

Custodial Operations Policy and Procedures

15.1 Safe work practices

Policy summary

Safe work practices incorporate use of equipment which can minimise risks to the safety of everyone in correctional centres and other facilities managed by or on behalf of Corrective Services NSW (CSNSW).

Safe work practices include use of duress alarms, emergency response pouches and kits, and the safe storage, handling, and disposal of sharps.

Management of Public Correctional Centres Service Specifications

| | |
|------------------------|---------------------|
| Service specifications | Safety and security |
|------------------------|---------------------|

Scope

This section applies to all correctional centres and other facilities administered by or on behalf of CSNSW.

It also applies to all CSNSW employees, and where relevant to other personnel such as Justice Health and Forensic Mental Health Network, contractors, subcontractors, and visitors.

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1 Safe work practices

1.1 Sight or sound principle

The nature of the occupation of correctional officers is such that there is a constant risk of an assault upon a correctional officer by an inmate. In our obligation to take proper precautions to ensure the safety of its officers at work, CSNSW holds to the "sight or sound" principle in **maximum security** correctional centres. This means that an officer should always be either within sight or within earshot of another officer when dealing with inmates, or in an area currently accessible to inmates.

1.2 Safe staffing numbers when entering accommodation areas/cells

The Governor/OIC of correctional centres must create a Local Operating Procedure (LOP) which stipulates the number of staff required when entering an accommodation area. The LOP is to include the following:

- Requirements for when inmates are secured in accommodation areas/cells;
- Requirements for entry during hours of let go;
- The requirement to record names of staff entering the areas in the instance of an entry during hours in which inmates are secured in accommodation areas/cells; and
- Method of recording an entry during hours in which inmates are secured in accommodation areas/cells.

The Governor/OIC must take into consideration the role and function of the centre, the staffing profile, the physical layout of the centre, and resources available.

1.3 Staff duress alarms

Personal duress alarm systems have been incorporated into the operations of many correctional centres to provide additional safety and security measures for staff and authorised visitors in a correctional centre. Governors must ensure that duress alarms (where available) are maintained, effective and operational.

Governors must ensure training in the use of the alarms is given to staff, and that emergency response plans are developed. Monitoring the duress alarm system and initiating a response will usually be the responsibility of the control room officer or other authorised officer as stipulated in local operating procedures (LOP).

1.4 Procedures for staff duress alarms

| | Procedure | Responsibility |
|----|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| 1. | Ensure each staff member is issued a duress alarm in the gate before entering the centre. Check alarm is operating prior to issue. | Officer in Charge (OIC) Gate/Gate Officer |
| 2. | Ensure that the correct operation of the duress alarm is explained when issuing a duress alarm to an authorised visitor. | OIC Gate/Gate Officer |

| | Procedure | Responsibility |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| 3. | Ensure that all staff and authorised visitors return the duress alarm before leaving the centre. Check the duress alarm is operating before storage. | OIC Gate/Gate Officer |
| 4. | Check a minimum of 10% of duress alarms with the control room to ensure each alarm is operational, on each C and B watch. Record each duress alarm number as either operational or not operational. Send this record to the FM each morning as part of the Daily Security Reporting process. | OIC Gate/Gate Officer |

1.5 Issuing a duress alarm to an inmate

An inmate may be issued with a personal duress alarm if considered too sick to leave their cell and there is doubt that the inmate is well enough to be able to activate the cell alarm call in the case of an emergency. Other steps should be considered before issuing a duress alarm to an inmate such as:

- two-out cell accommodation
- placement in a Health Centre observation cell.

An inmate may also be issued with a duress alarm if their cell call alarm is not functioning and has been reported for repair.

1.6 Procedure for issuing a duress alarm to an inmate

| | Procedure | Responsibility |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| 1. | Inform the control room officer of the inmate's details, including: <ul style="list-style-type: none"> • name and Master Index Number (MIN) • accommodation unit and cell number • duress alarm number being issued to the inmate. | Functional manager (FM)/ Night Senior/ OIC Control Room |
| 2. | Ensure the inmate reads and signs the <i>Undertaking by inmate for issue of personal duress alarm</i> form. | OIC Accommodation |
| 3. | Explain the correct operation of the duress alarm, and check: <ul style="list-style-type: none"> • the alarm is operating when issued to the inmate • daily, prior to lock-in. | OIC Accommodation |
| 4. | Inform all staff in the accommodation area that the inmate has been issued with the alarm, and advise of response procedures in accordance with LOP. | OIC Accommodation |

2 Emergency response pouches

2.1 Policy

There is a risk of exposure to blood-borne viruses (Human Immunodeficiency Virus (HIV) and Hepatitis B and C) and other communicable diseases in correctional centres, transition centres and Police/Court cells. Accordingly, it is vital that all custodial staff working in these facilities wear Emergency Response Pouches (ERP).

