



**SOUTH AUSTRALIA POLICE**  
KEEPING SA SAFE

Your Ref:

Our Ref: 20-1084

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Member of Parliament  
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Dear Sir

**Re: Freedom of Information Act application**

In reference to your application made pursuant to the Freedom of Information (FOI) Act 1991, access was sought to:

*"The following documents in full: General Order, Custody Management & General Order - Arrest/Report documentation. Please withdraw any searches relating to personal & business affairs."*

Prior to submitting your application, [REDACTED] spoke with Sergeant Friend via telephone regarding the scope of your request. As a result of that conversation, Sergeant Friend understood the scope would *exclude* personal and business affairs, however your application stated, *"withdraw searches relating to personal and business affairs."* I have processed your application on the premise that you intended for personal and business affairs to be excluded from the scope.

Documents falling within the scope of your request have been numbered and described in the following schedule. The schedule contains details of the determination in compliance with section 23.

SA POLICE - FREEDOM OF INFORMATION UNIT SCHEDULE				
No.	Document Description	Status	Act	Reason
1	General Order – Custody Management – date of issue 31 July 2019 and consisting of eighty nine (89) pages.	Full Release		A portion of text has been redacted and marked <b>Out of Scope</b> as it relates to business affairs and does not fall within the scope of your request.
2	General Order – Arrest/Report Procedures and Documentation – date of issue 5 December 2018 and consisting of thirty three (33) pages.	Full Release		

In accordance with the requirements of Premier and Cabinet Circular PC045, details of your FOI application, and the documents to which you are given access, will be published on the SAPOL website Disclosure Log. A copy of PC045 can be found at [https://www.dpc.sa.gov.au/data/assets/pdf\\_file/0019/20818/PC045-Disclosure-Log-Policy.pdf](https://www.dpc.sa.gov.au/data/assets/pdf_file/0019/20818/PC045-Disclosure-Log-Policy.pdf). If you disagree with publication, please advise the undersigned in writing by 14 February 2020.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Tracy Gentgall', written over the printed name.

Senior Sergeant First Class Tracy Gentgall  
Office in Charge  
**Freedom of Information Unit**  
(Accredited Freedom of Information Officer)

6 January 2020



For Official Use Only

## GENERAL ORDER

### CUSTODY MANAGEMENT

<b>General Order title</b>	<b>Custody management</b>
<b>Date of issue</b>	31 July 2019
<b>Date of operation</b>	29 July 2019
<b>Review date</b>	July 2022
<b>Review responsibility</b>	Custody Management Portfolio
<b>Replaces</b>	Previous General Order, <b>Custody management</b>
<b>PCO reference</b>	2014/5682-02
<b>Gazette reference</b>	SAPG 150/19
<b>Enquiries to</b>	Custody Management Portfolio Telephone 732 24056
<b>Corporate Policy Sponsor</b>	Assistant Commissioner Governance and Capability Service

General Orders provide an employee with instructions to ensure organisational standards are maintained consistent with SAPOL's vision. To this end, General Orders are issued to assist an employee to effectively and efficiently perform their duties. It is important that an employee constantly bears in mind that the extent of their compliance with General Orders may have legal consequences.

Most orders, as is indicated by the form in which they are expressed, are mandatory and must be followed. However, not all situations encountered by an employee can be managed without some form of guidance and so some of these orders are prepared as guidelines, which should be applied using reason. An appendix to a General Order will be regarded as part of the General Order to which it relates. At all times an employee is expected to act ethically and with integrity and to be in a position to explain their actions. Deviation from these orders without justification may attract disciplinary action.

To ensure best practice an employee should be conversant with the contents of General Orders.

The contents of General Orders must not be divulged to any person not officially connected with SAPOL. Requests for General Orders will be managed as follows:

- Civil subpoena and disclosure requests—contact the Information Release Unit.
- Criminal subpoena and disclosure requests—refer to General Order, **Disclosure compliance and subpoena management**.
- Freedom of information requests—contact the Freedom of Information Unit.
- Any other requests (including requests by employees)—refer to instructions provided within General Order, **Corporate policy framework, 5. GENERAL ORDER REQUESTS/RELEASE**.

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## 1. GENERAL ORDER STATEMENT

South Australia Police (SAPOL) is responsible for safely and securely managing all persons in police custody from the time of their arrest until they are released or transferred to an external agency.

To ensure a professional and consistent approach to detainee management, it is essential that each member understands their roles and responsibilities. This General Order provides instruction to members involved in the management of persons detained or taken into custody, charged and placed in cells.

### Scope

This General Order applies to employees of SAPOL.

This General Order should also be read in conjunction with General Orders, **Arrest/report procedures and documentation** and **Bail**.

## 2. DEFINITIONS

The following definitions apply.

**Care plan**—within the Shield application is used by the officer in charge (O/C) cells to consider and record current and historical risks known about a detainee.

**Cell guard**—members who assist the O/C cells to safely and securely manage detainees effectively and efficiently.

**Cell whiteboard**—displays a list of detainees and Department for Correctional Services detainees within a police cell complex and provides custody staff with direct access to information relating to the care and management of detainees.

**Custody record**—within the Shield application contains information relating to the charge (or reason for detention), arrest and subsequent management of a detainee in police custody.

**Close physical presence**—the requirement for a member to be capable of immediately responding to an incident which involves a detainee.

**Detainee**—includes any person who is accepted into custody at a police station.

**DCS**—Department for Correctional Services (DCS).

**G4S**—G4S Custodial Services Pty Ltd.

**High need detainee**—the risk rating given to a detainee held in police custody who poses the highest risk to themselves due to risk of self-harm (or attempt) or other reasons.

**Minor custodial facility**—a custody facility that is open with restricted hours for turn arounds. In the metropolitan area Sturt and Holden Hill are considered to be minor custodial facilities.

**Officer in charge cells (O/C cells)**—the O/C of a police station or where a member has, for the time being, been designated by the O/C of the police station as the officer with responsibility for persons accepted into custody at the police station, that officer.

### **3. FORMS**

The following forms are relevant to the SAPOL custody management system:

- **PD50 Advice of charges for police services**
- **PD146 Mental Health Custodial Holding**
- **PD148 Record of Self-Harm or Death in Police Custody**
- **PD160A Service/LSA/District/Branch Audit report**
- **PD195 Electronic recording an intimate or intrusive search—S81 statement**
- **PD195A Written notice to person subject to intimate search (S81(3B) Summary Offences Act 1953)**
- **PD338 Police incident report**
- **PD347 Authority to remove a detainee from a correctional institution**
- **PD347A Authority to remove a youth from a youth training centre**
- **PD348 Medical examination of detainee**
- **PD348A Detainee medication advice**
- **PD348B Information to assist health professionals in treating detainees in police custody**
- **PD355 Record of use of force**
- **PD612 Authority to require gunshot residue (GSR) testing.**

The intimate search register book consists of the following:

- **PD196A Part A—Initial entry in register book (reg. 8) (Register form (part 3))**
- **PD196B Part B—Removal of original intimate search record from storage (reg. 12)**
- **PD196C Part C—Return of original intimate search record (reg 12.)**
- **PD196D Part D—If original intimate search record not returned by estimated date of return (reg. 12) (PD196D)**
- **PD196E Part E—Copies of intimate search records (reg. 13) (PD196E)**
- **PD196F Part F—Removal of copies (reg. 13)**
- **PD196G Part G—Return of copies (reg. 13)**
- **PD196H Part H—If copies not returned by estimated date of return (reg. 14) (PD196H)**
- **PD196I Part I—Destruction of original intimate search record and any copies (reg. 14).**

### **4. CUSTODY MANAGEMENT PORTFOLIO**

The Custody Management Portfolio is responsible for:

- ensuring uniformity and consistency of corporate issues across SAPOL, both current and emerging, relative to safe and secure custody management practices

- the coordination of findings and recommendations that arise from Coronial Inquests, Royal Commissions, Internal Investigation Section investigations, significant incident investigations, Commissioner's inquiries, audits and inspections undertaken relative to custody management practices
- representing SAPOL as a partner in the South Australian Prisoner Movement and In Court Management contract (currently contracted to G4S)
- ensuring the design and physical aspects of SAPOL cell complexes are consistent and meet corporate standards
- monitoring research results relative to custody management practices.

The Assistant Commissioner, Governance and Capability Service has portfolio responsibility.

## 5. CUSTODY MANAGEMENT

### Mandated minimum detainee checks

Detainees and their cell must be physically checked at intervals of not greater than 15 minutes during the first two hours of the initial Care plan developed by the O/C cells. At the completion of the first two hours of the initial Care plan, the O/C cells must conduct a Care plan review to determine the suitability of placing the detainee on minimum hourly or more frequent physical checks.

Thereafter, each detainee must be checked at irregular intervals as displayed in the 'Obs' column on the cell whiteboard as determined by the O/C cells.

The detainee check timer displayed in the 'Obs' column on the cell whiteboard does not begin until the O/C cells has completed the initial care plan.

Detainees confined in **exercise yards** are to be physically checked at a minimum of every 15 minutes unless otherwise directed by the O/C cells to conduct more frequent physical inspections.

Detainees confined in **padded cells** are to be physically checked at a minimum of every 15 minutes in conjunction with continuous monitoring of CCTV unless otherwise directed by the O/C cells to conduct more frequent physical inspections.

### Mandated equipment

This equipment must be worn by every member responsible for the safe and secure management of detainees in a SAPOL cell complex:

- cell keys
- GRN radio which allows emergency switching and/or personal duress alarm
- Hoffman safety tool
- ASP baton
- handcuffs
- defensive spray (streamer).

## **Roles and responsibilities**

### *Officer in Charge, LSA/District*

The O/C LSA/District must ensure:

- every member who is required to perform custody management duties in a cell complex within their area of command:
  - has current incident management and operational safety training (IMOST) accreditation
  - has current first aid training accreditation
  - has completed the relevant online training within the period not exceeding 12 months or more
  - has completed the required components of the Shield training course relative to the duties performed (that is Custody introduction, Custody cell guard and Advanced custody courses)
  - wears the mandated equipment
- staffing of the cell complex is adequate
- a current cell complex emergency plan exists
- a current Shield business continuity plan exists
- a cell complex evacuation exercise is conducted at least once every 12 months—where applicable, DCS and G4S who share the cell complex are to be included in this training
- probationary constables do not work unsupervised in the cell complex unless approved by the O/C LSA/District
- a copy of the Custody management business continuity plan and associated documents is available to all staff working within the cell complex—available through the intranet at <police connect home page/services/information systems and technology service/innovations and solutions branch/program shield/online help/business continuity plans>.

### *Arresting officer*

The arresting member/delegate is responsible and accountable for the care and security of the detainee from the time of arrest until such time as the O/C cells formally accepts custody of the detainee.

Upon arrest, the arresting officer must immediately search the detainee or cause another member to do so, prior to conducting further inquiries or placing the detainee into a police vehicle to locate and remove objects that might:

- be used to cause injury or harm to the detainee or any other person; or
- assist the detainee to escape; or
- be used to damage property.

Where practicable, this search also includes emptying the detainee's pockets, conducting a thorough search of the outer clothing and the removal of belts, footwear, laces, cords and jewellery.

Where practical, members must also use a hand-held metal detector/wand to assist in the searching process.

When the detainee is arrested at a home address, detention facility, or transferred into the custody of a member, the arresting officer or the senior member must enquire as to whether the detainee has any medication or prescriptions that may be required whilst in custody—if required, the medication is to be bought to the cell complex with the detainee.

A detainee must not be placed in a holding cell until approved by the O/C cells. Once approved, the arresting officer must ensure close observation and a close physical presence is maintained of a detainee who has been placed in a holding cell until the O/C cells accepts custody of the detainee.

Should any member be aware of any extenuating risks in existence when bringing an arrested person into the cell complex, the arresting officer must advise the O/C cells immediately so risk treatments can be applied. This may include any risk to police, any risk of self-harm/suicidal ideation or the presence of disease.

#### *Officer in charge cells*

The O/C cells is responsible for the overall management of the cell complex and must ensure:

- the health, safety and welfare of SAPOL employees, detainees and other persons within the cell complex
- they have current IMOST accreditation
- they have current first aid accreditation
- they have completed the relevant online training within the period not exceeding 12 months
- they have completed the Custody introduction, Custody cell guard and Advanced custody course
- they wear the mandated equipment
- all cell guards under their supervision are wearing the mandated equipment
- all individual cell doors are closed and locked at all times regardless of whether the cell is occupied or not
- the cell complex closed circuit television system (CCTV) and intercom system are operating correctly, and direction is sought from a LSA/District officer of police where there are any problems
- the identity of the detainee has been confirmed
- each detainee is lawfully detained
- mandated detainee checks are carried out
- close observation and a continuous physical presence is maintained of a detainee who has been placed in a holding cell until the O/C cells accepts custody of the detainee

- upon acceptance of the charge, the arresting member/delegate conducts a more thorough search of the detainee, regardless of whether the detainee has been previously searched—this search is to be recorded on the charge area CCTV, and includes visually searching the mouth, hair, ears, armpits and between the fingers and toes of the detainee, and also includes the use of a hand-held metal detector/wand to ensure everything that might:

- be used to cause injury or harm to the detainee or any other person
- assist the detainee to escape
- be used to damage property,

is removed from the detainee and held as detainee's property—this searching process also applies to detainees prior to being placed in a padded cell and to detainees who are lawfully delivered to and detained for safekeeping in a SAPOL cell complex by external agencies

- as part of the risk assessment process, they consider the need to conduct an intimate, intrusive and/or intimate intrusive search where appropriate
- they submit the detainee to an Alcotest and record the result (there is no legislative requirement for the detainee to comply)
- a South Australia police persons search (SAPPS) is conducted for each detainee as soon as practicable after a person is detained or comes into custody of police (including circumstances where a member takes custody or responsibility of a person from another agency or police officer), and prior to charge. Upon making these checks they will take appropriate action where necessary—the results of the check and any subsequent action are to be captured in the detention log within the Shield application
- they will conduct a:
  - person check on firearms (firearms licence)
  - registration check of any firearms in that person's name
  - firearms control system check to establish if that person owns any firearms or has possession (as defined in section 6(2) of the *Firearms Act 2015*) of any firearm or ammunition,

and, upon making these checks they will take appropriate action where necessary—the results of the check and any subsequent action are to be captured in the detention log within the Shield application

- a domestic violence restraining order (DVRO) check is undertaken, and upon making these checks they will take appropriate action where necessary—the results of the check and any subsequent actions are to be captured in the detention log within the Shield application *whereabouts flags* within Shield are actioned
- there is no intervention order in existence that prevents contact or communication from occurring
- the Risk assessment and Care plan tabs are completed before a detainee is placed into any cell that does not involve the close continuous physical presence and observation of a SAPOL member
- a *high need* indicator is added to the cell whiteboard for *high need* detainees

- detainees are continually assessed for changes in mood or behaviour to identify risks
- the boxes titled *Medical & Health Concerns*, *Risk to self* and *Risk to others* in the Care plan tab outline all perceived risks obtained through the charging process, examination of the Detainee summary report and SAPPS, and risks that are otherwise identified through the intuition of any member—the identified risks must also outline the likelihood of the risks coming to fruition and recommendations as to how these issues need to be dealt with
- the box titled *Care Plan* in the Care plan tab contains up to date information as to the detainee's disposition and outcome of any Care plan review—refer to **8. HIGH NEED DETAINEES, Detainee care plan** further in this General Order
- detainee Care plan reviews are conducted when risks are identified and recorded on the Care plan tab of the Shield custody record
- when an Aboriginal or Torres Strait Islander is detained, as soon as reasonably practicable the Aboriginal Legal Rights Movement (ALRM) are contacted and where appropriate, the attendance of an Aboriginal field officer and/or a visitor from the Aboriginal Visitors Scheme is requested—details of the detainee may only be provided to ALRM with the detainee's consent
- detainees are only placed in cells where the CCTV and intercom are operating correctly
- detainees have the ability to communicate with cell guards at all times
- medical assessment and/or treatment is sought when required
- padded cells are not used without the authority of the O/C cells
- padded cells are not used as a penalty for antisocial behaviour
- adult male and female detainees are clearly segregated
- juvenile male and female detainees are clearly segregated and are also segregated from adult detainees
- a detainee is afforded the opportunity to make a telephone call and provide assistance where necessary pursuant to section 79A(1)(a) of the *Summary Offences Act 1953*
- no persons interview a detainee in custody at a police station without the consent of the O/C cells pursuant to regulation 87 of the Police Regulations 2014
- ensure a warrant of commitment has been issued, where a detainee is sentenced to imprisonment in any SAPOL cell complex pursuant to section 21A of the *Correctional Services Act 1982*
- cell guards have correctly completed the Shield ident/fingerprint report
- a qualified and properly equipped member remains within the confines of the cell complex whenever a detainee is present in the cell complex
- adequate members are on duty for the number of detainees in custody
- they do not engage in any duties that may distract from the primary responsibility towards safely and securely managing detainees
- policy requirements relating to transporting detainees is complied with

- detainees are charged with any damage they cause and an application for compensation is submitted
- they conduct a handover briefing at the change of each shift or at any other time when the responsibilities of the O/C cells transfers to another member for an extended period—this handover briefing must outline the status of each detainee, risk issues, medical conditions and the detainee's overall demeanour
- they brief the district duty inspector (DDI) of any significant detainee or logistical issues and negotiate solutions—whilst the O/C cells has over-arching authority in managing the cell complex, the LSA/District officers of police and the DDI may direct the O/C cells as required
- the cell complex is properly cleaned and an appropriate standard of hygiene is maintained.

