



# Reception Processes

## Admission and Assessments

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### Custodial Operations Practice Directive

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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 but are not limited to:

- a) property rights;
- b) humane treatment when deprived of liberty;
- c) privacy and reputation;
- d) right to liberty and security of person; and
- e) the prisoner's right to equal and effective protection against discrimination.

## 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, all persons have the right to privacy and for this not to be arbitrarily interfered with.
- 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, this practice directive limits a prisoner's privacy by requiring collection of information relevant to the safety and security of the corrective services facility.
- 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, collection of information about health, offending history and personal circumstances as part of the admission and assessment process enables appropriate placement and management of prisoners which in turn protects the safety and security of the corrective services facility, its staff and prisoners.
- d) Whether there are any less restrictive and reasonably available 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, appropriate placement and management of prisoners cannot be achieved if personal information is not collected during the admission and assessment process.
- 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 incursion of the right, the more important the purpose will need to be to justify the limitation. For example, does the importance of collecting personal information during the admission and assessment process outweigh the limitation on a person's right to privacy?

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



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## 3. Admission Overview

Admission is the first point at which a prisoner enters a Queensland Corrective Services (QCS) facility, for each correctional episode or arrival after transfer from Community Corrections supervision. The process includes collection and recording of relevant information in the Integrated Offender Management System (IOMS) and assessing and managing any immediate risks and needs.

### 3.1 Allied Health Services

In some instances, or at some locations Psychologists, Occupational Therapists and/or Social Workers appointed to the following positions are approved to conduct assessments or undertake duties relating to the management of immediate risks and needs of prisoners admitted to corrective services facilities:

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

### 3.2 Prisoner subject to Community Corrections supervision admitted to custody

The Chief Superintendent, Sentence Management Services will assume primary supervisory responsibility for the prisoner's parole order at the time the prisoner is remanded.

### 3.3 Prisoners who identify as Lesbian, Gay, Bisexual, Trans/transgender, Intersex, Queer/questioning and Asexual (LGBTIGA+)

QCS staff must treat all prisoners with respect. Prisoners must not be discriminated against or harassed on the grounds of their medical condition, sexual identity, gender identity, intersex status or related issues.

Considerations relevant to the transgender and gender diverse cohort of prisoners (where this is known) must be taken into account during any decision making. Decisions are to be made on a case by case basis following an individualised assessment of relevant factors, including relevant human rights and the reasonableness of the actions being considered.

### 3.4 Transgender and Gender Diverse prisoners

When a prisoner who identifies as transgender or gender diverse is admitted to a corrective services facility, the Chief Superintendent of the corrective services facility must:

- a) consider the prisoner's individual circumstances prior to initial placement;
- b) ensure the prisoner's human rights are limited to the least amount possible, while still ensuring the prisoner's safety and the safety and security of the facility; and
- c) forward the prisoner's details for purposes of the assessment to the Assistant Commissioner, Custodial Operations.

Queensland Corrective Services (QCS) is committed to equality, diversity, inclusion and respect for human rights.

While acknowledging the unique requirements of transgender or gender diverse prisoners, these do not take priority over safety and security considerations. As such, transgender or gender diverse prisoners are subject to all existing QCS prisoner management practices including demonstrating acceptable behaviour and complying with centre rules.





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A prisoner who self-identifies as transgender or gender diverse will be accepted as such and treated as their acquired gender, to the extent practicable.

A prisoner who self-identifies as transgender or gender diverse will be accepted as such and treated as their acquired gender, to the extent practicable. A transgender or gender diverse prisoner is to be referred to by their preferred name and the pronoun consistent with their acquired gender, for example. This should occur in all communications with the prisoner, including verbal, written and also communication with third parties.

If a prisoner identifies as transgender or gender diverse, this information should be immediately reported to the relevant manager, who will then implement a process that is approved by the Chief Superintendent of the corrective service facility to recognise the prisoner as such.

Transgender or gender diverse prisoners are to be managed on an individualised case by case basis, through a multidisciplinary approach. Case conferences should be held by the multidisciplinary team which may include representatives from QCS management, Queensland Health (Q Health) and/or a specialist health provider, support agencies, psychologist/allied health clinician, and/or counsellor, a cultural liaison officer (where appropriate), a corrective services case officer and the prisoner. Refer to the Appendix TG1 Gender Health Services Stakeholder and Support Group Contacts.

Transgender or gender diverse prisoners should not be placed on a safety order, isolated or restricted from association with other prisoners, work or programs, unless this is reasonably necessary to mitigate risk to:

- a) the prisoner;
- b) other prisoners;
- c) staff; and
- d) the safety or good order of the corrective services facility.

An Assistant Commissioner within Custodial Operations is to be advised of relevant transgender or gender diverse prisoner management considerations, including placement, transfer or significant events involving the prisoner.