Governors and OICs of police/court cell complexes and Court Escort Security Units (CESU) must ensure that adequate supplies of ERPs are held at a central location for easy distribution to all staff. An officer at each site must be made responsible for refilling ERPs and maintaining adequate supplies of stock items contained in the ERP (refer to *Emergency Response Pouch – WHS*)

Although it is only mandatory for custodial staff to wear an ERP, all other staff should be encouraged to do so. Visitors from other CSNSW locations or external agencies should also be encouraged to wear an ERP while inside the centre.

2.2 Procedure

The ERP is a compulsory item of a correctional officer's uniform.

| | Procedure | Responsibility |
|----|------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| 1. | Ensure that every correctional officer is wearing the ERP while on duty. | FM/OIC of C/B Watch |
| 2. | Refill ERPs after any item is used. Contact the PPE supplier to order stock items for ERPs when necessary to maintain adequate supplies. | Authorised officer |

3 B and C watch emergency response kit

3.1 Policy

The Emergency Response Kit (ERK) is essential equipment for officers working on C and B watches to ensure that when responding to a cell call alarm officers are equipped to provide immediate medical attention to an inmate if required, and to reduce the risk of staff being exposed to communicable diseases or risk of injury.

Stocks for the ERP and ERK must be adequately maintained. All equipment should be ordered via 'NSWBuy' in accordance with NSW Procurement requirements. An LOP should identify an authorised officer to access stock lists and order the equipment.

3.2 Procedure

| | Procedure | Responsibility |
|----|--------------------------------------------------------------------------------------------------------------------------|--------------------|
| 1. | Ensure the listed items are in the ERK upon commencing duty. | OIC C/B watch |
| 2. | Allocate an officer on the C/B watch to ensure the ERK has all required equipment and to carry the ERK during the watch. | OIC C/B watch |
| 3. | Replace ERK items as they are used. | Authorised officer |

4 Exposure to Blood and Bodily Fluids

4.1 Policy

Occupational exposure is defined as an incident which occurs during a work activity that involves contact with blood and/or other bodily fluids. Such exposures include:

- Sharps injury: needlestick (including hollow bore and suture needles), cut with a sharp object or device e.g. scalpel, glass slide, dental equipment, tooth (including bites), and bone;
- Mucous membrane exposure; mouth, eye and nose;
- Contact with non-intact skin; uncovered open wound/cut, dermatitis, eczema and acne.

It **does not** include contact of blood or bodily fluids with intact skins.

Sharps injury and exposure to communicable disease is a major risk to the health and safety of all staff in a correctional centre (**refer to COPP section 6.5 Infectious and communicable diseases**). Governors must ensure that:

- a plan is in place to educate staff on immediate care, and their rights and responsibilities following an occupational injury or exposure;
- all occupational injuries and exposures are fully documented while also ensuring the confidentiality of affected staff is maintained;
- In certain circumstances an officer exposed to blood or bodily fluids of a third party may be eligible to receive blood test results of the third party. Refer to COPP section 13.14 **Mandatory disease testing**.

4.2 Procedure

The following procedures must be incorporated in training protocols and must be read in accordance with *WHS procedure: critical incident support*:

| | Procedure | Responsibility |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| 1. | Immediately wash the contaminated area of the body with soap and water. | Affected officer |
| 2. | Rinse eyes immediately if contaminated. While they are open, gently but thoroughly with water or normal saline solution. | Affected officer |
| 3. | Spit out any blood or other bodily substances if they have gone in the mouth. Rinse mouth out with water several times. | Affected officer |
| 4. | Remove clothing and shower if clothing is contaminated, if necessary. | Affected officer |
| 5. | Submit a written report prior to ceasing duty or the next rostered day. | Affected officer |
| 6. | Provide immediate medical attention as required. If the affected officer agrees, another staff member will be authorised to take the officer to hospital, and following treatment, to the officer's home if the officer desires. | FM/OIC C/B Watch/ Authorised officer |
| 7. | Encourage the officer to seek advice from a medical practitioner with regards to establishing their HIV, Hepatitis B&C status and offer pre- and post-test counselling. Offer the officer counselling and document this in the IRM irrespective of whether or not counselling is accepted. Inform the officer about the ability to seek blood test results of the third party (refer to COPP section 13.14 Mandatory Disease Testing). | FM |
| 8. | Critical incident support counselling must be arranged for the affected staff member and any person involved in the incident. The Services provider Employee Assistance Program (EAPS) is contactable by phone on 1300 687 327 (24 hour service). | FM/OIC C/B Watch |
| 9. | Collect all <i>Incident/witness reports</i> and complete an <i>Incident Report Module (IRM)</i> on OIMS. | FM/OIC C/B Watch |
| 10. | Complete a <i>SafetySuite Notification e-Form (Employees)</i> as soon as possible, but in all cases no later than 48 hours after the incident was first reported or became known. | FM/OIC C & B Watch |
| 11. | Inform Police as soon as possible and protect all potential evidence as well as the crime scene, if information or evidence suggests an inmate was responsible for deliberately causing the injury or contamination (Refer to COPP section 13.8 Crime scene preservation). | FM/OIC C/B Watch |

