



Custodial Operations Practice Directive

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| Process Owner: Custodial Operations and Specialist Operations | Security Classification: Official/Public |
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| Version: 15 | Implementation date: 13/12/2024 | Review date: 2024 |
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| Scope |
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| <ol style="list-style-type: none"> 1. Human Rights 2. Limitation of Human Rights 3. Escort Planning 4. Conduct of Escorts [REDACTED] 6. Authorising Documents [REDACTED] 8. Prisoners with an Advance Health Directive (AHD) 9. Medical Records and Medication 10. Offender File 11. Prisoner Property 12. Queensland Drug and Alcohol Court [REDACTED] 15. Escort Management 16. Movement to Medical Facilities (Excluding Mental Health) 17. Personal Visitors to an External Medical Facility 18. Transport to an Authorised Mental Health Service (AMHS) |





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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 right to the extent that is reasonable and demonstrably justifiable.

Human rights which may be relevant include:

- a) recognition and equality before the law, including the right to equal and effective protection against discrimination;
- b) the right to protection from torture and cruel, inhuman or degrading treatment;
- c) the right to privacy and to reputation;
- d) protection of families as the fundamental group of society and the protection of children;
- e) cultural rights – generally and for Aboriginal peoples and Torres Strait Islander peoples;
- f) the right to humane treatment when deprived of liberty; and
- g) the right to access health services without discrimination, including the right not to be refused emergency medical treatment that is immediately necessary to save the offender's life or prevent serious impairment to the offender.

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 protection from cruel, inhuman or degrading treatment and the right to humane treatment when deprived of liberty require an individual to be treated with respect for the inherent dignity of the human person and the right to not be treated cruelly.
- 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 must be 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 rational connection between the limitation of the right, and whether this will actually help to achieve said 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 other bystanders or members of the public, given that this policy document relates to external escorts?
- 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 profile of the prisoner?



