

AT-RISK MANAGEMENT			AR
AT-RISK			
Version: 02	Implement date: 17/09/2018	Availability: In-Confidence	

Performance Standard: Any risk to the safety and security of the facility, staff and prisoners is identified and where possible prevented or managed with swift and appropriate intervention (using identified tools) to prevent the event escalating.

Outcomes:

	Risks are promptly identified and prevented or intervened.
	Risks management processes and tools identified within this Practice Directive are applied to manage risks.
	Intensive Management Plans are carefully considered and tailored to meet the case management or intervention needs of the identified prisoner.
	Safety Orders are carefully considered and any prisoner separation is based on the individual risk and need of the prisoner and the reason for separation.

Accountability:

General Manager of a corrective services facility	<ul style="list-style-type: none"> Develops relevant processes to manage identified risks and oversees the application of risk mitigation tools.
Correctional Manager	<ul style="list-style-type: none"> Supports General Manager of the corrective services facility in the oversight of risk management processes and risk mitigation tools. Supports staff in the application of risk management.
Correctional Supervisor	<ul style="list-style-type: none"> Oversees the identification of risk. Implements risk mitigation tools and strategies.
Senior Psychologist	<ul style="list-style-type: none"> Considers applications for placement of prisoners in Safety Units. Supports staff in the Sch3/10(1)(i) treatment and management of prisoners.
Psychologist	<ul style="list-style-type: none"> Provides expert advice in the management of risks.
Doctor or relevant health practitioner	<ul style="list-style-type: none"> Provides expert advice where required. Conducts an examination of prisoners where required.
Official Visitor	<ul style="list-style-type: none"> Reviews Safety Order conditions if requested by a prisoner.
Risk Assessment Team	<ul style="list-style-type: none"> Develops At-Risk Management Plans (ARMP) and conducts reviews.
Corrective Services Officer	<ul style="list-style-type: none"> Remains vigilant to indicators and risks, assesses risks and intervenes using identified mechanisms where appropriate.

Process Owner: Statewide Operations and Specialist Operations maintain ownership and responsibility for review and amendment of the Practice Directive.

Sch3/10(1)(i)

Risk of Harm to Self

Queensland Corrective Services (QCS) has a duty of care to provide a safe environment for prisoners managed within QCS facilities and is committed to minimising the risk of prisoners self-harming and completing suicide.

Sch3/10(1)(i)

All staff involved in the management of prisoners have responsibilities and professional accountabilities in minimising harm and prevention of loss of life by:

- [redacted] relevant training [redacted] (including cultural awareness training)
 - For example, staff must have an understanding of Aboriginal and Torres Strait Islander culture and history and how these factors influence the risk of self-harm or suicide for Aboriginal and Torres Strait Islander prisoners in custody.
- being thoroughly familiar with the process of identification and management of "at-risk" prisoners within the corrections environment;
- being alert to behaviours that may indicate that a prisoner is at-risk (refer Indicators of At Risk Behaviour Appendix AR1)
- being aware that particular events in a prisoner's life may elicit self-harm, suicide and attempted suicide and should address any perceived anxiety a prisoner may have in relation to the at-risk management process (refer Periods of Critical Risk Appendix AR2)
- being aware of individuals and groups who are more vulnerable to at-risk behaviour (refer Predisposing Risk Factors Appendix AR3); and
- having a knowledge and understanding of the responsibilities of officers responding to emergency incidents;

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Identification of At-Risk Indicator

A self-harm/suicide risk assessment must be undertaken:

- if officers are alerted to behaviours that may indicate that a prisoner is at risk of self-harm or suicide (refer Indicators of At Risk Behaviour Appendix AR1)
- if officers are aware of particular events in a prisoner's life that may elicit self-harm or suicide (refer Periods of Critical Risk Appendix AR2)
- following transfer of a prisoner if a prisoner applies for protection status
- if a prisoner demonstrates self-harming/suicidal behaviour
- if a prisoner expresses an intent to self-harm or commit suicide (refer – Hunger Strikes in this Practice Directive); or
- if other events arise for a prisoner that may be potentially distressing (e.g. outcome from a court/board proceeding, pending discharge from custody to the community) (refer Periods of Critical Risk Appendix AR2).

Staff must ensure that appropriate notifications and referrals for assessment are conducted and the referring officer must record the event as a case note. Refer IOMS – Current Self-harm episode > Actions > New Self harm document > Case note. If a Notification of Concern is not required, the assessing psychologist (or registered nurse in private prisons) must record the details of the assessment as a case note.

In accordance with *Corrective Services Act 2006* (CSA) ss 3 and 266, staff must maintain an awareness of the specific at-risk management issues pertaining to offenders with special needs including:

- Aboriginal and Torres Strait Islander prisoners
- female prisoners
- youthful prisoners
- prisoners from culturally and linguistically diverse backgrounds
- prisoners with intellectual disability/cognitive impairment
- prisoners with psychological/psychiatric disability or disorder
- prisoners with a history of self-harm or attempted suicide
- aged prisoners; and
- transgender prisoners

Sch3/10(1)(i)

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Immediate Response – [REDACTED] (excluding Helana Jones Centre and Princess Alexandra Hospital Secure unit (PAHSU))

If [REDACTED] there is any reason to believe that a prisoner may be at risk of self-harm or suicide, the prisoner must be kept in a Corrective Services Officer's **line of sight at all times** to minimise the risk of self-harm and suicide until a [REDACTED] assessment is conducted by a Psychologist (or registered nurse in private prisons) and any required subsequent action is taken (e.g. observations commenced).

If an attempt to self-harm, suicide or apparent death is [REDACTED] refer Practice Directive Incident Management.

For at-risk prisoners accommodated in the Maximum Security Unit (MSU), refer Practice Directive Prisoner Accommodation Management: Maximum Security Unit.

Notification of Concern (excluding Helana Jones Centre and PAHSU)

If a prisoner is identified as being at risk of self-harm or suicide, a corrective services officer must immediately report these observations to the correctional supervisor and complete Notification of Concern Administrative Form 53, as soon as practicable. [REDACTED]

Relevant Notifications (excluding Helana Jones Centre and PAHSU)

Once advised that a prisoner may be at risk of self harm or suicide, the correctional supervisor must immediately ensure the safety of the prisoner and must notify:

- the relevant accommodation manager (or duty manager after hours); and
- the senior psychologist/psychologist (or registered nurse in private prisons).

If the prisoner identifies as an Aboriginal or Torres Strait Islander, the correctional supervisor must also notify the relevant Aboriginal and Torres Strait Islander staff members (e.g. cultural liaison officer, counsellor, support worker and/or any other relevant corrective services officer).

The correctional supervisor may, if appropriate and in line with Queensland Government Information Privacy Principles notify family members and/or Aboriginal and Torres Strait Islander elders to arrange contact with the prisoner (e.g. via a visit, telephone call or video link-up). Queensland Government Information Privacy Principles are available at: <http://www.rti.qld.gov.au>

Initial Assessment

Following the completion of a Notification of Concern Administrative Form 53, an initial assessment of risk must be conducted by a psychologist (or a registered nurse in private prisons) as soon as practicable. [REDACTED]

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If a prisoner will not co-operate with an at-risk assessment, it should be assumed that they are at-risk until this can be determined otherwise. The prisoner should remain in the line of sight of a custodial officer until a risk assessment can be completed and any required subsequent action is taken (e.g. observations commenced).

Additional Considerations – After Hours Considerations	
	Where an Initial Assessment following a Notification of Concern cannot be conducted as there are no psychologists (or registered nurse in private prisons) available after business hours, the prisoner is to be placed on a
	An Initial Response Plan Administrative Form 54 and Observation Log Administrative Form 57 are to be completed by the correctional supervisor.

	<p>The correctional supervisor is to brief the duty manager and gain approval for the Initial Response Plan Administrative Form 54. This approval is to be written onto the Initial Response Plan and entered as an IOMS case note, under the At-Risk (Suicide/Self-harm) Management category. The prisoner is to remain in a corrective services officer's line of sight at all times until the Initial Response Plan Administrative Form 54 has been approved.</p> <p>A psychologist is to conduct an assessment as soon as practicable on the next business day, at which time the assessing psychologist, in consultation with the senior psychologist will determine whether continuing observations are required.</p>
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Princess Alexandra Hospital Secure Unit (PAHSU)

Management of prisoners admitted as inpatients to the PAHSU will become the responsibility of the PAHSU Medical Director. The PAHSU Medical Director, Nursing Coordinator, correctional supervisor or custodial representative in consultation will determine the appropriate management of at-risk prisoners whilst admitted as inpatients.

Observations

The PAHSU Medical Director will determine observation requirements for prisoners admitted to the PAHSU. Corrective Services officers situated in the outpatients ward are responsible for conducting observations of at-risk PAHSU day patients.

Helana Jones Centre)

- advise staff in the immediate area of the officer's concerns
- arrange for placement of the prisoner in an area where they can be closely monitored until any required subsequent action is taken (e.g. observations commenced)
- ensure that the General Manager or nominee of the corrective services facility is notified as soon as practicable
- if services are available, notify the Queensland Health Nurse Unit Manager/registered nurse
- notify the senior psychologist/psychologists; and
- complete the Notification of Concern Administrative Form 53 as soon as possible and forward to the General Manager of the corrective services facility or nominee.

The relevant manager must, at a minimum:

- coordinate the internal and external responses to manage the security and integrity of the entire facility
- arrange further assessment
- if appropriately qualified, personally determine at-risk level; or
- where assessment and ongoing observation are not possible, arrange for the transfer of the prisoner to an appropriate secure facility where appropriate levels of support and intervention can be received (refer – Transfer to a Secure Facility section).

If an attempted self-harm, suicide or apparent death is discovered, refer Practice Directive: Incident Management.

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<p>Additional Considerations Placement of a Prisoner in a Padded Cell</p>	<p>A padded cell should only be used as a last resort for placement, having considered all other placement options.</p> <p>Padded cells are to be used only after due consideration for the best management of the prisoner in line with duty of care principles. Placement of a prisoner in a padded cell should only occur if the prisoner is assessed as being at imminent risk of engaging in self-harming behaviours that places the prisoner at risk of death or serious injury.</p> <p>Placement of a prisoner in a padded cell involves the prisoner being separated from the general prisoner population and therefore the requirements of a safety order must be adhered to (refer Practice Directive Safety Orders and Intensive Management Plans: Safety Orders).</p> <p>Placement in a padded cell should only occur for the minimum time necessary to manage the prisoner's imminent risk of engaging in self-harming behaviours.</p> <p>A review of a prisoner's placement in a padded cell must occur in accordance with at risk management process within 24 hours of placement in the padded cell or next business day as coordinated by a psychologist (or a registered nurse in a private prison).</p> <p>During business hours The General Manager's nominee must make the decision to place a prisoner in a padded cell upon receiving advice in relation to the prisoner's placement from a psychologist (or a registered nurse in a private prison) and a custodial supervisor. A decision to remove the prisoner from the padded cell must be made after discussion with a psychologist (or a registered nurse in a private prison) and a custodial supervisor. The reasons for these decisions must be recorded in a case note.</p> <p>Outside business hours The duty manager must make the decision to place a prisoner in a padded cell upon receiving advice in relation to the prisoner's placement from a custodial supervisor (and a registered nurse in a private prison). A decision to remove the prisoner from the padded cell must be made after discussion with a custodial supervisor (and a registered nurse in a private prison). The reasons for these decisions must be recorded in a case note.</p> <p>Contingency Checklists The Contingency Checklists must be completed by the relevant person. Refer At Risk First Officer Response Low Custody Administrative Form 59; - At Risk Supervisor Response Low Custody Administrative Form 60; -</p>
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Transfer and Escort to Secure Facility

If an at-risk prisoner is to be transferred between corrective services facilities, the officer responsible for authorising the transfer must ensure that:

- a sending facility staff member advises an appropriate receiving facility staff member (e.g. correctional supervisor, senior psychologist, manager, sentence management) and transporting officer, verbally at minimum, of the prisoner's risk level as assessed prior to departure from the sending facility. The sending facility must provide this advice *prior* to the prisoner's departure from

that facility. The sending facility staff member must also confirm with the receiving facility staff member that the receiving facility has the capacity to conduct observations of the prisoner to the required level; and

- the escorting officers are provided with all necessary documentation including a copy of the [redacted] At Risk Management Plan [redacted] and sufficient copies of Observation Log – At-Risk Prisoner Administrative Form 57 to record observations throughout the escort.

Upon arrival at the receiving facility, the transporting officers must provide the receiving facility with:

- Transfer Summary Administrative Form 62 and Order for Transfer of a Prisoner Approved Form 9
- all necessary documentation including a copy of the [redacted] At Risk Management Plan [redacted] and completed copies of Observation Log – At-Risk Prisoner Administrative Form 57 that record observations throughout the escort; and
- a verbal report of the prisoner's presentation during the transfer, with a particular focus on any issues that may be pertinent to the prisoner's at-risk status.

Receiving facility staff members who are given any information about the prisoner's at-risk status (including the verbal report from the transporting officer) must ensure that the correctional supervisor is advised of this information as soon as practicable, and make a case note of the information they received from the transporting officer.

An assessment of risk must be conducted by a psychologist (or a registered nurse in a private prison) following transfer of an at-risk prisoner from another facility [redacted]. The at-risk prisoner must be managed in accordance with the observation level set by the sending facility until a RAT meeting can be convened, unless it is determined that the prisoner's risk level has escalated and more frequent observations are required. [redacted]

If more frequent observations are required, the psychologist and correctional supervisor must complete a new copy of the relevant paperwork – Notification of Concern Administrative Form 53, Initial Assessment At-Risk Prisoner Administrative Form 56 and Initial Response Plan Administrative Form 54

The correctional supervisor must then take the required steps to ensure that appropriate at-risk management strategies are identified and utilised for that prisoner.

Risk of Harm to Self Ongoing Management

Convening the Risk Assessment Team (RAT) – (except PAHSU)

A Risk Assessment Team (RAT) meeting must be convened as soon as practicable following initial assessment and implementation of an initial response plan. The purpose of the meeting is to develop and document a comprehensive At Risk Management Plan (ARMP) Administrative Form 63 based on a range of professional assessments to ensure the safe management of each at-risk prisoner including the level of observations attributed to each case.

At a minimum, the RAT must consist of a representative from each of the following areas:

- correctional supervisor
- psychological services; and
- Aboriginal and Torres Strait Islander representative if the at-risk prisoner identifies as an Aboriginal or Torres Strait Islander person.

The RAT must independently conduct a personal assessment of each prisoner as soon as practicable, but on the same day, prior to the meeting, in accordance with their professional role and area of employment. Correctional supervisors conducting this assessment should be those which are employed within the at-risk prisoner's accommodation area.

The correctional supervisor, psychologist and Aboriginal and Torres Strait Islander representative (if applicable) who conducted the assessment of the prisoner should attend the RAT meeting in person. Where personal attendance is not possible, the nominee who attends in their absence should also be familiar with the prisoner being reviewed.

The At Risk Assessment Reports Administrative Form 64A must be completed by the correctional supervisor and cultural liaison officer using IOMS prior to the RAT Meeting. The At Risk Assessment Report Administrative Form 64B must be completed by the psychologist using IOMS prior to the RAT meeting. The signed hard copies of these reports should be placed on the offender management file after the meeting.

These reports should include, but are not limited to, the following information:

Correctional Supervisor Report

- an assessment of risk
- a summary of information obtained from interview with the prisoner
- a summary of the prisoner's behaviour and interactions (including with other prisoners) within the unit compiled from the observation records since the last risk assessment meeting
- a summary of log book notes
- a summary of Prisoner Telephone System recordings (if possible, practicable and/or relevant)
- a Sch3/10(1)(i) recommendation on where an prisoner should be placed including any recommendations to address any environmental risks (i.e. Removal of hanging points);
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- whether a temporary Safety Order/Safety Order is in existence or should be made/ extended.

FORM: At Risk Assessment Reports Administrative Form 64A

Psychologist Report

- an assessment of risk
- a report on the psychological status of the prisoner
- recommendations for ongoing support
- recommendations for specialist intervention Sch3/10(1)(i) (if required)
- any behavioural problems
- an assessment of the prisoner's social, relationship, family matters (stressors)
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- any welfare/personal issues such as religious needs, visits and phone calls; and
- any information that may assist in the effective management of the prisoner.