| | Procedure | Responsibility |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| 12. | Record needle-stick injuries in the Security Compliance Journal. Submit a briefing report to the respective Director, Custodial Operations. The report should include: <ul style="list-style-type: none"> the injured body part (e.g. the finger), the cause (e.g. a tattoo gun), the activity (e.g. searching) and any effects such as distress on the part of the victim, counselling and other forms of support provided to affected individuals. | Governor/FM/ OIC C/B Watch |
| 13. | Check on the wellbeing of staff involved 1 week after the incident; then again 1 to 2 months after the incident. | FM |

5 Searching for sharps

5.1 Policy

Cuts and puncture wounds can allow life-threatening bacteria (such as tetanus) and viruses (such as HIV, Hepatitis B and C) to enter the body. The proper handling, disposal and reporting of sharps will minimise the risks of injury to staff and inmates.

Special care must be taken when searching inmate property, clothing and bed linen because of the risk of sharp objects being concealed. Use of metal detectors to scan materials is recommended when there is suspicion of a sharp object has been concealed.

Due to the potential for contact with blood borne diseases during searches, correctional officers must use the following items when searching:

- gloves
- mirrors
- non-metal probes.

Using hands or fingers to search in areas that cannot be seen (e.g. inside bags, behind furniture, under benches) should be avoided. Disposable forceps should be used to remove sharps, in particular syringes and razor blades.

Disposable forceps have been issued to all correctional centres, court security and transport areas for placement in all WH&S cabinets and ERKs.

All sharps found during searches are to be placed into an appropriate container and disposed of in accordance with disposal procedures set out below in subsection **6.2 Sharps management and disposal procedures**.

A sharp found at a crime scene must be managed in line with **COPP section 13.8 Crime scene preservation**.

A needle must not be removed from a disposable syringe for disposal, or be deliberately broken or otherwise manipulated by hand.

5.2 Procedures for reporting sharps

On all occasions when sharps are found, the find is to be reported in the OIMS *IRM* (refer to **COPP section 13.1 Serious Incident Reporting**). The report will indicate:

- the exact date, time and place where the item was found
- the type of sharp instrument (e.g. syringe, gaol-made knife)
- a statement of disposal (e.g. domestic waste, clinical waste or forensic evidence).

6 Management and disposal of sharps

6.1 Sharps containers

Sharps containers are issued for the safe storage of all sharps found. Evidence and clinical waste sharps containers are to be held in stock at all correctional centres, transitional centres and court complexes and may be obtained from local stocks. The sharps containers must:

- be puncture resistant and leak-proof
- have an opening that is wide enough to allow sharps to be dropped into the container by a single hand operation
- be clearly labelled.
 - in the case of clinical waste- black lettering on yellow background with a biohazard symbol printed on the container.
 - in the case of general waste, in a suitable container marked “General Waste”
 - in the case of evidence containers, be appropriately labelled in accordance with chain of evidence requirements (**refer to COPP section 13.8 Crime scene preservation**)
- never be overfilled
- be securely sealed with a lid before disposal.

6.2 Sharps management and disposal

Depending on the circumstances, some sharps such as syringes and needles, knives, or other improvised cutting implements will need to be managed as forensic evidence. If there is any possibility of criminal charges arising from the discovery of sharps the item must be managed as forensic evidence. Alternatively, if Police state that no criminal charges are likely the sharps must be treated as contraband and after any disciplinary action, the sharps must be disposed of as clinical or domestic waste.

Clinical waste

“Clinical waste” (previously known as “contaminated waste”) is waste that has the risk of resulting in a sharps injury, an infection, or public offence. It includes:

- discarded sharps
- human tissue (excludes teeth, hair, nails, urine and faeces)
- materials which contain free flowing or expressible blood.