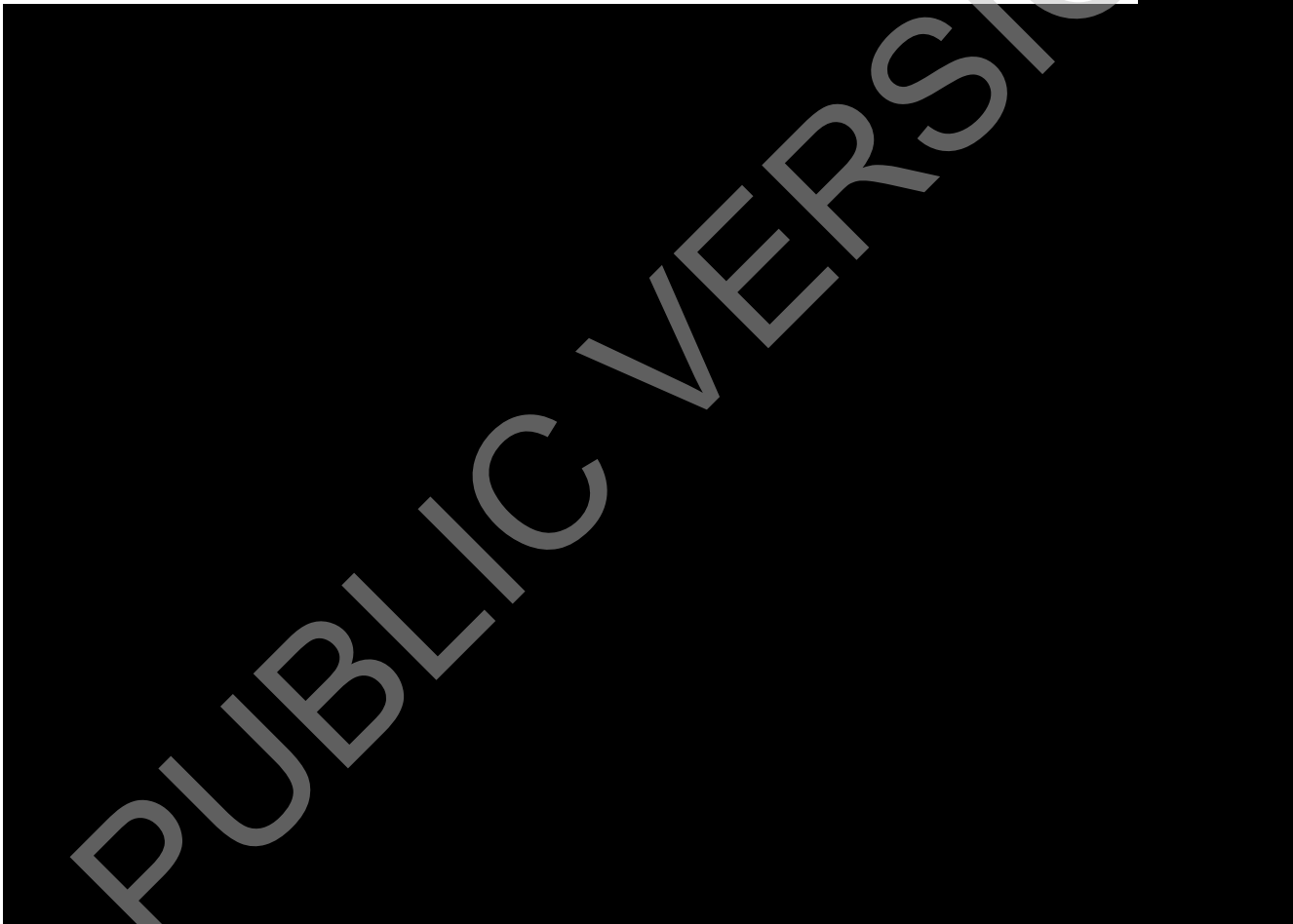


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- e) The importance between the purpose for the limitation and preserving the human right – this involves a balancing exercise of the benefits obtained by the limitation vs the harm caused to the human right. The greater the limitation of the right, the more important the purpose will need to be to justify the limitation. For example, the level of restraint and restriction applied to conduct an escort, must be balanced against the assessed risks to the prisoner, officer and the broader community if other less restrictive restraints or restrictions were applied.

3. Escort Planning

Prior to any external movement of a prisoner from a corrective services facility appropriate planning must be undertaken.



The person responsible for planning the escort must enquire with Queensland Health (Q Health) staff about any medical condition that the prisoner may have, which would impact on the escort, together with any medications or medical aids that the prisoner may require during the escort. This information is to be documented on the relevant movement order. A corrective services officer or a police officer must escort a prisoner on escort. Refer to section 68(3) of the *Corrective Services Act 2006* (CSA).

All transport details must be entered in IOMS. Escorts must be timed to depart the sending facility and arrive at the receiving facility during business hours where possible.





Escort staff provide the primary form of security to prevent escape of prisoners and to protect the safety of persons in the community. In any circumstances requiring the removal of restraints, escorting staff must ensure the appropriate approvals have been granted, then assess the location to minimise any risks and remain vigilant to respond to and address any risks that may arise.

An officer of either gender may conduct an escort irrespective of the gender of the prisoner under escort. However, a Chief Superintendent of a corrective services facility or Escort and Security Branch (ESB) must give due consideration to the nature of, and the circumstances surrounding, the escort.

A Chief Superintendent of a corrective services facility or ESB may determine that only a female officer may perform an escort of a sensitive nature with a female prisoner. Refer to section 104 of the *Anti-Discrimination Act 1991*.

All corrective services facilities must ensure that escorting staff have immediate access to the Supervisor in control of the escort of that facility in the event that an escort officer is required to call the facility for approval or advice regarding the prisoner's restraints. The Supervisor will seek approval from the Manager/Duty manager for an increase of restraints or the Chief Superintendent or Superintendent for any reduction of restraints.

Officers responsible for the transport and escort of a prisoner must check the Transfer Summary accompanying the prisoner and ensure that necessary precautions are taken while the prisoner is in their care. A current intelligence profile must be provided to the escort officers for a prisoner identified as a security risk.

If a break in transit occurs, including an overnight stay, the officers responsible for the transport and escort of a prisoner must bring the Transfer Summary and any intelligence profile for identified risk prisoners to the attention of staff at the transit facility.

4. Conduct of Escorts

All escorting officers must:

- a) have satisfactorily completed all the training and assessment requirements of the Custodial Officer Entry Program and have undertaken training in the conduct of escorts;
- b) conduct an escort in the manner, which maintains the safety and well-being of the prisoner, the public and staff;
- c) conduct an escort in a manner that maintains the security of the escort;
- d) remain vigilant at all times and ensure observations of the prisoner are such that changing circumstances can be responded to at the earliest opportunity to maintain the security of the escort and the safety and well-being of the prisoner;
- e) ensure that no article of any kind that might assist an escape, or endanger any person or property, is allowed to accompany a prisoner on escort; and



5.1 Use of force

[REDACTED] escorting staff may in specific circumstances where a prisoner's behaviour is such that the application of a restraint is deemed necessary, apply the minimum level of mechanical or physical restraint necessary to overcome the behaviour. The behaviour of the prisoner and the application of restraints is to be reported to the relevant manager responsible for an escort at the earliest opportunity and recorded in IOMS.