Cultural Liaison Officer (or Aboriginal and Torres Strait Islander Representative) Report

- an assessment of risk
- an overview of any welfare needs or cultural issues being experienced by the prisoner;
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- a summary of cultural supports and links to community.

FORM: At Risk Assessment Reports Administrative Form 64A

Risk Assessment Team (RAT) Meeting

Requirements for the RAT meeting are:

- The RAT must be chaired by the senior psychologist or relevant manager where the senior psychologist is not available.
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- The chair of the RAT meeting should not have completed an assessment of a prisoner under review at the meeting to ensure that objectivity is maintained
- The chair must ensure minutes are recorded (refer Minutes of Risk Assessment Team Meeting Administrative Form 65)
- RAT meetings should be held at least once per week (i.e. 7 days) for each at risk prisoner
- RAT members must consider all reports (including any current/recent At Risk Management Plans, and suitable containment and intervention options for each at risk prisoner.

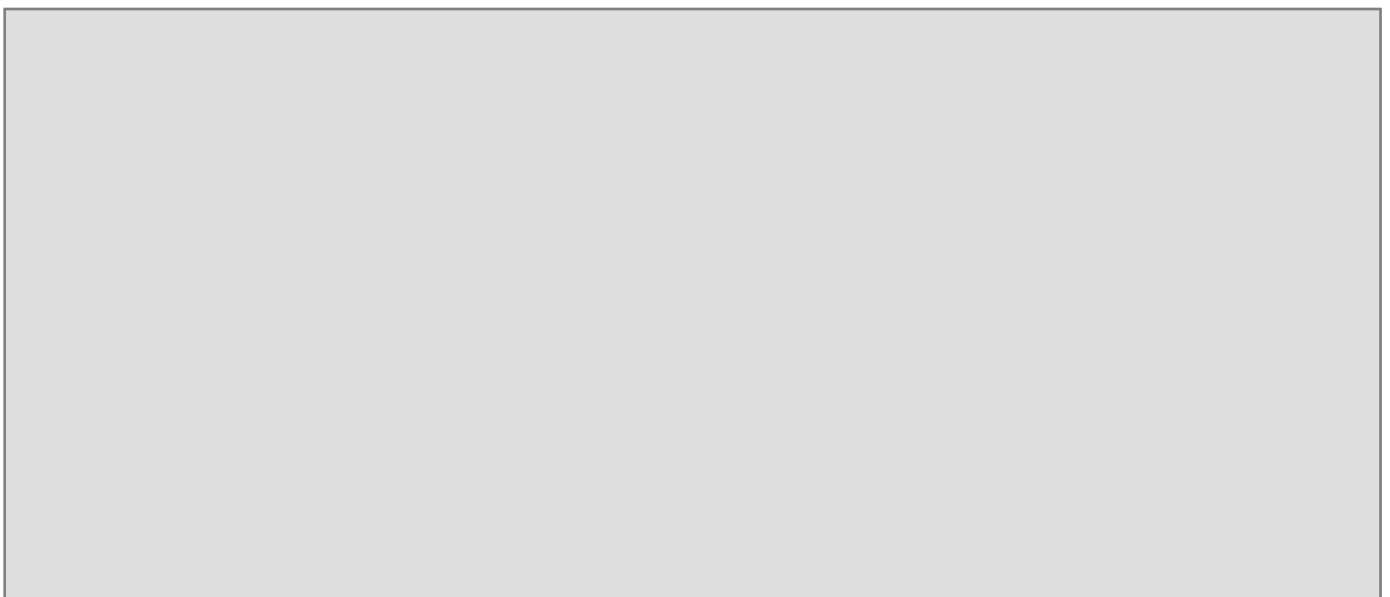
- RAT members must consider the suitability of the current or proposed cell accommodation for the prisoner (this includes determining adequacy of cell infrastructure, any specific risks posed by the accommodation such as hanging points and if necessary, making recommendations to the centre to mitigate against risk posed by cell infrastructure);

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- An ARMP must be developed and documented for each at risk prisoner.
- If members propose different plans, the team should adopt the most conservative approach to observations and cessation of the ARMP (e.g. if most of the team suggests 60 minute observations, but one member wants 30 min observations, 30 min observations should be conducted) (refer At Risk Management Plan Administrative Form 63)
- The RAT should consider whether a Safety Order is made with conditions which are consistent with ARMP (refer to Practice Directive Safety Orders and Intensive Management Plans: Safety Orders)
- The RAT chair or approved nominee must present to the General Manager or nominee of a corrective services facility for ratification and signature for each prisoner:
 - an ARMP Administrative Form 63 and:
 -
 - Minutes of Risk Assessment Team Meeting Administrative Form 65.

Hard copies of the Minutes of Risk Assessment Team Meeting Administrative Form 65 and At Risk Management Plan Administrative Form 63 must be completed by the meeting chair and placed on the Offender Management File. As soon as possible after the meeting, a designated person must enter the required information in IOMS and attach a copy of the documents as an electronic attachment.



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Implement At-Risk Management Plan (ARMP) and Ongoing Management

Following authorisation by the General Manager or nominee of a corrective services facility, an at-risk prisoner must be managed in accordance with the ARMP ensuring that the prisoner has a high level of support and intervention. Refer At-Risk Management Plan Guidelines Appendix AR6.

All original forms completed for an at-risk prisoner must be placed on the Offender Management File with copies on the medical file and in IOMS.

Review of At-Risk Management Plan (ARMP)

The reports of all RAT team members must be provided and considered during the RAT meeting. The most conservative approach must be taken when determining the frequency of observations an at-risk prisoner should be subject to.

For example, if two members of the RAT consider a prisoner to be at medium risk and two members of the RAT consider a prisoner to be at low risk, the prisoner would be considered as being at medium risk of self harm or suicide.

Where a prisoner is under extreme, high, or medium levels of risk, they must be progressed down through each observation level prior to removal from the ARMP, at which time all members of the RAT must agree that the prisoner is no longer at an acute risk of self-harm or suicide. As 30 and 15 minute

observation levels are both considered to represent a high level of risk, progression through both levels of observations is not required prior to reduction to a medium level of risk but can be utilised if necessary.

When considering the frequency of review of a prisoner's observation levels through the Risk Assessment Team, the presenting risks must be addressed and staff should ensure that there has been sufficient time to assess for stability and a change in any risk factors.

Termination of the At-Risk Management Plan

A prisoner's initial accommodation needs should be considered following termination of the At-Risk Management Plan. Such considerations should include whether the prisoner is suitable for accommodation on the upper level of an accommodation unit, whether the prisoner has social support nearby [redacted] Specific accommodation needs are to be considered for all prisoners being removed from observations and documented within the Minutes of Risk Assessment Team Meeting Administrative Form 65.

Following review of the ARMP, the correctional supervisor must discontinue the ARMP using the At Risk Management Plan Administrative Form 63 and present to the General Manager or nominee of the corrective services facility for ratification and signature. This information must be electronically attached in IOMS using a New Self Harm Document, At-Risk Management Plan.

If a prisoner is not considered at an elevated risk of self-harm or suicide and the ARMP is no longer required, the General Manager of a corrective services facility or nominee may determine that the prisoner is still not ready to be managed within the Agency's mainstream correctional environment [redacted]

[redacted] In such circumstances, an Intensive Management Plan should be devised (refer to Practice Directive Safety Orders and Intensive Management Plans: Intensive Management Plans).

If the prisoner is placed on a Safety Order, an Intensive Management Plan may be developed to assist in the prisoner's reintegration into the mainstream population.

Discharge of Prisoner Currently or Previously At-Risk

If a prisoner in custody who is subject to a current At-Risk Management Plan is to be discharged to the community (e.g. release to liberty, release to parole), the prisoner's at-risk status must be considered for transitional and pre-release planning. This should also occur for prisoners who have previously been assessed to be at-risk or have a history of self-harm or suicide attempts.

For prisoners in custody who are subject to a current At-Risk Management Plan and are to be discharged from custody and subject to community supervision, contact should be made with the relevant Probation and Parole office to advise them of the prisoners risk status. Staff must ensure that appropriate notifications are conducted and the referring officer must record the event as a case note. Refer IOMS – Offender Management > Self Harm > Current Self harm episode List > Actions > New Self harm document > Case note.

Timeframe	Priority event as soon as practicable after the identification of an at-risk prisoner.
Responsible Officer	<p>Corrective Services Officers are responsible for remaining vigilant to and alerting Correctional Supervisors to the indicators and events related to potential self-harm or suicide and any self-harming prisoners engage in.</p> <p>Corrective Services Officers are responsible for supervising and monitoring prisoners presenting at-risk or at-risk of self-harm or suicide in accordance with this Practice Directive.</p> <p>Correctional Supervisors are responsible for raising relevant notifications and participating in the RAT assessment/meeting and any subsequent reviews and the ongoing supervision and monitoring of the prisoner.</p> <p>Psychologists or registered nurses (private centres) are responsible for identifying prisoner(s) with self-harm history and managing the initial assessment and response prior to the RAT meeting and participating in the RAT assessment/meeting and the on-going supervision and monitoring of the prisoner.</p> <p>Senior Psychologists are responsible for raising the Self Harm Episode History Flag where relevant.</p> <p>Cultural Liaison Officers are responsible for participating in the RAT meeting/assessment and the on-going supervision of the prisoner, where applicable.</p>
Approval and Review	<p>The Correctional Supervisor is responsible for the oversight of prisoners under Self-Harm Observations.</p> <p>The Correctional Manager is responsible for the oversight of prisoners under Self-Harm Observations.</p> <p>The General Manager of a corrective services facility is responsible for oversight of the process and involvement in the prisoner transferring to a secure facility, where applicable.</p>

Hunger Strikes

Identifying a Hunger Strike

A hunger strike is the deliberate refusal of food or fluid and in a number of cases is used for the purpose of obtaining a desired outcome. A prisoner who chooses not to eat a meal for any other reason (feeling unwell or a dislike for what is being offered), is not classed as being on a hunger strike.

If a prisoner declares or appears to be participating in a hunger strike to a corrective services officer, an officer must:

- immediately advise a correctional manager and/or correctional supervisor
- advise the prisoner that placing himself or herself on a hunger strike is not considered appropriate and that this may result in:
 - separation on a safety order; and/or
 - transfer from a low custody facility to a secure facility (if applicable); and

- inform the prisoner that a hunger strike will be recorded as an incident, which may be considered in future management decisions for the prisoner.

A prisoner, will be provided a period of no longer than 24 hours (but a minimum of at least two meal periods) to confirm whether they wish to commence a hunger strike. The officer must confirm with the prisoner after the designated period of time if the prisoner intends to commence a hunger strike.

Initial Notification

- Following confirmation that a prisoner is on a hunger strike it must be reported immediately to the nurse unit manager or senior nurse on duty
- the General Manager of the corrective services facility or nominee (the duty manager must be advised after hours); and
- relevant persons by means of an incident report

The General Manager or Deputy General Manager of the corrective services facility must make the final decision in consultation with health centre staff regarding the management of a prisoner while on a hunger strike.

In low custody facilities, the General Manager of the corrective services facility or Deputy General Manager of the corrective services facility must assess the need to transfer the prisoner to a secure facility, refer to Practice Directive Sentence Management: Transfers.

The General Manager of the corrective services facility or nominee, or after hours the duty manager, must arrange within eight (8) hours of being advised of a confirmed hunger strike, for the prisoner to be interviewed in order to ascertain the circumstances and reasons for the prisoner refusing to eat and/or drink.

A prisoner on a hunger strike must be considered at risk of self-harm or suicide and managed in accordance with the Risk of Harm to Self section of this Practice Directive.

Initial Requirements

The General Manager of the corrective services facility or nominee must provide for the management of a prisoner on a hunger strike including:

- the nurse unit manager is notified of any concerns, including significant events or changes in the prisoner's behaviour
- a psychological assessment is undertaken (refer Risk of Harm to Self section of this Practice Directive); and
- ensuring that:
 - the prisoner is accommodated in an area that provides for the management of the prisoner in accordance with the Risk of Harm to Self section of this Practice Directive and, where relevant, the Practice Directive Safety Orders and Intensive Management Plans: Safety Orders (refer CSA s53 (1)(a))
 - access to buy-ups continues
 - offers of all meals are made at each scheduled meal period and the response to each offer recorded in a designated log book
 - significant events or changes in the prisoner's behaviour are case noted in IOMS
 - the prisoner is not permitted to engage in any physical activity, such as sport, that may impact on the physical effects of refusal to eat or drink.

Psychological Assessment

A psychologist must assess the prisoner as soon as practicable following confirmation of the prisoner's refusal to eat and/or drink.

The psychologist must provide the General Manager of the corrective services facility with a written report outlining factors contributing to the refusal to eat and/or drink and make recommendations for intervention.

Health Services Requirements

A prisoner capable of making informed choices with regard to the management of their health issues must have those choices respected unless this results in an adverse event that places the prisoner or others at risk.

A health practitioner will determine if a prisoner requires treatment within the corrective services facility or at an external health facility.

Documenting the Hunger Strike

The General Manager of the corrective services facility or nominee must maintain details of actions taken subsequent to the identification that a prisoner is on a hunger strike. This must ensure all stages of the incident are fully documented by the corrective services officers involved in the prisoner's management, including any religious or philosophical beliefs of the prisoner.

Medical assessments and reports will be filed on the prisoner's medical file.

Non-medical assessments and reports must be scanned and attached to IOMS.

Situational Report of the Hunger Strike

A situational report must be forwarded to the Deputy Commissioner in circumstances where a health practitioner is considering admitting a prisoner on hunger strike to an external health facility. The General Manager or deputy General Manager of the corrective services facility will nominate a staff member to complete the report. The report must include:

- the prisoner's physical health provided by a health practitioner
- a psychologist's assessment of the prisoner's emotional/psychological state and appraisal of intervention strategies employed
- the prisoner's behaviour detailing any significant events; and
- any other relevant comments.

Cessation of Hunger Strike

When a corrective services officer becomes aware that a prisoner has ceased a hunger strike and has commenced eating and/or drinking, the officer must notify the General Manager of the corrective services facility or nominee and the nurse unit manager.

A case note must be entered in IOMS detailing the cessation of the hunger strike.

The incident report must be updated to reflect the cessation of the hunger strike and if known the reason/s the prisoner ceased the hunger strike.

Responsible Officer	All Corrective Services staff are responsible for remaining vigilant to risk of a hunger strike and undertake intervention in accordance with this Practice Directive.
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BREACHES OF DISCIPLINE		BOD
Version: 02	Implement date: 17/09/2018	Availability: In-Confidence

Performance Standard: Any risk to the safety and security of the facility, staff and prisoners is identified and where possible prevented or managed with swift and appropriate intervention (using identified tools) to prevent the event escalating.