Refer to the Custodial Operations Practice Directive (COPD) Transgender and Gender Diverse Prisoners.



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### 3.6 Detention solely under the provision of the *Migration Act 1958 (Cth)*

Male persons who are subject to detention solely under the provisions of the *Migration Act 1958 (Cth)* may be accommodated in a corrective services facility in accordance with the Appendix R7 Accommodation of Persons under the Provisions of the *Migration Act 1958 (Cth)*.

Female persons will not be accommodated in a corrective services facility solely under the provisions of the *Migration Act 1958 (Cth)*. Refer to the Appendix R7 Accommodation of Persons Under the Provisions of the *Migration Act 1958 (Cth)*.

## 4. Sexual Assaults

On reception to a corrective services facility, a prisoner if alleged to have been previously sexually assaulted in a correctional environment or who may be at an increased risk of sexual assault (i.e. because of age, disability (physical or intellectual), first period of incarceration) must be assessed to provide for identification, safe placement and monitoring.

Following a prisoner's transfer into a corrective services facility:

- a) a review of that prisoner's correctional history, including the Offender File and IOMS profile, must immediately be undertaken by a relevant officer to determine if any past history of sexual assault or victimisation has been recorded during the present or previous periods of incarceration;
- b) the centre intelligence officer should be contacted to check QCSIG intelligence reports; and
- c) a review of all current files and IOMS should be completed as soon as practicable to identify alleged perpetrators of sexual assault.

If information is available that the prisoner has previously engaged in sexual assault behaviour, either on the basis of convictions or documented allegations, consideration should be given to the development of an IMP.





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If a prisoner is assessed as being vulnerable to sexual victimisation, a system of support and monitoring (which if appropriate may include routine surveillance or counselling) must be instigated.

## 5. Queensland Police Service (QPS) Transfers – Pre-Admission Checklist

Prior to a prisoner being transferred from a QPS watchhouse to QCS custody, a sentence management officer must undertake a pre-admission checklist to confirm that the prisoner will be lawfully detained on transfer. The Administrative Form 1 Lawful Admission Tool is to be used by Sentence Management Services (SMS) to undertake the pre-admission process and must be retained on the prisoner file.

SMS staff must liaise appropriately with reception store staff to ensure a list of prisoners who have been approved for transfer from QPS to QCS custody is completed prior to the prisoner's transfer.

For information regarding transfers of prisoners from QPS custody to the custody of QCS at the Princess Alexandra Hospital Secure Unit (PAHSU) or locations other than a corrective services facility. Refer to the COPD Sentence Management: Transfers.

## 6. Transfer from the Proper Officer at the Brisbane QEII Court Complex

For information regarding transfers of prisoners from the custody of the Proper Officer at the Court at the Brisbane QEII Courts Complex to the custody of QCS at a corrective services facility refer to the COPD Sentence Management: Admission and Induction.

### 6.1 Foreign prisoners

If a staff member identifies during the admission process or at any time in the prisoner's sentence that a prisoner was born in another country, they must advise SMS staff who will inform Australian Border Force of this information.

If a prisoner is identified as a foreign national, refer to the protocol for Detention Or Death of a Foreign National In Australia.

### 6.2 Reception store log book

A log book must be maintained within the reception store to record occurrences. The log books must record significant events out of the ordinary whether to do with an individual officer or prisoner, or the management of the area generally, occurring during the shift. Refer to the COPD Daily Operations: Gate Books, Log Books and Registers.

Low custody facilities only require one log book which is to be located and maintained in the duty office.

## 7. Prisoner Arrival and Admission

The admission process must be completed within 24 hours of the prisoner's reception by the Reception Store Supervisor in a secure corrective services facility, or a corrective services officer nominated by the Chief Superintendent of a corrective services facility at all other locations.

### 7.1 Reception/discharge register

Prisoner admissions to a corrective services facility are to be recorded within a register specifically created for the purpose of recording prisoner receptions and discharges within the reception store. Refer to the COPD Daily Operations: Gate Books, Log Books and Registers.





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#### 7.2 Create/manage IOMS and prisoner file

Search IOMS to identify if the prisoner has had prior contact with QCS. If they have not had prior contact, they are to be classified as a new prisoner. If they have had prior contact, they are to be classified as a readmitted prisoner.

#### 7.3 Child Protection Offender Registry (CPOR)

CPOR will be automatically notified by email if a reportable offender who has been identified with the Child Protection Offender Registry (CPOR warning flag in IOMS) is readmitted into corrective services custody, in accordance with sections 5 and 57 to 58 of the *Child Protection (Offender Reporting and Offender Prohibition Order) Act 2004* and the COPD Community Engagement: DPSOA and Reportable Offenders.