It is acknowledged the patrol supervisor within a regional LSA is also responsible for patrols and the police station together with the cell complex. Nonetheless, it is expected the patrol supervisor retains overall accountability of the cell complex and for the safe and secure management of detainees and therefore, must take steps to ensure the roles and responsibilities of the O/C cells as outlined above are complied with.

### *Brevet sergeant cells*

A brevet sergeant cells must:

- have current IMOST accreditation
- have current first aid accreditation
- have completed the Corporate cell induction program for all staff and the officer in charge/responsible officer training
- have completed the relevant online training within the period not exceeding 12 months or more
- have completed the Custody introduction, Custody cell guard and Advanced custody training courses
- wear the mandated equipment

The role of the brevet sergeant cells is to assist the O/C cells as directed, and the undertaking of other allocated duties to provide a safe and secure cell facility including:

- performing duties of O/C cells when required
- performing duties of a responsible person in accordance with the *Bail Act 1985* when required
- charging, bailing and security of prisoners held in custody is carried out according to SAPOL policy and procedure, including physical checks on detainees as required
- conducting detainee risk assessments as required
- participating in handover briefings as required
- conducting inspections and audits of personnel, facilities and equipment within the cells complex, ensuring resources are effectively utilised and maintained



- guiding, mentoring, coaching and training members attached to the cell complex.

### *Cell guard*

A cell guard must:

- have current IMOST accreditation
- have current first aid accreditation
- have completed the relevant online training within the period not exceeding 12 months or more
- have completed the Custody introduction and Custody cell guard training courses
- wear the mandated equipment
- ensure each cell is checked for any article that may be used to inflict harm and/or cause damage prior to lodgement and after removal of the detainee
- comply with the directions of the O/C cells and notify the O/C cells when requirements and/or Care plans cannot be met
- familiarise themselves with the detainee's custody records at the beginning of shift being particularly mindful of issues relating to officer safety, detainee health and/or high need detainees
- ensure detention log entries are made when:
  - a mandated detainee check is conducted
  - a detainee is otherwise engaged outside of mandated detainee checks
  - a detainee's wellness, behaviour or attitude changes
  - a detainee makes threatening, self-harm or suicidal comments
- ensure the cell guard conducting the detainee check personally signs the log entry on Shield with their details
- not engage in any duties such that may distract from the primary responsibility towards safely and securely managing detainees
- complete and maintain the Shield ident/fingerprint report
- conduct physical checks of detainees as displayed in the 'Obs' column of the Shield cell whiteboard and as directed by O/C cells
- participate in change of shift hand over briefings with O/C cells
- advise the O/C cells when they suspect any General Order requirement is not being met.

### *District duty inspector*

Out of normal business hours the DDI will conduct such checks as is necessary and practicable to enhance compliance with this General Order.

**Sentenced detainees**

A detainee must not be confined in a SAPOL cell complex or a police prison when the term of imprisonment exceeds 15 days, pursuant to section 22(3) of the *Correctional Services Act 1982*.

**6. SHIELD REPORTS**

The electronic recording of all custody management is commenced and managed through the Shield cell whiteboard functionality and custody records which are configured to suit the needs of the various locations.

The custody management program within Shield must be used to electronically:

- record all the details associated with the entire custody episode
- manage the cell complex utilising the cell whiteboards.
- All Shield entries are date and time stamped and auditable. A member must record any action on the detention log entry and sign the entry with their details. Where another cell guard is logged into the Shield application the member completing the action must ensure that they overtype the application with their own Shield password and 'sign' with their ID.

The following reports are relevant to Shield:

- custody record
- Detainee property receipt
- Detainee summary report
- Detainee transfer report:
  - Country transfer (Handover and inspection form)
- LiveScan report
- **PD348** and **PD348A**
- Photo placard.

**7. CHARGING PROCESS**

Prior to commencing the charging process the arresting officer/delegate shall:

- confirm the identity of the detainee (for example Shield, Police incident management system (PIMS), drivers licence) and provide confirmation details to the O/C cells
- identify and action wanted flags or indicators in PIMS and Shield (for example Missing person reports, warrants)
- open the related existing occurrence (or create a new occurrence when one does not exist) utilising quick entry and involve the person as arrested with all appropriate charges added
- obtain copies of warrant(s) and endorse same (where applicable).

As soon as possible after arriving at the cell complex, the arresting member/delegate must advise the charging member of any restraint techniques used. The charging member must ascertain and record on the Risk assessment tab (*Arresting/corroborating officer's observations—Part A*) the extent of any injury, including whether the detainee lost consciousness or experienced breathing difficulties and consider whether there is a need for medical attention.

When the detainee is brought before the O/C cells the arresting member/delegate must ensure the O/C cells is advised of the circumstances of the arrest and offences charged (where applicable) and provide supporting evidence when required.

A violent detainee who is restrained or has recently been restrained should be placed under constant close continuous physical observation so that all vital signs can be monitored and appropriate intervention made where a medical emergency arises.

When receiving detainees the O/C cells/charging member must ensure:

- the arresting member has correctly identified the detainee prior to commencing and linking the detainee to the Shield custody record
- circumstances of the arrest or detention are appropriately recorded on the Booking tab of the Shield custody record
- before a person detained under the provisions of the *Public Intoxication Act 1984* is accepted into custody all options under General Order, **Alcohol and drug strategies** have been exhausted—refer to **9. MANAGING DETAINEES, Public Intoxication Act 1984** further in this General Order
- ensuring when the apprehension is for intoxication resulting from the inhalation of petrol (petrol sniffing), the words 'petrol intoxication' or 'petrol sniffing' are clearly indicated in the 'Circumstances of arrest' section of the Shield custody record
- ensuring when the apprehension is for intoxication resulting from the inhalation of another volatile substance, the words 'volatile sniffing' or similar are clearly indicated in the 'Circumstances of arrest' section of the Shield custody record

### Custody record

The Shield custody record is an electronic record which contains information relating to the charge (or reason for detention), arrest and subsequent management of a detainee in police custody.

A Shield custody record must be created for each detainee regardless of whether their detention results from an arrest for an offence, imprisonment on a warrant or is lodged for safekeeping.

The Shield custody record must be created by the O/C cells as soon as reasonably practicable to ensure all information relating to the safe management of the detainee is recorded in a timely manner.

For the purposes of custody management, persons detained under the provisions of the *Public Intoxication Act 1984* are defined as 'detainees'.

The O/C cells is responsible for completing the Shield custody record and updating detainee information relating to the arrest of the detainee. The O/C cells must ensure the following information is completed or updated in Shield during the charging process:

- Booking in tab

- Arrest details tab
- Detainee details tab—adding, updating or 'end dating' the following where applicable:
  - names and aliases
  - addresses
  - phone numbers
  - contacts, associates
  - employment information
- Rights tab.

Where a detainee is conveyed to a hospital for immediate medical treatment prior to charging:

- the arresting member will advise the O/C cells of the nearest cell complex of the arrest and ensure a **PD348** is faxed to the hospital
- the O/C cells will contact the arresting officer and commence a Shield custody record—the O/C cells will run and review a Detainee summary report and provide the arresting officer or hospital guard with any known 'At risk in custody' information
- the O/C cells (or delegate) is to facilitate the charging of the detainee at the hospital, this can be done on the mobile rugged tablet (MRT) or when one is not available using the Shield custody record (hardcopy) which must be scanned into the relevant Shield custody record when completed (the Shield custody record (hardcopy) can be sourced via the Shield online help)
- the arresting or escorting member responsible for the detainee must maintain constant supervision of the detainee at all times and record relevant observations, including details of any detainee handovers in their notebook or directly onto the Shield detention log where a member has access to a mobile rugged tablet
- where bail is to be granted, the O/C cells (or delegate) will attend the hospital to complete the bail process with the detainee, granting bail where appropriate—refer to General Order, **Bail**
- where a detainee is to remain in police custody and is admitted as a patient, the escorting member must notify the O/C cells as soon as practicable—the O/C cells must ensure:
  - a detention log is added to the relevant Shield custody record
  - notation is made on the cell whiteboard against the relevant detainee for inclusion in shift handovers
  - the relevant prosecution unit is advised so a bedside hearing can be arranged
  - for detainee property, a Detainee transfer report (and associated documentation) is supplied to the member guarding the detainee at the hospital
  - any subsequent handover of the detainee, detainee property and associated transfer documentation is documented in the guarding members' notebook or directly onto the Shield detention log where a member has access to a mobile rugged tablet at the hospital

- where a detainee is assessed and detained pursuant to the *Mental Health Act 2009*, the O/C cells is notified immediately to ensure compliance with **9. MANAGING DETAINEES, Mental health detainees** further in this General Order and General Order, **Mental incapacity**.

## Searches

Section 81 of the *Summary Offences Act 1953* provides the legal basis for a person taken into lawful custody to be searched. The search may be conducted by a member, a medical practitioner or a registered nurse acting at the request of a police officer. However, an intrusive search may only be conducted by a medical practitioner or registered nurse. Refer to **7. CHARGING PROCESS, Searches, Intimate intrusive, intrusive and intimate searches** further in this General Order. The person carrying out the search may use such force as is reasonably necessary for the purpose and may be assisted by a member or other person.

Regulation 82 of the Police Regulations 2014 requires the O/C of the police station to cause the detainee to be searched in accordance with that regulation and also prescribes procedural requirements for searching a detainee such as:

- when the search is to be conducted
- who should carry out the search
- what items should be removed from the detainee
- what happens when a detainee objects to an article being removed.

All detainees must be searched. This includes detainees lawfully delivered to and detained for safekeeping in a SAPOL cell complex by external agencies including private custody management contractors (G4S) and officers from the Department of Home Affairs. This searching requirement must not be confused with a search conducted for evidentiary purposes pursuant to the *Criminal Law (Forensic Procedures) Act 2007* or section 81(4) of the *Summary Offences Act 1953*.

Prior to commencing the search, the O/C cells and the arresting member/delegate must ensure a thorough risk assessment is made of all circumstances, including the:

- need to apply or remove handcuffs/other restraints which were applied at the time of arrest
- detainee's demeanour
- need for additional members to be present.

The arresting member/delegate must apply the following procedures when searching a detainee:

- where practicable explain to the detainee the reason for the search and emphasise their health, safety and welfare is paramount
- ensure the search is conducted methodically in keeping with SAPOL safety principles and only use force as is necessary
- disposable gloves are to be worn at all times
- the searching member is of the same sex as the detainee—only in exceptional circumstances will a member of the opposite sex conduct a search

- where the detainee identifies as a transgender person, a member of the same sex to which the detainee identifies searches the person
- the search must be conducted in such a manner that the privacy and dignity of the detainee is respected—only those members conducting or witnessing the search, the charging member and any medical practitioner or registered nurse involved in the search should be present
- where two members are present, the second member must be in close proximity observing the actions of the searching member and the detainee
- search each article, including the seams and linings thoroughly and return them to the detainee as promptly as a thorough search will allow
- visually search the mouth, hair, ears, armpits and between the toes
- ensure controls are in place to prevent the detainee from disposing of property.

### *Cultural awareness*

When searching a person who is wearing cultural and/or religious garments that cover their face such as a burqa (full body covering including face and head), niqab (full face veil), headwear or some other form of cultural or religious garment members may direct the person to remove that covering. The safety of police personnel and the detainee are paramount. In every instance, the searching member must be satisfied that there are no concealed objects in the person's religious or cultural clothing. In doing so the following is recommended:

- members recognise the religious and/or cultural sensitivities
- they have a member of the same gender deal with the person
- where practicable, they facilitate the removal of the face veil to occur in private
- where required, they arrange for the assistance of an interpreter through Interpreting and Translation Services, or a bilingual SAPOL employee where the person has a limited understanding of English.

Refer to section 81(4g) of the *Summary Offences Act 1953*.

After the search is completed, a person wearing cultural and/or religious garments will be allowed to retain the garment in normal circumstances when the O/C cell complex determines there is no risk associated with their retention.

When a detainee is believed to be at risk of self-harm, the seizure and exchange of clothing may not remove that risk, but may add to any distress caused to the detainee which could increase the risk of the detainee harming themselves. Depending on the outcome of the risk assessment, leaving a detainee in their own clothing after belts, ties, cords, et cetera have been removed, may help reduce the risk of self-harm.

### *Transgender detainees*

Where circumstances suggest the person to be searched may be transsexual, police will discreetly ask them whether that is the case. When confirmed, a member must treat the person as though they are a person of their preferred gender and deal with them accordingly (to the extent that circumstances permit).

The following procedures apply:

- where the person is male but wishes to be treated as a female, the member will ask the person about their surgical status (pre or post-operative) and where the person has:
  - male genitalia—a male member must search the lower body and a female member the upper torso and, both members are to be present during the search
  - female genitalia—a female member must conduct the search
- where the person is female but wishes to be treated as a male, the member will ask the person about their surgical status (that is pre or post-operative) and where the person has:
  - male genitalia—a male member must search the person
  - female genitalia—a female member must search the person.

### *Clothing*

The O/C cells/responsible person/arresting member and/or searching member must give consideration to the type of clothing worn by the detainee, and whether that clothing will place the detainee at increased risk whilst in custody. Removing clothing which may be used to self-harm is a method of reducing identified risk.

For all detainees remaining in custody, clothing including leggings, stockings, belts, footwear, ties, cords, laces, jewellery and clothing that may be used as a ligature must be removed during the charging process. In addition to this list it is important that members are aware that any item of clothing may be used as a ligature, and thorough and ongoing risk assessments must be conducted for each detainee.

When a detainee's clothing is seized as an exhibit, or is removed for examination, hygiene or detainee safety purposes, replacement clothing must be provided. A modesty gown is an alternative form of clothing and will reduce any identified risk.

When a detainee's clothing is to be retained and not returned prior to them leaving the cells, the detainee will be requested to nominate a person to bring in clothing for them to change into. Where this is not possible, the detainee will be supplied with clothing to enable them to appear in court and be released from custody. All clothing must be checked for cords and ligature risk prior to supply to a detainee. A detainee will not be released from custody or transferred to court wearing a modesty gown.

Clothing supplied will be at the discretion of the O/C cells but should be suitable for the climate and of a type not deemed to be degrading or humiliating.

A detainee will only be issued a forensic suit whilst under constant supervision pending a forensic examination. Under circumstances where a detainee remains in custody after a forensic examination they must be provided with replacement clothing, which may include a modesty gown. The forensic suit must be removed immediately from the detainee's possession and disposed of appropriately.

*Intimate intrusive, intrusive and intimate searches*

The following searches are described pursuant to section 81(6) of the *Summary Offences Act 1953*:

- **intimate intrusive search**—is an intrusive search of the rectum or vagina
- **intrusive search**—an internal search involving the introduction of anything into a body orifice, for example insertion of a finger into the mouth or ear
- **intimate search**—a search of the body that involves exposure of, or contact with the skin of, the genital or anal area, the buttocks and in the case of a female, the breasts, and includes an intimate intrusive search.

Intimate intrusive and intrusive searches must be totally justifiable in the first instance and only a medical practitioner or a registered nurse may conduct such searches. An intimate search may be conducted by a member of the police force, medical practitioner or registered nurse.