Section 135 of the CSA provides the authority for escorting staff to take action (including using reasonably necessary force) against a person near a prisoner who they reasonably believe is acting in a way that poses a risk to the security of the prisoner or the security or good order of the place in which the prisoner is detained. Refer to the COPD Tactical Options Response - Use of Force.

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6. Authorising Documents

For all escorts of prisoners outside of a corrective services facility, a written authority must be provided using the Approved Form 9 Order for Transfer of a Prisoner or the Approved Form 11 Order for Transfer of Prisoner to Attend Court or the Approved Form 16 Leave of Absence and be signed by the Chief Executive or authorised delegate. Refer to the Queensland Corrective Services Instrument of Delegation of Chief Executive Powers.

For a leave of absence, the Approved Form 16 Leave of Absence must be accompanied by an Administrative Form 299 Leave of Absence Escort Plan and given to the escorting officers for their reference.

IOMS must be used to generate escort orders to ensure consistency and clarity. Extraneous stamps and annotations must not be utilised on the orders, unless approved by the Chief Superintendent or Superintendent of the corrective services facility in an urgent circumstance.

All relevant information must be printed on the Approved Form 9 Order for Transfer of a Prisoner or the Approved Form 11 Order for Transfer of Prisoner to Attend Court or the Approved Form 16 Leave of Absence. Refer to the Appendix SM9 Information Required for Removal Orders. Where additional safety and security information is available and relevant to the escort it must be included on the relevant form or attached to the removal order for transfer within IOMS.

For any prisoners being removed from a corrective services facility for law enforcement purposes under section 70 of the CSA or sections 399-402 of the *Police Powers and Responsibilities Act 2000* (PPRA). Refer to the Appendix SM13 Prisoner Removal for Law Enforcement Purposes.

PUBLIC





8. 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 Chief Superintendent should ensure that there is a process for Q Health to inform QCS staff of prisoners at the centre who have made an AHD.

Where QCS is advised by Q Health 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 the 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.

9. Medical Records and Medication

Q Health is responsible for prisoner medical records and files and these records should wherever possible move with the prisoner during an escort. However, if the records are unavailable at the time of escort, Q Health will make other arrangements to provide them. The escort and/or transfer of the prisoner will proceed with Q Health taking responsibility for the timely and appropriate movement of the medical records.

Escort officers will transport medical records in sealed secure tamperproof bags supplied by Q Health to maintain the confidentiality of medical records. Escort officers are not accountable for the content of medical records bags supplied by Q Health.





10. Offender File

The prisoner's Offender File must accompany the prisoner on transfer to another corrective services facility and is to be recorded and tracked on the Administrative Form 105 Prisoner Escort Property Management unless the transfer is for a short transit stay.

11. Prisoner Property

A prisoner's property will be managed in accordance with the requirements of the COPD Prisoner Property and must be recorded as the prisoner's approved property in IOMS.

A prisoner's private property, including valuables, property file and trust account balance must accompany the prisoner on transfer to another corrective services facility unless the transfer is for a short transit stay.

Property and valuables must be accounted and signed for at the commencement and completion of the escort. Refer to the Administrative Form 105 Prisoner Escort Property Management. Property or valuables must not be accessible to a prisoner during an escort.

12. Queensland Drug and Alcohol Court

Prisoners appearing before the Queensland Drug and Alcohol Court (QDAC) may be sentenced to a Drug and Alcohol Treatment Order. In these circumstances, arrangements for sentencing will be known in advance and detailed in the Verdict and Judgment Record (VJR) issued by the courts at the mention date prior to sentencing.





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15. Escort Management

The Chief Superintendent is responsible for the information, method and conduct of prisoner escorts. This includes being accountable for accurate information and written directions to staff responsible for the safe and secure escort of prisoners.