#### 7.4 Collect and record prisoner details

The receiving officer is to collect and file relevant information on the Offender File and electronically in IOMS including:

- personal details and physical description; and
- a photograph of the prisoner in accordance with the Appendix R1 Prisoner Photograph Requirements (electronically) in accordance with section 10 of the CSA.

Offender Development are to receive, file and manage any psychological reports on the Psychological Assessment File as necessary.

Health and medical information is to be included only in the prisoner's Q Health medical file.

Only information that is required to fulfil the responsibilities of Government and the community may be collected and maintained by QCS in accordance with the Appendix R2 File Model Requirements.

Officers must ensure that prisoner's personal information is managed in accordance with relevant privacy and confidentiality legislation.

#### 7.5 Identify need(s) and refer for activation of warning flag indicators

Warning flag indicators are used to highlight in IOMS any current and/or historical factors that must be taken into consideration in the management of a prisoner throughout their sentence. Warning flags will not in themselves limit or restrict human rights as individual factors will be considered in each case.

All corrective services officers must familiarise themselves with the COPD Sentence Management: Assessment and Planning and the Appendix SM1 Criteria for Warning Flag Indicators and refer a prisoner to the responsible authorising officer for activation or deactivation of any relevant warning flag indicators.

At a minimum all prisoners must be assessed for identification as High Profile (HP) or Identified Risk (IR).

#### 7.6 High Profile (HP)

Prisoners with a HP warning flag may include those who have or would be likely to generate media interest at the time of sentencing, throughout their sentence and/or upon progressing in the correctional system including reduction in classification, transfer to low custody or release to the community.

Further, this may include prisoners that have committed crimes of an exceptional nature or the prisoner was previously in a position of trust such as an ex-politician or ex-police officer.





## 8. Complete Admission Process

In accordance with the Administrative Form 3 Admission Checklist the receiving officer is to:

- a) read the Verdict and Judgment Record (VJR) to the prisoner to confirm the prisoner's identity, including name, date of birth and sentence and/or remand details;
- b) ensure the police transfer document is signed by the escorting police officer, the reception store officer and the prisoner and provide a copy of the document to the escorting police officer as confirmation of receipt of prisoner;
- c) record date and time of admission and the committal or remand authority and legal status of the prisoner in IOMS;
- d) acknowledge receipt of the prisoner's property from police;
- e) individually search all items of the prisoner's personal property (including clothing, documents, valuables etc) and seize prohibited items/things in accordance with section 138 of the CSA;
- f) record details of personal property in IOMS, provide the prisoner with a copy of the property record from IOMS and the property print out is to be signed and dated by the prisoner and responsible officer to verify accuracy;
- g) advise the prisoner of standard search/urinalysis practices and their ability to request a modification to these (refer Search and Urinalysis Procedure Modification Requests of this COPD);
- h) conduct removal of clothing search and allow the prisoner to shower (refer to the Direction for a Search of Prisoners Requiring the Removal of Clothing and COPD Search: Prisoner Search);
- i) produce prisoner identification cards (refer to the Appendix R1 Prisoner Photograph Requirements);
- j) record the prisoner's physical description as detailed and required in IOMS physical description tab, inclusive of any tattoos or other distinguishing marks;
- k) issue prisoner with clothing, authorised items out of personal property (refer to the Administrative Form 4 Acknowledgement of Responsibility of Property) and a reception pack;
- l) permit where practicable, the prisoner to make one free phone call at the Chief Executive's expense in accordance with section 50(1)(a) of the CSA; and
- m) if practicable, initiate prisoner telephone system and prisoner trust account and issue the prisoner an Appendix PRO3 Amenities Pack Contents.

Each prisoner's personal property and valuables must be fully inventoried and recorded electronically in IOMS. A property file must be raised for each prisoner at the time of admission. The management of a prisoner's property upon admission is to be undertaken in accordance with the COPD Property: Prisoner Property on Admission.

The following applies to money received with a prisoner in a reception store, in accordance with the COPD Prisoner Entitlements: Prisoner Finances:

- a) The money is to be received, placed in an envelope identifying the prisoner and the amount and placed in a safe or secured drop box in the reception store.
- b) A trust account officer will collect the money and receipt into the Prisoner Trust Accounts System (PTAS).
- c) The trust account officer will reconcile all monies collected and issue the reception store a receipt that will be attached to the reception store receipt book.
- d) Money must not be recorded in IOMS. The official record of prisoner monies is held in the PTAS.







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#### 8.1 Removal of clothing search

There is to be no change to standard search practices during the reception process. The prisoner will be provided an opportunity to request a modification of search/urinalysis procedures to take account of their special or diverse needs on admission or as soon as practicable after admission. For clarity, the removal of clothing search conducted upon reception to a male corrective services facility will be conducted by male corrective services officers and the removal of clothing search conducted upon reception at female corrective services facilities will be conducted by female corrective services officers. Where centres have body scanning technology installed, this can be utilised instead by any officer in accordance with the provisions of this COPD and the Directions for a Search of a Prisoner Requiring the Removal of Clothing.