In every instance an intimate/intrusive search is conducted, the cells CCTV (where facilities are installed) footage is to be downloaded to an appropriate storage device (that is, a CD/DVD) so as to provide an electronic copy for evidence.

The electronic copy record will be stored, accessed and destroyed in accordance with the requirements of part 5, division 3 of the Summary Offences Regulations 2016 and the provisions of the SAPOL Operational records destruction schedule.

When a member conducts and records an intimate and/or intrusive search, they must provide the detainee with information relative to their rights, electronic recording and making written records in relation to intimate, intrusive, and intimate intrusive searches—refer to section 81 of the *Summary Offences Act 1953*.

The charging member will ensure that:

- where a medical practitioner or registered nurse is to carry out an intrusive search, the detainee must be allowed a reasonable opportunity to arrange, at the detainee's expense, for the attendance of a medical practitioner or registered nurse of their choice to witness the search
- any search is carried out humanely and with care to avoid, as far as reasonably practicable, offending genuinely held cultural values or religious beliefs, inflicting unnecessary physical harm, humiliation or embarrassment, and is not carried out in the presence or view of more persons than are necessary for properly carrying out the procedure and satisfying any relevant statutory requirements
- when an intimate search is to be carried out on a detainee who is a minor, the search must not proceed unless a solicitor or adult relative or friend, nominated by the minor, is present
- when an intimate search is to be carried out on a detainee whose native language is not English and who is not reasonably fluent in English, the detainee will be informed that they may request the assistance of an interpreter—when a detainee requests the assistance of an interpreter the search must not take place unless an interpreter is present
- except where it is not reasonably practicable to do so, an intimate search must be electronically recorded, but that part of an intimate search that consists of an intimate intrusive search will not be recorded should the detainee object.



Reasonable precautionary measures must be taken where an intrusive search is likely to result in a medical emergency. Where the investigating member, O/C of the police station, O/C cells, medical practitioner or registered nurse, is of the opinion the procedure should not be conducted without emergency medical facilities, the intrusive search must not take place without those facilities being available.

Intimate searches will generally be electronically recorded but there may be instances when this is not possible. Body worn video cameras are not a suitable substitute for CCTV or hand held video recorders in relation to intimate searches. The following must be considered when deciding whether it is reasonably practicable to make an electronic recording:

- the availability of recording equipment within the period for which it would be lawful to detain the detainee
- mechanical failure of recording equipment
- any objections made to the recording by the detainee
- any other relevant matter.

Before conducting an intimate search, the member supervising the search must:

- complete a **PD195** and read the statement to the detainee as detailed on the form
- ensure the detainee understands the statements and where required, an interpreter must be used
- provide the detainee with copies of both pages of the **PD195**
- provide the detainee with a **PD195A** at the time
- use discretion (when warranted) in recording the intimate search when the detainee objects to an intimate search being recorded
- not record an intimate intrusive search where the detainee objects.

When an intimate intrusive search is not recorded electronically, the investigating member must:

- make notes of the search, including the manner in which the search is conducted, the persons present during the search and what is said and done during the search
- when the search is completed, read the notes made of the search aloud and record the reading electronically in the presence of the detainee
- invite the detainee to interrupt the reading to point out any errors or omissions
- permit the written record to be altered when the member agrees with the detainee or, when there is no agreement, the member must make a note of the objections.

An audiotape recorder may be used at any time during an intimate or intimate intrusive search, subject to compliance with the *Listening and Surveillance Devices Act 1972*—this means all persons present must be informed that the conversation will be recorded on audiotape. The tape recorder can also be used to record observations and events, and as an aid for checking the accuracy of a written record. The tape must be retained for evidentiary purposes.

A register must be maintained in relation to all intimate/intrusive searches in accordance with part 5, division 3 of the Summary Offences Regulations 2016.

The processes associated with similar examinations under the *Criminal Law (Forensic Procedures) Act 2007* are also available but are governed by different rules. Refer to General Order, **Forensic procedures**.

In addition to the legislative requirements with respect to the recording of intimate and intrusive searches, any additional searches conducted on a detainee in police custody (includes intimate and intrusive searches) must be recorded in a detention log of the Shield custody record using the detention log type 'Searches'.

Electronic recordings are to be numbered with a unique identifier which is the Shield custody record number (SAC) for the detainee concerned. This ensures every electronically recorded search record has an identifier which is unique and can be easily identified to a specific detainee and linked with other custody information about that detainee.

When a copy of the electronic recording is made the unique identifier will be followed by the letter 'C' (denoting copy) and numbered in ascending order for each additional copy made. For example:

- SAC1400000046 Master
- SAC1400000046 C1 First copy
- SAC1400000046 C2 Second copy.

Regulations under the *Summary Offences Act 1953* impose restrictions on the security of intimate search electronic recordings. The O/C cells must ensure:

- electronic recordings are kept in secure storage within the police station where they were recorded, except while being used in connection with a purpose authorised by the *Summary Offences Act 1953* or regulations
- there is no unauthorised access to electronic recordings of searches
- details of electronic recordings and their creation, movement and destruction are recorded in the intimate search register book—the forms in the register book are to be filed in ascending alphabetical order according to the detainee's family name
- the intimate search register book is available for regular inspection at any time by the Commissioner of Police or a member authorised by the Commissioner of Police.

A detainee must be provided, on request and on payment of the fee fixed by regulation, with a copy of the electronic recording. A detainee who requests a copy of the electronic recording should contact the O/C cells where the intimate search was conducted. The O/C cells will submit a **PD196E** and ensure the:

- applicant produces proof of identification
- applicant is entitled to the copy of the intimate search record
- prescribed fee is paid and a receipt is issued
- receipt number is recorded on the **PD196E**
- applicant can be lawfully issued with a copy of the intimate search record.

No person may remove an electronic recording from storage or make a copy of an electronic recording without the approval of the O/C cells concerned.

There are restrictions on playing the electronic recording, whereby a person (other than the detainee) must not play, or cause to be played, an electronic recording except for the purposes of an investigation or before court or tribunal—refer to section 81(3e) of the *Summary Offences Act 1953*.

#### *Destruction of records*

Electronic recordings and written records of an intimate search must be destroyed when the Commissioner of Police is satisfied they are no longer required for any investigation or by any court or tribunal. An original intimate search record and any copy may only be destroyed with the approval of the O/C cells where it is kept.

When an original intimate search record is to be destroyed but the record and/or any copy are not at the police station at which they are required to be stored, the O/C LSA/District (where the intimate search was made) is responsible for directing the immediate return of the original search record and/or copy.

When the original search record and/or copy (which is to be returned for destruction) is not returned, the O/C cells where the intimate search record was made must notify the O/C LSA/District in writing by using the following forms:

- **PD196D**—where the original search record has not been returned
- **PD196H**—where any copy of the search record has not been returned.

#### *Audit of records*

Pursuant to regulation 29 of the Summary Offences Regulations 2016, the Commissioner of Police must cause all register books to be inspected regularly (at least twice a year) to ascertain whether regulations are being complied with and whether any intimate search records should be destroyed.

The O/C LSA/District is authorised to inspect the intimate search register books at least every six months to ensure that:

- registers are properly maintained
- intimate search records are used only in accordance with the law
- intimate search records are securely stored so as to prevent unauthorised access
- all actions required in respect of removal from storage and returns of intimate search records are followed
- copies of intimate search records are made and managed in strict compliance with the legislation
- appropriate remedial action is taken in respect of any noncompliance.

A **PD160A Service/LSA/District/Branch Audit Report** is used to record the results of the audit and must indicate that the Audit Register clearly reflects the requirements of the *Summary Offences Act 1953* and the Summary Offences Regulations 2016.

## Property

The O/C cells is accountable for ensuring:

- all property removed from the detainee is accurately recorded on the Property tab of the Shield custody record
- the detainee is asked to check the property entered on the Property tab
- the detainee certifies the correctness of the entry by signing or making an appropriate notation on the signature pad—where a detainee is illiterate, the O/C cells must read out the property recorded on the Property tab
- a notation is made on the Property tab detention log when a detainee is unable or refuses to sign the record of the property removed and the reason
- a Detainee property receipt is issued for the property taken from the detainee and placed in the property bag where applicable
- the contents of a detainee's wallet, purse and/or small bag are removed prior to being placed into a plastic bag to enable checking of the contents without the need to break open the sealed detainee property bag
- discretion is used in deciding whether a detainee who is in possession of spectacles, artificial limbs, or other prosthetics should be allowed to retain them
- all detainee property, with the exception of detainee consumables for example lawfully prescribed medication, is placed into a clear plastic bag which is secured in the presence of the detainee using an AbriCBag Lock seal—each seal contains a serial number and must be recorded as a property item on the Property tab, the seal must be applied in such a way that the bag cannot be accessed in any way without breaking the seal or tearing the bag
- lawfully prescribed medication required to be administered to a detainee in custody is entered onto the Medication pane of the Health Care Professional (HCP) tab of the Shield custody record
- other medication in lawful possession which is not going to be administered to a detainee in custody is entered onto the Property tab of the Shield custody record as a general property item
- all consumable items belonging to a detainee (such as medication) are placed in a separate plastic bag and secured to the outside of the detainee property bag using adhesive tape to enable the removal of the contents from the packaging without unnecessarily having to break the AbriCBag Lock seal
- the detainee's property remains secure to avoid damage or deterioration—bulky items can be stored by SAPOL only after the detainee has exhausted all options of disposal or arranged for safekeeping
- detainee property bags are only opened when necessary and in the presence of the detainee—wherever possible record the opening on CCTV
- a new clear plastic bag and AbriCBag Lock seal is used to re-secure the detainee property when there is a need to open the original plastic bag—the old seal is to be removed from the Property tab and the new seal number recorded as a property item on the Property tab—a notation of breaking open or replacing the bag is to be recorded in the detention log of the Shield custody record

- when a detainee has been delivered by a member to a correctional, psychiatric or Department for Communities and Social Inclusion (DCSI) Youth Secure Care facility, the conveying officer will make a notation in their notebook and have the receiving person sign, acknowledging receipt of the property and associated documentation.

When a detainee does not have any property, the searching member must make a notation in the detention log recording the search and the name of the searching member.

When money or other property is removed from a detainee, the O/C cells must cause a printed record (Detainee property receipt) to be made and issue a receipt for the money or other property. The detainee must be requested to check and sign the record but when they are unable or refuse to sign, the O/C cells must make a note on the detention log of the Shield custody record of that fact and the reason for the inability or refusal. Refer to the regulation 83 of the Police Regulations 2014.

A turn around detainee who is to be bailed immediately and will remain in the continuous care and control of a member prior to being bailed is to have their property removed. The property is to be recorded on the Property tab, kept under the control of the O/C of the police station or O/C cells where appropriate and be visible on CCTV whilst undertaking photographing and fingerprinting requirements.

#### *Detainee's property receipt*

The Property tab on the Shield custody record is used to record property that is removed from the detainee and held for safekeeping. Property retained by the detainee for example glasses, must be identified as being 'held' by the detainee when the property item is added to Shield.

#### *Property taken from detainee*

Where a detainee is not being bailed immediately, their property must be itemised on the Property tab (including property retained by the detainee).

The charging member will:

- direct that all articles removed from the detainee are to be placed in full view on the charge counter
- decide whether a detainee retains any article of their property, this decision must be made in the interests of the health, safety and welfare of members, the detainee and any other persons likely to come into contact with the detainee
- ensure all sharps (including syringes and needles, knives et cetera) are safely stored and clearly labelled—advise the O/C cells when the detainee disputes ownership
- provide the searching member with a detainee's property bag
- instruct the searching member to identify and describe each item of property as it is placed in the property bag.

*Return of property taken from detainee*

The O/C cells is accountable for ensuring when property is to be returned to the detainee the following procedure applies:

- detainee is brought from the cell to the charge counter
- property tag is removed from the detainee's property bag in the detainee's presence
- detainee is advised to check their property to ensure all is present and/or accounted for, and where correct, sign the return property detention log confirming the return of the property—when the detainee's property involves money or other property of significant value, the O/C cells must ensure correctness by verifying the amount/condition of the money/valuable property with the detainee, prior to being released
- all actions must be conducted in view of CCTV and recorded where possible.

When a detainee in SAPOL custody makes an allegation against a member regarding improper handling of a detainee's property, the O/C cells must advise the DDI of the circumstances as soon as possible, so that an independent investigation/assessment can be conducted in relation to the allegation. The O/C cells is responsible for ensuring that all evidence is preserved in these circumstances.

*Sharp instruments*

Sharps fall into the following three categories:

- syringes and needles—medical and standard disposable (used or unused) such as:
  - medical syringes—cartridge type 'pen' syringes and other types similar to pre-filled insulin and EpiPen® delivery devices
  - standard syringes—standard plunger type disposable syringes
- grooming implements (for example cut throat razors, safety razors, disposable razors)
- other sharps (for example pocket knives, lawful knives, cutting implements).

To minimise the risk of injury to members when searching detainees and detainee's property it is essential the following occurs:

- all medical syringes, needles or standard syringes used for the administration of prescription medicine are to be retained as personal property and placed in a puncture resistant container and marked 'prescription medicine'—where a detainee is likely to be transported to a DCS facility, possession of medical and/or standard syringes **must be** for prescription medicine (for example insulin, EpiPen®, pain medication and other prescription medicine requiring a syringe) only
- all standard syringes and/or needles, when not required as an exhibit, are to be placed for destruction in a disposable sharps container
- other sharps, when not required as an exhibit, are to be securely wrapped in suitable packaging (for example wrapping the sharp in cardboard) and clearly identified separately from other personal property.

The details of syringes destroyed and retained, and all other sharps must be recorded in the detention log of the Shield custody record.

Pursuant to section 51(1)(b) of the *Correctional Services Act 1982* it is an offence for syringes and needles to be taken into a correctional institution. Regulation 8 of the Correctional Services Regulations 2001 prohibits detainees from having in their possession any syringe or needle in any correctional institution. When a detainee is to be delivered to a correctional institution the O/C cells must ensure:

- any medical syringes, needles and/or standard syringes held in a detainee's property are secured in a container that will prevent the occurrence of needle stick injuries, and are only for issue of prescribed medication (for example insulin, EpiPen®, pain medication and other prescription medicine requiring a syringe) and marked 'prescription medicine' (no other syringes or needles are to be transported with the detainee)
- a notation is made on the Detainee transfer report (under the heading 'Welfare Information') so the person receiving the detainee is aware of any sharps contained in the detainee's property—this will allow the correctional institution to deal with this issue appropriately
- the person receiving the detainee is advised of other sharps (for example pocket knives, lawful knives, cutting implements) contained in the detainees property—such items will not be transported in the detainee's property unless made safe through being sheathed or wrapped in suitable packaging, for example wrapping the blade in cardboard and clearly marking what the item is on the packaging (a notation is to be made on the Detainee transfer report under the heading 'Additional Information').

## 8. HIGH NEED DETAINEES

The term *high need* is a risk rating given to a detainee who poses a high risk to themselves, others or who requires a higher level of care and management due to risk of self-harm (or attempt) or other known medical or health reasons. *High need* detainees require more frequent checks and closer monitoring compared to a detainee who has been assessed at a lower risk. A continuous risk assessment must be conducted on each detainee to identify and determine treatment options to mitigate identifiable risks.

### **Risk assessment**

This should be read in conjunction with General Order, **Risk management**.

The O/C cells must run and review the Detainee summary report prior to commencing the Risk assessment tab in the Shield application to identify known and current risks associated with each detainee.

All hard copy documentation relevant to the care and management of the detainee must be scanned into the Documents tab of the Shield custody record.

*Risk analysis process*

Members responsible for the care, custody and overall management of detainees must be aware of the factors that heighten the risks associated with detainees in SAPOL's custody. The first 24 to 48 hours that a person is in custody may be associated with an increased risk of self-harm, drug and alcohol withdrawal and deterioration of medical conditions.

In addition to assessing the physical factors that may pose a risk, consideration must also be given to the mental and medical conditions detainees present. Risk analysis is about developing an understanding of the risks and involves consideration of the source of the risk, their positive and negative **consequences** and the **likelihood** these consequences may occur. The first step in analysing risk is to determine the likelihood the detainee will succumb to harm and contains questions aimed at eliciting information to assist the O/C cells in identifying and assessing detainee risks and provides information which will assist in implementing a suitable Care plan strategy.

