delegate must record reasons for the decision to approve or not approve the consecutive safety order in IOMS via the safety order review tab. Additionally, any correspondence to the prisoner must be saved electronically to the safety order attachment tab in IOMS.

7.8 Review of a consecutive safety order by Official Visitor at request of the prisoner

When a prisoner is placed on a consecutive safety order, the prisoner must be informed that they may apply to have the consecutive safety order reviewed by an Official Visitor. This notification must be case noted in IOMS.

A prisoner subject to a safety order may apply to the delegate requesting a review of the order by an Official Visitor. The Chief Superintendent of the corrective services facility must refer this request to an Official Visitor. The State Coordinator, Official Visitors will coordinate the review by the Official Visitor.

After completing a review, an Official Visitor must recommend to the delegate whether the consecutive safety order should be confirmed, amended, or cancelled.

The delegate must then consider the recommendation and confirm, amend, or cancel the consecutive safety order.

Considerations and actions following the OVR being received by the delegate must be documented in the safety order review tab screen in IOMS.

The outcome must also be documented in a case note, which must not include personal details of the Official Visitor such as their full name.

The delegate is not bound by the Official Visitor's recommendation.

Refer to section 56 of the CSA.

7.9 Review of a consecutive safety order by an authorised practitioner

If a consecutive safety order was made on the advice of an authorised practitioner, the consecutive safety order must be referred to another authorised practitioner for review:

- a) At intervals of not more than seven (7) days if recommended by the advising authorised practitioner; or
- b) otherwise, as soon as practicable. Refer to section 55 of the CSA; and
- c) reviews are to be recorded in IOMS using the safety orders review tab.

The reviewing authorised practitioner must provide a recommendation to the delegate about whether the consecutive safety order should be confirmed, amended in a particular way, or cancelled. This will usually be undertaken as part of the Risk Assessment Team considerations and the requirements of the COPD At Risk Management: At Risk.





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The delegate must then consider the recommendation and confirm, amend, or cancel the consecutive safety order. This decision must be recorded in IOMS. The delegate is not bound by the reviewing practitioner’s recommendation.

When a safety order (including a consecutive safety order) has been cancelled, it is no longer a lawful mechanism by which to separately confine a prisoner.

8. Requirements for Managing Prisoners on Temporary, Safety and Consecutive Safety Orders

<p>Additional Considerations – Aboriginal and Torres Strait Islander Prisoners</p>	<p>After making a safety order for an Aboriginal or Torres Strait Islander prisoner, the Chief Executive must tell the following persons about making the order:</p> <ul style="list-style-type: none"> a) A Cultural Liaison Officer (the officer must also be asked to visit the prisoner); b) If an Aboriginal or Torres Strait Islander Elder, respected person or indigenous spiritual healer has been appointed for the corrective services facility - the Elder, respected person or indigenous spiritual healer (refer to section 293 of the CSA); and c) The person nominated by the prisoner as the prisoner’s contact person. <p>Refer to section 8 of the Corrective Services Regulation 2017 (CSR).</p> <p>The intent of this requirement is to act as a safeguard for the prisoner. It is a mandatory requirement, which does not allow staff to substitute the manner in which the advice is provided i.e. by allowing the prisoner to make a phone call.</p> <p>The details of the provision of the advice must be recorded in the safety order screen on IOMS. Where a prisoner declines or refuses to nominate a contact person this must also be recorded on IOMS.</p>
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Where a prisoner on a safety order is separately confined, the prisoner must be given the opportunity to exercise in the fresh air for at least two daylight hours a day, refer to 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 in IOMS. A case note must also be made in circumstances where a prisoner does not receive this period of out cell time detailing the reasons.

Prisoners must be informed verbally and in writing of the reasons for being separated under a safety order. Where provision of information contained in the safety order would not constitute a threat to the good order and security of the corrective services facility, the prisoner should be provided a copy of the safety order.

Where a prisoner is placed on a safety order due to the risk of the prisoner harming themselves – the prisoner will be managed in accordance with the COPD At Risk Management: At Risk, and the prisoner’s At Risk Management Plan, the Administrative Form 63 (safety order conditions and any privileges limitations must be developed in accordance with this, refer to sections 53(3) and (4) of the CSA and sections 7 and 8 of the CSR).





Refer to the Appendix SO1 - Safety Orders Register and the Administrative Form 80 Safety Orders Checklist.

9. Amending Safety Orders Generally

IOMS functionality allows for amendments to be made to a safety order to reflect changes in the conditions and/or reasons for making the safety order. Safety orders are not to be cancelled and another order created to effect an amendment.

Should there be a need to amend a safety order, the order is to be amended in IOMS and sent to the delegate for approval.

When an amended safety order is with the delegate for approval, the original order, including reasons and conditions, remain in place until such time as the authorised delegate has considered and approved the amendment.

If a current safety order requires amending, it is critical to provide specific details in the 'Return' pop up text box to ensure the previous safety order particulars remain accessible under the 'History' tab, in the 'Notes' section.

An example of relevant comments includes: Behavioural safety order (fighting) implemented on *date* has been amended to an at-risk safety order (self-harm) on *date*. If a current safety order requires amendment, the original commencement date and time of this safety order must not change.

10. Transfer of a Prisoner who is Subject to a Safety Order

Where a prisoner who is the subject of a safety order is transferred to another corrective services facility, the sending centre is not to cancel the safety order, prior to the prisoner leaving the centre. The centre must advise the receiving centre that the prisoner is currently the subject of a safety order.

The receiving centre must decide whether the prisoner should remain on a safety order at that centre. Where a decision is made by the delegate to continue the prisoner on a safety order, the current safety order is to be amended. The amended safety order must then be approved by the delegate.

Where the delegate determines the safety order is not required, the delegate may cancel the safety order.

11. Reintegration

Reintegration of a prisoner from a safety order into general prison accommodation should be undertaken on a staged and progressive basis and in a manner that is consistent with the prisoner's coping skills. For example, staged reintegration for a prisoner could be facilitated through the prisoner's short-term placement into the mainstream population or into a routine that applied to the prisoner before the safety order took effect.

For prisoners that have been placed on a safety order as a result of problematic behaviour (e.g. violent/abusive/bullying) or concerns for the safety of the prisoner or for an extended period, consideration must be given to whether the prisoner should be managed under an IMP, refer to the COPD Safety Orders and Intensive Management Plans: Intensive Management Plans.





12. Safety Orders Register

A safety orders register must be maintained which must include conditions prescribed in accordance with section 59 of the CSA. Refer to the Appendix SO1 - Safety Orders Register and the Administrative Form 80 Safety Orders Checklist.

A safety orders register can be maintained in either a manual or an electronic format as determined by the Chief Superintendent of the corrective services facility.

The Chief Superintendent of a corrective services facility must establish a process:

- a) to determine the nominated staff/positions who are responsible for the maintenance of information recorded in the safety orders register (manual or electronic); and
- b) to determine the staff/positions who are authorised to access an electronic register (if implemented) to amend and review the information contained within the register.

The Chief Superintendent of a corrective services facility must ensure that the information in the safety orders register is updated as required, to accurately reflect the approved safety orders at the relevant location as recorded on IOMS.

For record keeping and archiving requirements of registers, refer to the COPD Daily Operations: Gate Books, Log Books and Registers.

PUBLIC VERSION