Refer to Appendix S5 Deciding Modification Requests for Search and Urine Sample Taking Practices, Administrative Form 70 Request for Modification to Search and/or Urine Sample Taking Practices and sections 8B and 8C of the Corrective Services Regulation 2017.

#### 8.2 Electronic monitoring devices

During the admission stage, if the Reception Store Supervisor or corrective services officer identifies that a new reception prisoner has an electronic monitoring (EM) device attached, contact is to be initiated by the centre to the relevant electronic monitoring units operated by QCS (Electronic Monitoring Surveillance Unit) or QPS, dependant on who owns the equipment. A further course of action for the collection and removal of the device will then be determined in consultation as appropriate.

The EM device must not leave the Reception Store area or enter the corrective services facility.

#### 8.3 Tamper label processes

The Chief Superintendent of a corrective services facility must ensure that tamper label processes are implemented in the reception store prior to an item being placed in a prisoner accommodation area.

All new prisoners upon admission must be advised of the tamper label application to their electrical items and the penalties associated with their removal. Corrective services facilities can also utilise the Appendix PRO2 Tamper Label Security – Notice to Prisoners during the initial implementation phase to inform new prisoners upon reception.

Refer to the COPD Property: QCS Property, Tamper Labels, Electronic Equipment and Restrictions.

### 9. Search and Urinalysis Procedure Modification Requests

A prisoner must be advised if they are detained in a *women's corrective services facility* they must be searched and subject to urinalysis procedures by a *female corrective services officer* or if they are detained in a *men's corrective services facility* they must be searched and subject to urinalysis procedures by a *male corrective services officer*.





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The prisoner must be provided an opportunity to request a modification of search and/or urinalysis procedures to take account of their special or diverse needs if they have a genuine need to be searched or substance tested in a way that deviates from the standard practice. Modification requests may include modifications which take into account considerations such as gender diversity, sexual orientation, history of abuse, culture and disability. If the prisoner indicates they want to request a modification, they are to be provided an Administrative Form 70 Request for Modification to Search and/or Urine Sample Taking Practices.

There is to be no change to standard search or urinalysis practices while a request is being considered by the delegate.

The completed request must be provided to the Superintendent of the corrective services facility as soon as practicable so the Chief Superintendent of the corrective services facility can accept or refuse the request within 21 days of submission as per Appendix S5 Deciding Modification Requests for Search and Urine Sample Taking Practices.

## 10. Conduct the Immediate Risk Needs Assessment (IRNA)

The IRNA interview identifies any risks or needs relating to a prisoner upon admission that require immediate action. The assessment is to be conducted in accordance with the COPD At Risk Management: At Risk and will gather information regarding whether or not the prisoner is a:

### 10.1 Risk to self

If a prisoner is identified through the IRNA as posing an immediate risk of suicide or self-harm ensure that the prisoner is managed in accordance with the COPD At Risk Management: At Risk.

If one or more of the self-harm items are endorsed a full assessment of the prisoner's at risk status must be conducted by a psychologist/allied health clinician. A full assessment should include:

- a) history of self-harm/suicide attempts;
- b) current ideation and/or plans;
- c) mental state examination;
- d) future orientation;
- e) protective factors; and
- f) supports available.

If the assessing officer is a psychologist/allied health clinician, this full assessment should be carried out as part of the IRNA interview process. If the assessing officer is not a psychologist/allied health clinician, a referral to a psychologist/allied health clinician to complete the at risk assessment must be made by the assessing officer immediately following the completion of the interview and the psychologist/allied health clinician must undertake this assessment prior to the prisoner being placed in an accommodation unit. The officer who conducts the full assessment must complete a case note in IOMS outlining the outcomes of this assessment.

The assessing psychologist/allied health clinician must detail a list of both protective and risk factors for the individual being assessed and provide a summary of how these factors are weighted in the psychologist's/allied health clinician's assessment of the prisoner's overall risk of self-harm and/ or suicide.





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If it is identified during the IRNA that a prisoner presents with a history of self-harming behaviour or suicidal behaviour either in custody or the community, a Senior Psychologist/Team Leader, Allied Health Services must be notified. The Senior Psychologist/Team Leader, Allied Health Services must activate the self-harm episode history (SHEH) warning indicator in IOMS accordance with the COPD Sentence Management: Assessment and Planning and the Appendix SM1 Criteria for Warning Flag Indicators. When raising the SHEH warning flag, the Senior Psychologist/Team Leader, Allied Health Services is to ensure sufficient comments are recorded in the prisoner's active warning on IOMS to describe the self-harm history information obtained (i.e. number, frequency, methods, triggers, and known risk or protective factors).