The Risk assessment tab of the Shield custody record must be completed by the O/C cells and comprises of three parts:

- **Part A—arresting/corroborating officer's observations**—must be completed on **every** Shield custody record, and is designed to capture important risk information from the arresting/corroborating officer(s) which may have occurred prior to arrest, during arrest or prior to detention in police cells.
- **Part B—detainee**—must be completed on **every Shield custody record where a detainee is placed in a cell after charge** (not required for turn around detainees). This section is used to record a detainee's responses to health, medical and welfare questions. The detainee must be given the opportunity to read and sign the responses recorded by the charging member.
- **Part C—custody officer's observations**—must be completed on **every** Shield custody record and captures the charging member's observations of a detainee during the charging process and is aimed at identifying risks requiring immediate attention or action.

When completing Part A of the Risk assessment tab, the arresting member/delegate must provide the O/C cells with the following information:

- details of any self-harm, attempted self-harm or implied intention of self-harm since arrest
- details of any behaviours exhibited by the detainee that may indicate they may be at risk of self-harm
- details of any force used prior to arrival at the cell complex
- details of any first aid or medical treatment the detainee received prior to arrival at the cell complex
- any other information requested by the charging member which is required to complete the Shield custody record.

The Detainee section of the Risk assessment tab (Part B) contains specific questions directed at the detainee with the intention of identifying risks relating to the detainee's mental health and medical history. Dismissive answers or refusal to answer these questions should be considered a risk and identified appropriately.



Where a mental health or medical risk is identified, it is the responsibility of the O/C cells to question the detainee further in order to elicit and record as much information as possible.

The O/C cells should also consider seeking the opinion of an appropriate health care professional either by telephone or in person, regarding a suitable management regime for the detainee.

The O/C cells must ensure comprehensive notes are recorded against the appropriate questions on the Risk assessment tab. Direct questions from the Risk assessment tab of the Shield custody record and follow-up questions based on the detainee's responses should be considered. These questions should include (but are not limited to) the following:

- Do you have any illness or injury?
  - Have you seen a doctor or been to a hospital for this illness or injury?
- Do you have any communicable diseases?
- Are you taking or supposed to be taking any tablets or medication?
  - What have you taken?
  - When did you take it?
  - How much did you take?
- Have you taken any other drugs?
- Do you suffer from allergies?
- Do you have any special dietary needs?
- Are you pregnant?
- Are you wearing a medical or prosthetic device?
- Are you suffering from any mental health problems or depression?
  - What do you suffer from?
  - Has this condition been clinically diagnosed? Where and by who?
- Have you ever tried to harm yourself?
- Do you have any drug or alcohol dependencies?
- Are you currently taking any prescribed drug substitute?
  - What do you take and where do you get it from?
- Have you consumed alcohol recently?
  - How much did you drink?
  - When did you have your last drink?

The Custody officer's observations section (Part C) of the Risk assessment tab is used by the O/C cells (or charging member) to record observations of the detainee prior to placement in a cell and must include the following:

- the detainee's current physical or mental condition
- any signs of previous self-harm

- the detainee's current level of intoxication in relation to both alcohol and/or drugs—ensure the detainee is alcotested and the result recorded where appropriate
- whether the detainee appears to suffering from alcohol or drug withdrawals
- whether the detainee requires immediate medical treatment
- the need to add a 'Caution' to Shield, based on the detainee's responses
- the recording of detainee injuries.

Once the Risk assessment tab has been completed the O/C cells must complete the Care plan tab of the Shield custody record unless the detainee is a turn around detainee.

### *Signs and symptoms of overdose*

When conducting the risk identification and assessment look for signs and symptoms of overdose which include:

- body stiffness and rigid limbs
- chest pain
- hot, flushed and sweaty skin
- increased pupil size that does not decrease in bright light
- intense headache
- jaw clenching
- jerky movements of limbs or shaking
- panic
- pounding heart
- rapid breathing
- seizures.

### *Self-harm indicators*

Self-harm indicators are as follows (the likelihood of other causes of harm must also be identified):

- no previous arrest
- nature of the charge
- indignity and the shame of arrest
- fear of the legal process
- social and employment consequences
- fear of confinement
- rejection or has been rejected by close friends
- recently experienced a significant emotional loss

- excessively despondent or displays feelings of guilt
- ethnicity—Aboriginal, Torres Strait Islander or foreign national
- potential for violence
- potential to attempt or to commit an act of self-harm
- belief the detainee is capable of self-harm or of harming another person
- a medical condition, for example mental illness, depression, emotional or other psychological problems
- signs of anxiety
- signs of illness or injury
- history of psychiatric illness
- history of acts of self-harm/suicidal behaviour
- family or friend who has attempted/committed suicide
- stated intention to self-harm
- being under the influence of alcohol or drugs
- signs of drug withdrawal
- evidence of neck, wrist or other scars suggesting previous self-inflicted injury
- previous attempts to escape or displaying signs that indicate the potential to escape
- an inability to make a self-assessment of their health when questioned by authorities
- the detainee's behaviour (physical or emotional) after a visit or telephone call
- potential of being harmed by other detainees in custody due to the circumstances of their incarceration
- a position of respect in the community
- the possibility of the alleged offence causing a public outcry
- a feeling of loneliness, worthlessness, helplessness or hopelessness for example nothing to look forward to
- when a detainee refuses or fails, or is unable to answer questions on the Shield custody record, Risk assessment tab.

Refer to the *Likelihood and Risk Rating tables* within General Order, **Risk management**.

### **Risk treatment options**

Strategies and considerations that can assist in the reduction of risk include the following:

- positive human communications with the detainee so that a climate for identification of potential self-harm is possible
- careful evaluation techniques at the time of charging

- information from other people who have interacted with the detainee
- close physical observation of the detainee and increased frequency of physical checks as directed by the O/C cells and/or charging member
- ensuring a *high need* detainee is closely monitored on the CCTV (where facilities are installed)—this is not a substitute for regular physical observations and in itself will not eliminate risk
- engaging in verbal conversation with the detainee prior to opening the cell door
- conducting a search of the detainee to remove objects that may cause harm
- removing clothing which could be used to cause self-harm—consider providing the detainee with a modesty gown or tear resistant blanket
- where a detainee is:
  - violent and/or agitated, place them in a padded cell to reduce the risk of injury to the detainee
  - non-violent, place them in an observation cell
- avoiding the isolation of detainees and with their agreement, have them share a cell, for example when the detainee has been assessed as *high need* or is an Aboriginal or Torres Strait Islander
- ensuring all cell guards are fully briefed concerning the detainee's welfare
- identifying a period for review and reassessment of the risk
- a Care plan review must be conducted by the O/C cells where a change in mood or demeanour of the detainee is identified
- validating existing information about the detainee by speaking to them or friends, relatives and others
- speaking to the detainee to further identify strategies that will reduce any likelihood of risk, for example the attendance of a visitor or a telephone call
- liaising with the on shift supervisor when additional members are required to manage the cell complex
- seeking medical advice on current and/or past behaviour
- determining the number of escorting members required when a detainee is to be medically assessed outside the cell complex
- ensuring a *high need* indicator is displayed on the cell whiteboard
- ensuring only prescribed medication is given to a detainee on medical advice and under close supervision
- where necessary:
  - arranging for the detainee to be assessed and/or treated by a health care professional (includes a City Watch House advanced clinical practice consultant) and completing a Medical examination of detainee report from Shield (detainee to be conveyed to a 'recognised hospital' within the meaning of the *Health Care Act 2008* or when this is not possible, to another hospital or medical facility)
  - consulting with the Mental Health Triage Service on telephone 131 465.

## Visitors

Managing detainees, particularly those who are refused bail or held for a longer period can be assisted by allowing visitors when appropriate. Suitable visitors are a valuable resource and can often:

- calm and settle detainees
- identify the likelihood of self-harm occurring
- provide useful information which may assist custodial members to assess a detainee's state of mind and determine the level of risk appropriate to that detainee.

In circumstances where a detainee displays signs of depression or indicates they may engage in an act that could cause their death or injury, ask the detainee whether they would like a visit from a relative, friend or other suitable person (for example a social worker, carer or member of the clergy). Where a detainee requests such a visit the O/C cells must assess the risks to determine whether a visit will be allowed with the nominated person. Where the visit is denied, the reasons for that decision should be explained to the detainee and recorded as a Care plan review on the Care plan tab in addition to any other action proposed to mitigate any risks the detainee poses whilst in custody.

Any visits approved by the O/C cells should not unduly interfere with operational requirements and when a visit is not convenient at the time, consider offering a detainee the opportunity to make a telephone call to the person. Details of the phone call (including the person contacted) must be recorded as a Care plan review on the Care plan tab upon completion of the call.

Details of any visitors, including time of visit and the supervising member must be recorded in the detention log of the Shield custody record using detention log type 'Visit'.

The O/C cells will determine whether the visitor is an appropriate person and record the reasons for their decision in the detention log of the Shield custody record.

When the O/C cells permits a visitation with a detainee, they shall ensure:

- that as a general rule, only one person visits a detainee at any one time, with the exception of visitors from the Aboriginal Visitors Scheme (refer to **8. HIGH NEED DETAINEES, Visitors, Aboriginal Visitors Scheme** further in this General Order)
- mobile telephones are not taken into cell areas
- there is a continual physical police presence during any contact visit (contact visits are at the sole discretion of the O/C cells)
- when a contact visit is arranged, the visitor is searched by a cell guard prior to contact with the detainee and all personal property is removed and recorded on a field receipt (any refusal is grounds to refuse the visit)—the property and the field receipt shall be placed in a plastic bag which is secured with an AbriBag Lock and details recorded in a detention log of the Shield custody record relevant to the detainee who is to be visited
- that a visitor who makes a request to bring a audio recorder into the cell complex is permitted to do so unless there are reasons to deny the request which should be documented in the detention log

- that after the visit, the detainee is searched (including the area where the visit took place) prior to returning the detainee to the cell
- a Care plan review is conducted on the Care plan tab with the results of both being documented on the Shield custody record
- that unless intelligence indicates otherwise, professional visitors for example health care professionals (such as doctors, nurses and ambulance personnel), legal counsel, ALRM field officers, Aboriginal Visitor Scheme visitors and ministers of religion, are exempted from being searched.

### *Aboriginal Visitors Scheme*

The principal purpose of the Aboriginal Visitors Scheme is to ensure the care and comfort of Aboriginal and Torres Strait Islander detainees and reduce the risk of self-harm and death while in custody. A member should seek the assistance of the Aboriginal Visitors Scheme and extend their full cooperation when Aboriginal and Torres Strait Islanders are in custody.

The Aboriginal Visitors Scheme operates after business hours, from 5 pm to 9 am and on weekends and public holidays. However, in exceptional circumstances, Aboriginal Visitors Scheme visitors will attend at a cell complex during business hours. At other times, the Aboriginal Legal Rights Movement or an Aboriginal field officer is to be contacted to arrange for a suitable visitor to attend. Approved Aboriginal and Torres Strait Islander visitors may visit a cell complex at any time, provided the visits do not unduly interfere with operational requirements.

Guidelines for the Aboriginal Visitors Scheme are as follows:

- notice of a visit by Aboriginal Visitor Scheme visitors is not required and they may enter all areas where detainees are located—access to other areas will only be with the consent of the O/C cells
- visitors may attend singly or in pairs and be left alone with a detainee—where possible, the O/C cells will provide a suitable area for visits
- all visits must be monitored on CCTV (where facilities are installed) for visitor and detainee safety
- visitors must not be:
  - requested to assist in any other processes such as being used to witness DNA sampling
  - placed in a position where they may be required to tend or guard detainees in custody
  - utilised in any role to give legal advice or to be involved in the police investigation/interview—this is to be managed by the ALRM field officer
- any concerns must firstly be raised with the O/C cells, recorded as a detention log on the Shield custody record and where not resolved, referred to the O/C LSA/District
- a visitor who believes that a detainee needs medical, welfare or other services should inform the O/C cells.

After each visit the Aboriginal Visitors Scheme visitor shall prepare a report prior to leaving the cell complex which will include the following:

- time the visit commenced and terminated
- detainee(s) visited
- problems, complaints or other relevant matters
- health and welfare of detainee(s).

**OUT OF SCOPE**

A copy of this report is also provided to the O/C cells who will scan and upload the document to the Document tab of the detainee's Shield custody record.

Prior to being returned to the cell, the detainee must be searched.

A Care plan review must be completed from the Care plan tab of the Shield custody record upon completion of the visit.

**Detainee care plan**

The Care plan field on the Shield Care plan tab is completed by the O/C cells and is used to record risk treatment options to mitigate any risks a detainee may pose whilst in police custody. The O/C Cells is responsible for ensuring the Care plan tab is accurate and kept up to date as circumstances change.

When a risk assessment is conducted, the assessment of risk to a detainee should be comparative to that of acceptable community standards and not to that of other detainees. For example most people do not take illicit drugs, but many detainees do. The risks associated with drug use should be considered significant against society expectations and not against the demeanour and health of other drug using detainees.

In order to ensure risk assessments are accurate and valid, where appropriate, communication and consultation must occur with:

- arresting member/delegate
- cell guards
- members from other shifts, both previous and oncoming
- members from previous locations where the detainee was arrested
- previous custody management documentation relative to the detainee
- family and friends
- officers from institutions where the detainee is to be transferred.

Information is a key element in successfully managing risk and can be obtained from such sources as:

- the detainee
- the arresting member/delegate and others involved in the arrest
- Detainee summary report (Shield)
- NPRS/SAPPS
- the detainee's friends and relatives
- health care professionals

- legal counsel
- Aboriginal Visitor Scheme representatives
- other detainees
- local intelligence sections
- other relevant bodies and organisations.

### *Shield custody record—risk assessment*

The Risk assessment and Care plan tabs of the Shield custody record must be completed **prior** to a detainee being placed in a cell. Whilst a delegate may complete these sections, the O/C cells must review these tabs and are responsible for the accuracy and currency of the information. Current and historical information can be elicited by:

- assessing the detainee's charges and considering that detainees charged with serious and/or domestic violence-related offences are at higher risk of self-harm
- considering the ethnicity of the detainee and considering cultural, religious and other factors—consider the Royal Commission into Aboriginal deaths in custody
- running and reviewing the Detainee summary report
- assessing criminal and pending history to ascertain propensity for violence or unusual behaviour and to ascertain familiarity with being detained
- completing the Risk assessment tab
- speaking with the detainee and asking probing and open questions
- speaking with members familiar with the detainee, including the arresting officer(s)
- considering the intuition of members familiar with the detainee
- receiving information from any other source.

All current, historical and perceived risks must be listed in the below boxes in the Care plan tab including risk treatment strategies to deal with any problems should they arise:

- medical and health concerns
- risk to self
- risk to others.

The level of risk associated with each of the categories above is determined by the O/C cells and is to be applied as follows:

- No risk identified—this should only be used when the detainee is clearly positive and there are not and have never been any risk identified in this risk area. Drug and/or alcohol affected detainees must never be rated at this level.
- Low—this rating is acceptable if there have been risks in the past or the current risks are clearly low. Drug and/or alcohol affected detainees must not be rated at this level.
- Medium—this risk rating is acceptable when there is evidence of recent significant risks or current risks that do not qualify as low. Seriously drug and/or alcohol affected detainees should not be rated at this level.



- High—this rating must be used when there are risks that are imminent or if there is significant recent or historical evidence suggesting such a rating is required. Seriously drug and/or alcohol affected detainees not requiring medical attention must be rated at this level in the 'Medical & health concerns' box. Any person who commits any level of self-harm whilst in custody must be rated *high need* in the 'Risk to self' box.
- When a detainee is dismissive, insincere or refuses to answer questions as to their welfare, this must be considered a risk and they should not be rated as *no risk identified* or *low risk*.

Where the O/C cells determines that a detainee is *high need*, a *high need* indicator must be displayed on the cell whiteboard. A *high need* indicator is displayed on the cell whiteboard when the level of risk against **any** of the above categories is set to high.

Once the O/C cells has recorded a Care plan, the O/C cells must ensure the 'Detainee check frequency' field is set to 15 minutes (or less should circumstances dictate) and set a two hour reminder to ensure compliance with mandated minimum detainee checks.