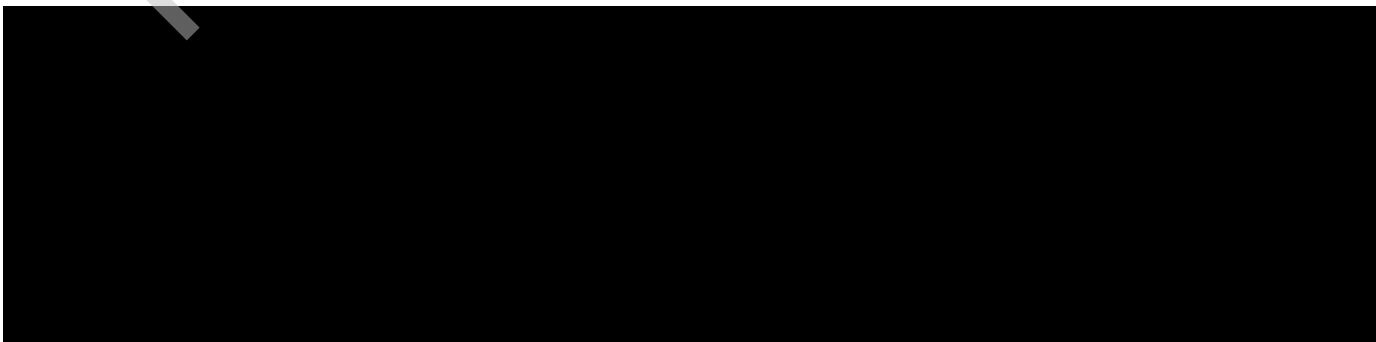
15.1 Movement of Low Custody Prisoners

The Chief Superintendent of a corrective service facility that is responsible for a work camp, must develop a Local Instruction (LI) regarding the emergent escort of a prisoner/s from a work camp to a medical facility or other facility.

15.2 Medical emergencies during prisoner escort

All medical emergencies will be managed in accordance with the COPD Incident Management: Incident Management Process.

When a medical emergency occurs in a Q Health facility, the escorting staff must raise the alarm and every effort must be made to save life by applying first aid techniques inclusive of CPR where applicable, except in circumstances where it is known that an Advance Health Care Directive is in place (refer to the COPD Health: Health Needs).





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- DRIVER
- c) With the exception of where section 35(3) of the CSA has been invoked, conduct a search of the prisoner, (including property and clothing) prior to removal and upon return:
 - i. searches of a prisoner are to be undertaken prior to any external movement or transfer and upon return to the relevant corrective services facility or when a prisoner is moving from or returning to a corrective services facility; and
 - ii. further, a comprehensive search is to be completed of a prisoner's property prior to issuing to the prisoner and when the property is returned to a corrective services facility. Refer to the COPD Search: Prisoner Search.
 - d) Issue appropriate clothing and property to the prisoner (where applicable):
 - i. depending on the type of transfer, appropriate personal clothing may need to be issued to the prisoner to wear during the transfer period. Refer to the Securing prisoner at a court and Transfer to the Authorised Mental Health Service sections of this COPD.
- PRISON





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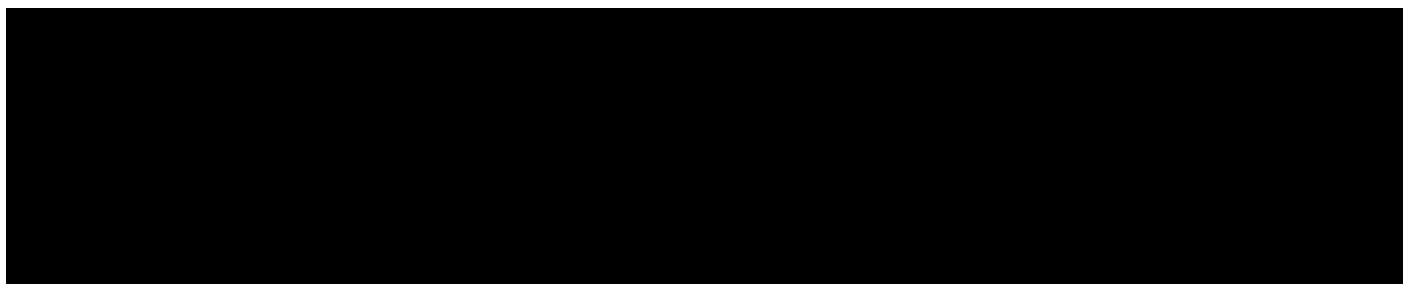


16. Movement to Medical Facilities (Excluding Mental Health)

16.1 Transfer to health facilities

Section 68 of the CSA authorises prisoners to be transferred to a place for medical or psychological examination, or examination or treatment for substance dependency.

Refer to the Queensland Corrective Services Instrument of Delegation of Chief Executive Powers and Instrument of Limitation of Corrective Services Officers' Powers.