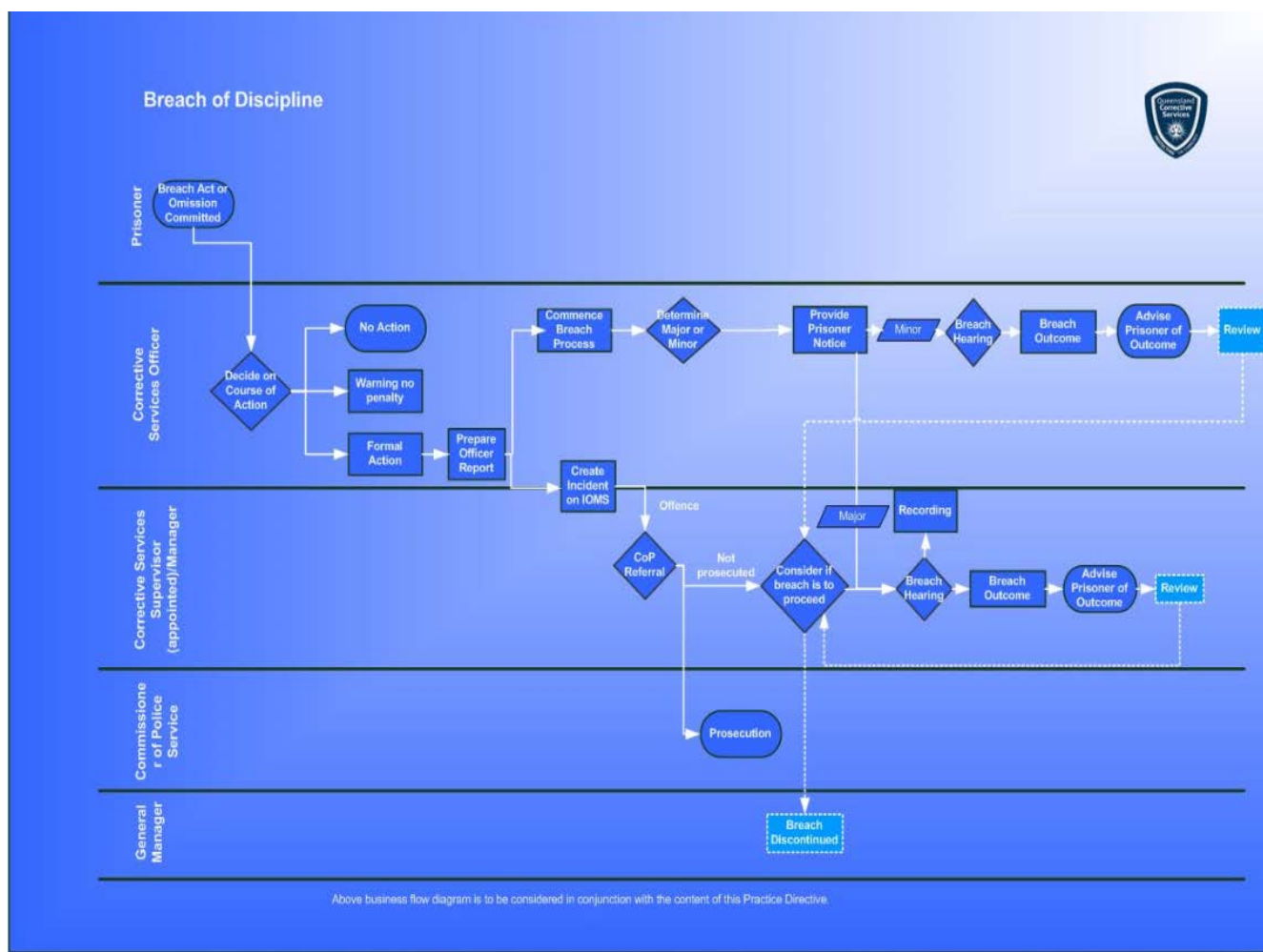
Outcomes:

	Incidents are reported in a timely and accurate manner.
	Breach proceedings are fair consistent and without bias with the dignity and rights of prisoners; including those with different beliefs, cultures and religions; respected.
	Advise prisoners (sentenced and remand) of obligations, rights entitlements and rehabilitation opportunities.

Accountability:

General Manager of a corrective services facility	Develops relevant processes to manage identified risks and oversees the application of risk mitigation tools.
Correctional Manager	Supports General Manager of the corrective services facility in the oversight of risk management processes and risk mitigation tools. Supports staff in the application of risk management.
Correctional Supervisor	Oversees the identification of risk. Implements risk mitigation tools and strategies.
Corrective Services Officer	Remains vigilant to indicators and risks, assesses risks and intervenes using identified mechanisms where appropriate.

Process Owner: Statewide Operations maintains ownership and responsibility for review and amendment of the Practice Directive.



Overview

Refer – CSA, s. 113–121 and resource - Administrative Decision Making.

Refer to Guide for Deciding Officers and Reviewing Officers

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The disciplinary process must provide a prompt, non-adversarial and procedurally fair mechanism to deal with alleged internal disciplinary breaches by prisoners. All acts or omissions must be dealt with separately and based on the circumstances of each individual occurrence.

Breach proceedings are to be fair, consistent and without bias with the dignity and rights of prisoners; including those with different beliefs, cultures and religions; respected

Referring Officer – the officer who observes or become aware of an alleged breach of discipline and decides to initiate the breach of discipline process.

Deciding Officer – the officer who conducts the initial hearing of an alleged breach of discipline and makes decisions, firstly on whether the prisoner is guilty or not guilty of the alleged breach and secondly whether any penalty is to be imposed on the prisoner in circumstances where a finding of guilt has been made.

Reviewing Officer – the officer who conducts a review of the alleged breach of discipline (where requested by the prisoner) and makes new decisions, firstly on whether the prisoner is guilty or not

guilty of the alleged breach and secondly whether any penalty is to be imposed on the prisoner in circumstances where a finding of guilt has been made.

Collectively, deciding officers and reviewing officers are referred to as hearing officers.

For each alleged breach of discipline, the above roles must be performed by different officers, acting independently of each other.

Officers performing the above roles must be authorised to do so by legislative instrument.

Refer – Instrument of Limitation of Corrective Services Officers' Powers.

Breach Act or Omission Committed

Breaches of discipline are acts or omissions committed by prisoners, as described in section 5 of the Corrective Services Regulation 2017.

Breaches of discipline may be identified by direct observation by an officer or by evidence including:

- officer reports/witness statements
- tests or samples
- CCTV footage
- photographs
- other forms of physical evidence e.g. damaged equipment, unauthorised items made by prisoner
- other documents.

Decide on Course of Action

In responding to the incident or circumstances that give rise to the alleged breach of discipline, the Referring Officer must decide whether to:

- take no further action: or
- Reprimand the prisoner without imposing any penalty: or
- commence a breach of discipline process, in accordance with this Practice Directive: 3/10(i)

In deciding on the appropriate course of action, a referring officer is to use their discretion and may seek advice from other officers. An officer must not impose a penalty on a prisoner for an alleged breach of discipline, other than through a breach of discipline process in accordance with this Practice Directive.

Additional Considerations- Positive Drug Test result	Where a drug test confirms a 'positive' result for drug use by a prisoner, a referral to the CoP is not required, as a positive drug test in itself is not an offence in Queensland. A positive drug test, in the absence of any other alleged criminal conduct, should be dealt with as a breach of discipline only, subject to the requirements of Practice Directive: Substance Testing.
	All incidents regarded as minor which do not constitute an offence or breach of discipline, should be addressed by the relevant field supervisor, usually through individual counselling and the completion of a Behaviour/Performance Report.

<p>Additional Considerations- Breaches involving prisoners assigned to Work Camps</p>	<p>When an incident involves a prisoner allegedly committing an offence or breach of discipline the field supervisor must advise the responsible manager, in person or by telephone, as soon as practicable and provide a risk assessment to the manager, by end of duty on that day, or sooner, as required by the manager.</p> <p>The manager must contact the General Manager of the corrective services facility to which the respective work camp is aligned as soon as possible if the responsible manager has any concerns regarding the management and supervision of the prisoner and whether the prisoner's placement needs to be reviewed.</p>
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Prisoners should not be automatically transferred from a residential accommodation to secure accommodation area if a breach of discipline is alleged. If a breach of discipline is considered to be of a minor nature the prisoner may continue to reside in the residential accommodation area.

Prepare Officer Report

If a prisoner allegedly commits an act or omission which could be dealt with as an offence or as a breach of discipline, the Referring Officer must complete an officer's report detailing the circumstances of the act or omission. If an incident report is raised in IOMS, an officer's report must be completed. The officer's report must describe the circumstances of the alleged breach or offence in as much detail as possible, including time, date and location.

CoP Referral

If it is determined that the matter is to be referred to the CoP for consideration as an offence, the prisoner must be advised verbally by an officer within 24 hours of this determination. The time and date of verbal notification must be recorded in the incident recorded in IOMS.

The CoP must be advised of the matter within 48 hours of the prisoner being advised that the matter will be referred to the CoP.

An officer must not commence proceedings (refer – Commence Breach Process) against a prisoner for an alleged breach of discipline if the matter was referred to the CoP under CSA s114(2)(b), unless the CoP has advised that the matter will not be prosecuted as an offence.

Refer – CSA s.113(4)-(5), 114(2)(b); Instrument of Delegation of Chief Executive Powers - *Corrective Services Act 2006*.

The General Manager of the corrective services facility must establish a process of monitoring the return of incidents for breach action from the CoP.

Refer – CSA s116(2)(a).

Actions if CoP Decides Not to Prosecute Matter as an Offence

If an act or omission referred to CoP under – CSA s. 114(2)(b) is not to be prosecuted as an offence, the General Manager or nominee must consider whether to:

- Commence the breach process via Form 23: or
- Take no further action

In making a determination, the General Manager or nominee should consider the following factors:

- whether there is sufficient evidence likely to result in a finding of guilt in a breach process
- the relative severity of the alleged act or omission by the prisoner
- whether proceeding with the breach process is in the best interests of the centre, having regard for the purpose of prisoner discipline (also taking into account the prisoner's institutional behaviour since the alleged act or omission occurred)
- whether other formal actions have been taken to manage the prisoner's behaviour in the period following the alleged act or omission (e.g. use of an Intensive Management Plan), which negate the need for a breach process
- the amount of time that has elapsed since the alleged act or omission; and
- the availability of the prisoner to participate in the breach process.

If a determination is made not to proceed with the breach process, this must be documented on the Incident report in IOMS, including the reasons for the determination.

If the breach process is to commence, it must be progressed as a 'major' breach.

A General Manager or nominee may direct an officer to perform the role of Referring Officer and commence a breach process; where a matter has been returned from CoP and it has been determined that breach action is appropriate.

Statutory Timeframes for Dealing With Breaches.

If the matter was referred to the CoP and the CoP advises the Chief Executive or delegate that the matter will not be prosecuted as an offence, as soon as practicable, but within 14 days after the Chief Executive or delegate receives the advice, a decision on the alleged breach must be made (i.e. 14 days in which the breach hearing/decision must occur commences from the time CoP advice has been received by a QCS officer).

For example: An act or omission has been referred to the Corrective Services Investigation Unit (CSIU) under CSA s114(2)(b) via an IOMS incident report. CSIU communicate a decision not to prosecute to the corrective services facility on a Friday via the IOMS incident report but an officer at the facility first becomes aware of this on the following Monday morning. The 14 day period in which a breach decision must be made commences from the Friday, i.e. the day the advice was received.

If the matter was not referred to the CoP, a decision on the alleged breach must be decided for a minor breach of discipline within 24 hours after the time the alleged breach happened.

If the matter was not referred to the CoP, a decision on the alleged breach must be made for a major breach of discipline as soon as practicable, but within 14 days, after the Deciding Officer becomes aware of the alleged breach.

Refer – CSA s116(1); Instrument of Limitation of Corrective Services Officers' Powers - Corrective Services Act 2006.

Commence Breach Process

Where the matter is not being prosecuted as an offence the Referring Officer must:

- As soon as practical:
 - raise a breach of discipline in IOMS and link any associated incidents. The date of the breach of discipline recorded in IOMS must be the date on which the act or omission occurred (this may be different from the awareness date). If the date of the act or omission cannot be determined

exactly, 'between dates' may be used e.g. "On a date between 16 and 20 June 2014, prisoner Jones damaged the television in his cell."

For example:

A prisoner provides a test sample on the 1 January 2010 and the presumptive test indicated that the sample contains methylamphetamine. The sample is re-tested by the laboratory and confirmatory testing received on 1 February 2010 indicates the presence of methylamphetamine. The date the alleged breach occurred in IOMS must be 1 January 2010. The Awareness date in IOMS would be 1 February 2010.

- complete Part A of Form 23 - Breach of Discipline. The form must provide sufficient details of the circumstances of the act or omission alleged to constitute the breach of discipline and the relevant breach of discipline regulation, refer - CSR 2017 s5;
e.g. if the alleged breach of discipline involves contravening a lawful direction of a corrective services officer, the Referring Officer must describe in specific detail the lawful direction that was contravened by the prisoner, including time, date and location.

The details of the breach will automatically appear in reporting service reports once the matter is raised in IOMS.

<p>Additional Considerations - Breaches relating to prisoner making frivolous or vexatious complaint</p>	<p>A decision that a complaint is unsubstantiated does not necessarily mean the complaint was <i>frivolous or vexatious</i>.</p> <p>A power to breach a prisoner under regulation 5(k) of the Corrective Services Regulation 2017 must only be exercised where:</p> <ul style="list-style-type: none"> • the person who is responsible for authorising the outcome of the complaint has found that the prisoner complaint is frivolous or vexatious; and • the officer hearing the breach of discipline was not the subject of the frivolous or vexatious complaint.
<p>Additional Considerations – Breach of Discipline of a female prisoner, if a child accommodated with her</p>	<p>If a prisoner who has a child accommodated with her in a corrective services facility commits a breach of discipline, any disciplinary action to be taken must consider the best interests of the child.</p> <p>Separation of the child from the prisoner must not be used as a form of discipline and any loss of privileges by the prisoner must not have any unintended result for the child.</p> <p>Child residency should not be used as a part of the hierarchy of privileges and sanctions within the facility to manage the behaviour of the mother. However, continued misconduct of the mother may indicate a need to reassess the accommodation of the child by the Accommodation of Children Panel. Refer CSA s31.</p>

Determine Whether Alleged Breach is Minor or Major

The Referring Officer must make an initial assessment of the severity of the alleged breach of discipline, in terms of whether it is deemed to be a minor or major breach. This assessment must be recorded on Part A of Form 23. (This assessment is not required if the matter has been returned by the CoP with a determination that the matter is not being prosecuted as an offence. In that case, the matter must be progressed as a major breach).

When determining whether an alleged breach of discipline should be dealt with as a minor or major breach, the Referring Officer should consider:

- the seriousness of the breach
- whether it has, or is likely to have, an adverse effect on the good order of the corrective services facility or adversely affect the prisoner or other prisoners
- whether the prisoner was observed by other prisoners or staff when committing the breach
- whether the prisoner's behaviour was intentional or accidental
- the behaviour of other prisoners at the time of the breach and other relevant contextual issues
- whether the prisoner was aware or ought reasonably to have been aware of the relevant rules
- whether the prisoner's behavioural standards complied with the corrective services facility's requirements; and
- any other factor which in the opinion of the Referring Officer is relevant to the seriousness of the breach including past institutional behaviour of the prisoner

Supervisor to Check Breach Details

After the Referring Officer has added the alleged breach to IOMS, the supervisor must review the breach and ensure that:

- the matter is not pending return from the CoP
- the chosen regulation correctly reflects the description of the breach circumstances
- there is sufficient evidence to support the alleged breach
- the officer's report/s adequately describes the circumstances of the alleged breach
- Part A of Form 23 is correct and contains an adequate description of the alleged act or omission

The supervisor should consult with the Referring Officer as soon as practicable on any aspect that requires clarification, action or revision, prior to Part A of Form 23 being issued to the prisoner. If appropriate, the supervisor may substitute a different sub section of s5 of the Corrective Services Regulation, if it more accurately reflects the alleged conduct.

Provide Prisoner Notice of Breach Particulars and Hearing

The Referring Officer must arrange for Part A of the Form 23 to be issued to the prisoner-

For major breaches, Part A of the Form 23 must be provided to the prisoner at least 48 hours before the breach hearing with the prisoner is scheduled to occur. For minor breaches, Part A of Form 23 must be provided at least two hours before the Breach hearing with the prisoner is scheduled to occur. The notice period may be reduced with the prisoner's consent. If a prisoner is known to have learning or comprehension difficulties, the Referring Officer must explain (or arrange a suitable person to explain) the contents of Form 23 to the prisoner.

Part A of the Form 23 contains information advising a prisoner of:

- their right to make verbal or written submissions in their defence at a hearing
- what action to take if they wish to rely on evidence of another person within the facility i.e. they must make a reasonable attempt to obtain written evidence from the person before the hearing
- the method in which they may obtain a copy of the relevant sections of the legislation prior to the breach hearing.

Part A of the Form 23 must be completed detailing sufficient information for the prisoner to understand the circumstances surrounding the alleged breach of discipline.

The officer delivering the Form 23 to the prisoner must ensure that a copy of Part A is given to the Deciding Officer for their reference with the officer's name and the date and time it was given to the prisoner recorded in Part A.

The breach process formally commences when the prisoner is handed the Part A Form 23.

Breach Hearing Conducted by Deciding Officer

A Deciding or Reviewing officer must conduct a hearing with the prisoner to decide whether a breach of discipline was committed.

Prior to the hearing taking place, the Deciding Officer should satisfy themselves about the following matters:

- that the chosen regulation correctly reflects the description of the alleged breach circumstances
- that there is sufficient evidence to support the alleged breach
- that the officer's report(s) adequately describes the circumstances of the alleged breach
- that Part A of Form 23 is correct and contains an adequate description of the alleged act or omission

The Deciding Officer should consult with relevant officers on any aspect that requires clarification or revision. If the Deciding Officer determines that minor changes should be made to the content of Part A of Form 23, these changes can be made in consultation with the prisoner at the hearing. E.g. the time of the alleged breach is recorded incorrectly as 8.30pm when the correct time is 8.30am.