Once the O/C cells has signed the initial Care plan on the Care plan tab the detainee check frequency timer commences and is displayed in the 'Obs' column on the cell whiteboard. The time displayed in the 'Obs' column on the cell whiteboard identifies when the next detainee check is to be conducted.

Further instructions are available through the intranet at <police connect home page/services/information systems and technology service/innovations and solutions branch/program shield/online help/custody management/cell whiteboard>.

Where a detainee has been placed in a cell prior to the O/C cells completing the initial Care plan, detainee checks must be recorded at intervals not greater than 15 minutes.

When a detainee check has not been completed in the allocated time and is now overdue a reason must be recorded in the detention log.

### *Care plan reviews*

Care plan reviews are not a static task and must be completed by the O/C cells whenever circumstances relating to a detainee change.

Care plan reviews must be completed from the Care plan tab of the Shield custody record in the following circumstances:

- after the first two hours in police custody
- detainee receives/makes a telephone call
- receives visitors (including legal/AVS attendance)
- change in mood or behaviour
- refusal of bail (including magistrate reviews)
- detainee is further charged
- detainee is remanded in custody by the courts
- return from hospital or other medical treatment
- every 15 minutes a detainee is held in the padded cell prior to charging

- any change to the 'detainee check frequency' field
- failure of blood alcohol testing
- disclosures made by the detainee
- any other event or significant milestone which may affect a detainee's mood or behaviour whilst in custody.

When conducting a Care plan review the O/C cells must:

- review the risk category fields (that is, medical and health concerns, risk to self, risk to others) and update where applicable
- review the 'risk level' associated with each of the risk categories and update where applicable
- update the Care plan field and record the following:
  - the reason a Care plan review was conducted (telephone call, visitor, change in behaviour et cetera)
  - details of any action taken or proposed to effectively manage the detainee.

Where there is no change to the status or subsequent management of the detainee then 'No change' must be recorded on the Care plan.

Where the O/C cells changes the frequency of detainee checks (via the 'Detainee check frequency' field) on the Care plan tab a reason for the change must be recorded.

The O/C cells **must** sign the Care plan tab when **any** changes are made (including changes to the 'Detainee check frequency' field) to ensure the Care plan tab displays the most accurate and up to date information in relation to the management of the detainee.

A risk assessment review **must** be conducted and documented on the Shield custody record on each occasion a telephone call is undertaken regardless of whether the connection occurred.

## 9. MANAGING DETAINEES

### Officer in charge cells

Ensure that:

- detainee checks are conducted and recorded within the specified timeframes stipulated by the O/C cells
- any medication required to be administered to a detainee in police custody is recorded on the medication pane of the HCP tab of the Shield custody record
- all documentation relating to the medical treatment/examination of a detainee is scanned into the Documents tab of the Shield custody record
- further NPRS/SAPPS checks have been conducted after the detainee has been in police custody longer than 24 hours to ascertain updated information
- a Detainee summary report is run and reviewed every 24 hours a detainee remains in police custody (in addition to a SAPPS check)

- detention logs entered by cell guards are reviewed to ensure compliance with mandated detainee check
- ident/fingerprint reports are reviewed to ensure:
  - fingerprints are taken and information correctly recorded for detainees charged with an offence
  - detainee photographs are taken, of an acceptable standard and correctly labelled
  - detainee (ident) description is completed/updated for **every** arrest.

Further instructions are available through the intranet at <police connect home page/services/information systems and technology service/innovations and solutions branch/program shield/online help/entity records/person/descriptions, photographs>.

### Cell guards

Ensure that:

- records are maintained including:
  - each detainee check is recorded in the Shield custody record detention logs
  - all entries relative to detainee medication, medical examination and/or treatment within a cell complex are recorded on the Shield custody record
  - the ident/fingerprint report is completed within the Shield application, including the following:
    - recording fingerprinting officer's details et cetera on the Ident tab
    - recording photographing officer's details et cetera on the Photo id tab
    - updating detainee description for **every** arrest on the Description tab
    - adding and labelling detainee photographs correctly on the Description tab
    - adding marks and tattoo photos to the Marks/clothing tab
- detainees are fingerprinted and photographed as required:
  - a person wearing cultural and/or religious garments that cover their face such as a burqa (full body covering including face and head), niqab (full face veil), headwear or some other form of cultural or religious garment will be required to remove them for the purpose of being photographed when capturing photographs pursuant to section 81(4) and section 81(4g) of the *Summary Offences Act 1953*.
- each cell is free of rubbish after a detainee has been removed
- that the Perspex camera covers are clean/free of obstruction
- CCTV is utilised to observe detainee behaviour as a support means in addition to the mandatory physical checks—CCTV is a technological aid to detainee management but will not in itself eliminate risk and must not, other than where directed, be used as an alternative to the physical checking of detainees
- they accompany supervisors and other authorised persons on detainee checks and ensure that each check is recorded within Shield

- medical assessment/treatment is sought when required
- action is taken immediately to notify the O/C cells when they suspect a detainee should be deemed *high need* or there is an escalation in the risk factors—record observations and actions in the detention log of the Shield custody record
- lights remain on at all times when the cell is occupied—where a padded cell is equipped with infrared lighting, ensure a risk assessment has been conducted to determine the nature of lighting appropriate for the detainee
- a close physical presence is maintained so as to be capable of immediately responding to an incident which involves a detainee whenever a detainee is confined in a common area adjacent to individual cells due to access to exposed cell door handles, hinges and other potential suspension points
- detainee's property is attended to as directed by the O/C cells
- meals are distributed and where supplied or refused it is recorded in the detention log—refer to **Appendix D—Meals** further in this General Order
- assistance is provided to the O/C cells to ensure the general hygiene and cleanliness of cell complex
- remain within the precincts of the cell complex unless approval to leave the cell complex is granted by the O/C cells
- all contact and movement of the detainee within the cell complex is recorded in a detention log and the O/C cells is advised of relevant information—where possible, the member who carried out the last detainee check should conduct the next detainee check—continuous checks by the same member is good practice as it allows evaluation of any changes in the detainee's condition and identifies additional risks.

### Youth detainees

General Order, **Youth justice** includes a requirement for bail authorities to consider the provisions of the *Children's Protection Act 1993*. These considerations include a need to identify whether a youth in custody is a child at risk, and their responsibilities when they identify possible cases of child abuse or neglect. These considerations also include an assessment of the suitability of the nominated bail address as part of any bail agreement. For further information refer to General Order, **Youth justice**.

Youth detainees may be kept overnight in a SAPOL cell complex, provided the following criteria applies:

- subject to section 15(1) of the *Young Offenders Act 1993* when a youth is not granted bail pursuant the *Bail Act 1985* the youth must be detained in a place approved by the Minister
- pursuant to section 15(2) of the *Young Offenders Act 1993* when a youth is arrested outside the area specified in the *Young Offenders Regulations 2008* and it is not reasonably practicable to detain the youth, as provided by in section 15(1) of the *Young Offenders Act 1993*, the youth may be detained in a:
  - police prison; or
  - police station, watch-house or lock-up approved by the Minister.

Pursuant to the memorandum of administrative arrangement between SAPOL and DCSI, in the event that a young person is arrested outside of the area specified by regulations, SAPOL shall contact Youth Justice, DCSI. When DCSI determine that it is not reasonably practicable for the young person to be detained in the Adelaide Youth Training Centre (AYTC), then the young person may be detained in an approved police station, watch-house or lock-up, in accordance with section 15(2) of the *Young Offenders Act 1993*.

In these circumstances SAPOL should contact the AYTC, Jonal Drive campus on **OUT OF SCOPE** as soon as is practicable to negotiate with youth justice officers in relation to the level of support and supervision required to ensure the welfare of the young person on a case-by-case basis.

When a youth is detained in a police cell complex the O/C cells must take such steps as are reasonably practicable to keep the youth from coming into contact with any adult detainee.

### **Aboriginal and Torres Strait Islander detainees**

Depending on their background and life experiences, some Aboriginal and Torres Strait Islander detainees may not fully understand the reasons for their arrest and may therefore be more vulnerable. While in custody they may become despondent, lonely and engage in acts of self-harm. They must be continually risk assessed and managed appropriately.

Aboriginal and Torres Strait Islander support services such as the Aboriginal Legal Rights Movement, Aboriginal Visitors Scheme, relatives, friends and other Aboriginal persons should be sought to assist in mitigating the risk, overcoming language difficulties and ensuring care and comfort.

Wherever practicable, an Aboriginal or Torres Strait Islander detainee should be accommodated with another Aboriginal or Torres Strait Islander detainee. They should not be placed alone in a cell unless there are substantial grounds for believing the wellbeing of the detainee or other detainees will be prejudiced. For example Aboriginal and Torres Strait Islander detainees must be segregated from one another when tribal or family conflict is likely.

Before placing detainees together the views of the Aboriginal or Torres Strait Islander detainee and other detainees who may be affected should be sought and recorded as a Care plan review on the Care plan tab. Where placement in a cell alone is the only alternative, the detainee must be continually risk assessed and appropriate treatment strategies implemented and recorded on the Care plan tab of the Shield custody record.

### **Mental health detainees**

Where a detainee demonstrates behavioural signs or symptoms that may indicate a mental illness, contact the person's medical practitioner or the Mental Health Triage Service to ascertain the person's medication and treatment information. The Mental Health Triage Service (telephone 131 465) provides a 24-hour, seven days a week consultation and liaison service to the mental health memorandum of understanding (MOU) signatory partner agencies and other stakeholders. The Mental Health Triage Service will determine the level of response that will be provided or the necessity for ongoing referral.

The Mental Health Triage Service is able to provide:

- access to specialised mental health assessment, risk assessment and treatment as well as management of consumers during usual working hours—this includes arranging the attendance of a medical practitioner or an authorised health professional to undertake an assessment when required and/or coordinating and organising transportation providing a 24-hour State-wide consultation and liaison service to mental health MOU signatory partner agencies and other stakeholders
- coordination of access to inpatient beds on a 24-hour basis at James Nash House and other approved treatment centres
- information concerning known Mental Health Service clients
- advice concerning the *Mental Health Act 2009*; however, the decision to use authorities rests with the member who must advise the Mental Health Triage Service and an officer of police should that member decide the use of those authorities is inappropriate—in making that determination, the member shall consider:
  - advice from the Mental Health Service
  - circumstances at the time
  - the primary concerns including the mental health, well-being and safety of the person and others
- advice of the availability of mental health service resources
- coordination of mental health services, including provision of mental health service assistance to SAPOL custodial facilities—a member should initiate contact through ComCen
- facilitation of referrals to an appropriate mental health service agency or other mental health provider
- contacting nominated mental health service dispute resolution personnel.

Where a mental health detainee has been apprehended in relation to criminal offending and is subsequently detained pursuant to section 57(1)(c) of the *Mental Health Act 2009*, the O/C cells must ensure compliance with General Order, **Mental incapacity**.

### **Transgender detainees**

Transgender detainees must be considered as detainees who may need protection. A risk assessment must be conducted to determine how to ensure their safety and may include isolation from other detainees.

The medical needs of transgender detainees must be addressed while they are in police custody, including the provision of hormone treatment.

### **Turn around detainees**

The term turn around detainee applies to a person arrested and brought before a police bail authority for bail. A person who has been arrested and is going to be bailed immediately will be subject to the same level of care and management as any other detainee in police custody.

### **Public Intoxication Act 1984**

When a person is detained pursuant to the provisions of section 7 of the *Public Intoxication Act 1984*, O/C cells must ensure:

- that a person who would otherwise have been apprehended for drunkenness has not instead been arrested and charged with other minor offences
- all attempts made to identify alternative places for the care of the intoxicated person are recorded on the Arrest details tab of the Shield custody record
- an intoxicated person is not detained in a police cell complex for longer than necessary
- a person found drunk and incapable of looking after themselves is treated as a *high need* person who is in need of medical assessment
- having an intoxicated person in custody who has been assessed as being unable to take proper care of themselves due to their intoxicated state, is re-assessed and/or treated by a health care professional at the end of the **12 hour maximum legislated detention period within police cells.**

### **Regional circuit courts**

When a DCS or DCSI prisoner is detained in a SAPOL cell complex overnight to attend court, a Shield custody record must be commenced via the 'Find person for Lodged safekeeping' functionality on the cell whiteboard.

When SAPOL is required to resume management of the DCS or DCSI prisoner prior to being returned to a DCS or DCSI facility, a Care plan review must be conducted and recorded by the O/C cells on the Shield custody record.

### **Detainee hygiene**

Where there is no conflict between risk to a detainee and security considerations, a detainee should be permitted to keep themselves clean and shall be provided with water and toiletries (as necessary) for their health and cleanliness.

When a detainee is given access to a shower, towels and toiletries, a cell guard (of the same sex as the detainee) must supervise the showering process. The supervision should allow the detainee an acceptable degree of privacy but enable the cell guard to respond immediately where the detainee behaves in a manner which indicates the likelihood of self-harm occurring.

When the detainee has finished, the supervising cell guard shall be responsible for securing the towels and any toiletries (including soap) used by the detainee.

### **Interviewing detainees**

Pursuant to regulation 87 of the Police Regulations 2014 no person may interview a detainee in custody at a police station without the consent of the O/C cells.

Where a person is temporarily removed from the cell complex pursuant to section 78(3) of the *Summary Offences Act 1953* (removal authorised by a magistrate) the O/C cells must be advised by the arresting member/delegate.

### *Youths*

When a youth is to be temporarily removed from the confines of the cell complex (with authorisation of a magistrate pursuant to section 78(3) of the *Summary Offences Act 1953*) the O/C cells must be advised.

Additionally, when a youth under the control of the DCSI is to be temporarily removed a **PD347A** must be completed and approved.

### *Department for Correctional Services*

When the person to be interviewed is a DCS detainee being held in a declared police prison, a member must follow the procedures pursuant to sections 27(1)(e) and 28(4) of the *Correctional Services Act 1982*. Briefly, those procedures are as follows:

- when the DCS prisoner is to be interviewed within the confines of the SAPOL cell complex obtain the approval of the O/C cells in addition to the DCS or contractor supervisor (for example G4S) prior to speaking with the detainee
- when a DCS prisoner is to be removed from the confines of the cell complex, a **PD347** must be completed and approved.

A correctional institution includes a police prison as prescribed in section 4 of the *Correctional Services Act 1982*.

### **Handover briefings**

At the change of each shift or at any other time when the responsibilities of the O/C cells transfers to another O/C cells for an extended period, a handover briefing must be conducted. Furthermore, at the change of each shift, the senior outgoing cell guard will physically inspect each detainee in company with the outgoing O/C cells and the oncoming O/C cells and participate in a change of shift briefing.

Sufficient time must be scheduled for effective handovers to take place.

The following procedures will occur:

- When there are detainees in the cell complex, the outgoing O/C cells will lead and coordinate a shift changeover briefing with the oncoming O/C cells—this process will occur in the charging area/other area within the cell complex where the CCTV/other technology will record this process.
- The outgoing O/C cells and the outgoing senior cell guard, in company with the oncoming O/C cells will conduct a physical check of each detainee and ensure each Shield custody record is up-to-date.
- The oncoming shift must conduct an inspection of the cells to ensure they are clean and free of all rubbish or other items and the cell doors are closed and secured—a notation to this effect must be recorded in the crime management unit/station journal.

The oncoming O/C cells will brief the oncoming cell guard(s) on issues such as:

- completion of actions required from the shift changeover briefing
- the status of each detainee, for example *high need*, risk issues, medical condition, overall demeanour
- any other relevant issues.



The oncoming O/C cells shall ensure:

- a detention log is completed for each Shield custody record, certifying a handover has taken place
- the Shield custody record applicable for each detainee is checked and up-to-date
- detainee's property that includes money and other property of value is accounted for
- requirements from the briefing have been actioned.

Every briefing will include:

- a physical check of each detainee to ensure an appropriate level of care has been maintained, they are lawfully in custody and that they are fit to remain in police custody
- the number of detainees in custody, including the number of males, females, children, Aboriginals or Torres Strait Islanders, protectees and those of other agencies
- advice as to which detainees are on or require medication, suffer from communicable diseases and/or have special needs
- the number of *high need* detainees in custody and their risk status together with their behaviour, mental and physical disposition and any additional detainee check requirements
- the number of detainees confined in padded cells, including the reason for placement and a status as to their behaviour, mental and physical disposition, the length of time of their confinement, and additional checking requirements
- the number of detainees who are awaiting bail
- the status of detainees who have been absent from the cell complex for medical treatment or other purposes, for example to participate in an interview or undertake DNA sampling
- the number of visitors currently at the police station to visit a detainee or those who will be attending in due course
- any further detainee management actions required, such as LiveScan and photographic procedures (except for persons detained pursuant to the *Public Intoxication Act 1984*).

