Australian Capital Territory

**Corrections Management (Segregation) Operating Procedure 2019**

**Notifiable instrument NI2019-383**

made under the

**Corrections Management Act 2007, s14 (Corrections policies and operating procedures)**

**1 Name of instrument**

This instrument is the *Corrections Management* (*Segregation) Operating Procedure 2019.*

**2** **Commencement**

This instrument commences on the day after its notification day.

**3 Operating Procedure**

I make this operating procedure to facilitate the effective and efficient management of correctional services.



Jon Peach

Executive Director

ACT Corrective Services

13 June 2019

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| **OPERATING PROCEDURE** | **Segregation** |
| **OPERATING PROCEDURE NO.** | **D3.1** |
| **SCOPE** | **Alexander Maconochie Centre** |

**STATEMENT OF PURPOSE**

To provide instructions to staff managing detainees who have been placed on segregation.

Segregation is not to be managed as a punishment and therefore any detainee must only be subjected to restrictions that are necessary to protect the detainee or maintain safety, security or good order of the Alexander Maconochie Centre.

**PROCEDURES**

1. **Placement on segregation or separate confinement** 
   1. Authorisation for, and revocation of, a segregation order under the *Management of Segregation and Separate Confinement Policy* will be provided by:

* The General Manager Custodial Operations (GMCO), during business hours
* Head of Security at all times the GMCO is off-site during business hours
* The Officer-in-Charge and Duty Manager after business hours. On all occasions the Duty Manager must be contacted for *authorisation*.

The written direction must be completed and signed as approved before a detainee is relocated.

* 1. As a rule, an investigative segregation direction is spontaneous in response to an immediate incident or potential incident. The formal authorisation may be completed after placement, but as soon after as is practicable and within one (1) hour.

1. **Locations**

2.1 Male detainees on segregation will in the first instance be directed to be placed in the Management Unit.

* 1. Female detainees placed on segregation will in the first instance be directed to SCC-West.
  2. Where the Executive Director has authorised an alternative location for segregation placement, the appropriate location for the detainee will be confirmed by checking the:

1. *Annex 1 – AMC Segregation and Separate Confinement Areas*; or
2. *D3.F4: Segregation/Separate Confinement Location – Authority*.
   1. The Officer-in-Charge will ensure that the detainee’s electronic record system is updated with the segregation location.
3. **Placement and Notification**

3.1 The Officer-in-Charge will ensure that, within two (2) hours of segregation, the Security Unit CO2 provides the detainee with a copy of:

1. *D3.F1: Initial Segregation Form*; and
2. rules and regime of the Management Unit.
   1. The Security Unit CO2 must ask the detainee:
3. if they have any questions about the decision to place them under segregation; and
4. to sign the *D3.F1: Initial Segregation Form*.
   1. Where the detainee refuses to sign, the Security Unit CO2 must note this on the *D3.F1: Initial Segregation Form*.
   2. Officers shall complete a cell contract check prior to securing a detainee into a cell for segregation or as soon as is practicable based on the detainee’s behaviour. The cell check must include any cell faults and/or cell damage prior to placement. The detainee will counter sign the form. If the detainee refuses to sign, the officer must note the refusal on the form, to be countersigned by a witnessing officer.
   3. The Security Unit CO2 will ensure that Justice Health are immediately advised with an email to ACTHealthAMCHealth@act.gov.au, [AMCHealthReception@act.gov.au](mailto:AMCHealthReception@act.gov.au), and [JACSAMCMentalHealth@act.gov.au](mailto:JACSAMCMentalHealth@act.gov.au) that the detainee has been placed on segregation and request that they are assessed within two (2) hours or as soon as practicable.
   4. If a doctor or registered nurse is not available to complete the screen within two (2) hours, the detainee must be placed on 30 minute observations, or according to any current observational routine of less than 30 minutes. In urgent cases, the out-of-hours doctor must be contacted to attend.
   5. The Officer-in-Charge must ensure that the detainee’s Sentence Management Officer, Welfare Officer and/or Indigenous Liaison Officer where relevant, are notified by email that the detainee has been placed on segregation.
5. **Initial health assessment**
   1. On arrival, the Justice Health professional must be provided with a printed copy of the *D3.F3: Initial Health Screening Form* to complete.
   2. Once completed by Justice Health, the officer in receipt of the *D3.F3: Initial Health Screening Form* must:
6. immediately provide a copy to the Head of Security, or Duty Manager in their absence;
7. scan and upload a copy of the form to the detainee’s electronic records system; and
8. place the *D3.F3: Initial Health Screening Form* in the detainee’s custody file.
   1. Where the *D3.F3: Initial Health Screening Form* finds there are clinical reasons why the detainee should not be segregated, Head of Security, Duty Manager or Officer-in-Charge in their absence must arrange an immediate Healthcare Review Meeting to make a decision on the segregation direction.
   2. The Head of Security/Duty Manager/Officer-in-Charge must complete a *D3.F5: Healthcare Review Meeting – Segregation/Separate Confinement Form* to indicate the outcomes from the meeting.
   3. Once the Head of Security/Duty Manager/Officer-in-Charge has made a final decision about the detainee’s segregation, the completed *D3.F5: Healthcare Review Meeting – Segregation/Separate Confinement Form* will be provided to the Security Unit CO2.
   4. The Security Unit CO2 will:
9. scan and upload a copy of the form to the detainee’s electronic records system;
10. undertake any actions required by the *D3.F5: Healthcare Review Meeting – Segregation/Separate Confinement Form*; and
11. place the *D3.F5: Healthcare Review Meeting – Segregation/Separate Confinement Form* in the detainee’s custody file.
12. **Review Process**

5.1 The Head of Security will ensure that the appropriate reviews are completed at least three (3) business days after detainee is segregated, every seven (7) days by the GMCO, and every 21 days by the Executive Director.