16.3 Provide notice of transfer to the prisoner's next of kin

16.3.1 Medical emergency

The Chief Superintendent of the corrective services facility or nominee (corrective services supervisor or manager) where the prisoner is normally accommodated must consider the prisoner's preference as to whether or not their nominated contact person is to be advised of their medical emergency. Contact should then be made with the prisoner's primary contact upon admission if requested by the prisoner. Refer to the Administrative Form 160 Authority to Disclose, Release and Exchange Information (Custodial). The Chief Superintendent of the corrective services facility is responsible for the approval and review of such transfers.

If the prisoner approves for their contact person to be notified of their situation, such notification should only be withheld where there are critical security/escape related concerns that cannot be appropriately managed. This information must be documented in a relevant information note or case note.

16.4 Non-emergency medical transfer

Scheduled appointments at external health facilities must be forwarded to the appropriate staff in the facility within a timely manner. SMS must be notified by Q Health at least one week prior to the appointment, for scheduled appointments requiring movement to another facility for temporary accommodation. The Chief Superintendent of the corrective services facility is responsible for the approval and review of such transfers.

16.5 Provide notice of transfer to relevant stakeholders

Refer to the COPD Sentence Management: Transfers.





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16.7 Use of force

Corrective services officers are authorised to use the minimum force necessary and reasonable (including the application of restraints within the limits of QCS training and policy) to transport prisoners to a medical facility, **and** within a medical facility before or after a health intervention is completed.

This authorisation ends while a prisoner is undergoing medical examination/assessment or treatment or when QCS have transferred custody of the prisoner to Q Health in circumstances where a prisoner is admitted.

The authority to use force for the transport of prisoners in these circumstances is authorised until the transport is complete.

The transport of a prisoner by QCS officers is deemed complete when a prisoner is physically undergoing an examination/assessment by Q Health.

The prisoner remains in the lawful custody of QCS, but importantly the transport of the prisoner is deemed to be completed when the examination/assessment is being undertaken and accordingly the authorisation to use force also ends at this point.

QCS officers are to remove any restraints from a prisoner for the purpose of them undergoing an examination/assessment.

Appropriate handover **must** occur between QCS and Q Health prior to the removal of any QCS restraints.

16.7.1 *Guardianship and Administration Act 2000 (Qld) (GAA)*

The GAA provides for certain circumstances where health care can be carried out without the consent of the individual. These circumstances are where a health provider reasonably considers that:

- a) the adult has impaired decision-making capacity for the health matter; and
- b) the health care should be carried out urgently to meet either an imminent risk to the adult's life or health or the health care should be carried out urgently to prevent significant pain or distress to the adult (section 63 of the GAA).

Where these circumstances apply, and when directed to do so by Q Health staff, QCS officers are authorised to use the minimum force necessary and reasonable (including the application of restraints within the limits of QCS training and policy) to assist in ensuring the safe treatment of the prisoner to which the GAA applies, and/or the safety of staff and others.

17. Personal Visitors to an External Medical Facility

Prisoners accommodated in the Princess Alexandra Hospital Secure Unit (PAHSU) are to be managed in accordance with section 27 of the COPD Visitors to a Facility: Visits Process.

An inpatient prisoner at an external medical facility exclusive of the PAHSU who is suffering from a life-threatening condition or terminal illness, or who is being managed via a birthing plan, may be provided a personal visit on the approval of the Chief Superintendent or delegate.

The Chief Superintendent or Superintendent may approve multiple and unrestricted visits for approved visitors.





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Refer to section 153(2) of the CSA and the Queensland Corrective Services Instrument of Delegation of Chief Executive Powers. All requests to visit a prisoner in an external medical facility must be made to the corrective services facility managing the prisoner.

Prior to the visit booking, the relevant facility staff must check that the requested visitor is an already approved contact visitor at the prisoner's centre.

Visits managed under this section are different to visits managed under section 8 'Interim Access Pending Decision on Application' of the COPD Visitors to a Facility: Visits Process, which allows for an unapproved visitor to have a non-contact interim access visit after applying to be an approved visitor.

Conditions of the visit will be determined by the Chief Superintendent or delegate. These conditions may include limiting visit times, number of visitors, duration and allowable personal items.

During the personal visit, a personal visitor/s must:

- a) prove their identity to the corrective services officer upon arrival;
- b) comply with any directions from the corrective services officer; and
- c) not behave in a disorderly, indecent, offensive, riotous, or violent manner.