If the Deciding Officer determines that a major change should be made to the content of Part A of Form 23 (e.g. a new regulation subsection is to be added because it more properly reflects the alleged conduct of the prisoner), it will be necessary to cancel the existing Form 23 and re-issue a new Form 23 to the prisoner with the correct information. The prisoner must be provided with a reasonable amount of time to consider the changes before proceeding with the hearing.

The Deciding Officer may decide to conduct further inquiries if they believe the existing evidence is insufficient.

Relevant Factors

The following factors are relevant to the conduct of a hearing

- the Deciding Officer must have no bias in the matter being decided.
- where practicable, the Deciding Officer should have had no involvement in the circumstances which led to the alleged breach of discipline.
- the onus of proof lies with the Referring Officer initiating the breach (not the prisoner) to provide evidence in support of the alleged breach.
- the Deciding Officer must give consideration to the capacity of the prisoner to effectively participate and understand what is occurring during the hearing, including any language or comprehension difficulties that may exist. Strategies to ensure a prisoner's effective participation include inviting a suitable person to support the prisoner at the hearing.
- when considering a major breach of discipline, if appropriate in the circumstances, the Deciding Officer may declare the breach to be a minor breach of discipline and continue proceedings as a minor breach of discipline (refer CSA s117(2)). The Deciding Officer must not upgrade a 'minor breach' matter to a 'major breach' matter.
- the Deciding Officer must advise the prisoner of the available evidence that supports the alleged breach of discipline.
- the Deciding Officer must give the prisoner an opportunity to present a verbal or written

response to the alleged breach. A prisoner must be allowed a reasonable opportunity to question any witness that is called by the hearing officer during the hearing.

- the Deciding Officer must make two key decisions during the Hearing:
- whether the alleged breach is proven to the required standard of proof (refer to standard of proof section)
- if a guilty plea or determination is made, what penalty (if any) is to be imposed on the prisoner.
- before making a final decision on whether the alleged breach is proven, the Deciding Officer must seek a response from the prisoner about this aspect.
- before making a final decision on penalty (where applicable), the Deciding Officer must advise the prisoner on what penalty is proposed and seek a response from the prisoner on the proposal.
- immediately after making a decision the Deciding Officer must advise the prisoner of the decision, that the decision may be reviewed and how a decision is reviewed (refer CSA s118(4)).

Refer CSA s.116 and s.119 (1) and Instrument of Limitation of Corrective Services Officers' Powers.

Refer to Guide for Deciding Officers and Reviewing Officers Appendix BOD 1.

Making and Documenting Decisions by Deciding Officer

Prior to making their decisions, a Deciding Officer must take all relevant factors into consideration, including:

For decisions on whether breach is proven:-

- the available evidence which supports or does not support the alleged breach
- the resolution of any defences offered by the prisoner (resolution involves either accepting or rejecting a prisoner's defences and providing reasons for this determination)
- whether the alleged breach is proven to the required standard of proof

For decisions on whether to impose penalty:-

- the severity of breach;
- any mitigating circumstances that might reduce the prisoner's liability to penalty;
- Sch3/10(1)(i)
- history of breaches committed by the prisoner; and
- institutional behaviour of the prisoner.

It is recommended that a Deciding Officer suspend the hearing, to allow time to consider the evidence and make their decisions in relation to:

- whether the breach is proven to the required standard of proof and
- the penalty (if any) to be imposed.

The Deciding Officer must complete relevant sections in Part B of Form 23. This does not need to be completed during the hearing and may be completed as soon as practicable following the breach hearing.

The Deciding Officer must record adequate reasons for each decision they make in Part B of Form 23, so that the rationale for the decisions can be understood by the prisoner and other persons who may review the matter.

Prisoner to be Notified Immediately of Decision

Immediately after making a decision that a prisoner has committed a breach of discipline and a penalty has been determined, the hearing officer must tell the prisoner the decisions and the reasons for the decisions. Where the decision was made by a deciding officer the prisoner must also be advised:

- that the prisoner may have the decision reviewed; and
- how the prisoner may have the decision reviewed.

If the prisoner indicates they want the breach decisions reviewed, any penalty(s) determined at the hearing are immediately suspended, pending review of the matter by a Reviewing Officer.

If a prisoner alleges an Officer did not comply with a QCS procedure or process and this non-compliance had a direct connection to the alleged breach, this issue must be noted as part of the reasons for decision recorded on the Form 23 e.g. non-compliance with Substance Testing as per the Practice Directive: Substance Testing. This must also include the hearing officer's consideration of the issue raised by the prisoner.

Prisoner's Right of Review

A prisoner may request a review of the decisions made at the initial hearing of the breach of discipline. The entitlement to seek a review of a breach of discipline includes the right of review of both the liability for discipline (i.e. the decision that the breach is proven to the required standard of proof) and the decision on the penalty to be imposed. This includes circumstances where a prisoner may have pleaded guilty, or has been found guilty, of the breach of discipline and seeks a review only of the penalty imposed. In that case the issue of penalty is not to be considered independently; rather it is the breach of discipline process as a whole that is to be the subject of review.

Refer - CSA s.119 (1).

If a prisoner requests a review of the decisions, the prisoner must advise the Deciding Officer immediately after being informed of the decisions. The Deciding Officer must not make any comment that would influence the prisoner's decision on whether to seek a review.

If a prisoner advises the Deciding Officer that they want to have the decisions reviewed, the Deciding Officer's decisions are immediately suspended pending a review. A review will involve new decisions, which may or may not be the same as the Deciding Officer's decisions.

The review must be conducted by a more senior officer than the Deciding Officer. The Reviewing Officer must not be the same person as the Deciding Officer, even if the Deciding Officer is acting in a higher role at the time the review hearing is scheduled. In this eventuality the role must be performed by the next most senior position.

For example:

The Accommodation Manager is the deciding officer for prisoner A. Prisoner A indicates that they want the decision reviewed. When the decision comes to the Deputy General Manager the Manager, Accommodations is acting as the Deputy General Manager. In this case the acting Deputy General Manager must not review the decision and should forward the review to the General Manager of the corrective services facility.

The Reviewing Officer should examine the documentation produced during the initial breach process and determine if further inquiry is required prior to conducting a review hearing.

The review must be held as soon as practicable after the prisoner informs the Deciding Officer they want a review, refer - CSA s.119(2)(b). The review must include a hearing, in which the prisoner and relevant persons are in attendance.

Refer to Guide for Deciding Officers and Reviewing Officers

Sch3/10(1)(i)

Relevant Factors When Conducting a Review Hearing

- a review is a new hearing of all aspects of the matter and not just a review of what happened before the Deciding Officer
- the Reviewing Officer must have no bias in the matter being reviewed
- where practical, the Reviewing Officer should have had no involvement in the circumstances which led to the alleged breach of discipline.
- the onus of proof lies with the Referring Officer who initiated the breach (not the prisoner) to provide evidence of the breach
- a review must be based on the evidence considered by the Deciding Officer and any further evidence allowed by the Reviewing Officer
- a Reviewing Officer may undertake further inquiry into the matter prior to conducting the review hearing
- when considering a major breach of discipline, if appropriate in the circumstances, the Reviewing Officer may declare the breach to be a minor breach of discipline and continue proceedings as a minor breach of discipline, refer CSA s117(2).
- the Reviewing Officer must give consideration to the capacity of the prisoner to effectively participate and understand what is occurring during the review hearing, including any language or comprehension difficulties that may exist (strategies to ensure a prisoner's effective participation include inviting a suitable person to support the prisoner at the hearing).
- the Reviewing Officer must advise the prisoner of the available evidence that supports the alleged breach of discipline
- the Reviewing Officer must give the prisoner opportunity to present a verbal or written response about the alleged breach. A prisoner must be allowed a reasonable opportunity to question any witness that is called by the hearing officer during the hearing.
- the Reviewing Officer must make two key decisions during the review hearing:
 - whether the alleged breach is proven to the required standard of proof (refer standard of proof section)
 - if a guilty plea or determination is made, what penalty (if any) is to be imposed on the prisoner
- before making a final decision on penalty (where applicable), the Reviewing Officer must advise the prisoner on what penalty is proposed and seek a response from the prisoner on the proposal.

Making and Documenting Decisions by Reviewing Officer

In reviewing an alleged breach of discipline and prior to making their decisions, the Reviewing Officer must take all relevant factors into consideration, including:

For decisions on whether breach is proven:-

- the available evidence which supports or does not support the alleged breach, including any additional evidence introduced by relevant persons during the review stage
- the resolution of any defences offered by the prisoner (resolution involves either accepting or rejecting a prisoner's defences and providing reasons for this decision)
- whether the alleged breach is proven to the required standard of proof

For decisions on whether to impose penalty:-

- severity of breach;
- any mitigating circumstances that might reduce the prisoner's liability to penalty;
- Sch3/10(1)(i)
- history of breaches committed by the prisoner; and
- institutional behaviour of the prisoner.

It is recommended that a Reviewing Officer suspend the hearing, to allow time to consider the evidence and to make their decisions in relation to:

- whether the breach is proven to the required standard; and
- the penalty (if any) to be imposed.

The prisoner is to be notified immediately of the decisions made by the Reviewing Officer and the reasons for those decisions.

The Reviewing Officer must complete relevant sections in Part C of Form 23. This does not need to be completed during the hearing and may be completed as soon as practicable following the breach hearing.

The Reviewing Officer must record adequate reasons for each decision they make in Part C of the Form 23, so that the rationale for the decision can be understood by the prisoner and other persons who may examine the matter.

There are no further internal review rights available to the prisoner after the Reviewing Officer has made their decisions.

Standard of Proof for Decisions on Whether Breach is Proven

Hearing Officers may determine that a minor breach of discipline is proven only if they are satisfied on the balance of probabilities that the allegation is true. When applying this standard of proof, hearing officers must be reasonably satisfied, based on the evidence, the allegation is true, but it does not mean that they have eliminated all doubt about the matter.

Hearing Officers may determine a major breach of discipline is proven only if they are satisfied beyond reasonable doubt that the allegation is true. Hearing officers cannot be satisfied that a breach is proven beyond reasonable doubt, if a prisoner has provided information which raises a doubt about their guilt and the doubt cannot be eliminated by other evidence.

Recording of Hearings

An electronic visual and audio recording must be made of major breach of discipline hearings and reviews, refer - CSA s117 (1) and 119(6). Where practicable, the visual recording should show all officers who are involved in the hearing. As a minimum, the visual recording must show the prisoner and the hearing officer.

When a major breach hearing or review is conducted, the hearing officer may suspend the hearing (and also the visual and audio recording), so as to consider information and material provided to them during the hearing. Where a visual and audio recording is suspended, the hearing officer should provide an explanation on camera as to the reason for the suspension.

The General Manager of a corrective services facility must establish a process that ensures electronic visual and audio recordings are stored for a five (5) year period (from date of last action) in a, secure and easily accessible manner.

Evidence Called by the Prisoner in their Defence

A hearing officer must provide the prisoner with a reasonable opportunity to introduce evidence from another person (including a prisoner) from within the corrective services facility, as part of their defence.

The prisoner may request that another person be called to give evidence at the hearing. However, a hearing officer may decide that such evidence is more appropriately given in writing or another form.

A prisoner must make a reasonable attempt to obtain the evidence from the person in writing, prior to the hearing, so that the evidence can be presented and assessed at the hearing. If a prisoner has not made a reasonable attempt to obtain this evidence prior to the hearing, the hearing officer may determine not to consider this evidence. The hearing officer should allow the prisoner to make submissions on this issue. If the hearing officer decides not to allow the evidence, they should outline their reasons during the hearing. If evidence of this nature is presented by the prisoner, the hearing officer must then determine what weight is to be given to this evidence, compared to the other evidentiary sources that are available.

Refer CSA s. 116.

Penalties that May be Imposed Where Breach is Proven

Where the breach has been proven to the required standard of proof, hearing officers must seek a response from the prisoner in relation to any proposed penalty(s), prior to making a final decision on penalty(s) to be imposed.

Hearing Officers may:

- reprimand the prisoner without further punishment; or
- order that privileges the prisoner may have otherwise received be forfeited as follows:
 - minor breach — in the 24 hours starting when the prisoner is advised of the decision; or
 - major breach — starting when the prisoner is advised of the decision and not exceeding seven (7) days; or
- order the prisoner to undergo separate confinement (refer - CSA s121). Separate confinement applies to major breaches and may apply to minor breaches only if the pre-conditions in CSA s 118(3) are established

If the penalty involves forfeiture of privileges, the Deciding Officer or Reviewing Officer must specify in the Form 23 which privilege(s) are to be forfeited, together with the start and end time of the forfeiture.

If an act or omission by the prisoner resulting in the breach action initially led to the prisoner's separation (e.g. placement in a detention unit on a safety order), the period of separation and conditions imposed must be considered when determining a penalty. The start and end date of any separate confinement penalty must be specified in the Form 23.

Refer - CSA 118.

Refer to CSR 2017 s 18 for the items that are defined as prisoner privileges.

If separate confinement is ordered, the hearing officer must complete Form 24 – Separate Confinement Order (Form 24 should not be completed if the prisoner requests a review of the Deciding Officer's decisions).

Where a decision has been made for a prisoner to undergo a period of separate confinement following a breach or review determination, the day that the determination is made will count as the first day of the period of separate confinement. The period of days of separate confinement will be calculated as calendar days and the period of separate confinement stated in the order must not be more than 7 days.

Separate Confinement Pre-conditions for Minor Breaches

Separate confinement may be ordered for a minor breach of discipline only if the prisoner has habitually committed minor breaches of discipline and, on the occasion of the breach immediately preceding the alleged current breach, was warned that the next breach could result in the prisoner being separately confined (Refer CSA s. 118(3)).

Restitution Payments

The payment of restitution is not to be considered by a deciding or reviewing officer in the breach process. This is a **separate process** delegated to the General Manager of a corrective services facility or Deputy General Manager.

Breach Circumstances Involving Drugs

Commencing a breach process must be considered in circumstances where a prisoner:

- has a positive result on a drug test [redacted] Sch3/10(1)(i)
- is found in possession of drug related utensils
- is found in possession of unauthorised medication

In addition to the breach process, officers must consider the specific management responses to a prisoner's drug circumstances; refer to the Practice Directive: Substance Testing.

Finalising the Breach Process

At the conclusion of the breach process (inclusive of the review stage, if applicable) details of the outcome of the matter must be entered in IOMS and the breach closed.

When a breach of discipline is proven, a copy of the completed Form 23 is to be printed and provided to the prisoner, refer – CSR 2017, s6. A case note is to be recorded in IOMS indicating the date and time the prisoner was issued the Form 23.

If a prisoner wants to have a decision reviewed, the prisoner must advise the deciding officer immediately after being informed of the decision. The deciding officer must not make any comment that would influence the prisoner's decision on whether to seek a review of a breach decision.

If the prisoner advised the deciding officer that they want to have the decision reviewed, the deciding officer's decision is stayed until the review is finished.

Breach Discontinuation

If a breach proceeding is not to continue and the breach has already been entered in IOMS, the breach must be cancelled from the prisoner's IOMS file by a person of a higher authority. The General Manager of the corrective services facility must develop a process to ensure that if breach proceeding is not to continue (e.g. discharge of the prisoner) the reasons for discontinuation must be recorded in the breach of discipline raised on IOMS. If the breach has already been closed on IOMS, only the General Manager of a corrective services facility or Deputy General Manager is authorised to request a Data Correction from the IOMS help desk for the removal of the breach.

Management and Oversight Considerations

Transfer of Prisoner with Outstanding Breach of Discipline

The General Manager of a corrective services facility must establish a process that ensures prisoners transferred prior to the finalisation of a breach of discipline process, including those referred to the CoP, have notification of the pending breach action communicated to the receiving corrective services facility prior to the transfer of the prisoner.

Upon notification of the matter, the receiving corrective services facility become responsible for completing the breach process, including the implementation of any penalties determined by an officer at the originating corrective service facility.

Compliance Review of Cases

The General Manager of the corrective services facility must develop a process that ensures the facility's breach of discipline cases are reviewed. The review must ensure that breaches of discipline are being conducted in compliance with practices outlined in this Practice Directive.