The relevant correctional supervisor must also be advised and then must ensure that the information is disseminated as soon as practicable to all relevant staff members involved in determining the prisoner's accommodation.

Following admission, a prisoner must be placed in suitable accommodation based on the prisoner's identified risk and needs. Refer to the COPD Prisoner Accommodation Management: Cell Allocation.

A prisoner with a SHEH warning indicator in IOMS is to be accommodated in a safer cell unless other reasonable factors warrant against such placement. Safer cell placement is the minimum management requirement for this group to reduce environmental risk factors. In extenuating situations where reasonable factors warrant against allocating a prisoner with a SHEH Flag to a safer cell, the justification for the individual decision must be recorded in a case note on IOMS by either a correctional supervisor or Senior Psychologist/Team Leader, Allied Health Services after consultation with a correctional manager or the duty manager. This information is also to be recorded in the IRNA under the *Alternative placement recommended* section.

Staff are to remain vigilant in identifying and recognising any warning signs, triggers and imminent at risk factors and respond in accordance with the COPD At Risk Management: At Risk.

If it is identified during the IRNA that a prisoner presents with ongoing risk factors that place them at an elevated risk of suicide and/or self-harm, but is not assessed as posing an acute or immediate risk of suicide or self-harm, the assessing officer must make a referral for consideration under the Elevated Baseline Risk (EBLR) procedure. The Senior Psychologist/Team Leader, Allied Health Services and correctional supervisor must be notified and the relevant information is to be recorded in IOMS as a case note, under the Elevated Baseline Risk category as well as in the IRNA in the *self-harm* section. Refer to the COPD At Risk Management: Elevated Baseline Risk.

If it is identified during the IRNA that a prisoner has a history or a current diagnosis of mental illness, or has had previous contact with a mental health service provider, including immediately prior to admission to custody, the assessing officer must consider making a referral to the Q Health Prison Mental Health Service for assessment. Refer to the Prison Mental Health Service Referral Criteria and the Referral to Prison Mental Health Service Form. This information is to be communicated with the Senior Psychologist/Team Leader, Allied Health Services and recorded in IOMS in a case note, under the relevant category as well as in the IRNA in the *psychiatric and psychological* section. Prisoners with a current diagnosis or history of mental illness may present with specific vulnerabilities due to mental health factors and should be considered for management in accordance with the COPD Prisoners of Concern.

This information is to be communicated with the Senior Psychologist/Team Leader, Allied Health Services and correctional supervisor and recorded in IOMS in a case note. Refer to the COPD Prisoners of Concern.





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The prisoner's records, IOMS (both previous custodial and community-based episodes), should be accessed to ascertain the prisoner's self-harm and suicidal behaviour history and psychiatric and psychological history.

If it is identified during the IRNA that a prisoner presents with any other significant vulnerability factors that indicate the need for special care, support or monitoring, the assessing officer must make a referral for consideration in accordance with the COPD Prisoners of Concern. This information is to be communicated with the Senior Psychologist/Team Leader, Allied Health Services and correctional supervisor, and recorded in IOMS as a case note, as well as in the IRNA under the relevant category. Refer to the COPD Prisoners of Concern.

#### 10.2 Referrals to the National Disability Insurance Scheme (NDIS)

The NDIS is a voluntary Australia-wide scheme to support people under the age of 65 with permanent disability that significantly impacts their ability to take part in everyday activities.

Prisoners may either be registered with the NDIS or be eligible to apply. A NDIS application can be made at any time during a prisoner's time in custody, however the application should be dependent on a prisoner's needs in custody and/or needs for re-entry purposes. This ensures that a prisoner has their disability needs met in custody and are not released without NDIS support.

These prisoners should also be considered for management as Prisoners of Concern for case coordination, with a focus on ensuring appropriate support, care and intervention while in custody.

Refer to the Appendix R12 Referral of Prisoners into the National Disability Insurance Scheme and the Appendix R6 Immediate Risk Needs Assessment Instructions.

If staff experience any NDIS issues, contact should be made with Disability Services at [REDACTED] who will escalate issues to the Justice Liaison Team at the NDIA.

#### 10.3 Risk to others

If identified, this information is to be included in the IRNA, an intelligence note created in IOMS and relevant decision makers advised to ensure appropriate risk mitigation strategies are implemented. Consideration is to be given to the COPD Sentence Management: Assessment and Planning.

#### 10.4 Risk from others

Prisoners must be specifically questioned in relation to whether they have any concerns about another prisoner who may be currently at the centre, located at another centre or could possibly become accommodated in a corrective services facility.

If a prisoner is identified and/or self-reports as being at risk from others, then this information is to be included in the IRNA, an intelligence note is to be created in IOMS, the Chief Superintendent of the corrective services facility and/or any nominated decision makers are to be advised to ensure appropriate risk mitigation strategies are in place.