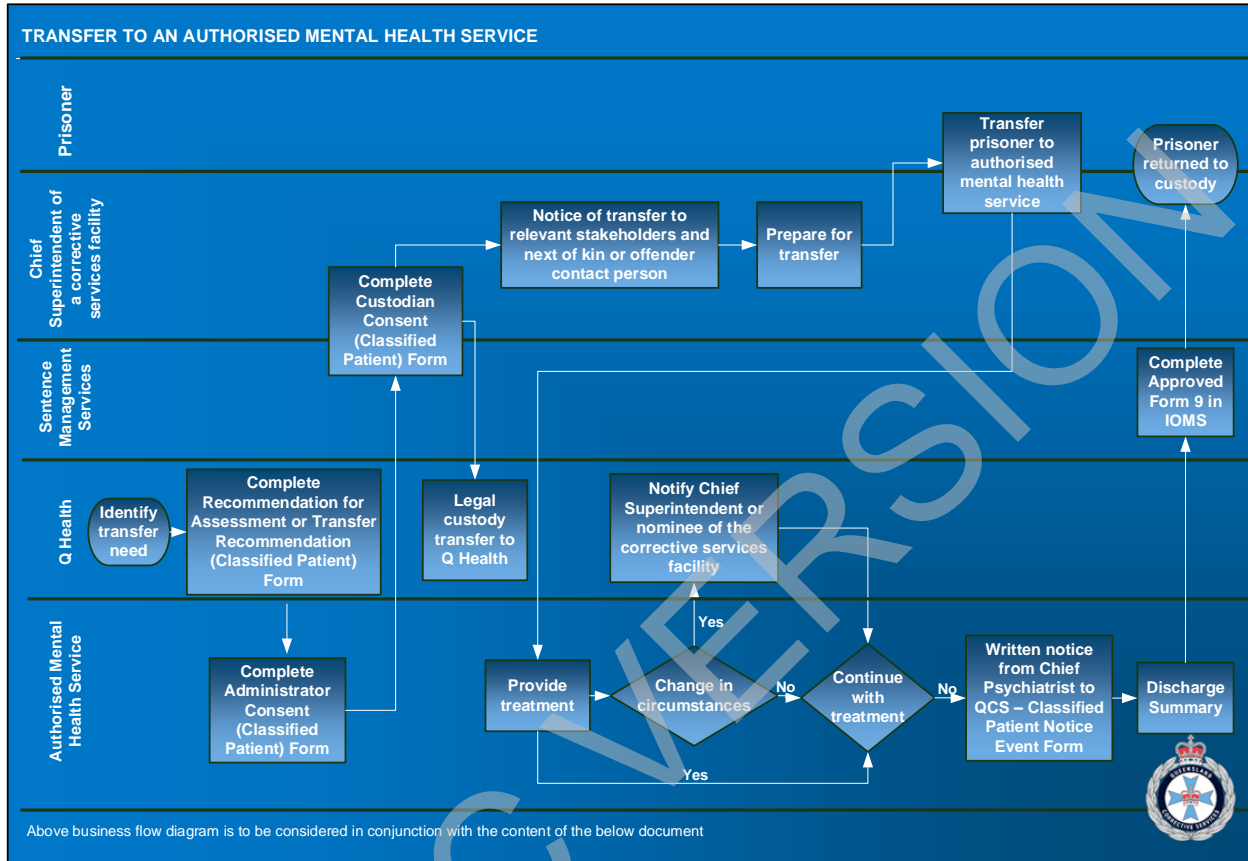
The corrective services officer must inform the Centre Services Supervisor when the visitor/s have arrived and departed and make an entry in the occurrence log. The corrective services officer must also complete a case note in IOMS for recordkeeping purposes.





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18. Transport to an Authorised Mental Health Service (AMHS)



This section covers the transport provisions for the assessment, treatment, admission (if applicable) and return of prisoners to an authorised mental health service (AMHS).

Medical records must accompany prisoners to an AMHS.

18.1 Identify transport need

If a prisoner is examined by a Q Health doctor or an authorised allied health clinician and the examiner is satisfied that the person meets the treatment criteria for assessment, as outlined in sections 12, 19, 31 and 39-41 of *Mental Health Act 2016* (MHA), a recommendation for assessment or transfer recommendation may be made by the Q Health allied health clinician.

18.2 Complete Recommendation for Assessment or Transfer Recommendation (Classified Patient) and Administrator Consent (Classified Patient) form

The senior allied health clinician on duty will notify the Chief Superintendent of the corrective services facility or their nominee and SMS as soon as a Recommendation for Assessment or Transfer Recommendation (Classified Patient) form has been completed.

Once the Recommendation for Assessment or Transfer Recommendation (Classified Patient) is made, an Administrator Consent (Classified Patient) form must be sought from an appropriate AMHS in accordance with Chapter 2, Part 3, Assessments (sections 43-47) and Chapter 3, Part 2 Transport of persons in custody to an AMHS (sections 68-70 and 74) of the MHA.