PRISONER ACCOMMODATION MANAGEMENT		ACC
DETENTION UNIT		
Version: 02	Implement date: 17/09/2018	Availability: In-Confidence

Performance Standard: Suitable allocation to an accommodation unit within the corrective services facility and active engagement between staff and prisoners that promotes effective prisoner and case management and the provision of information to inform effective decision making.		
Outcomes:		
Prisoners are allocated to appropriate unit accommodation to maintain safe and secure corrective services facilities and maintain/assist prisoner welfare in accordance with legislative requirements.		
Safety Orders are carefully considered and any prisoner separation is based on the individual risk and need of the prisoner and the reason for separation.		
Provision of behavioural case reports to inform decision making.		
Accountability		
General Manager of a corrective services facility	<ul style="list-style-type: none"> Ensures informed decisions are made regarding the allocation of cell accommodation for each prisoner. 	Sch3/10(1)(i)
Corrective Services Manager	<ul style="list-style-type: none"> Provides oversight and support to Corrective Services Supervisors regarding the appropriate allocation of accommodation for prisoners and the day to day management of prisoners. 	
Corrective Services Officer	<ul style="list-style-type: none"> Places a prisoner in suitable accommodation having regard to the prisoner's risks and needs and the safety, security and good order of the corrective services facility. Promotes the safety, security and good order of a corrective services facility through effective prisoner management. Corrective Services Officers (with a detention unit assignment) are responsible for ensuring prisoners in a detention unit are managed in accordance with the unit provisions. 	
Process Owner: Statewide Operations maintain ownership and responsibility for review and amendment of the Practice Directive.		

Accommodation in a Detention Unit

A detention unit provides for the accommodation of a prisoner who has been found to have committed a breach of discipline and has been ordered to undergo a period of separate confinement.

A prisoner undergoing separate confinement must be given the opportunity to exercise, in the fresh air, for at least two daylight hours a day, refer – CSR 2017, s4(d).

Sch3/10(1)(i)

When a prisoner is accommodated in a detention unit, for the purposes of a Safety Order all staff must be cognisant of the at-risk indicators that may present as a consequence and take immediate action as required in accordance with the Practice Directive At Risk Management: At Risk, where there are grounds for the raising of a Notification of Concern.

In circumstances where a prisoner has been identified as being at-risk of self harm or suicide the door between the cell and the exercise yard of the detention unit is not to remain open unless the prisoner is under constant observation.

Where a prisoner is accommodated in a detention unit and has not been identified as being at-risk of self harm or suicide and does not present with at-risk indicators then any decision in respect to the prisoner's access to the exercise yard will be made in accordance with the ordinary day to day operation of the Unit.

A prisoner must not be accommodated in a non-powered cell unless:

- no other appropriate accommodation is available
- the placement is necessary to mitigate risk to the prisoner or others; or
- the placement is necessary given the nature of an order (or particular requirement of an order) that the prisoner may be subject to.

Should a prisoner be accommodated in a non-powered cell, the assessment and decision making of the placement is to be clearly documented in IOMS or within the relevant order and must be reviewed in line with requirements of the order.

Should a prisoner be placed in a non-powered cell, staff are to ensure that the prisoner's privileges are not affected (as far as practicable) unless specifically identified and approved within the relevant order.

Manage Prisoner on Safety Order

A safety order describing the conditions of the order must accompany the prisoner.

Where a prisoner on a safety order is separately confined (e.g. placed in a detention or safety unit), the prisoner must be given the opportunity to exercise in the fresh air for at least two daylight hours a day, refer – CSR 2017 s4 (d).

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

Refer to Practice Directive Safety Orders and Intensive Management Plans: Safety Orders.

Additional Considerations – At Risk Observations	If it is determined that the most appropriate method of conducting observations of an at-risk prisoner results in the prisoner's separate confinement in a detention unit, safety unit or health centre, a Safety Order must be approved by the General Manager or nominee of the corrective services facility prior to the prisoner's separate confinement. The prisoner must be kept in a corrective services officer's line of sight at all times until observations commence in the detention unit, safety unit or health centre. Conditions imposed under section 53(3) of the CSA must be clearly defined and documented on the order prior to the prisoner commencing separate confinement (refer CSA, s53, Safety Order Approved Form 5, and Practice Directive Safety Orders and Intensive Management Plans: Safety Orders).
Additional Considerations – Detention Unit Use - MSU	<p>A detention unit in a MSU, if available, may be used to accommodate a prisoner:</p> <p>on a CSA s118 separate confinement order (refer to Practice Directive: Breaches and the Practice Directive Prisoner Accommodation Management: Maximum Security Unit CSA s121); or</p> <p>where circumstances are such that the prisoner's safety or the security or good order of the corrective services facility cannot be achieved in a normal MSU cell, refer CSA, ss53 and 58 .</p>

Prisoner Access to Recreational or General Equipment

All recreational or general equipment available to prisoners in a detention unit must be approved by the Deputy Commissioner prior to prisoner issue. Refer Approved Recreational and General Equipment Available to Prisoners in a Detention Unit Appendix ACC6 for current approved items.

Recreational or general equipment in a detention unit available to a prisoner must be inventoried and checked daily to ensure integrity of the item.

A detention unit inventory report must be provided to the General Manager of the corrective services facility on a quarterly basis.

Prisoner access to items in a detention unit such as brooms, mops etc., should be on a risk assessed basis and not stored or left unattended in exercise yards where they may be used as weapons. For security reasons, all recreational or general equipment that is issued to a prisoner which is not a fixture, must be removed from access and secured on completion of the purpose for which it was issued.

Duties of Officers in a Detention Unit

Officers carrying out duties in a detention unit must ensure that the following is undertaken and recorded in the unit Log Book:

- a prisoner undergoing separate confinement is given the opportunity to exercise, in the fresh air, for at least two daylight hours a day, refer CSR S.4(d)
- regular unit patrols are conducted during the shift
- significant behavioural observations or change to the prisoner's status is recorded and reported to the relevant supervisor
- the prisoner's cell is searched before and after the completion of the prisoner's placement in a detention unit
- each cell and all security fittings are searched at least once a day
- bars and mesh fitted to all cells, windows and exercise yards and other common areas are examined and tapped or checked during unlock and lock away

- a prisoner leaving or entering a detention unit is searched in accordance with CSA s33-40
- a search requiring the removal of clothing must be conducted in accordance with the Direction for a Search of Prisoners Requiring the Removal of Clothing of Prisoners and CSA s39
- all items, including meals, are searched before entry into a detention unit; and
- prisoners providing goods and services must not be granted access to the detention unit and must be closely monitored at all times. This does not include a prisoner who may be approved by the General Manager of the corrective services facility or nominee to clean the detention unit.

Log Book Requirements – Application of Restraints

A Log Book must be maintained for all Detention Units.

To prevent a prisoner from harming themselves or others, restraints may need to be applied that result in the prisoner having significantly restricted movement (e.g. lying prone on the floor and unable to stand). In the event that this occurs, in addition to the log book requirements, staff rostered to detention units must record:

- the time the restraints were applied and when they are removed
- the times apparent good health checks of the prisoner were conducted;
- the attendance of offender health service staff, and
- daily cell searches and equipment testing

This section does not apply to prisoners who have restraints applied in accordance with Escort Staffing, Weapons and Restraint Matrix Appendix ESC1 for external escorts.

Refer to Restraints Schedule Appendix SSE1 and training manual Control and Restraint Student Manual.

Records

A file must be established for a prisoner placed in a detention unit. The file must include:

- the prisoner's personal details,
- the date the prisoner was placed in the unit,
- the reason the prisoner was placed in the unit,
- a copy of any authorisation placing the prisoner in the unit,
- indication of any review date or statutory assessments; and
- daily entries of the prisoner's behaviour.

A supervisor must check the file of each prisoner placed in the detention unit once during their shift or as required under any observation regime. This check should assess information recorded on the file and whether further action needs to be taken for individual cases. This check must be placed in the unit log and recorded on the prisoner's file.

The contents of the file must be scanned and placed in IOMS and/or transferred to the prisoner's Offender File when the period of detention is completed.

A supervisor must ensure that any officer entering the unit is aware of their responsibility for entering details in case files and the unit log book as required. It is to include all elements outlined in the Practice Directive Facility Security and:

- periods of open air exercise for prisoners undergoing separate confinement, refer CSR 2017, section 4 (d)
- the times apparent good health checks are conducted on those prisoners who have restraints applied for purpose of preventing them from harming themselves or others; and
- attendance of Offender Health Services staff.

Refer to Practice Directive Daily Operations: Gate Books, Log books and Registers Requirements .

Daily Routine

The General Manager of a corrective services facility must document the daily routine and privileges for prisoners detained in the detention unit, refer Example Daily Routine Detention Unit – Separate Confinement Appendix ACC7; Standard Behaviour Requirements Separate Confinement Appendix ACC8, Example Daily Routine Detention Unit – Safety Order Appendix ACC11, Detention Unit Prisoner Accommodation Conditions – Separate Confinement Administrative Form 76, Detention Unit Prisoner Accommodation Conditions Administrative Form 77 and Detention Unit Prisoner Accommodation Conditions – Safety Order Administrative Form 78.

Authorised Access

Only those persons authorised by the General Manager of a corrective services facility may access a detention unit.

Specialist Staff

The General Manager of a corrective services facility must determine and provide for the required level of intervention by specialist staff and their access to the unit.

Minimum Requirements

The General Manager of a corrective services facility must specify the minimum requirements for staff accessing a cell and escort arrangements, which take into account the reasons for detention or the specific requirements of the order.

Privileges

The General Manager of a corrective services facility must provide for a prisoner's needs in accordance with the reason for their confinement in a detention unit. Subject to the safety and security of a corrective services facility, consideration must be given for access to:

- property (items in cell)
- use of plastic plates and cutlery
- telephone calls, mail, visits
- exercise; and
- programs, activities, and services.

For further details regarding a prisoner undergoing separate confinement refer – CSR 2017 s4; Detention Unit – Authorised Property – Separate Confinement Appendix ACC10 and Detention Unit Authorised Property – Safety Order Appendix ACC9.

Search

Refer to Practice Directive Search: Prisoner Search, for a Search Requiring the Removal of Clothing of Prisoners.

Medical

For self-harm/suicide concerns refer to Practice Directive At-Risk Management: At Risk.

A prisoner detained in the detention unit under this Practice Directive must be examined by a doctor or nurse in compliance with CSA s121 (separate confinement).

Officers must immediately refer any medical needs of a detention unit prisoner to the Queensland Health Nurse Unit Manager and/or registered nurse.

The General Manager of a corrective services facility or nominee, in consultation with the Nurse Unit Manager, where applicable, may determine more frequent services in accordance with a prisoner's medical needs or the operational needs of the corrective services facility. A record of that consultation must be placed in the unit log and recorded on the prisoner's file as listed in Duties of Officers in a Detention Unit section of this Practice Directive.

If a prisoner requires medical treatment that cannot be provided in the detention unit, the prisoner must be removed to the Queensland Health centre located within the corrective services facility with the approval of the General Manager of a corrective services facility.

Electronic Visual and Audio recordings

The General Manager of the corrective services facility must provide for the use and storage of electronic visual/audio recordings used in a detention unit and account for all recordings in a register (or where applicable recorded on a digital system) containing the following information:

- time, day and date of changing of recordings
- identification marking of recordings inserted
- recording dates and times
- rotation and storage of all electronic visual/audio recordings; and
- name and signature of the unit or accommodation or supervising officer who changed the recordings.

Any electronic visual and audio recording registers and log books must be archived under the conditions specified in the *Libraries Act 1988* and the Retention and Disposal Schedule.

Electronic visual and audio recordings which depict the commission of an offence in a detention unit, must be treated as evidence and removed from circulation, secured and signed for by the General Manager of the corrective services facility.

Refer to Practice Directive Facility Security: Security Management Systems (SMS) and Intercoms.

Code of Conduct

The General Manager of a corrective services facility must ensure that all personnel operating closed circuit television monitoring and recording devices are instructed on and acknowledge the intent of the Code of Conduct for the Queensland Public Service and Use of Information and Communication Technology Facilities and Devices Procedure.



PRISONER ACCOMMODATION MANAGEMENT		ACC
MAXIMUM SECURITY UNIT		
Version: 01	Implement date: 02/07/2018	Availability: In-Confidence

Performance Standard: The management of a prisoner subject to a Maximum Security Order (MSO) is consistent and transparent, and their management contributes to maintaining a safe and secure environment for prisoners, staff and visitors.

Outcomes:

	Appropriate management strategies to address a prisoner's identified risks are determined and implemented.
	Prisoner associations and contact between prisoners is managed in accordance with safety and security considerations.
	Management of prisoners is undertaken with regard to the security and good order of the corrective services facility.

Accountability:

Chief Executive or authorised delegate	<ul style="list-style-type: none"> Issues, amends and cancels MSOs. Determines placement based on the individual prisoner's assessed risks.
General Manager of a Corrective Services Facility	<ul style="list-style-type: none"> Applies oversight regarding prisoner management decisions for MSO prisoners to ensure compliance with legislative and procedural requirements.
State-wide Manager, Serious Offenders Unit	<ul style="list-style-type: none"> Administers high level advice and support to the Chief Executive or delegate in their decision making regarding the issue, amendment and cancellation of MSOs and transfer of these prisoners. Prepares prisoner risk profile and recommendations for consideration by the Community Protection Advisory Committee (CPAC).
Corrective Services Manager/Supervisor	<ul style="list-style-type: none"> Manages and applies oversight to prisoner management practices and responds to and provides assistance to operational issues.
Corrective Services Officer	<ul style="list-style-type: none"> Maintains the safety, security and good order of the facility, and engages with prisoners to achieve reintegration goals and behaviour change. Ensures prisoners are aware of their rights and obligations.

Process Owner: Statewide Operations and Specialist Operations maintain joint ownership and responsibility for review and amendment of the Practice Directive.



Maximum Security Unit – Prisoner Management

This section provides a framework for the management of prisoners classified as maximum security, who are subject to a MSO and accommodated in a MSU. This includes:

- establishing a thorough assessment process upon a prisoner's admission into the MSU to determine baseline risk and management strategies
- the setting and review of behavioural goals
- ongoing assessment of dynamic risk factors and developing strategies to mitigate the risk/s relevant to the prisoner's MSO and placement in a MSU reviewing the prisoner's progress towards his reintegration into the general prison population at the expiry of the MSO in a consistent, transparent and safe manner.

Prisoners accommodated in a MSU will be required to demonstrate appropriate behavioural standards and compliance with rules along a progression pathway before being considered suitable for accommodation in the general prisoner population. The progress of a MSU prisoner will be reviewed by a multidisciplinary team at regular meetings. Information pertaining to the prisoner's baseline and dynamic risk must be clearly communicated to relevant staff and documented in the prisoner's management plan to inform management strategies both during MSU placement and upon reintegration into the general prison population.

Additional Considerations – Critical or Significant Incident	Where a prisoner is involved in a critical or significant incident, referral to a psychologist for assessment may be required, refer to Practice Directive Incident Management: Incident Management Process.
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MSU Reception Assessment

Timeframe	Upon the reception of a new prisoner on a MSO to a MSU a comprehensive assessment of the prisoner is to be undertaken. This assessment must be sufficient to establish a baseline risk profile for the prisoner and determine the need for recognised psychometric risk assessments to be undertaken. The MSU reception assessment should be completed within two weeks of the prisoner's arrival in the MSU. This process may take longer where the prisoner is uncooperative and proves difficult to engage in the assessment.
Responsible Officer	Psychologist.

The assessment will provide a thorough review of the prisoner's historical and immediate risk factors. At a minimum, the assessment should be made on the basis of information gathered from a review of the prisoner's Offender File, Integrated Offender Management System (IOMS) profile and consultation, where relevant, with Queensland Health or a contracted health services provider. The file reviews and clinical interview/s should provide information on the prisoner's background, criminal and custodial history, and current functioning.

As part of the assessment process, the Psychologist will conduct a comprehensive clinical interview with the prisoner. Recognised psychometric risk assessments should be used with discretion and selection of an appropriate assessment tool based on the prisoner's behaviour. For example, where frequency and/or severity of problematic institutional



behaviour indicate a high risk of violence, an appropriate psychometric risk assessment must be administered by an appropriately qualified assessor to determine the prisoner's potential for violence.