#### 10.5 Language and cultural differences

Every effort must be made to provide language support (e.g. interpreter services) to prisoners as required to facilitate completion of the IRNA interview. This may include prisoners for whom English is not a first language, or prisoners who use AUSLAN or other alternative communication tools.





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Where practicable and available, language support (e.g. interpreter services) and cultural support (e.g. involvement of a cultural liaison officer) should be provided to prisoners from culturally and linguistically diverse backgrounds, however this must not delay the completion of the IRNA. Refer to the Appendix PE2 Translating and Interpreting Services.

Use of language and/or cultural services that have been accessed during the reception process, should be recorded in a case note and in the IRNA.

#### 10.6 Prisoners with a Self-Harm Episode History (SHEH) flag

##### 10.6.1 Progression of a SHEH flag prisoner through the custodial system

A SHEH flag must not impact upon a prisoner's ability to progress through the custodial system. A prisoner with a SHEH flag can progress to alternative accommodation (i.e. residential, farm or work camp) provided they are deemed suitable via the classification, placement and transfer review process. Refer to the COPD Sentence Management: Classification and Placement, the COPD Sentence Management: Assessment and Planning and the COPD Sentence Management: Transfers.

##### 10.6.2 Low custody accommodation

Prisoners deemed as suitable for low custody accommodation are not required to be managed via safer cell placement while accommodated at a low custody facility. Staff are to remain vigilant in identifying and recognising any warning signs, triggers and imminent risk factors.

##### 10.6.3 Work camp accommodation

Prisoners deemed as suitable for work camp accommodation are not required to be managed via safer cell placement while residing at a work camp. Staff are to remain vigilant in identifying and recognising any warning signs, triggers and imminent risk factors.

#### 10.7 Manage and respond to incoming transfer

For prisoners received at a high security facility, a psychologist/allied health clinician or registered nurse must interview the prisoner prior to placement in an accommodation unit or cluster. At a minimum the interview must assess the prisoner's individual risk (self-harm/suicide) and immediate individual needs. Reference must be made to the prisoner's Immediate Risk Needs Assessment (IRNA) for the current episode when completing the assessment.

The Immediate Risk Needs Assessment (IRNA) Checklist (refer to the Appendix R6 Immediate Risk Needs Assessment Instructions) may be used to assist in the collection of IRNA information when the information cannot be directly inputted into IOMS at the time of the interview. The IRNA must always be recorded in IOMS.

Refer to the COPDs Offender Pathways and At Risk Management: At Risk.

### 11. Hayes Ability Screening Index (HASI)

The Hayes Ability Screening Index (HASI) identifies prisoners who may have intellectual difficulties. The first component of the HASI (i.e. four background questions), known as the HQ, is built into the IRNA in IOMS. Refer to the Appendix R6 Immediate Risk Needs Assessment Instruction. If a prisoner has two or more of these items endorsed, the second component of the HASI (three problem solving items) should be administered.

The Cognitive Impairment (CI) warning flag should be raised for those prisoners with scores of less than 85 in accordance with the Appendix SM1 Criteria for Warning Flag Indicators.





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Prisoners with a CI warning flag may present with specific vulnerabilities and should also be considered for management in accordance with the COPD Prisoners of Concern. This information is to be communicated with the Senior Psychologist/Team Leader, Allied Health Services and correctional supervisor and recorded in IOMS in a case note.

Staff should consider the most appropriate placement for prisoners with a CI flag upon admission.

Prisoners with a CI warning flag may be eligible for support through the National Disability Insurance Scheme (NDIS). Refer to the Appendix R12 Referral of Prisoners into the National Disability Insurance Scheme.

For more information regarding practical tips for communicating and working with prisoners with a CI flag, staff should refer to the Positive Interactions A Handbook for Corrective Services Staff working with Offenders with Cognitive Impairment resource and the COPD Offender Pathways.

## 12. Protection Needs

During the IRNA, the officer conducting the assessment must refer the matter to the Chief Superintendent of the corrective services facility and the relevant staff nominated by the Chief Superintendent of the corrective services facility if any of the following circumstances exist or are identified:

- a) the prisoner requests protection status;
- b) the need for a Protection Needs Assessment;
- c) the prisoner has been segregated while in police custody;
- d) the sentencing court makes a recommendation to consider protection placement; and
- e) information is received from the prisoner's legal representatives, the crown prosecutor or any other relevant party (i.e. management of the facility, a government department or a recognised community agency) indicating that the prisoner will be under threat within the mainstream system.

If during the admission process and prior to the IRNA, a potential threat to a prisoner is identified, the information must be referred to the officer conducting the immediate risk needs assessment for immediate attention.

A protection needs assessment is to be undertaken in accordance with the COPD Prisoner Accommodation Management: Cell Allocation, as necessary.