Further instructions are available through the intranet at <police connect home page/services/information systems and technology service/innovations and solutions branch/program shield/online help/custody management/processes/shift handover>.

### **Transporting detainees**

When a detainee is to be transferred to another location the O/C cells must ensure:

- escorting members are IMOST and first aid accredited
- escorting members are provided with a Shield detainee transfer form
- escorting members are briefed on the status of the detainee, for example *high need*, risk issues, medical condition and overall demeanour
- the detainee is appropriately searched prior to leaving and again upon arrival

- the senior escorting member inspects the police vehicle for damage and property prior to and after the detainee has been conveyed
- the Risk assessment and Care plan tabs are reviewed to identify potential hazards taking into consideration the following:
  - risk to police and others such as health care providers
  - detainee behaviour
  - the capability of escape and the need for additional security measures (such as the use of handcuffs)
  - any medical condition—fitness to travel
  - the potential to engage in acts of self-harm or to injure others
  - their ability to cause property damage
- when a detainee is transported outside the metropolitan area, two members (where practicable) are to conduct the escort
- where practicable, at least one person of the same sex as that of the detainee being transported should be present when undertaking an escort
- weather conditions are considered, particularly where conditions of extreme heat and/or extreme cold are involved
- an appropriate mode of conveyance is used.

A detainee should not be transported other than:

- in a cage vehicle and be secured in the cage
- in a sedan vehicle fitted with a secure offender partition and must be seated in the rear
- in a sedan vehicle without a partition and must be seated in the left hand rear seat accompanied by an escorting member alongside
- in accordance with General Order, **Extraditions** in the case of extradition
- in accordance with General Order, **Aircraft Services** relative to detainee escorts using air transport for intrastate air travel
- in an ambulance
- by the Royal Flying Doctor Service.

When conveying a detainee in a sedan vehicle (where the hands and feet are both restrained), the detainee must not be placed on the floor behind the front seat as the detainee will be lying face down over the top of the transmission tunnel and this may cause breathing and blood circulation difficulties and may lead to positional asphyxia.

Detainees being transported in a police conveyance vehicle **must be physically checked and interacted with at least once every 30 minutes** (or more frequently should prevailing circumstances dictate such as extreme heat) and be documented in the escorting members notebook (metropolitan transfers) or on the Country transfer handover and inspection form (regional transfers).

During extreme hot weather detainees must not be conveyed in a cage vehicle which is not air-conditioned unless they are violent and it is unsafe to convey them in a sedan. Transport during cooler periods must be considered.

A detainee who has struggled violently should not be placed in a police vehicle unrestrained and a violent or restrained detainee must not be placed in a police vehicle unsupervised. In order to ensure appropriate control during any journey the detainee should be seated upright where possible.

A member responsible for the transportation of a violent detainee to the cell complex must inform the O/C cells of their impending arrival and request additional members to be in attendance.

Conveyance of a violent detainee who is restrained by devices to both the hands and feet must be closely monitored and not conveyed in a cage type vehicle. When both the hands and feet are restrained at the same time the restraints must not be secured together (such as 'hog tied').

### *Internal transfers*

Whenever a SAPOL detainee is transferred from one SAPOL cell complex to another the O/C of the transferring station must contact the relevant O/C cells and inform them of the reason for the transfer and any other relevant information **prior** to the commencement of the transfer.

The officer transferring the detainee must ensure the detainee is electronically transferred in Shield to the receiving station's cell whiteboard, and details of the escorting officers and handover briefing are recorded in the detention log.

### *Regional transfers*

A Detainee transfer report, including the Country transfer handover and inspection form must be created from the Documents tab of the Shield custody record and supplied to the senior escorting member. Details of any handover must be documented on the Country transfer handover and inspection form, including details of the conveying officer and any interaction with the detainee.

The completed documents must be scanned and uploaded to the relevant Shield custody record. The original Country transfer forms should be stored locally.

### *External agency transfers*

Whenever a SAPOL detainee, including an overnight arrest or an arrested and detained *Mental Health Act 2009* patient is transferred to an external agency (for example DCS or G4S), the O/C cells must notify the external agency prior to transfer and provide them with sufficient information regarding the detainee and circumstances.

The O/C cells must create a Detainee transfer report. This includes when a person is charged with an offence and is then detained under the *Mental Health Act 2009*, for example where an arrested person is detained under a level one detention and treatment order.

The Detainee transfer report together with copies of the following documents (all of which may impact upon the overall management of the detainee) must, on all occasions, be provided to the receiving agency:

- **PD348**—where applicable
- **PD348A**—where applicable

- copy of Form 2 Written record of reasons for refusal of bail application
- copy of warrant(s)—where applicable
- active intervention/restraining orders—where applicable
- Country transfer (Handover and inspection form)—where applicable
- any other information that may be of relevance.

Further instructions are available through the intranet at <police connect home page/services/information systems and technology service/innovations and solutions branch/program shield/online help/custody management/processes/external transfer>.

#### *Commercial travel*

Refer to General Orders, **Extraditions** and **Aircraft Services**.

#### *SAPOL aircraft*

Refer to General Order, **Aircraft Services**.

#### *Youth detainees*

Child detainees are to be taken to the Adelaide Youth Training Centre (AYTC) at Cavan.

When a child is being transferred to the AYTC members must:

- telephone the AYTC in advance and arrange a time for admission of the child and discuss any issues which may inhibit or delay admission of the child to the centre and confirm the location for delivery of the child—where there is any physical or mental health issue with a youth that may impact on their fitness for custody this is to be discussed with the AYTC Admission Office prior to transporting the youth from the police cells
- ensure that any child being conveyed to the AYTC is fit for custody—AYTC policy is that the centre will not accept children with a breath analysis reading above 0.05 grams of alcohol or those affected by any illicit substance without certification that they are fit for custody by a legally qualified medical practitioner
- not confine the child with an adult detainee.

#### *Mental health detainees*

Police escorts are required until the detainee has been lodged in a secure mental health facility. When deciding the appropriate method of transportation a member must consider all circumstances including the person's behaviour, their capability of escape, their likelihood of causing harm to themselves and/or others and their capability of causing property damage.

Refer to General Order, **Mental incapacity**.

## **G4S**

G4S is the current privately owned organisation that is contracted by the South Australian Government to perform prisoner movement and in court management on behalf of SAPOL, DCS, CAA, SA Health and DCSI.

Private contractors have limitations on their ability to physically search detainees in their custody but will conduct a search of the detainee using a Garrett wand upon arrival from a DCS institution at the SAPOL cell complex.

The private in court custody management contractor maintains a log which includes details about the detainee, originating institution, arrival/departure time at a SAPOL cell complex, court outcomes and other information. A copy of this log will be given to the O/C cells by the contractor after arrival at the cell complex and prior to departure. This procedure will assist the O/C cells to determine the number and status of the detainees in the cell complex particularly when the activation of evacuation or emergency procedures is required.

Pursuant to the South Australian Prisoner Movement and In Court Management (SAPMICM) contract, G4S will not assume responsibility for the care and security of a 'SAPOL prisoner' until a complaint or information has been laid before the court.

Until such time as a SAPOL detainee is formally handed over to a private contractor who is responsible for delivering that detainee to court, the O/C cells remains solely responsible and accountable for the management of that detainee.

## **10. CELLS**

The following principles apply to detainee movement, safety and cell accommodation:

- ensure cell lighting remains on at all times to facilitate clear visibility and CCTV (where facilities are installed) recording
- detainees must not be left unattended in the common area unless a member is present at all times and the cell doors are closed and locked
- consider the facilities, detainee's behaviour and antecedents, together with the nature of the charges when deciding how many detainees to allow into an exercise yard at one time—where the facilities are suitable, detainees should have at least one hour of exercise in the open air each day
- a cell guard must not escort more than one detainee without additional assistance
- detainees who have been, or are likely to be, attacked by others must be isolated and protected
- where possible separate untried detainees from convicted detainees.

### **Holding cells**

Holding cells/holding areas will only be used for the temporary confinement of a detainee pending the detainee being formally charged and when circumstances prevent the O/C cells from immediately undertaking the charging procedure.

A detainee must not be placed in a holding cell/holding area at a cell complex without first obtaining permission of the O/C cells.

Before obtaining permission from the O/C cells to place a detainee in a holding cell, the arresting member/delegate must assess the detainee to identify any risks and inform the O/C cells accordingly.

Where a detainee is temporarily confined in a holding cell/holding area pending the charging process, the arresting member/delegate shall be accountable for ensuring:

- the security and responsibility for that detainee and their property until the charging process is completed and the O/C cells has formally accepted custody of the detainee
- they search the detainee or cause another member to do so, prior to being placed in a holding cell—at a very minimum, this includes running hands over the clothing of the detainee to feel, locate and remove objects that might:
  - be used to cause injury or harm to the detainee or any other person; or
  - assist the detainee to escape; or
  - be used to damage property; and
  - where practical, this search also includes emptying the detainee's pockets, conducting a thorough search of the outer clothing and the removal of belts, footwear, laces, cords and jewellery; and
  - where practical, members should also use a hand-held metal detector/wand to assist in the searching process
- a thorough examination of the intended holding cell/holding area is conducted for articles that may be used to cause self-harm or criminal damage prior to the detainee being secured therein and again after removal
- the keys to the holding cell are retained by the member responsible for guarding the detainee
- a close continuous physical presence and observation is maintained until the O/C cells accepts custody of the detainee
- any replacement member is fully briefed regarding the disposition, health, warnings, detainee's stated intentions and any other relevant information that may impact upon the safety or wellbeing of the detainee.

### **Padded cells**

The use of a padded cell is based solely on the detainee's wellbeing and safety.

All members must ensure padded cells are not used without the prior authority of the O/C cells.

The removal of clothing in the padded cell, other than for the purpose of a search, will not be undertaken without the prior authority of the O/C cells.

The O/C cells must ensure:

- consideration is given to temporarily confining a detainee in a padded cell when the detainee is so violent and uncontrollable that were they to be placed in a conventional cell, the detainee would be likely to inflict physical harm on themselves or others

- emotionally disturbed detainees are not confined to a padded cell, prior to a medical examination, except in extreme circumstances, where, due to their behaviour, they cannot be otherwise safely confined
- the reasons, circumstances (including the results of the risk assessment) and the time a detainee was confined to and released from the padded cell are recorded on the Care plan tab of the Shield custody record
- physical checks on the well-being and hydration of the detainee are conducted at not greater than 15 minute intervals and recorded in the detention log in conjunction with continuous CCTV monitoring
- the level of illumination in a padded cell is considered in terms of what will have the most effective calming influence on a detainee—in some instances, a totally darkened padded cell may exacerbate the detainee's violent behaviour and it may therefore be appropriate to leave the light on regardless of whether the padded cell is under continuous infra-red CCTV surveillance—lights must be left on at all times where padded cells are not equipped with infra-red CCTV
- before placing a detainee in a padded cell, a search of the type directed by the O/C cells is conducted in relation to a detainee assessed as *high need* to ensure that all items which may be used to cause self-harm have been removed—all searches must be recorded in the Shield custody record
- all risks are assessed before deciding whether any clothing is to be removed and where applicable record details in the detention log of the Shield custody record
- a Care plan (initial) or Care plan review is completed and signed when detainee's clothing (all or part) is removed prior to placement in a padded cell—the Care plan or Care plan review **must include** reasons why the clothing was removed and/or reasons why a modesty gown was not provided
- when clothing is removed the detainees should be given a SAPOL modesty gown or a tear resistant blanket at the discretion of the O/C cells—the **modesty gown is not to be confused with the** OUT OF SCOPE **forensic suit**
- the detainee is identified as *high need* on the cell whiteboard
- a Care plan review is conducted and recorded at no greater than 15 minute intervals to establish whether the detainee is suitable to bring to the counter for charging
- Care plan reviews continue to be conducted until the detainee can be safely managed and charged.

### Exercise yards

These are the dedicated enclosed separate yard/room where detainees can exercise, and may be an internal or external area.

- Detainees confined in exercise yards are to be physically checked at a minimum of every 15 minutes unless otherwise directed by the O/C cells to conduct more frequent physical inspections. All checks are to be recorded on the detainee's Shield custody record.

## **Smoking**

Detainees as a general rule, are not permitted to smoke when detained in SAPOL cells. An exception can only be made in extreme circumstances, by the O/C cells after a risk assessment has been conducted and it is determined that:

- the cell complex has an external exercise yard facility that is not enclosed
- permitting the detainee to smoke a cigarette will placate tensions and facilitate safer management of the detainee
- police or contractors working in the cell complex will not be exposed to passive smoke
- other detainees detained within the cell complex will not be exposed to passive smoke.

The O/C cells must record the factors considered in their risk assessment on the Care plan tab prior to permitting a detainee to smoke a cigarette. Any change in the detainee's behaviour as a result of smoking a cigarette is to be recorded on the Care plan tab with confirmation that other people within the cell complex were not exposed to passive smoke.

## **Cell sharing**

In some circumstances cell sharing may be beneficial, particularly with regard to the management of depressed or suicidal detainees, or detainees of Aboriginal and Torres Strait Islander descent.

The O/C cells is responsible for deciding whether a cell may be shared and this should only occur after all risks are assessed and both detainees' views on cell sharing have been sought. When assessing risks the following must be considered:

- any warnings the detainees may have
- medical conditions
- demeanour on arrival at the cell complex
- current demeanour
- known or suspected racist or homophobic attitudes
- other discriminatory attitudes
- tribal and/or family conflict.

Cell sharing is inappropriate when:

- risks are identified and are of concern
- a detainee requires special provisions for any reason (for example age, physical or mental disability)
- there are issues of diversity
- there are conflicting religious beliefs and/or would affect the detainee's ability to meet religious obligations.



### Cell extraction

Where a detainee exhibits violent and irrational behaviour, is non-compliant with instructions and there is a potential risk of harm or injury, the detainee may have to be removed from their cell and placed into a padded cell (which may necessitate the use of force). This is classed as an operational incident and the O/C cells is responsible for deciding whether to remove a detainee in these circumstances. The safety of every member and the detainee is paramount and the operational safety philosophy and principles must be followed—refer to General Order, **Operational safety**.

The following procedures will apply when such a detainee is to be removed from a cell:

- apply the incident management flow chart
- use the tactical options model to manage the incident
- the O/C cells will assume the role of forward commander until the incident is resolved or until relieved by a senior member
- use an appropriate cell extraction option from the SAPOL Cell extraction training package available through the intranet at <police connect home page/training gateway/operational skills training/cell extraction>, and complete a **PD355 Record of use of force** on each occasion a cell extraction option is used (irrespective of whether protective equipment has been authorised or used)
- request the Special Tasks and Rescue Group where the forward commander believes the incident is beyond the normal capabilities of local police resources—the forward commander must take into account the antecedents, prior history and the current disposition of the detainee
- approval must be given by the O/C LSA/District prior to the deployment of any protective equipment (shields or helmets) in accordance with cell extraction procedures
- in urgent circumstances, the O/C cells may approve the deployment of protective equipment but must notify the O/C LSA/District as soon as possible after deployment.

### Shared facilities

Where a SAPOL cell complex shares its facilities with the DCS or a private in court custody management contractor (such as G4S) SAPOL has an overarching responsibility for the provision of safe and secure cell facilities. The contractor has the immediate responsibility for the safety, security and care of detainees in their charge.

DCS are not obliged to comply with the SAPOL custody management system when their detainees are held and managed by DCS personnel at a declared police prison, such as the City Watch House.

### Cell complex hygiene and management

The O/C cells is responsible for ensuring the complex is properly cleaned and that an appropriate standard of hygiene is maintained.

A cell (including the mattress) must be cleaned with appropriate germicidal solutions, cleaning agents and implements required to facilitate a hospital grade clean. All floors must be left in a clean, dry and slip free condition.

Physical Assets Service Branch—Corporate Facilities provides a three tiered cleaning regime for cell complexes through contracted cleaning organisations. Refer to **Appendix C—Cell complex cleaning** further in this General Order. Periodic and pathological cleaning is to be arranged through the LSA/District Administration Manager in conjunction with Corporate Facilities, Physical Assets Service Branch.