At the conclusion of the assessment, the contexts in which the prisoner is likely to present as a risk of harm to others and the severity and nature of that risk must be communicated to relevant staff and specified in the prisoner's management plan, along with strategies to manage this risk.

Ongoing assessments of dynamic risk must be conducted on a regular basis during a prisoner's placement in the MSU. The frequency of assessments should be determined by the psychologist in accordance with the prisoner's clinical presentation. Such assessments should inform the daily management of the prisoner by highlighting any changes to the prisoner's baseline risk profile and revised management strategies whilst in the MSU.

The MSU reception assessment and any further assessments must inform the case management and progression pathway for the prisoner, refer to Practice Directive Daily Operations: Case Management.

Health Services

Refer CSA 2006 s64.

A prisoner accommodated in a MSU must be examined by a doctor as soon as practicable after the order takes effect and subsequently at intervals of no longer than 28 days to the greatest practicable extent.

Before medical treatment:

Sch3/10(1)(i)

Following notification by an officer that a prisoner is refusing to eat or drink, refer to Practice Directive At Risk Management: At Risk.

A prisoner requiring involuntary treatment should if practicable be treated in the MSU.



A prisoner must be examined by a doctor as soon as practicable after the MSO ceases to have effect.

Prisoner Entitlements

A prisoner in a MSU:

- must be given the opportunity to exercise in the fresh air for at least two daylight hours a day, refer CSR 2017 s4
- may purchase essential toiletries, writing materials and stamps in accordance with CSA s311 and CSR 2017 s19
- may send and receive mail in accordance with CSA ss44, 45
- may see an official visitor appointed to the corrective services facility in accordance with CSA s289
- may access a religious visitor to the corrective services facility in accordance with the CSA s293 and CSR 2017 s25.

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Personal Visits

Refer to Practice Directive Visitors to a Facility: Visits Process.

Visits and conditions will be detailed in a MSU prisoner's MSU Management Plan. A maximum of two adult and two child visitors are permitted at any given time.

When personal visitors have been cleared through security processes at the corrective services facility's main reception area, they are to be collected from the reception area and escorted to the unit's visits waiting area. Visitors must be escorted back to the reception area at the conclusion of the visit.

For contact visits:

- visitors must be escorted to the unit's visits area before the prisoner, unless otherwise approved by the General Manager of the corrective services facility
- visitors and the prisoner are to remain seated during the visit
- physical contact is to be limited to an embrace on arrival and on departure. Holding hands is permitted during the visit, however, intimate contact is prohibited and may result in the visit being terminated
- the General Manager of the corrective services facility must implement a process that provides for the direct monitoring of the visit with three corrective services officers on standby to provide an immediate response to the visits area.



At the conclusion of the visit, the visitors must remain secure in the area until the prisoner has been returned to his cell and his identity has been confirmed.

Religious Visitors

A Religious Visitor must seek centre management team approval in order to visit a prisoner accommodated in a Maximum Security Unit.

MSU Management Team

The General Manager of a corrective services facility with a MSU must establish a MSU Management Team in order to:

- develop a MSU Management Plan Administrative Form 110 for a prisoner placed on a MSO which must:
 - incorporate the conditions specified in the MSO
 - address the prisoner's assessed risks and needs
 - actively and progressively plan for the prisoner's reintegration into the general prisoner population including specifying risk mitigation strategies to address the risk/s the prisoner presented which resulted in the making of a MSO and placement in a MSU.
- review the plan and consistent with the prisoner's MSO determine privileges according to institutional behaviour, assessed risk and responses to programs and interventions
- assign responsibility for specific actions identified in the plan
- review the effectiveness of the MSU Management Plan
- authorise further assessments if considered necessary
- recommend amendments to the MSU Management Plan to the General Manager or Deputy General Manager of the corrective services facility including incentives and changes to progression planned stages
- provide a summary of the prisoner's progress towards achieving reintegration into the general prisoner population at least six weeks prior to the expiry of a prisoner's MSO
- advise the General Manager of the corrective services facility with respect to matters provided for under CSA s62.

At a minimum a MSU Management Team must comprise of, the following:

- General Manager and/or Deputy General Manager of the corrective services facility
- MSU Manager/Supervisor
- Intelligence Adviser
- Psychologist or officer nominated by the General Manager or Deputy General Manager of the corrective services facility
- at least one MSU Corrective Services Officer.

In accordance with the individual needs of a prisoner the General Manager or Deputy General Manager of the corrective services facility may nominate additional members to be included in the MSU Management Team including a cultural liaison officer, health staff or Queensland Health representative.

Sentence Management Services must provide advice in writing to the MSU Management Team in relation to any upcoming court/review/parole/discharge dates for a MSU prisoner. Personal attendance by Sentence Management Services at the MSU Management Team meetings is required for reviews of a MSU prisoner's security classification.



Refer Practice Directive Sentence Management: MSO Management.

A MSU Management Team member must be nominated to coordinate and administer the prisoner management of MSU prisoners and must ensure that relevant prisoner information is maintained in the appropriate prisoner IOMS database.

Progression Pathway

A MSU prisoner's progression pathway involves a multi-disciplinary approach to improving prisoner conduct and behaviour by incorporating a range of intervention strategies (including therapeutic and behavioural), vocational/employment activities and cultural support with incentives and privileges to progress.

Prisoners will be managed through four stages of a progression pathway, each with sequentially increased privileges and activities. The length of time a prisoner remains on any of the four stages will be dependent on the prisoner's demonstrated behaviour and factors relevant to risk of harm to others and the good order and security of the corrective services facility.

Prisoners will receive basic entitlements in stage 1 and their progression through subsequent stages will be based upon behavioural incentives so that prisoners receive positive encouragement and reward for demonstrating good behaviour and conduct. Conversely, prisoners whose behaviour and conduct deteriorates while on stages 2, 3 and 4 may be regressed to a more restrictive stage. This must be approved by the General Manager or Deputy General Manager of the corrective services facility following a recommendation of a review panel meeting. A prisoner's MSU Management Plan will be amended to reflect and authorise all changes.

At the commencement of the first MSO, prisoners will be managed on stage 1 until their status is reviewed at the next scheduled review meeting. Stage 4 reintegration planning must occur within the MSU.

The General Manager or Deputy General Manager of the corrective services facility on the advice of the MSU Management Team may determine that a prisoner does not need to be managed through stages 2 and 3. This may include consideration of:

- the individual risk/need of the prisoner
- incident leading to placement on a MSO
- length of the MSO
- response to intervention
- behaviour of the prisoner.

If a prisoner transfers from a MSU in one corrective services facility to a MSU in another corrective services facility, basic entitlements and the prisoner's specific progression stage will remain consistent to the stage at the transferring corrective services facility, unless special circumstances exist.

The Chief Executive or authorised delegate may provide for a MSU prisoner's reintegration into the general prison population of the corrective services facility before the period of the MSO expires. Refer CSA, s62(4).

At least six weeks before the expiry of a MSO, the MSU Management Team must ensure a prisoner's MSU Management Plan is updated to include a summary of a prisoner's progress



on the plan. This must include whether a prisoner has sufficiently addressed the risk/s that resulted in the making of a MSO and placement in a MSU for the Chief Executive or delegate's consideration when determining whether a prisoner can be reintegrated into the general prison population at the expiry of the MSO or whether a consecutive MSO will be made.

If a prisoner has successfully completed stage 4 of the MSU Management Plan and upon expiry of the existing MSO is not issued a consecutive MSO, the prisoner will be placed in general accommodation. The prisoner must be monitored on an Intensive Management Plan (IMP) until the General Manager of the corrective services facility determines that specific monitoring is no longer required.

Refer Progression Instruction Guidelines for MSU Prisoners Appendix ACC1.

Prisoner Association

Refer CSA s62, Progression Instruction Guidelines for MSU Prisoners Appendix ACC1, Maximum Security Unit Pre-Association Assessment Report Administrative Form 112 and Daily Maximum Security Unit Approved Association Report Administrative Form 113.

Prisoner association under this section means one or more MSU prisoners being approved to have contact with each other without a physical barrier separating the prisoners – this must be approved by the Chief Executive or authorised delegate (refer s62 CSA and Instrument of Delegation of Chief Executive Powers – Queensland Corrective Services and Deputy Director-General's Instruction – Conditions for Exercising Sentence Management Delegations).

A staged, controlled non-contact interaction between MSU prisoners separated by a physical barrier may be approved by the General Manager of the corrective services facility in accordance with a MSU Management Plan to test/validate association suitability.

Unless otherwise specified in the prisoner's MSU Management Plan, a prisoner must not physically associate with another prisoner during exercise periods. A prisoner must not have association with another prisoner in a MSU unless all prisoners have provided consent to the association.

Association Levels in Accordance with Progression Guidelines

- Stage 1 - No prisoner association

Subject to a pre-association assessment conducted by the MSU Psychologist and after consideration by the MSU Management Team, the General Manager of the corrective services facility must consider a pre-association assessment report and make a recommendation to the Chief Executive or delegate (refer s62 CSA, Instrument of Delegation of Chief Executive Powers – Queensland Corrective Services and Deputy Director-General's Instruction – Conditions for Exercising Sentence Management Delegations) in accordance with the following:

- Stage 2 - Prisoner association limited to one other prisoner within the MSU during exercise times.
- Stage 3 - Prisoner association limited to one other prisoner within the MSU, which revolves around eating, employment, exercise, and/or program situations.



- Stage 4 - Prisoner association with one or more prisoners within the MSU, which revolves around eating, employment, exercise, and/or program situations and planning for reintegration.

Sch3/10(1)(i)



Sch3/10(1)(i)

Approval for Association

The Chief Executive or delegate may approve prisoner associations with other MSU prisoners in the MSU, refer CSA s62(1), Instrument of Delegation of Chief Executive Powers – Queensland Corrective Services), and Deputy Director-General's Instruction – Conditions for Exercising Sentence Management Delegations. In making decisions regarding prisoner associations, the Chief Executive or delegate will consider the Progression Instructions and may consult with the General Manager of the corrective services facility. Refer to the Progression Pathway section of this Practice Directive.

The following applies:

- the General Manager of the corrective services facility will ensure a MSU Pre-association Assessment Report is completed
- the General Manager of the corrective services facility will make a recommendation and then forward the MSU Pre-association Assessment Report to the Chief Executive or delegate (refer s62 CSA, Instrument of Delegation of Chief Executive Powers – Queensland Corrective Services and Deputy Director-General's Instruction – Conditions for Exercising Sentence Management Delegations).

No association between MSU prisoners may proceed until approved by the Chief Executive or delegate.

An association approved by the Chief Executive or delegate (refer s62 CSA, Instrument of Delegation of Chief Executive Powers – Queensland Corrective services and Deputy Director-General's Instruction – Conditions for Exercising Sentence Management Delegations) is based on information available to the decision maker at the time the association is approved.

The MSU Manager/Supervisor will record in the MSU Management Plan how, when and where the prisoner association must occur.



Sch3/10(1)(i)

A MSU prisoner's association with other MSU prisoners will be incorporated in a hierarchy of privileges and will be dependent upon a satisfactory level of interaction with MSU staff, compliance and cooperation with staff, a favourable assessment outcome for the proposed association and satisfactory completion of any preceding associations.

Any association between MSU prisoners must be in accordance with each prisoner's MSU Management Plan.

Associations are a privilege and should only be afforded to prisoners following demonstration of appropriate behaviour, positive responses to interventions and program participation.

Recording of Associations

The MSU Management Team must ensure that a prisoner's level of association as outlined in the progression guidelines is recorded in the prisoner's MSU Management Plan. The MSU Management Plan will also outline which prisoner/s the prisoner is allowed to associate with subject to a pre-association assessment and the level of association as outlined in the progression guidelines. The MSU Management Plan must be electronically saved as an attached file in IOMS. A summary of the MSU prisoner's level of association as outlined in the MSU Management Plan must also be entered as a case note in IOMS.

Timeframe	A daily summary of the officer observations contained in the Daily MSU Approved Association Report must be entered as a case note in the IOMS.
Responsible Officer	The MSU Psychologist.
Approval and Review	Reviewed daily by the MSU Manager/Supervisor.



Sch3/10(1)(i)

Suspension of MSU Prisoner Association

If a corrective services officer becomes aware of any information after a MSU prisoner association decision is made that indicates that a prisoner association should not occur, they must immediately effect a suspension of the prisoners MSU association, refer Suspension of MSU Prisoner Association Administrative Form 114.

The form is to be provided to the MSU Manager/Supervisor who will organise for a MSU Management Team to assess the suspension and make a recommendation to the General Manager or Deputy General Manager of the corrective services facility. The General



Manager or Deputy General Manager of the corrective services facility will then make a recommendation and forward the form to the Assistant Director-General.

When a suspension has been initiated, the prisoner must not undertake any prisoner associations until a decision on the suspension has been made by the Chief Executive or delegate (refer s62 CSA, Instrument of Delegation of Chief Executive Powers – Queensland Corrective Services, and Deputy Director-General's Instruction – Conditions for Exercising Sentence Management Delegations).

Programs, Education and Services

A MSO must specify a prisoner's access to the programs, education and counselling services to be provided in accordance with each prisoner's assessed risks, needs and behaviour as well as program/service availability. The MSU Management Team is to consider the prisoner's MSU Management Plan and where appropriate include interventions based on the prisoner's pathway for progression. This may also include transitions planning and activity for prisoners who are within nine months of their full time discharge or parole eligibility.

Prisoners may be permitted access to the day/programs room or dedicated programs rooms to facilitate self-paced learning. Prisoners may be able to take approved library or program material into the room.

Security conditions including handcuffs are conditional upon the prisoner's current behaviour and stability with consideration given to all other relevant factors. Security conditions will be determined by the General Manager or Deputy General Manager of the corrective services facility.

Unless otherwise specified in the MSU Management Plan a prisoner is not to physically associate with another prisoner during program delivery.

Employment

A MSU prisoner may be employed as a unit worker within the MSU, excluding those prisoners on stage 1 of the progression pathway. The nature of the role is subject to the operational requirements of the unit and consistent with the prisoner's MSO and MSU Management Plan. A prisoner employed as a unit worker within the MSU must be provided with a duty statement outlining his duties. Prisoner participation in employment outside the MSU is not permitted.

A personal search of prisoners undertaking cleaning/laundry duties must be conducted before and after completing duty. Cleaners/laundry persons must not have visual or verbal contact with other prisoners while performing their duties unless otherwise approved. Cleaners/laundry persons must be continuously supervised by MSU staff while performing their duties. If no prisoner is approved for employment, the General Manager or Deputy General Manager of the corrective services facility must make alternative cleaning arrangements that do not involve prisoner association.

A prisoner must not be employed to clean any area beyond the MSU internal security perimeter nor the unit's movement control station, visits area, prisoner reception, vehicle lock, kitchen or any other area which may present a security risk.

All equipment that is required to carry out cleaning/laundry duties must be supplied from within the unit and on completion of the cleaning/laundry duties all equipment and supplies must be securely stored.



MSU Management Plan Review

Timeframe	The MSU Management Team must meet monthly to review and evaluate the progress of MSU prisoners including compliance with MSU Management Plans. Minutes of these meetings will be recorded, featuring decisions and action items, and provided to the General Manager or Deputy General Manager of the corrective services facility and MSU Management Team
Responsible Officer	MSU Management Team.
Approval and Review	MSU Management Team recommendations regarding a prisoner's progression through the four stages of the progression pathway will be submitted to the General Manager or Deputy General Manager of the corrective services facility for approval.

In making any recommendations or decisions regarding a prisoner's progress through the progression pathway, the MSU Management Team must assess and determine if the goals and objectives of the MSU Management Plan have been achieved. Information sources that must be considered include:

- the minutes of recent review meetings
- all prisoner behaviour case reports, prepared by unit officers since the last review
- any recent incident reports and/or breaches
- any intelligence reports and/or advice
- any pre-association assessments and/or changes to the prisoner's approved association conditions.

A prisoner is able to advance from one stage of the progression pathway to the next at minimal intervals of at least two weeks (coinciding with fortnightly review meetings). The length of time a prisoner spends on any of the four stages of the progression pathway will be dependent upon the prisoner's demonstrated behaviour. Only those prisoners whose conduct warrants progression shall be allowed to advance to the next stage.

The initial MSU Management Plan and subsequent reviewed MSU Management Plans must be approved by the General Manager or Deputy General Manager of the corrective services facility.