## 13. Immediate Interventions

The intervention process must commence as soon as practicable after referral. In case of a delay, for example weekend admissions, interim measures must be taken as necessary to ensure the safety at all times of the prisoner, staff, other prisoners and the public. The Chief Superintendent of the corrective services facility or nominated approving authority must document these decisions with a case note in IOMS.

All relevant information must be communicated to staff responsible for the supervision of the prisoner without delay. A copy of the documentation relating to any interventions must be forwarded to SMS and placed on the prisoner file.

During the immediate intervention process, staff undertaking the intervention must determine any ongoing intervention requirements and action as appropriate.





### Custodial Operations Practice Directive

#### 14. Guardianship and/or Administration Order

If it is identified through the Administrative Form 6 Transition from the Community Checklist or the Appendix R6 Immediate Risk Needs Assessment Instruction that a prisoner is subject to a guardianship and/or administration order (due to impaired decision making capacity due to mental illness, cognitive, intellectual or neurological impairment, illness, accident or old age) the assessing officer must:

- make contact with the prisoner's substitute decision maker/s (i.e. appointed family member, Office of the Public Guardian (OPG), Public Trustee of Queensland);
- Offender Development staff must ensure the contact details for the prisoner's substitute decision maker are entered in the prisoners IOMS file in the Personal Details section;
- notify the relevant accommodation manager to ensure that the prisoner's impaired decision making capacity is considered when determining placement; and
- notify the Senior Psychologist/Team Leader, Allied Health Services and correctional supervisor, who will consider the prisoner for management in accordance with the COPD Prisoners of Concern.

The Guardianship and/or Administration Order (GA) warning flag must be raised by a psychologist/allied health clinician in the prisoner's IOMS record in accordance with the COPD Sentence Management: Assessment and Planning and the Appendix SM1 Criteria for Warning Flag Indicators.

The activation reason must include sufficient details of the guardianship and/or administration order (i.e. who is appointed, date of appointment, length of order, for what purposes are they appointed).

A copy of the order/s is to be attached to the prisoner's IOMS record. The management of such prisoners is to be undertaken in accordance with the Working with Substitute Decision Makers for Offenders under Guardianship and Administrative Orders section of the COPD Prisoner Entitlements: Office of the Public Guardian.

Prior to initial placement, a prisoner is to undergo a medical examination by Q Health staff or accredited healthcare service practitioner. Q Health is responsible for obtaining appropriate consent from the prisoner.

Prisoners with a GA warning flag may be eligible for support through the National Disability Insurance Scheme (NDIS). Refer to the Appendix R12 Referral of Prisoners into the National Disability Insurance Scheme.

#### 15. Throughcare

An Administrative Form 6 Transition from the Community Checklist must be conducted individually with each prisoner on admission to a corrective services facility. The purpose of the checklist is to identify and address issues that may negatively impact on the prisoner's resettlement into the community after release. The completed Administrative Form 6 Transition from the Community Checklist must be saved in IOMS and a case note entered reflecting completion of the checklist and any follow up items, within 24 hours of the prisoner's admission. Any action items that the prisoner cannot resolve or that the prisoner does not have the capacity to resolve should be delegated to an appropriate staff member for follow up to be implemented. It is not necessary for the hardcopy form to be filed on the Offender File.





### Custodial Operations Practice Directive

#### 15.1 Centrelink

Prisoners are not eligible for Centrelink payments during incarceration. A prisoner who has been receiving any Centrelink benefits is to be provided with and complete the Services Australia – Centrelink Confirmation of Imprisonment and Application for Payment form (SU709). Once completed, the form is to be forwarded to Centrelink

This ensures prisoners do not accrue debt while in custody.

#### 15.2 Female prisoners

On admission to a corrective services facility a prisoner must be questioned in relation to parental status. This also includes reference as to whether the prisoner is pregnant, may be pregnant or is breastfeeding. Prisoners who identify as pregnant, breastfeeding or are possibly pregnant at the point of reception will be referred to Q Health staff.

Prisoners who report experiencing domestic and family violence or are listed as an aggrieved/named person in a domestic violence order, may be referred to specialised domestic and family violence/trauma counselling, if available.

### 16. Maintain and Manage File

#### 16.1 File and information access

The file must be received by the receiving facility *within one working day* of a prisoner transferring to a corrective services facility from Community Corrections supervision. The receiving facility may request the file if the file has not arrived within the specified time or is required urgently.







Refer to the File Management when Transferring to Another Corrective Services Facility section of the COPD Sentence Management: Transfers.

### 17. Induct Prisoner

The induction process is the prisoner's introduction to the correctional system and the facility they are entering.





# Reception Processes

## Admission and Assessments

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### Custodial Operations Practice Directive

It must provide them with information in regard to their obligations, rights, entitlements, duties and opportunities for changing their offending behaviour. Refer to section 11 of the CSA. There are multiple types of inductions that can occur within a corrective services facility. This directive provides information in regard to:

- a) system inductions (which provides information to the prisoner about the correctional system as a whole); and
- b) facility inductions (in which specialist programs staff provide information to the prisoner about the relevant centre they will be housed).