### *Mattresses*

The only mattress to be used in a SAPOL cell complex is the standard issue vinyl covered mattress. After a mattress has been used it must be inspected for damage including loose or frayed stitching and tears—caution must be exercised in case needles or other objects have been concealed inside.

Cleaning contractors are responsible for the daily cleaning of vinyl mattress surfaces. Refer to **Appendix C—Cell complex cleaning** further in this General Order.

### *Blankets*

All blankets issued to SAPOL detainees must be manufactured to a SAPOL standard from rip stop canvas and purchased from a corporate provider through the LSA/District Administration Manager. Blankets must be laundered after each use in accordance with local arrangements and maintained in a clean and hygienic condition.

Worn and damaged blankets must be withdrawn as they may provide a detainee with a means of engaging in self-harm.

### *Pillows*

Due to health and hygiene factors pillows will not be issued to detainees. However, at the discretion of the O/C cells, a detainee may be provided an additional blanket to use as a pillow.

## **11. MEDICAL AND ILLNESS**

Members responsible for the care, custody and overall management of detainees must be aware of the factors that heighten the risks associated with detainees in SAPOL's custody. In addition to assessing the physical factors that may pose a risk consideration must also be given to the mental and medical conditions detainees present.

Detainees who require urgent medical attention must be dealt with expeditiously and not conveyed to a police station or cell complex. A member must call an ambulance when there is any concern regarding a detainee's medical condition.

On each occasion a detainee is medically/psychiatrically examined by an appropriate health care professional, a Shield Medical examination of detainee report must be completed by the O/C cells. The Medical examination of detainee report is created from the Documents tab of the Shield custody record.

The health care professional must be requested to conduct a clinical assessment of the detainee and endorse the Medical examination of detainee report with the results of their diagnosis, together with directions relative to any treatment provided to the detainee and whether the detainee is medically and/or psychiatrically fit to return to police custody. A member must on each occasion provide the treating health care professional with a **PD348B**, which is retained in the detainee's hospital medical record. Any medication prescribed will be detailed by the treating health care professional on a Detainee medication advice (contained within the Medical examination of detainee report when run from Shield) or hardcopy **PD348A**.

Whenever a detainee is in need of medical attention that cannot be provided within the cell complex, the O/C cells must arrange for the detainee to be conveyed to a recognised hospital within the meaning of the *Health Care Act 2008* or when this is not possible, to another hospital or medical clinic.

The O/C cells will:

- create a Medical examination of detainee report (incorporating the Detainee medication advice) from the Documents tab of the Shield custody record detailing an account of the illness or injury complained of by the detainee (including signs and symptoms, threats or indications to cause self-harm and any other police observations or concerns)
- ensure the Medical examination of detainee report and the **PD348B** are handed to the senior escorting member when a detainee is conveyed to a medical facility for treatment
- brief the escorting member(s) as to their duties and responsibilities—when the escorting member(s) is replaced by other police, the senior escorting member will ensure that the Medical examination of detainee report is provided to the oncoming senior escorting member together with a comprehensive briefing—the Medical examination of detainee report must be endorsed by both members to this effect, including the date and time of the briefing
- direct the senior escorting member to brief the examining medical practitioner in accordance with the information contained in the Medical examination of detainee report and provide them with the **PD348B**
- commence a temporary absence via the Temporary absence tab on the Shield custody record to indicate the detainee as absent from the cell complex on the cell whiteboard (the *Temporary absence detention log entry* button is only completed when the detainee is returned to the cell complex)
- ensure the senior escorting member records all subsequent handovers and observations at a medical facility in their notebooks
- ensure the senior escorting member requests the examining medical practitioner to provide the diagnosis of the examination and in addition, certify whether or not the detainee is in a fit condition to be held in police custody—the Medical examination of detainee report shall be endorsed accordingly together with any other information that may be relevant to the detainee's wellbeing whilst in police custody
- be briefed by the senior escorting member (concerning the detainee's condition) upon return from the medical facility

- conduct a Care plan review from the Care plan tab of the Shield custody record and record details of medical treatment received and any action proposed to effectively manage the detainee
- a copy of the completed Medical examination of detainee report and Detainee medication advice (where applicable) must be scanned into the Documents tab of the Shield custody record
- add any medication prescribed as a result of the medical examination to the Medication pane of the HCP tab.

The prevalence of alcohol and other drug-related issues among people in police custody is of major concern. The first 24 to 48 hours a person is in custody are associated with an increased risk of acts of self-harm occurring, drug and alcohol withdrawal and deterioration of medical conditions. A detainee's medical condition may be further exacerbated when they have been involved in physical altercations, vehicle collisions or other circumstances that may affect their physical wellbeing. The arresting member/delegate and those directly responsible for the care and custody of detainees must be particularly vigilant in this regard and seek assistance from a health care professional when there is doubt concerning a detainee's medical or mental condition. Conditions can change rapidly (despite having been assessed) and continual monitoring and response to changes will reduce the risk to a detainee.

The presence of a health condition and its severity will effect decisions as to how and when the detainee should be treated.

The risk assessment is located on the Risk assessment tab of the Shield custody record and is designed to elicit information from the arresting/corroborating officers and detainee and focuses on mental and medical matters that impact upon risks associated with that detainee.

The Care plan tab in Shield is designed to enable a suitable management regime to be implemented for the detainee's safe and secure confinement.

When a detainee refuses to communicate with the arresting member/delegate, O/C cells or the cell guards the reason may be because the detainee has a mental health and/or medical condition which prevents them from doing so.

A detainee checked at the scene of an arrest by ambulance officers may, due to deterioration after the initial assessment, still require urgent medical attention. Similarly, when a detainee returns from hospital they must be closely monitored in case their condition deteriorates.

The O/C cells or cell guard **must** ensure a person in custody, including a person detained under the *Public Intoxication Act 1984*, is **treated as a medical emergency and an ambulance is called immediately**, when that person has:

- been rated as a *high need* detainee and requires medical assessment
- an impaired state of consciousness for example:
  - no/minimal response to commands or stimulation
  - incapable of rational conversation
  - persistently or intermittently drowsy and/or sleepy
- difficulty breathing
- complained of severe abdominal, chest, limb or head pain
- suffered an epileptic seizure.

**Where possible never leave a semiconscious or unconscious person alone and always place them in the recovery position.**

When a person records a positive breath analysis reading, a member must consider the way that the alcohol contributes to the person's impairment and how the degree of impairment equates to the Brief coma scale in order to determine whether the person's condition should be treated and an ambulance called.

The O/C cells must also ensure a member is physically present with the detainee where possible while waiting for the ambulance and where practicable, the incident is monitored by CCTV (where facilities are installed).

Where a person cannot walk unaided (as a result of drug or alcohol consumption) they must be assessed by a health care professional.

**Brief coma scale—police response**

The Brief coma scale is an assessment tool which can be used by a member as a guide when coming into contact with a person (particularly when in police custody) who is or appears to be suffering from an impaired state of consciousness.

Using the following Table 1—**Brief coma scale**, a member must initially assess and respond accordingly, and continue to reassess and respond (in accordance with the scale) to any changes in the person's response.

Urgent medical attention is required when the person's verbal response rates less than four. Where a person's best verbal response alters over time a member should act accordingly.

Person's best verbal response	Coma scale	Recommended action
<b>Oriented</b> Knows and clearly states names, date and location	5	No action
<b>Confused</b> Unable to state name, date, location, et cetera	4	Consider seeking medical advice and monitor regularly
<b>Meaningless/unintelligible</b> Not able to be understood	3	Seek urgent medical assistance—call an ambulance
<b>Moans/groans</b> No sensible words	2	Seek urgent medical assistance—call an ambulance
<b>No response</b> No response at all	1	Urgent action—call an ambulance

Table 1—**Brief coma scale**

OUT OF SCOPE

**Administering medication**

A detainee may have taken medication or drugs just prior to being arrested and the effects may not be immediately obvious or are yet to occur. When a member suspects a detainee has taken medication or illicit substances, the member must assess the risks to determine whether medical advice should be sought. It is recommended that any medication which can cause sedation or drowsiness, including pain killers, be withheld from the detainee for the initial **six hours in custody** unless prescribed by a medical practitioner or health care professional following an examination.

This provides an opportunity to establish their level of sedation prior to giving medication and prevents overdose. A member must obtain as much information as possible about the detainee's medication prior to administering it, and when there are any concerns medication is not to be given and advice sought from a health care professional by telephone or in person.

Where a detainee requires medication to be administered whilst in police custody the O/C cells must ensure the following:

- medication is prescribed for that particular detainee
- medication is recorded correctly on the Medication pane of the HCP tab in Shield including:
  - medication name
  - strength of medication (for example 2mg, 500mg)
  - quantity to be administered
  - frequency medication required
  - occurrences required (that is, number of times the medication is to be administered to a detainee whilst in custody)
- disposal instructions
- the correct medication and dosage is given and manually verified at the charge counter by the O/C cells and the senior cell guard
- all medication administered to a detainee is recorded via the 'Administer medication' function from the 'Medication' pane of the HCP tab to ensure details are accurately recorded in a 'medical' detention log
- the medication 'indicator' on the cell whiteboard is monitored to ensure medication is administered as required
- a reason is recorded in the detention log (type = 'Medical') when medication is not taken when required or the detainee refuses
- ensuring the detainee does not take control of or hoard medication
- the safekeeping of the medication (which must be secured to prevent unauthorised access).

Medication is permitted to be brought into the cell complex by the following means:

- by the detainee, a friend, relative or by a member when the detainee was arrested (where the O/C cells cannot confirm that the medication prescribed is actually contained within the packaging, the detainee must not be permitted to consume the medication until advice is sought from a health care professional—such advice must be arranged in a timely manner so as not to cause any unreasonable delay in administering the medication—a hardcopy of the **PD348A** must be completed by the health care professional and a copy must be scanned into the Documents tab of the Shield custody record
- collected by a member using a private prescription

- by a member, after the detainee has received treatment at a health care facility and the attending health care professional has provided further medication to be taken—request the health care professional to complete the **PD348A**, which includes details regarding any medication administered at the health care facility and further doses/other medication required to be taken; a copy must be scanned into the Documents tab of the Shield custody record
- by a health care professional upon their attendance at the cell complex to treat the detainee—request the health care professional to complete Medical examination of detainee report and/or the attached **PD348A**, where applicable and a copy must be scanned into the Documents tab of the Shield custody record.

### Instruction from health care professional

Clear written instructions must be provided to the O/C cells by the appropriate health care professional. Where instructions are received by telephone, the member will send a hardcopy **PD348A** by fax to the health care professional, requesting those instructions be endorsed on the form and the completed form be returned to the cell complex by fax. When a member fills a prescription on behalf of a detainee, a copy of that prescription and completed **PD348A** must be scanned into the Documents tab of the Shield custody record.

The hard copy **PD348A** and **PD348** requires the treating healthcare professional to provide the following information:

- medical/other condition for which the medication is prescribed
- name of prescribed medication and the strength
- frequency the prescribed medication is to be taken
- whether the medication has been given at the medical facility and when that is the case provide the following details:
  - name of medication
  - dosage and other details
  - time medication given
  - medication effects
- whether the detainee is to retain the medication on release from police custody or when transferred to a correctional facility
- any other information deemed appropriate by the health care professional.

### Self-administration

Depending on the outcome of the risk assessment and care plan it may be appropriate to allow detainees who have asthma to keep their inhalers and angina sufferers to keep their Nitrolingual pump spray (angina spray) so they can use them as necessary. Any other type of medication can be administered by the O/C cells or the detainee may be permitted to self-administer (under supervision) with the authorisation of an appropriate health care professional.

A detainee may in certain circumstances self-administer medication for example insulin, eye drops, creams and lotions.

Medication which is retained (for example Ventolin) by a detainee must be recorded on the medication pane of the HCP tab of the Shield custody record and identified as medication which is required 'As needed'. The reason for retaining and/or self-administering the medication must be recorded in the 'Remarks' field of the medication pane (or medication log where insufficient space exists).

### **Disposal of medication**

When a detainee is transferred or released from a SAPOL cell complex, the O/C cells must dispose of unused medication in accordance with the instructions provided by the prescribing health care professional or dispensing pharmacist. Disposal instructions must be included in the appropriate field on the Medication pane of the HCP tab when medication is added to the Shield custody record.

Medication prescribed while the detainee is in custody may be:

- given to the detainee on release but only with the written authority of the prescribing health care professional
- given to the senior member responsible for transporting the detainee, and then to the member taking custody of the detainee
- returned to the appropriate health care professional
- disposed of in a suitable receptacle for the disposal of unused medication.

When a detainee is released from custody the releasing member must record disposal details via the 'Dispose of medication' function on the medication pane of the HCP tab to ensure information is recorded in a medical detention log of the Shield custody record.

Further instructions are available through the intranet at <police connect home page/services/information systems and technology service/innovations and solutions branch/program shield/online help/custody management>.

### **MedicAlert bracelet**

The Australia MedicAlert Foundation is a non-profit organisation which provides a record keeping service for people with specific medical conditions, allergies or special needs that must be known in an emergency. A person will generally wear a wrist band, bracelet or necklet and have a membership card that lists medications, names and telephone numbers of doctors and emergency contacts.

Dependent upon the outcome of a risk assessment, a detainee should be permitted to keep their MedicAlert bracelet but necklets must be removed from a detainee. Property retained by the detainee must be recorded on the Property tab.

Reference to a detainee's MedicAlert information must be recorded on the Risk assessment and Care plan tabs of the Shield custody record and included on the Shield Cell whiteboard, in the remarks section relevant to the detainee. MedicAlert information must also be included on the Medical examination of detainee report when conveyed to a medical facility for assessment.



## **Medical expenses**

### *Department for Correctional Services*

When a Department for Correctional Services detainee is in police custody undergoing sentence or remand and incurs medical expenses, such expenses must be charged to the Department for Correctional Services through the LSA/District Administration Manager. Documentation is to include a copy of the warrant or a Detainee return advice slip (marked 'copy') attached to the **PD285 Request to pay vendor** and **PD50 Advice of charges for police services**.

### *Police arrests/detainees*

Payment of medical expenses, excluding ambulance attendance, incurred by police detainees will be facilitated by the LSA/District Administration Manager. Ambulance attendance for a detainee will be charged to the detainee through the SA Ambulance Service. Medical expenses, including ambulance attendance, associated with the arrest of a person for a mental health assessment pursuant to section 57 of the *Mental Health Act 2009* are borne by the Department of Health.