5.2 The Head of Security will ensure that a *D3.F7: Segregation Exit Plan* is developed at the first review of segregation and will ensure that their engagement in the exit plan is considered at each review.

5.3 The Head of Security will chair a multi-disciplinary review board every Wednesday to determine whether a detainee’s segregation status can be revoked, or to recommend continued segregation status.

1. **Security Processes**

6.1 All detainees, except those segregated for health reasons will be strip searched prior to being secured in their cell. During the search process, officers will remove all lighters from detainees who are segregated in the Management Unit. The lighters will not be returned until the detainee is released from the Management Unit.

6.2 Detainees will not normally require the application of handcuffs for movement outside their cells. The application of handcuffs could be required based on an individualised risk assessment as approved by the Head of Security.

6.3 Detainees placed in the Management Unit for health reasons, will placed on the ‘soft side’ where practicable.

6.4 All cells in the Management Unit and SCC-W and any other cell designated as a place for segregation will be searched at minimum once each week. This will be recorded in the appropriate log book and on the detainee’s electronic system.

1. **Regime**
   1. The regime of the Management Unit will operate in accordance with the Management Unit Regime and the entitlements and privileges on each detainee’s *D3.F7: Segregation Exit Plan*.
   2. After the first review and confirmation of continued segregation, detainees will be able to request receipt of personal property items.
   3. No items are to be passed between detainees.
   4. Decisions with respect to accessing education, programs or employment will be recorded in the detainee’s exit plan and will include reasons for any restrictions.
   5. Detainees under segregation will have access to a computer where available.
   6. Detainees must only have their movement restricted as much as operational requirements demand.
   7. Detainees will normally be permitted to socialise in the common areas and shared exercise yard, unless restricted from contact due to safety reasons.
2. **Minimum entitlements of, and visitors to, detainees**
   1. The Security Unit CO3 must ensure completion of a *D3.F8: Management Unit Daily Log* daily for each detainee to record the detainee’s access to their minimum entitlements and visitors to the detainee.
   2. Where a detainee refuses an entitlement, this must be recorded on *D3.F8: Management Unit Daily Log*.
   3. Where a detainee is declined an entitlement by staff, this must be recorded on *D3.F8: Management Unit Daily Log* and the reasons for the denial recorded in the detainee’s electronic record system.
   4. The Security Unit CO3 must sign each *D3.F8: Management Unit Daily Log* as soon as practicable on the day of completion, and once completed and ensure that it is scanned and uploaded to the detainee’s electronic records system.
3. **Required Documentation**
   1. To record the staff on duty and visits to detainees, a log book will be available at the entry of the locations for each person entering the area to complete.
   2. A separate log book will be maintained in each location where detainees on segregation.
   3. This additional log book will record:

i) entry/exit of detainees;

ii) medication rounds;

iv) meal issue;

v) searches;

vi) movements of detainees outside of their designated location; and

vii) any such thing that is outside of the normal routine.

9.4 The log book will be checked and signed daily by the Supervisor of the area.

9.5 An electronic register must be maintained by the Security Unit and submitted before close of business every Friday by the Security Manager to the Manager, Quality Assurance, the General Manager Custodial Operations and the Executive Director.

1. **Exit Plans**
   1. All detainees under a segregation order will have an *D3.F7: Segregation Exit Plan* developed by the Head of Security or Duty Manager in their absence, at the first review of segregation.
   2. After input from the multi-disciplinary team, the *D3.F7: Segregation Exit Plan* will be provided to the detainee and the detainee requested to sign that they have seen the document and agree to it. A refusal to sign must be noted by the issuing officer.
2. **Exiting**
   1. The Security Unit CO2 will ensure that a detainee is exited from segregation as soon as practicable on the recorded day in their *D3.F6: Segregation Review Form*.
   2. Detainees placed on investigative segregation must be exited after three (3) business days, unless the Head of Security has authorised segregation for another reason on the detainee’s *D3.F6: Segregation Review Form*.

**RELATED DOCUMENTS AND FORMS**

* Management of Segregation and Separate Confinement Policy
* D3.F4: Segregation/Separate Confinement Location – Authority Form
* D3.F1: Initial Segregation Form
* D3.F3: Initial Health Screening Form
* D3.F5: Healthcare Review Meeting – Segregation/Separate Confinement
* D3.F6: Segregation Review Form
* D3.F8: Management Unit Daily Log
* D3.F7: Segregation Exit Plan
* Detainee Request Form
* Management of Transgender Detainees and Detainees Born with Variations in Sex Characteristics Policy
* Discipline Policy
* Searching Strategy
* Detainee Observation Form



Jon Peach

Executive Director  
ACT Corrective Services

13 June 2019

**Document details**

| Criteria | Details |
| --- | --- |
| Document title: | Corrections Management (Segregation) Operating Procedure 2019 |
| Document owner/approver: | Executive Director, ACT Corrective Services |
| Date effective: | The day after the notification date |
| Review date: | 3 years after the notification date |
| Compliance: | This operating procedure reflects the requirements of the *Corrections Management (Policy Framework) Policy 2019* |
| Responsible Officer: | Head of Security |
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| **Version Control** | | | |
| **Version no.** | **Date** | **Description** | **Author** |
| V1 | May-19 | First Issued | P Cubitt |