MSU prisoners must be provided an opportunity to participate in the MSU Management Plan review process, where appropriate, and to acknowledge the purpose and contents of the reviewed MSU Management Plan prior to its implementation. In cases where a prisoner's unsatisfactory behaviour prevents progression to the next stage, it must be explained to the prisoner what needs be achieved to progress to the next stage and behavioural expectations reinforced.

A prisoner may also be regressed through stages where behaviour is unsatisfactory.


Staff Responsibilities

Increased supervision and interaction by unit officers is fundamental to the effective management of prisoners in a MSU. Notwithstanding the out-of-cell limitations, unit officers are required to maximise the amount of time they spend in the unit communicating with prisoners.



Timeframe	Minimum of one 'Institutional Conduct and Behaviour' category case note to be entered in IOMS per prisoner each day. Refer to Practice Directive Daily Operations: Case Management.
Responsible Officer	MSU Corrective Services Officers.
Approval and Review	MSU Supervisors are responsible for monitoring the quality and frequency of case note entries.

Sch3/10(1)(i)

Timeframe	A weekly prisoner behaviour case report that summarises the daily case notes for the previous week is to be completed in IOMS using the Prisoner Behaviour Case Report.	
Responsible Officer	Regular MSU officers will be assigned a case load of prisoners of which they are responsible for completing the case report.	
Approval and Review	Prisoner behaviour case reports must be forwarded to the MSU Manager/Supervisor weekly and will be tabled for discussion at the monthly review meetings. MSU supervisors are responsible for monitoring the quality and frequency of prisoner behaviour case reports.	

Reintegration Planning

Planning for a prisoner's progression back into general prison accommodation must commence upon the prisoner's arrival at the MSU. Reintegration of a prisoner into general



prison accommodation should be undertaken on a staged, progressive basis and in a manner that is consistent with the prisoner's identified coping skills. For example, staged reintegration for a particular prisoner could be facilitated through the prisoner's short term placement in suitable accommodation.

Intensive Management Plan

An Intensive Management Plan (IMP) must be developed and implemented for a prisoner prior to exit from a MSU and reintegration to the general prison population.

The purpose of the IMP is to identify a supervision regime and intensive case management and intervention strategies that will support the prisoner's reintegration into the general prison accommodation, including mitigation of the behaviour/risk that resulted in the issuing of a MSO and the prisoner's placement in a MSU. Refer to Practice Directive Safety Orders and Intensive Management Plans: Intensive Management Plans.

The authorised delegate may determine that a prisoner may remain classified as maximum security after exit from a MSU. In such cases, the conditions for the prisoner's management must be specified in the IMP. Refer CSA s12.

Timeframe	At least two weeks prior to the expiry of the MSO.
Responsible Officer	Intensive Management Plan Panel Members including: <ul style="list-style-type: none"> • General Manager of the corrective services facility or nominee • Corrective Services Manager, Offender Development • Senior Psychologist • Corrective Services Manager, Accommodation • Corrective Services Supervisor • Intelligence Adviser.
Approval and Review	The initial IMP must be approved by the General Manager of the corrective services facility prior to implementation. A copy of the approved IMP is to be forwarded to the Serious Offenders Unit at Sch3/10(1)(i) or noting.

Review of the IMP

The IMP must initially be reviewed for the purposes of determining the prisoner's compliance with the IMP and the identification of any strategies to address the prisoner's non-compliance. A summary of the reviewed information must be provided in the IMP section 'Summary of a Prisoner's Progress'.

The IMP may be finalised when all behavioural objectives are met and it is considered that an IMP is no longer required to manage the prisoner.

Timeframe	The IMP must initially be reviewed at a maximum duration of one month. Subsequent reviews for a prisoner being managed on an IMP for the purposes of being reintegrated from the MSU must be conducted every two months.
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Responsible Officer	Intensive Management Plan Panel Members including: <ul style="list-style-type: none"> • General Manager of the corrective services facility or nominee • Corrective Services Manager, Offender Development • Senior Psychologist • Corrective Services Manager, Accommodation • Corrective Services Supervisor • Intelligence Adviser.
Approval and Review	Reviews of the IMP must be approved by the General Manager of the corrective services facility prior to implementation/finalisation.

Complaints

A prisoner must be informed that any issue of concern should be raised with the MSU Manager/Supervisor in the first instance. The MSU Manager/Supervisor will then refer the matter to the General Manager and/or Deputy General Manager of the corrective services facility if the issue cannot be resolved.

An official visitor must visit the unit for the purpose of considering prisoner complaints or issues at least once each month.

File Management

The Offender File of a prisoner transferred to a MSU from another corrective services facility must accompany the prisoner. The prisoner's files must be located:

- Offender File - in the sentence management area; and
- Medical File - in the health centre.

Refer to Practice Directive Reception Processes: Admission and Assessments.

Information relating to the identity of human sources (refer to Practice Directive: Intelligence) must only be recorded in the IOMS Intelligence database by the corrective services facility's intelligence officer.

Maximum Security Unit – Security Management

Sch3/10(1)(i)



The prisoner's property must be deposited and recorded at the reception store utilised by the MSU. Refer to Practice Directive Property: Management of Prisoner Property.

Sch3/10(1)(a)

The MSU Manager/Supervisor must also be in attendance. During induction into the MSU, prisoners must be informed of the acceptable standards of behaviour including the consequences for both acceptable and unacceptable behaviour. Refer Corrective Services Act 2006 (CSA) ss113-124 and Corrective Services Regulation 2006 (CSR 2017) s18.

Responsible Officer

Relevant MSU corrective services officers, in the presence of the MSU Manager/Supervisor

Timeframe	Prior to a prisoner being accommodated in the unit, the selected cell must be searched. The prisoner must be invited to inspect the cell and confirm that all fixtures are in a satisfactory condition. The condition of fixtures must be noted in the cell condition report and the prisoner asked to sign the report.
Responsible Officer	Relevant MSU corrective services officers.
Approval and Review	The MSU Manager/Supervisor must countersign the report.

The General Manager of a corrective services facility with a MSU must develop and approve the format for a cell condition report.

When a prisoner is accommodated in the Detention Unit all staff must be cognisant of the at-risk indicators that may present as a consequence and take immediate action as required in accordance with the Practice Directive At Risk Management: At Risk, where there are grounds for the raising of a Notification of Concern.

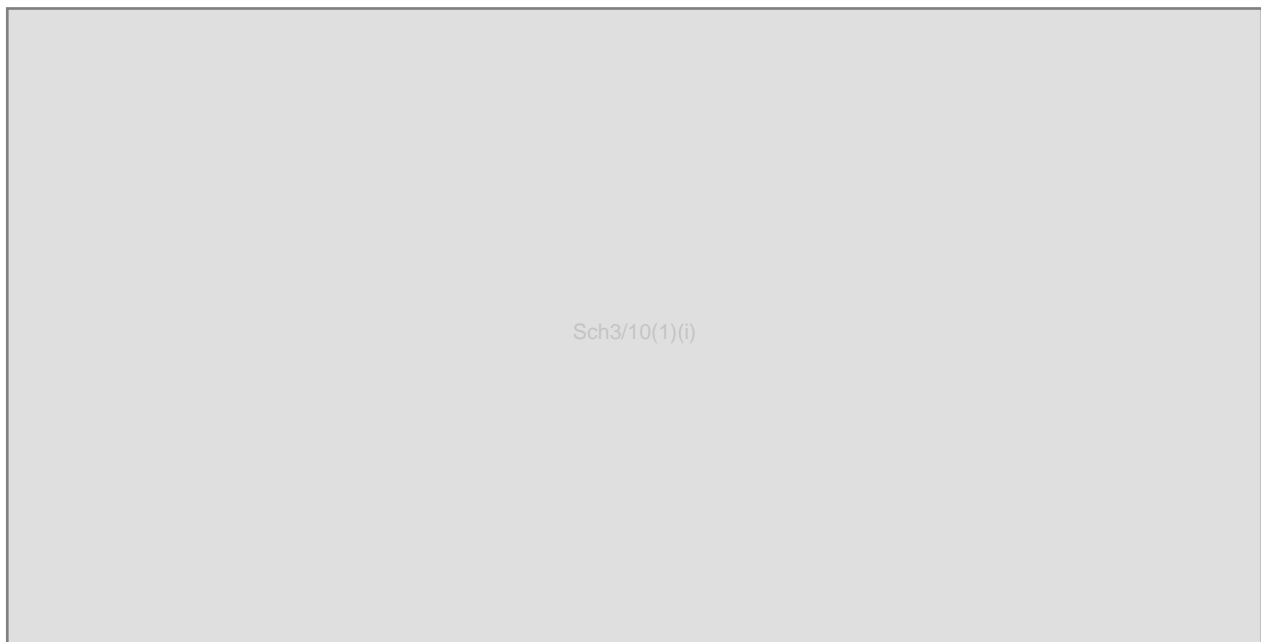
Where a prisoner is accommodated in a Detention Unit and has not been identified as being at-risk of self-harm or suicide and does not present with at-risk indicators then any decision with respect to the prisoner's access to the exercise yard will be made in accordance with the ordinary day to day operation of the Detention Unit.



Refer CSA ss60-65 and to the Practice Directive Sentence Management: MSO Management.

Non-powered Cell Accommodation	<p>A prisoner must not be accommodated in a non-powered cell unless:</p> <ul style="list-style-type: none"> • no other appropriate accommodation is available • the placement is necessary to mitigate risk to the prisoner or others; or • the placement is necessary given the nature of an order (or a particular requirement of an order) that the prisoner may be subject to. <p>Should a prisoner be accommodated in a non-powered cell, the assessment and decision making of the placement is to be clearly documented in IOMS or within the relevant order and must be reviewed in line with requirements of the order.</p> <p>Should a prisoner be placed in a non-powered cell, staff are to ensure that the prisoner's privileges are not affected (as far as practicable) unless specifically identified and approved within the relevant order.</p>
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Prisoner Movement



Sch3/10(1)(i)

Responsible Officer	MSU Manager and/or Supervisor.
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Additional Considerations Videoconferencing	<p>The General Manager of a corrective services facility or nominee must establish a process to manage the attendance of a maximum security unit (MSU) prisoner to attend the centre's designated videoconferencing area where a suite in the MSU is not available. This may involve negotiations with the relevant court to schedule the appearance of a MSU prisoner at a time when no other prisoners will be present.</p>
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Sch3/10(1)(i)

An order made under CSA ss68-70 in relation to a prisoner subject to a MSO, may only be made by the Chief Executive or delegate, refer Instrument of Delegation of Chief Executive Powers – Queensland Corrective Services and Deputy Director-General's Instruction – Conditions for Exercising Sentence Management Delegations.

Additional Considerations – Unscheduled Escort	The Assistant Director-General must be notified prior to the departure of any unscheduled escort.
Additional Considerations – Court Transfer	The Executive Director, Specialist Operations must be notified a day prior to the departure of the escort.



Sch3/10(1)(i)

All prisoner movement within the MSU and external to the MSU is to be logged in the relevant MSU log book/register.



Sch3/10(1)(i)



Sch3/10(1)(i)



Sch3/10(1)(i)

Prisoner Access to Equipment in Common Areas/Exercise Yards

All recreational or general equipment items available to a prisoner in a MSU common area/exercise yard must be approved by the Assistant Director-General. The General Manager or Deputy General Manager of the corrective services facility will determine what items are to be made available to individual prisoners prior to prisoner issue.

Refer Approved Recreational and General Equipment available to Prisoners in a Maximum Security Unit - Appendix ACC3 for items approved by the Assistant Director-General.

Responsible Officer	MSU staff nominated by the General Manager of the corrective services facility.
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Non-approved items must be removed – approval for an additional item must be received from the Assistant Director-General prior to prisoner access.

Prisoner Mail

Refer CSA ss44-49 and Practice Directive Prisoner Entitlements: Prisoner Communications.

To maintain the security and integrity of the MSU all prisoner mail must be managed in accordance with the Practice Directive Prisoner Entitlements: Prisoner Communications.

All incoming and outgoing MSU mail must be:



- searched, refer CSA, s45(1) (excluding privileged mail unless CSA, s45(2) applies)

Sch3/10(1)(i)

- if the mail is privileged mail, confirmed that a prescribed person has sent or is the intended recipient of the privileged mail to or from the prisoner.

A register must be kept of all mail entering and leaving a MSU.

Prisoner Telephone Calls

Refer CSA s50 and the Practice Directive Prisoner Entitlements: Prisoner Communications.

Prisoner telephone access will be detailed in a MSU prisoner's MSU Management Plan.

All telephone numbers listed on a - Application for Enrolment onto the Prisoner Telephone System Administrative Form 28 for a MSU prisoner must be endorsed by the MSU Manager/Supervisor, Queensland Corrective Services Intelligence Group (QCSIG) and the Corrective Services Investigation Unit (CSIU) before final approval can be granted by the General Manager or Deputy General Manager of the corrective services facility.

A prisoner's telephone call to his lawyer, an officer of a law enforcement agency or ombudsman must not be monitored.

A MSU prisoner is permitted to make phone calls on the Prisoner Telephone System from Monday to Friday during normal business hours, unless otherwise prescribed by a MSU Management Plan.

Special phone calls may only be approved by the MSU Manager/Supervisor. The phone call may only be conducted on a phone that has a recording device and must be recorded and directly monitored by an officer. If the person (or prisoner) he is calling cannot speak English, an interpreter service must be used for monitoring.

Property

A prisoner's access to, and amount of, property must be in accordance with CSA s317 and CSR 2017 s43, refer to Practice Directive Property: Management of Prisoner Property.

The General Manager of a corrective services facility may restrict the access to prisoner property in accordance with safety and security consideration consistent with the management of a MSU following an individualised consideration of risk.



During out-of-cell hours, prisoners who are allowed access to an exercise yard may request to be provided approved items. The only approved items are:

- program or library material
- portable radio approved by the General Manager of the corrective services facility
- drinking water in an appropriate container.

No other private property is permitted in an exercise yard.

Buy Ups

In accordance with a prisoner's MSO, the prisoner may purchase items using MSU Prisoner Canteen Price List (refer to Practice Directive Prisoner Entitlements: Prisoner Purchasing).

The MSU Manager/Supervisor must ensure that the amount of each item purchased, in combination with goods already in the prisoner's possession, does not exceed reasonable quantities, for example, one week's supply. Tinned foodstuffs must not be made available for prisoner purchase.

Sch3/10(1)(i)

Under no circumstances are meals (except toast and cereal) to be prepared within the unit by officers. In the event that the corrective services facility's main kitchen is unable to prepare the meals, a trade instructor (caterer) or equivalent must be deployed to the MSU kitchen to prepare and plate the meals.

A prisoner must consume meals in his cell unless otherwise stated in the MSU Management Plan.

In Cell Meals

A meal must be issued and utensils recovered via the handcuff hatch. If a meal time coincides with the prisoner's approved out-of-cell time, the prisoner is to be moved to his cell to have his meal.

Prisoners must not have access to electrical food preparation equipment such as toasters, snack makers, jugs and frypans.

Laundry



Sch3/10(1)(i)

Log Books

A Log Book must be maintained in a MSU for the recording of occurrences. This Log Book must include records of periods of open air exercise for prisoners subject to separate confinement. Refer CSR 2017 s4(d).

With the exception of prisoners who have restraints applied for external escorts in accordance with the Escort Staffing, Weapons and Restraint Matrix Appendix ESC1, staff rostered to a MSU must also record:

- the time restraints are applied to a prisoner and removed
- the times apparent good health checks are conducted on those prisoners who have restraints applied for purpose of preventing them from harming themselves or others
- attendance of Offender Health Services staff.



Sch3/10(1)(i)

MSU Movement Control Room – Fatigue Breaks

Staff performing duty in an MSU movement control room should be aware of their vulnerability to fatigue or loss of focus following an extended period of time undertaking movement control duties. If such circumstances do appear to present themselves, officers may request a fatigue break at any time during their shift. In such circumstances, every effort should be made to accommodate such a request.

Staff should ordinarily be afforded a fatigue break after two hours of continuous duty in the MSU movement control.

Given that this is a specialised work environment, it is recognised that imposition of definitive two-hourly fatigue breaks may not be operationally achievable. In those circumstances, such breaks are to occur as soon as practicable thereafter.

Daily Routine



The General Manager of the corrective services facility must develop a document that specifies the daily activities of the MSU and the times at which the activities are to be undertaken.