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Each centre must have the contact details for the administrators of AMHSs.

NB - The administrator of an AMHS will only sign an agreement if they can manage the patient. Further, electronic signatures on these forms are acceptable.

18.3 Complete Custodian Consent (Classified Patient) form

Following the completion of the Recommendation for Assessment or Transfer Recommendation (Classified Patient) and when an Administrator Consent (Classified Patient) form is in place, all the relevant information is to be conveyed to the Chief Superintendent of a corrective services facility or their nominee who, in consultation with SMS is required to complete a Custodian Consent (Classified Patient) form.

The Custodian Consent (Classified Patient) form must state the name of the AMHS where the assessment will be carried out (i.e. the service that provided the Administrator Consent). Refer to sections 71 and 74 of the MHA.

The authority authorises police or corrective service officers to transport the person as soon as practicable (but within seven days) to the in-patient mental health service stated on the order.

A copy of each form must be placed in the prisoner's medical record and the Offender File. Original forms must be transferred with the prisoner and is required by the AMHS.

The prisoner's medical record must remain with Q Health within the transferring corrective services facility.

A referral letter or discharge summary must accompany the prisoner providing full clinical assessment details of the current episode, any past relevant medical history, current medications, known allergies and any other relevant material that could impact on the provision of health care for the prisoner.

18.4 Provide notice of transport to relevant stakeholders

SMS within the corrective services facility is to be notified when arranging an involuntary mental health transport.

Refer to section 5.5 Centre Transfer – Provide Notice of Transfer to Relevant Stakeholders of the COPD Sentence Management: Transfers.

18.5 Notification of next of kin or offender contact person

The Chief Superintendent of the corrective services facility or nominee (a Corrective Services Supervisor or Manager) must notify the prisoner's next of kin or contact person of the intended transport of the prisoner to an AMHS, if requested/authorised to do so by the prisoner. Such notification should only be withheld where there are critical security/escape related concerns that cannot be appropriately managed. The Chief Superintendent of the corrective services facility is responsible for the approval and review of these notifications.

This contact information must also be provided to the AMHS accepting the transfer if requested/authorised to do so by the prisoner. This will ensure that Q Health are able to advise the prisoner's next of kin or contact person of any changes in the prisoner's mental health condition and/or when the prisoner is being transferred back to the corrective services facility.





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18.6 Prepare for transport

The Chief Superintendent of a corrective services facility or nominee must make decisions relevant to the transport on operational grounds and in accordance with this COPD.

Where a prisoner is transported to a scheduled AMHS for assessment, they must be transported with all identification documents, at least one full change of clothing, nightwear, daily toiletries, medication/s and all personal effects, including radio, CDs, etc. Refer to the COPD Property: Prisoner Property on Admission.

Preparation for transport is the responsibility of corrective services officers and will be approved and reviewed by the Chief Superintendent of the corrective services facility.

18.7 Use of force

Powers under the CSA and the *Mental Health Act 2016* (MHA) operate concurrently for the purpose of transporting prisoners who require voluntary or involuntary mental health treatment.

Corrective services officers are authorised to use the minimum force necessary and reasonable (including the application of restraints within the limits of QCS training and policy) to transport prisoners, involuntary or classified (voluntary) to an AMHS, and within an AMHS before or after a health intervention is completed, providing the prisoner has not transferred custody and is a classified patient. If the prisoner is a classified patient, use of force by QCS officers is not authorised.

The authority to use force for the transport of prisoners in these circumstances is authorised until the transport is complete.

The transport of a prisoner by QCS officers is deemed complete when:

- a) there is an exchange of lawful custody i.e. at the point where the prisoner (who is a classified patient) is admitted into an AMHS as an inpatient for treatment; OR
- b) a prisoner is physically undergoing an examination/assessment within an AMHS, while not being admitted to an AMHS.

18.7.1 Formal admission of a prisoner into an AMHS

In this scenario lawful custody of the prisoner is exchanged from QCS to Q Health and the exchange is to occur by mutual agreement of QCS and Q Health staff.

Once this lawful exchange of custody has occurred between QCS and Q Health, corrective services officers no longer have custodial responsibility for that prisoner, until such time as the prisoner is discharged and with mutual agreement between QCS and Q Health staff, custodial responsibility is exchanged back to QCS.