The risk of injury or infection is minimised when clinical waste is appropriately handled and contained through good work practice and the use of personal protective equipment (PPE). It is essential to safely segregate all clinical waste to ensure that safe work practices protect all workers.

Clinical waste is also visibly contaminated materials generated by JH&FMHN Health Centres/satellite clinics in the course of their duties. It includes:

- needles and syringes
- other sharps
- larger contaminated or soiled items such as mattresses, which cannot be effectively cleaned or decontaminated within normal cleaning processes, once no longer required as evidence.

Nothing should be treated as clinical waste, cleaned or disposed of if it is part of a crime scene or evidence of a crime, unless investigating Police authorise its cleaning or disposal. This directive also applies when a death in custody is considered natural causes.

General waste

General waste includes all other sharps that are not contaminated. General waste must be secured in puncture proof containers then placed into plastic garbage bags and put into mobile garbage bins or trolleys outside inmate accommodation areas in a location not accessed by inmates.

6.3 Procedure for managing sharps as forensic evidence

| | Procedure | Responsibility |
|----|----------------------------------------------------------------------------------------------------------------|--------------------|
| 1. | Wear a new pair of protective gloves for each item handled, when handling evidence. | Authorised officer |
| 2. | Handle evidence using single-use equipment such as plastic tweezers (provided), using a new set for each item. | Authorised officer |
| 3. | Complete the label on the sharps container prior to placing the evidence (exhibit) and securing the container. | Authorised officer |
| 4. | Register exhibit in the Exhibits Book and store both exhibit and Exhibits Book in the Exhibits Safe. | FM |

6.4 Procedure for managing sharps as contraband

| | Procedure | Responsibility |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 1. | Ensure that the sharp is placed in an appropriately labelled and sealed container, and accompany any inmate misconduct report to the relevant FM. | First Responding Officer |

| | Procedure | Responsibility |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 2. | Ensure that the sharp is disclosed of safely at the conclusion of any disciplinary proceedings. | FM |
| 3. | If the sharp was found in a common area and no disciplinary charges are made, the sharps are to be made safe and disposed of according to the procedures in this section of the COPP. | First Responding Officer |
| 4. | <p>Ensure that all needles and syringes and other visibly contaminated sharps are disposed of as clinical waste which must be:</p> <ul style="list-style-type: none"> • separated into approved yellow Clinical Waste bags • put into approved sharps containers if the waste is likely to cut or puncture • placed in secure mobile garbage bins or trolleys • held in secure storage areas away from inmate access • disposed of by an authorised Hazardous Waste Contractor. | First Responding Officer |
| 5. | <p>Treat other sharps such as razors as general waste once they have been made safe, destroyed or put into a puncture proof container.</p> <p>Do not place sharps including improvised or locally manufactured knives in any general waste bin where there is any possibility that an inmate could retrieve the sharps.</p> | FM |

7 Quick links

- [Related COPP](#)
- [Forms and annexures](#)
- [Related documents](#)

8 Definitions

| | |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| Authorised officer | The officer authorised by the Governor to perform the functions prescribed as part of the Custodial Operations Policy and Procedures. |
| CESU | Court Escort Security Unit |
| COPP | Custodial Operations Policy and Procedures |
| CSNSW | Corrective Services NSW |
| EAPS | Employee Assistance Program |
| ERK | Emergency Response Kit |
| ERP | Emergency Response Pouch |
| FM | Functional Manager |
| HIV | Human Immunodeficiency Virus |
| IRM | Incident Report Module |
| LOP | Local Operating Procedures |
| MIN | Master Index Number |
| PPE | Personal Protection Equipment |

9 Document information

| | |
|-------------------------|----------------------------------------------------------|
| Business centre: | Statewide Operations |
| Approver: | Craig Smith (A/Deputy Commissioner Security and Custody) |
| Date of effect: | 16 December 2017 |
| EDRMS container: | 18/7538 |

| Version | Date | Reason for amendment |
|----------------|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.0 | 16/12/17 | Initial publication. |
| 1.1 | 5/11/19 | Addition of <i>Sight or sound principle</i> at 1.1 |
| 1.2 | 12/03/20 | General formatting update and improvements |
| 1.3 | 13/05/24 | Addition of subsection 1.2 <i>Safe staffing numbers when entering accommodation areas/cells</i> . Amendment to Part 4 <i>Exposure to Blood and Bodily Fluids</i> to align with CSNSW Work Health and Safety policy. Refer to DC Memorandum 2024/11 Safe staffing numbers when entering accommodation areas/cells . |