Inductions should be presented in a group format whenever possible and must provide sufficient relevant information. The process must be flexible, responsive to the needs of the prisoners and is to utilise a variety of visual aids and resources to ensure effective transfer and retention of information to prisoner with special needs and incorporate culturally appropriate style and pace. For culturally and linguistically diverse prisoners, the chief executive must take reasonable steps to ensure the prisoner understands their entitlements and duties and the administrative directions and procedures relevant to their entitlements and duties, in accordance with section 11 of the CSA.

The induction process must be completed within one week of admission. A corrective services officer is to interview each prisoner and reiterate induction program content within one week of the prisoner's admission.

#### 17.1 Responsible officer

Corrective services officers nominated by the Chief Superintendent of the corrective services facility and may include education officers or specialist program staff. Prisoners may participate in the delivery of the induction program under supervision.

The Chief Superintendent of the corrective services facility must approve and oversee the development of an induction program that includes all relevant information with respect to the system and facility induction.

#### 17.2 System induction

The trigger event for a system induction is a prisoner being admitted or readmitted into a corrective services facility after spending time in the community. The system induction must at a minimum include the elements in the Appendix R9 Minimum Standards - Induction, the Appendix R10 Offender Privacy Fact Sheet and the Prisoner Information Booklet resource.

A system induction is not necessary when a prisoner transfers from one corrective services facility to another. A case note is to be entered upon completion of the system induction summarising the process including the date of completion, staff involved and any outstanding tasks/issues arising from the induction. Any exceptional circumstances of the induction should also be noted e.g. the need for an interpreter. Refer to the Appendix PE2 Translating and Interpreting Service Process.

#### 17.3 Facility induction

The trigger event for a facility induction is a prisoner being received into or transferred to a corrective services facility. It is therefore required when the prisoner is admitted to the correctional system. The facility induction must at minimum include the elements below and include the Administrative Form 10 Induction Checklist. Prisoners must be informed of the prisoner accommodation and progression system utilised at that facility, during the induction process. The application for progression through the privilege levels must be clearly explained and the reasons a prisoner may regress also needs to be clearly explained. Refer to the COPD Prisoner Entitlements.





# Reception Processes

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### Custodial Operations Practice Directive

A case note is to be entered upon completion of the facility induction summarising the process including the date of completion, staff involved and any outstanding tasks/issues arising from the induction. Any exceptional circumstances of the induction should also be noted, e.g. the need for an interpreter. Refer to the Appendix PE2 Translating and Interpreting Service Process.

For work camp induction, refer to the COPD Community Engagement: Management of Prisoners on a Work Program.

#### 17.4 Prisoners with special needs

Prisoners identified as being vulnerable due to special needs, including but not limited to those with the Cognitive Impairment (CI) warning flag activated, should be provided with the Easy Read Prisoner Handbook to accompany the induction manual at the time of their induction. Refer to the Easy Read Prisoner Handbook.

#### 17.5 Sexual assault

The Chief Executive is responsible for the safe custody and welfare of all prisoners in accordance with section 263(1)(b) of the CSA. Further, in accordance with section 17 and section 30 of the *Human Rights Act 2019*, people have the right to protection from cruel, inhuman or degrading treatment, and the right to humane treatment when deprived of liberty.

The induction of prisoners into the correctional system and into all secure and open custody corrective services facilities must be designed to assist in reducing the incidence of sexual assault. This process must include providing information to assist prisoners in reducing the incidence of sexual assault. This must take place within two days of initial admission into the correctional system and within seven days of a transfer admission into a facility.

As part of the induction process all prisoners must be:

- a) informed that sexual assault may occur in prison;
- b) provided with information on strategies to assist in avoiding sexual assault;
- c) provided with information on the prevention and avoidance of sexual assault in prison, including information that threat of sexual assault may be used as a power game by prisoners;
- d) informed of the right to request a transfer or apply for protection at any stage if concerned about or at risk of sexual assault informed that it is the duty of corrective services officers to report any information about the commission of an offence;
- e) informed that any and all staff may be approached for assistance;
- f) informed that it is the prisoner's right to report instances of, or threats of, sexual victimisation or assault;
- g) informed that prisoners will be supported in their decision to report sexual assault;
- h) informed of the process for initiating a complaint; and
- i) informed of actions to be taken against sexual perpetrators, including an immediate review of placement, access to Leave of Absence programs and community based options.

Notices should also be clearly displayed in corrective services facilities to raise prisoners' awareness in relation to sexual assault and advise that prisoners' decisions to report incidents of sexual victimisation for their own safety or the safety of others will be supported.