The General Manager of the corrective services facility should liaise with general managers of other corrective services facilities with MSUs in the development of the daily routine document to ensure that, as far as practicable; there is consistency between daily routine documents. Daily routines of a MSU should not conflict with other daily routines within the corrective services facility.

Sch3/10(1)(i)

The daily routine document must be accessible to staff working in the unit but not available to prisoners.

Exceptions to the routine, as well as visitors to prisoners who may be approved in advance, must be notified to unit staff by the General Manager or Deputy General Manager of the corrective services facility on a daily basis.

Responsible
Officer

The General Manager or Deputy General Manager of the corrective services facility and the MSU Manager and/or Supervisor.

Refer Maximum Security Unit Compliance Report Flowchart Appendix ACC4.



Completed reports must be retained in accordance with the Retention and Disposal Schedule.

Sch3/10(1)(i)



Sch3/10(1)(i)

Detention Unit Use

A detention unit in a MSU, if available, may be used to accommodate a prisoner:

- on a CSA s118, s121 separate confinement order (refer to Practice Directive Prisoner Accommodation Management: Detention Unit and CSA s121); or
- where circumstances are such that the prisoner's safety or the security or good order of the corrective services facility cannot be achieved in a normal MSU cell, refer CSA, ss53 and 58 (refer to Practice Directive Prisoner Accommodation Management: Detention Unit).

Access and Visitors



Sch3/10(1)(i)

Visitors must be security cleared prior to entry and must register and submit to security procedures upon entering the unit. No personal items are to be allowed into the prisoner zone of the unit without the approval of the MSU Manager and/or Supervisor.

Staff and professional visitors who have contact with a prisoner must be under the direct (physical or CCTV) observation of a corrective services officer who is able to readily respond to an incident.

Visits by law enforcement employees and professional visitors must be conducted out of the hearing, but not out of the sight, of a corrective services officer. Refer CSA, ss164, 167 and 169 and the Practice Directive Visitors to a Facility: Interview Prisoner.

SAFETY ORDERS AND INTENSIVE MANAGEMENT PLANS

SO

SAFETY ORDERS

Version: 02

Implement date: 17/09/2018

Availability: In-Confidence

Performance Standard: Any risk to the safety and security of the facility, staff and prisoners is identified and where possible prevented or managed with swift and appropriate intervention (using identified tools) to prevent the event escalating.

Outcomes:

Safety Orders are carefully considered and any prisoner separation is based on the individual risk and need of the prisoner and the reason for separation.

Accountability

General Manager of a corrective services facility

- Develops relevant processes to manage identified risks and oversees the application of risk mitigation tools.

Correctional Manager

- Supports General Manager of the corrective services facility in the oversight of risk management processes and risk mitigation tools.
- Supports staff in the application of risk management.

Correctional Supervisor

- Oversees the identification of risk.
- Implements risk mitigation tools and strategies.

Senior Psychologist

- Supports staff in the assessment, treatment and management of prisoners.

Psychologist

Sch3/10(1)(i)

Doctor or relevant health practitioner

- Provides expert advice where required.
- Conducts an examination of prisoners where required.

Official Visitor

- Reviews Safety Order conditions if requested by a prisoner.

Corrective Services Officer

- Remains vigilant to indicators and risks, assesses risks and intervenes using identified mechanisms where appropriate.

Process Owner: Statewide Operations and Specialist Operations maintain ownership and responsibility for review and amendment of the Practice Directive.

Sch3/10(1)(i)

Safety Orders

The General Manager of a corrective services facility must ensure that all personnel operating closed circuit television monitoring and recording devices are instructed on and acknowledge the intent of the - Code of Conduct for the Queensland Public Service and Use of Information and Communication Technology Facilities and Devices Procedure.

Need for Placement on 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 need of the prisoner and the reason for the separation.

A prisoner may be placed on a Safety Order if:

- the Chief Executive or authorised delegate receives advice from a doctor or psychologist that they reasonably believes there is a risk of the prisoner harming them self or someone else; or
- the Chief Executive or authorised delegate reasonably believes there is a risk of the prisoner harming, or being harmed by, someone else; or
- the Chief Executive or authorised delegate reasonably believes the Safety Order is necessary for the security or good order of the corrective services facility.

A prisoner assessed as acutely psychotic and requiring specialised psychiatric intervention will be referred to a doctor or consultant psychiatrist for assessment and consideration for placement at a medical facility.

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.

Where relevant, refer to Practice Directive At Risk Management: At Risk.

Further information can be found on Appendix SO3 Safety Orders – Aboriginal or Torres Strait Islander Prisoners.

Raise Safety Order

Safety Orders must be generated through IOMS.

Should any of the above occur the correctional supervisor of the relevant area or a Psychologist in the instance of an at-risk prisoner, a Safety Order must be raised in IOMS. This is to be forwarded to the relevant delegate for review and approval.

A Safety Order that has been generated in IOMS but has not been approved by a delegate is not a lawful mechanism by which to separately confine a prisoner. In an out of hour's situation, the delegations outline the process for approval of Temporary Safety Orders and Safety Orders.

Approve the Safety Order

The approving position for Safety and Temporary Safety Orders is identified in the Instrument of Delegation of Chief Executive Powers - Corrective Services Act 2006.

Special conditions stipulated on the Safety Order must be complied with.

Refer - Instrument of Delegation of Chief Executive Powers - *Corrective Services Act 2006*; Approved Form 5 – Safety Order.

Placement

Prisoners ordered onto the conditions of a Safety Order may be accommodated in a corrective services facility's detention unit, safety unit, , , health center or prisoner accommodation cell.

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.

In circumstances where a Safety Order is considered necessary outside of normal business hours following an incident, the Duty Manager and or the Deputy General Manager must be consulted and advised of the incident and the details of actions taken, including where the prisoner may be separately accommodated. A Safety Order must be raised in IOMS. Following this consultation the Safety Order may then be approved by a Correctional Supervisor if no other delegate is available.

For information in relation to placement and management of a prisoner in a detention unit see the Practice Directive Prisoner Accommodation Management: Detention Unit.

For information in relation to placement and management of a prisoner in a safety unit refer to Practice Directive At Risk Management: Safety Unit.

For information in relation to placement and management of a prisoner in a Behaviour Management Unit refer to Practice Directive Prisoner Accommodation Management: Cell Allocation.

For information in relation to placement in a padded cell refer to Practice Directive At Risk Management: At Risk.

Examination of Prisoner on a Safety Order

A doctor or nurse must examine a prisoner subject to a Safety Order:

- as soon as practicable after the order is made; and
- subsequently, at intervals that are, to the greatest practicable extent, of not more than seven (7) days. Refer - CSA, s57;
- medical examinations are to be recorded in IOMS using the Safety Orders medical review tab

If a Safety Order was made on the advice of a doctor or psychologist, the Safety Order must be referred to another doctor or psychologist for review:

- every seven (7) days if recommended by the advising doctor or psychologist; or
- otherwise, as soon as practicable. Refer - CSA, s55;
- reviews are to be recorded in IOMS using the Safety Orders review tab.

The doctor or psychologist must provide a recommendation to the chief executive or authorised delegate whether the Safety Order should be confirmed, amended in a particular way or cancelled. The delegate must then consider the recommendation and confirm, amend or cancel the Safety Order. This decision must be recorded in IOMS. The chief executive is not bound by the reviewing practitioner's recommendation.

Refer Consultant Psychiatrist Discharge Review Administrative Form 79.

Manage Prisoner on Safety Order

A Safety Order describing the conditions of the order must accompany the prisoner.

Where a prisoner on a Safety Order is separately confined (e.g. placed in a detention or safety unit), the prisoner must be given the opportunity to exercise in the fresh air for at least two daylight hours a day, refer - CSR 2017 s4 (d). Separate confinement, in relation to a prisoner, means the separation of the prisoner from other prisoners, refer – CSA, Schedule 4 Dictionary.

Where a prisoner refuses or declines the out of cell time, or where the prisoner requests that the out of cell time period ceases early this must be recorded in a case note on IOMS. A case note must also be made in circumstances where a prisoner does not receive this period of out cell time detailing the reason for same.

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.

A Safety Order for a prisoner must include directions about the extent to which:

- the prisoner is accommodated separately from other prisoners, if required (e.g. in a detention unit, health centre, safety unit or prisoner accommodation cell)
- the conditions (refer - CSA s53(3),(4) and - CSR 2017 s7-8) that apply to the prisoner's treatment whilst on the Safety Order; and
- the privileges the prisoner will receive that do not impact on the security and good order of the facility (e.g. telephone calls, mail, visits and access to property).

Should a direction recorded on the order need to be amended the Safety Order should be returned to a state of draft and sent for approval following the amendments. The original directions will remain in place until the amendments are considered and approved by the relevant delegate.

The management of the prisoner must also take into account the reasons for the prisoner's placement on a Safety Order; refer Need for Placement on Order Identified section of this Practice Directive and in the Practice Directive At-Risk Management: At-Risk.

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 Practice Directive At Risk Management: At Risk, and the prisoner's At Risk Management Plan Administrative Form 63 (Safety Order Conditions and any privileges limitations must be developed in accordance with this, refer - CSA section 53(3),(4) and – CSR 2017 sections 7 and 8).

Where a prisoner is placed on Safety Order due to risk of the prisoner harming, or being harmed by, someone else or for the security or good order of the corrective services facility, the following applies:

- the Safety Order conditions and any privileges limitations (refer - CSA s53(3),(4) and - CSR 2017 s7 and 8) must be developed and clearly stated on the Safety Order based on the individual risk and needs of the prisoner;
- the reason for the prisoner's placement on the Safety Order must be a factor of consideration when developing the Safety Order conditions and any privileges limitations; and
- the development and implementation of an IMP must be considered for prisoners placed on Safety Order for an extended period or as result of problematic behaviour, refer to Practice Directive Safety Orders and Intensive Management Plans: Intensive Management Plans.

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

A Safety Order register must be maintained which must include conditions prescribed in accordance with CSA s59.

Review of an Order

A Safety Order may be amended to reflect changes in the conditions and / or reasons for making the Safety Order. Where this occurs, the order must be returned to the appropriate delegate for approval using the IOMS functionality. The reasons and conditions of the order will remain in effect until such time as the delegate approves the amendment to the Safety Order

A prisoner subject to a Safety Order may apply to the General Manager of the corrective services facility requesting a review of the order by an official visitor. The General Manager of the corrective services facility must refer this request to an official visitor.

After completing a review, an official visitor must recommend to the Chief Executive or authorised delegate whether the Safety Order should be confirmed, amended or cancelled.

The chief executive or authorised delegate must then consider the recommendation and confirm, amend or cancel the Safety Order. This decision must be recorded in IOMS. The chief executive or authorised delegate is not bound by the official visitor's recommendation.

Refer - CSA, s 56.

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.

Temporary Safety Orders

Placement

A prisoner may be placed on a Temporary Safety Order if:

- a doctor or psychologist is not available to assess a prisoner who is thought to be at risk of harming himself/herself or someone else; and
- a corrective services officer or nurse believes the prisoner may harm himself/herself or someone else.

Refer to this Practice Directive and Practice Directive At Risk Management: Safety Unit, for general Safety Order placement considerations.

Create a Temporary Safety Order

Should a Temporary Order be required a correctional supervisor is to raise it. Refer CSA, s58.

In circumstances where a Safety Order is considered necessary outside of normal business hours following an incident, the Duty Manager and or the Deputy General Manager must be consulted and advised of the incident and the details of actions taken, including where the prisoner may be separately accommodated. A Safety Order must be raised in IOMS.

Approve a Temporary Safety Order

A Correctional Supervisor may approve a Temporary Safety Order following consultation with a Duty Manager or General Manager if no other delegate is available.

Manage Prisoner on a Temporary Safety Order

Refer to this Practice Directive for general Safety Order prisoner management considerations and the Practice Directive At Risk Management: At Risk

Review of a Temporary Safety Order

A doctor or psychologist must review a Temporary Safety Order before the end of the five day Temporary Safety Order period and make a recommendation whether a Safety Order should be made or the Temporary Safety Order should be cancelled.

This review must be conducted as part of the usual at-risk management assessment processes and the recommendation presented during the Risk Assessment Team (RAT) meeting – refer to the Practice Directive At Risk Management: At Risk.

Where a doctor or psychologist recommends cessation of a Temporary Safety Order, but the RAT meeting outcome is that the prisoner should be maintained on observations under separation, the Chief Executive or authorised delegate must consider the placement of the prisoner on a Safety Order.

Confirming a Temporary Safety Order

Delegate must confirm the Safety Order, confirming the safety order is required. Refer to this Practice Directive.

Sch3/10(1)(i)

Consecutive Safety Orders

Refer - CSA, s54.

The General Manager Sentence Management is no longer responsible for approving Consecutive Safety Orders. The General Manager of a Corrective Services facility is now responsible for approving Consecutive Safety Orders for prisoners accommodated at that centre.

However, if the existing Safety Order was made on the advice of a doctor or psychologist, a Consecutive Safety Order may only be made on the further advice of a different doctor or psychologist.

A Consecutive Safety Order must be made not more than seven days before the end of the existing Safety Order.

Not more than 14 days before the end of the existing Safety Order, the Chief Executive or authorised delegate must give written notice to the prisoner advising the prisoner that:

- the Chief Executive or authorised delegate is about to consider whether a further Safety Order should be made; and
- the prisoner may, within seven days after receiving the written notice, make submissions to the Chief Executive or authorised delegate about anything relevant to the decision about making the Consecutive Safety Order.

The Chief Executive or authorised delegate must consider any submission made by the prisoner in making the decision about whether to make a Consecutive Safety Order.

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 Chief Executive or authorised delegate. This notification must be case noted.

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

If the General Manager 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 the General Manager, Custodial Operations for consideration. When a person is performing the duties of General Manager, IOMS access permission should be amended to allow for the approval of Consecutive safety orders.

An official visitor must review a decision to make a Consecutive safety order (a Safety Order of more than one month, refer – CSA section 56(4) and (10)) by the Chief Executive or authorised 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 Chief Executive or authorised delegate if the Safety Order should be confirmed, amended or cancelled, refer – CSA section 56(6).

The General Manager as the authorised delegate must consider the information in the Official Visitor Review (OVR) of a Safety Order. The OVR may recommend that the Chief Executive or 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.

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 cancel the Order on IOMS. The State Coordinator, Official Visitors will ensure that an official visitor report is completed and provided to the decision maker for consideration, refer Official Visitor Review of Safety Order (CSA s56) Form.

The Delegate must record reasons for the decision to approve or not approve the Consecutive Safety Order in IOMS via the review tab of the Safety Order review screen. Additionally any correspondence to the prisoner must be saved electronically to the Safety Order attachment tab in IOMS.

When a Safety Order (including Consecutive Safety Order) has been cancelled, it is no longer a lawful mechanism by which to separately confine a prisoner.

Amending Safety Orders Generally

IOMS functionality allows for amendments to be made to a Safety Order. 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. Safety orders are not to be cancelled and another order created to effect an amendment. In the case of amended Consecutive Safety Orders the delegate authorised to approve the change is the General Manager, Sentence Management Services.

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

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 Practice Directive Safety Orders and Intensive Management Plans: Intensive Management Plans.

Timeframe	<p>Period of Placement on a Safety Order A Safety Order may be made for a period up to one month (refer CSA, section 53(2)). A month means a <i>calendar month</i> which means a period starting at the beginning of any day of one (1) of the 12 months and ending:</p> <ul style="list-style-type: none"> • 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 <i>Acts Interpretation Act 1954</i>, s36. <p>Period of Placement on a Temporary Order A Temporary Safety Order must not be made for longer than five days.</p> <p>Consecutive Order A recommendation to approve a Consecutive Safety Order must be communicated to the Chief Executive or authorised delegate a minimum of three business days prior to the expiry of the existing Safety Order.</p>
Responsible Officer	<p>Corrective Services Officers are responsible for monitoring prisoners and reporting relevant information with regards to any risks that may require management via a Safety Order.</p> <p>Corrective Services officers are responsible for managing prisoners as per conditions of a safety order.</p> <p>Supervisors are responsible for raising Safety Orders in IOMS and are responsible for managing prisoners as per conditions of a Safety Order.</p> <p>The relevant Correctional Manager will manage the process should a Consecutive Safety Order be required.</p>
Approval and Review	<p>The relevant delegate will approve:</p> <ul style="list-style-type: none"> • Safety Orders • Temporary Safety Orders; and • Consecutive Safety Orders.