18.7.2 A prisoner is being examined or assessed without mutual agreement of exchange of custodial responsibility

In this scenario, the prisoner remains in the lawful custody of QCS, but importantly the transport of the prisoner is deemed to be completed when the examination/assessment is being undertaken and accordingly the authorisation to use force also ends at this point. (The exception to this is where the *Guardianship and Administration Act 2000* (Qld) applies, refer to section 18.7.3 of this COPD).





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QCS officers are to remove any restraints from a prisoner for the purpose of them undergoing an examination/assessment. While they are undergoing the assessment Q Health staff are authorised to use reasonable force, using their powers under the MHA.

Appropriate handover **must** occur between QCS and Q Health prior to the removal of any QCS restraints.

18.7.3 Guardianship and Administration Act 2000 (Qld) (GAA)

The GAA provides for certain circumstances where health care, including treatment for mental illness, can be carried out without the consent of the individual. These circumstances are where a health provider reasonably considers that:

- a) the adult has impaired decision-making capacity for the health matter; and
- b) the health care should be carried out urgently to meet either an imminent risk to the adult's life or health or the health care should be carried out urgently to prevent significant pain or distress to the adult (section 63 of the GAA).

Where these circumstances apply, and when directed to do so by Q Health staff, QCS officers are authorised to use the minimum force necessary and reasonable (including the application of restraints within the limits of QCS training and policy) to assist in ensuring the safe treatment of the prisoner to which the GAA applies, and/or the safety of staff and others. The direction by Q Health staff must include that they are invoking their powers under the GAA and why, before QCS assist. Where a request does not include this information, QCS assistance is not to be provided.

Where assistance is provided by QCS, this is to be clearly documented in a case note.

Refer to the COPD Tactical Options Response - Use of Force [REDACTED], [REDACTED] and section 5. 1 of this COPD.

Refer to [REDACTED], section 68 of the CSA and section 375 of the MHA.

18.8 Changes in circumstances

The AMHS *must* notify the Chief Superintendent/nominee of the QCS transferring facility of all changes of circumstances inclusive of:

- a) classified patient absconding;
- b) discharge to liberty;
- c) death; or
- d) change in legal status as directed by the court.

The AMHS must ensure documented evidence (including time at large or warrants of apprehension) relevant to the incident is provided in a timely manner.

Refer to the Classified Patient Notice Event form.

Any changes to transitional plans for release must also be provided to SMS. SMS must notify the AMHS of any change in legal status as directed by the court.





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18.9 Return to custody – patients under custodian’s consent (classified patient)

In accordance with Chapter 3, Part 5 Return to custody or release from detention in authorised mental health service of classified patient (sections 81-85) of the MHA, when the patient no longer needs to be detained as a classified patient the process for the return to custody is outlined below:

- a) The Chief Psychiatrist must immediately give written notice to the custodian who completed the Custodian Consent (Classified Patient) form for the patient by completing Classified Patient Notice Event form.
- b) Within one day of receiving the Chief Psychiatrist’s notice, the custodian must organise a police officer or corrective service officer to take the patient from the AMHS to a corrective services facility. It is at this time the prisoner’s legal status transfers to the provisions of the CSA.
- c) The AMHS should provide a discharge summary giving details of the prisoner’s current mental health status, physical condition, changes to treatment and medication regimes. On return to the corrective services facility the discharge summary should be delivered directly to the senior allied health clinician on duty to ensure continuity of care for the prisoner and relevant information in the ongoing management of the prisoner shared with appropriate QCS staff.
- d) The senior nurse on duty will inform the relevant medical officer or psychiatrist that the prisoner has returned to the facility and place the prisoner on the medical officer’s next session date for review.
- e) Following confirmation of lawful detention, SMS at the corrective services facility that is the primary location for the prisoner, must complete an Approved Form 9 Order for Transfer of a Prisoner in IOMS to facilitate the prisoner’s return to the facility.

18.10 Private hospitals

Prisoners may have access to private allied health clinicians and private medical treatment at their own expense. This will also include associated costs such as transport and corrective services officers providing an escort. Refer to the COPD Health: Health Needs for further information.

18.11 Change of legal status

Specific provisions of the MHA relate to the transfer of a prisoner from the CSA to the MHA. Once the prisoner has been received into the AMHS, the patient becomes a ‘classified patient’ under the MHA and the administrator of that service assumes legal custody to detain the patient within the health service facility.

18.12 Contact people

Prison Mental Health Service

Mental Health Alcohol and Other Drugs Branch
PO Box 2368
Fortitude Valley BC QLD 4006

Email: [REDACTED]

Mental Health Act Liaison Officer

Phone: [REDACTED]

Email: [REDACTED]