## **12. REFERENCES**

*Correctional Services Act 1982*

*Correctional Services Act (Declarations of Police Prisons) Proclamation 2007*

General Order, **Aircraft Services**

General Order, **Alcohol and drug strategies**

General Order, **Arrest/report procedures and documentation**

General Order, **Bail**

General Order, **Extraditions**

General Order, **Forensic procedures**

General Order, **Mental incapacity**

General Order, **Operational safety**

General Order, **Risk management**

General Order 8540, **Work health, safety, welfare and injury management, Communicable diseases and immunisation**

Police Regulations 2014

Shield online help available through the intranet at <police connect home page/services/information systems and technology service/innovations and solutions branch/program shield/online help>

*Summary Offences Act 1953*

## **13. FURTHER ENQUIRIES**

Custody Management Portfolio

## 14. DOCUMENT HISTORY SINCE 23/09/09

Gazette reference (SAPG)	Date	Action (amendment/deletion/new/review/temporary variation)
307/09	23/09/09	New General Order, <b>Arrest and custody management</b> and replaces General Orders, <b>Arrest, Bail and Prisoners</b> which have been deleted.
78/10	24/03/10	Delete reference to General Order 8980, <b>Youth Justice and Community Programs</b> and General Order, <b>Youths</b> , and replaced with General Order, <b>Youth justice</b> .
424/10	15/12/10	Review 2010.
213/11	27/07/11	Amendment—deletion of reference to General Order 8765, <b>Risk management</b> and inserted General Order, <b>Risk management</b> .
91/12	04/04/12	Review 2012—including change of Corporate Policy Sponsor from Protective Security Service to Performance Management and Reporting Service, insertion of <b>4. ARREST, Arrest categories, Arrest of persons wearing religious garments</b> , insertion of <b>5. CUSTODY MANAGEMENT, Escorts</b> (from General Order, <b>Escorts</b> ), insertion of reference to religious garments in various parts of General Order and <b>6. BAIL, Conflicting bail agreements</b> .
116/12	02/05/12	Amendment—reference to General Order, <b>Exhibits</b> deleted and replaced with General Order, <b>Property</b> .
236/12	19/09/12	Temporary variation of this General Order by the Offence Streaming Model trial (Holden Hill LSA 01/10/12 to 31/03/13). Review 2012.
274/12	31/10/12	Amendment—reference to General Order 8970, <b>Warrant procedures</b> deleted and replaced with General Order, <b>Warrant procedures</b> .
55/13	06/03/13	Temporary variation of this General Order by the Offence Streaming Model trial (Eastern Adelaide LSA and Sturt LSA 28/03/13 to 30/09/13).
93/13 and 96/13	01/05/13	Amendment—new headings at <b>6. BAIL</b> concerning the possession and surrender of firearm, introduction of <b>PD612 Authority to require gunshot residue (GSR) testing</b> and Form 11 Direction to surrender firearms and ammunition. Additionally, amendment made resulting from a temporary variation of General Order, <b>Street Offence Diversion Program</b> (resulting in suspension of that General Order).
178/13	21/08/13	Amendment—heading and text at <b>5. CUSTODY MANAGEMENT, Death and attempt to commit self-harm</b> deleted and replaced text at <b>5. CUSTODY MANAGEMENT, Detainee movement and safety, Custody transfer—external agency</b> deleted and replaced, references to General Order, <b>Deaths/attempt self-harm in custody</b> amended to General Order, <b>Deaths and deaths in custody</b> .
278/13	25/12/13	Temporary variation of this General Order due to the implementation of the Offence Streaming Model. Reference to State Committal and Disclosure Section amended to State Committal and Disclosure Unit.
39/14	05/02/14	Amendment—insertion of new subheading and text at <b>4. ARREST, Arrest categories, Arrest of a police officer</b> .
73/14	19/03/14	Amendment—at <b>4. ARREST, Arrest categories, Arrests in the confines of a court</b> , <b>5. CUSTODY MANAGEMENT, Officer in charge cells receiving detainees, Managing detainees</b> and <b>5. CUSTODY MANAGEMENT, Detainee movement and safety, Cell extraction</b> .

General Order, **Custody management**

Gazette reference (SAPG)	Date	Action (amendment/deletion/new/review/temporary variation)
86/14	02/04/14	Amendment—at <b>5. CUSTODY MANAGEMENT, Clothing and 5. CUSTODY MANAGEMENT, Escorts, Children.</b>
283/14	24/12/14	Review 2014—consolidation of arrest/report procedures. Renamed General Order, <b>Custody management</b> . Arrest procedures transferred to General Order, <b>Arrest/report procedures and documentation.</b>
96/15	13/05/15	Amendment—updated re the Shield application.
141/15	22/07/15	Amendment—text regarding distraction from duties inserted at <b>6. CUSTODY MANAGEMENT, Roles and Responsibilities, Officer in Charge cells and Regional Local Service Areas, Officer in charge of cells receiving detainees, Managing detainees, and Cell guard, Duties of cell guard.</b>  Additionally, text inserted at <b>Officer in charge of cells receiving detainees, General and Detainee movement and safety, Children.</b>
206/16	28/09/16	Amendment—information specific to the bail process moved to new General Order, <b>Bail.</b>
217/17	25/10/17	Review 2017—significant consolidation of contents of existing General Order.
163/18	18/07/18	Amendment—at <b>7. CHARGING PROCESS, Searches, Clothing</b> modesty gowns have replaced jumpsuits for an alternative form of clothing. Requirements relating to forensic suits have been added.
150/19	31/07/19	Review 2019.

**APPROVED BY COMMISSIONER/DEPUTY**.....  
Print Full Name.....  
ID Number.....  
Signature29/07/2019  
Date**Documentation certification and verification**

General Order draft—prepared by: Sergeant Rosemary Simper, Custody Management Portfolio

General Order—verified by: Assistant Commissioner Peter Harvey, Governance and Capability Service

## Appendix A—Declared police prisons

In accordance with the *Correctional Services Act (Declarations of Police Prisons) Proclamation 2007* (pursuant to section 18 of the *Correctional Services Act 1982*) the following police premises listed in Table 2—**Declared police prisons** were proclaimed:

Table 2—Declared police prisons

Premises	Location
Berri police station	Ahern Street, Berri 5343
Ceduna police station	corner of East and South Terraces, Ceduna 5690
Christies Beach police station	94 Dyson Road, Christies Downs 5164
City Watch House	Kent Street, Adelaide 5000
Coober Pedy police station	Mines Department Road, Coober Pedy 5723
Elizabeth police station	17-19 Frobisher Road, Elizabeth 5112
Holden Hill police station	2A Sudholz Road, Holden Hill 5088
Kingscote police station	Dauncy Street, Kingscote 5223
Marla police station	Marla 5724
Mount Barker police station	64 Gawler Street, Mount Barker 5251
Mount Gambier police station	Bay Road, Mount Gambier 5290
Nuriootpa police station	61 Murray Street, Nuriootpa 5355
Port Adelaide police station	244 St Vincent Street, Port Adelaide 5015
Port Augusta police station	106 Commercial Road, Port Augusta 5700
Port Lincoln police station	1-5 Liverpool Street, Port Lincoln 5606
Port Pirie police station	18 Main Road, Port Pirie 5540
Sturt police station	333 Sturt Road, Bedford Park 5042
Victor Harbor police station	17 George Main Road, Victor Harbor 5211
Whyalla police station	3 Whitehead Street, Whyalla 5600

## **Appendix B—Medical conditions**

Detainees may suffer from a variety of medical conditions and/or illnesses whilst they remain in custody and some of those may cause violent or changing behaviour.

### **Acute behavioural disturbance**

A detainee who is violent or agitated poses an increased risk to the safety and welfare of that detainee, members and others who have to deal with them. There may be an underlying medical reason for their behaviour such as a head injury, drug or alcohol misuse or a mental illness.

When there is a suspicion that the violence stems from a medical condition, the detainee must be treated as a medical emergency. Where possible the detainee should be contained and not restrained until they can be medically assessed. Follow the guidance of the health care professional about safe restraint in order to achieve the administration of medication—the detainee must not be held face down or any pressure placed on the chest or abdomen.

### **Asthma**

Asthma is a very common condition which causes spasm of the muscles in the air passage and swelling of the passage lining making breathing extremely difficult. The greater the spasm, the more difficult breathing becomes.

Ask a detainee whether they suffer from asthma during the charging process. The detainee may have an inhaler in their possession, which they can use to control the condition or alleviate their breathing during an asthma attack. Asthma sufferers can usually administer the inhaler without the assistance of others. Unless there is a risk of self-harm to the detainee (or some other person) it is safe to allow them to retain their asthma inhaler. Where the O/C cells is in any doubt advice must be sought from an appropriate health care professional.

Asthma attacks are usually aggravated by stress, heavy exercise, infection or exposure to allergens such as dust or fumes and many asthma attacks occur during the night. Attacks can usually be dealt with quickly by using an inhaler, but other occasions may arise when an attack is so severe that it warrants urgent medical attention.

Clinical features of asthma are shortness of breath, coughing and wheezing. The following signs and symptoms will assist a member in recognising when a detainee is having an asthma attack and the treatment required depends upon the severity:

- the individual has difficulty in talking—there is an obvious state of anxiety and stress (although not always present) and/or a wheezing sound (not always present) from the chest
- in severe attacks the individual may be unable to speak and may have pale or cyanosed skin and there may be some discolouration of lips and tongue. The wheezing sound may worsen to a point where the wheezing stops and may be accompanied by reduced consciousness or marked exhaustion.

An asthma episode may be a mild or moderate attack or severe/life threatening. The following is a useful way of clearly articulating the seriousness of an asthma episode and the required treatment.

### *Mild attack*

The symptoms of a mild asthma attack include:

- a cough
- soft wheeze (variable)
- minor difficulty breathing.

There is no difficulty speaking in sentence.

### *Moderate attack*

The symptoms of a moderate asthma attack include:

- a persistent cough, loud wheeze
- obvious difficulty breathing
- being able to speak in short sentences only
- the possibility of cyanosis (grey/blue coloured skin).

### *Severe/life threatening*

The symptoms of a severe/life threatening asthma attack include:

- being very distressed and anxious
- gasping for breath
- being unable to speak more than a few words on one breath
- pale and sweaty
- the likelihood of cyanosis (grey/blue coloured skin).

### *Treatment*

The treatment for an asthma attack depends upon the severity, but a member **must not leave a detainee unattended until their breathing difficulty is relieved**. The following applies to persons suffering an asthma attack:

- reassure the individual (who may be very frightened), place them in a position where they feel most comfortable (usually sitting), instruct them to breathe slowly and deeply and allow them to use their inhaler
- the recognised first aid response is one puff of reliever medication into a spacer and then ask the person to take four breaths from the spacer, wait four minutes and repeat the process—where there is no improvement an ambulance must be called and the treatment continued until the ambulance arrives (be prepared to administer CPR)
- in non-severe cases the O/C cells should seek the advice of a health care professional—the threshold for calling for a health care professional is an asthmatic person who is incapable of speaking a full sentence without having to draw breath.

In all cases of severe asthma attacks or when the attack worsens or is prolonged, *treat as a medical emergency—call an ambulance immediately.*

### **Claustrophobia**

Claustrophobia is the extreme or irrational fear of confined places and can lead to anxiety accompanied by:

- chest pain
- difficulty breathing
- dizziness
- hyperventilation (rapid breathing)—this can be difficult to diagnose and may be accompanied by numbness and/or tingling around the lips and fingers and occasionally hand spasms
- intense sweating
- nausea
- panic attacks
- rapid heart beats
- shaking.

When dealing with claustrophobia cell guards should:

- be calm
- reassure the detainee
- take the detainee to a cool, quiet place
- encourage the detainee to breath more slowly (which is not always easy)
- stay with the detainee until they have recovered
- call a health care professional
- when safe to do so, move the detainee to an observation cell or an exercise area.

*Breathing difficulties or respiratory distress should always be treated as a potential medical emergency—call an ambulance.*

### **Delirium syndrome**

A delirium is the result of a serious and potentially life threatening medical condition. Potential causes include infection, head trauma, fever, adverse reaction to medications or overdose of illegal drugs such as cocaine and methamphetamines. Any person who is delirious requires prompt medical evaluation and treatment. *Treat as a medical emergency—call an ambulance immediately.*

A delirium is characterised by a severe disturbance in the level of consciousness and a change in mental status over a relatively short period. There is a reduction in clarity and awareness of their environment and, the ability to focus, sustain or shift attention is impaired (the person's attention wanders and is easily distracted by other stimuli). The person is almost certainly disoriented, they may not know what day/year it is or where they are, what they are doing and the impact of their behaviour. Perceptual disturbances are also common and the person may hallucinate.

A delirious person is likely to manifest an acute behavioural disturbance and can appear normal until they are questioned, challenged or confronted. When confronted or frightened they can become oppositional, defiant, angry, paranoid and aggressive. Further confrontation, threats and use of force will almost certainly result in further aggression and even violence. Attempting to restrain and control such a person can be difficult because they frequently possess unusual strength, pain insensitivity and instinctive resistance to any use of force. A person who has this syndrome should only be restrained in an emergency.

## **Diabetes**

Type 1 diabetes is an autoimmune disease where the beta cells in the pancreas are destroyed and therefore can no longer produce insulin. Insulin is needed by the body to transport glucose from the blood into the cells for energy. Reduced or no insulin production causes the glucose levels in the blood to rise dramatically. People who develop type 1 diabetes will usually seek medical advice quickly as they can become seriously ill from the onset of the condition. Type 1 diabetes accounts for 10-15% of all cases of diagnosed diabetes.

Symptoms are often sudden and can be life threatening. They can include extreme thirst, frequent urination, sudden unexplained weight loss, extreme fatigue, blurred vision, muscle cramps, nausea, vomiting, constant hunger, abdominal pain, and unconsciousness.

Type 2 diabetes is the most common form of diabetes affecting 85–90% of all people with diabetes. While it usually affects mature adults, younger people and children can also develop type 2 diabetes. In type 2 diabetes, many people have no obvious symptoms, while other signs can go unnoticed or are mistaken as part of getting older. Due to this, type 2 diabetes can often be diagnosed through other medical conditions or investigations. When people experience symptoms, they may include:

- increased thirst
- frequent urination
- feeling tired and lethargic
- always feeling hungry
- having cuts that heal slowly
- itching
- skin infections
- blurred vision
- gradually putting on weight
- mood swings/irritability



- headaches
- feeling dizzy
- leg cramps.

People with diabetes will often have a MedicAlert bracelet or carry a medical reference card detailing their medical condition. People with diabetes can suffer from hypoglycaemia or hyperglycaemia. *Treat both as a medical emergency—call an ambulance immediately.*

The following shall apply with regard to diabetic detainees:

- a health care professional must assess an insulin dependent diabetic detainee when their incarceration will extend beyond their next medication time
- whenever an insulin dependent diabetic detainee is likely to remain in police custody the O/C cells must check on the availability of the detainee's insulin
- when insulin has been prescribed for a detainee with diabetes they may, subject to a risk assessment, inject themselves—this must occur after having consumed food and under strict supervision (the benefit of a meal followed by insulin is to avoid hypoglycaemia)
- an insulin dependent detainee should be given regular meals and have access to sugar and food at all times (most will be able to identify when they need food and/or sugar)—other illnesses (such as a cold) or alcohol intoxication can alter the detainee's metabolism of sugar and/or insulin and render them more at risk of succumbing to hypoglycaemia
- a detainee who reports symptoms of hypoglycaemia or has a blood glucose level that is less than 4 should be supplied with glucose tablets or a cold still drink with two teaspoons of sugar, unless there are medical reasons not to
- the O/C cells must be satisfied that the medication and dosage is true to label (insulin overdose has been used as an agent for suicide)
- doses given and the time must be recorded on the Shield custody record, HCP (medications) tab together with the estimated time the next dose is due—information about any possible complications must be obtained from the detainee or a health care professional
- the detainee checking regime for a diabetic will be determined by ongoing Care plan reviews but it may be considered necessary to maintain checks every 15 minutes
- a detainee may use their diabetes as a means of manipulation (for example refuse insulin) while in custody therefore it is important to determine when the last dose of insulin was taken before the degree of urgency can be accessed—insulin refusal alone is not a medical emergency as deterioration in health will take hours or days
- when a detainee refuses insulin a health care professional must be informed immediately.

Where the blood sugar level remains high for a period the individual may develop hyperglycaemia—this usually takes some time to manifest problems but can ultimately lead to unconsciousness.

The signs and symptoms relative to hyperglycaemia may include unconsciousness or a reduced level of consciousness, dry skin, deep breathing and/or a smell of acetone on the breath.

When the blood sugar level is too low and left untreated a person can experience hypoglycaemia—the onset can be rapid and lead to convulsions, unconsciousness, brain injury and death (in a fairly short space of time following loss of consciousness).

In the past, people experiencing hypoglycaemia have mistakenly been thought to be drunk and treatment not given, resulting in coma.

The following signs, symptoms and treatment apply to hypoglycaemia:

- may include sweating, slurred speech, aggression, stubbornness, difficult behaviour, anxiety, pallor, trembling, confusion, hunger, sleepiness and lack of coordination
- treatment when conscious—immediately:
  - give the individual a sweet drink, sugar/glucose or chocolate
  - when recovered offer a complex carbohydrate such as bread, roll, cake, sandwich or bowl of cereal
  - seek medical treatment
  - do not leave the detainee unattended.

*An unconscious person must not be given anything by mouth.*

## Epilepsy

Epilepsy is a neurological disorder characterised by abnormal electrical activity in the brain, resulting in seizures. Seizure activity can vary depending on the condition. Regular medication is required to prevent recurrence of seizures. It varies from other medical conditions in that depending on the severity of the condition, missed doses of medication can result in recurrence of seizures. In other medical conditions, medication may be designed to reduce risk factors and missed doses are unlikely to result in immediate sequela. In the event of missed doses in an epileptic, there may be the risk of developing status epilepticus requiring immediate medical treatment and with the risk of long term brain injury and death. Epilepsy sufferers are likely to be treated with oral medication requiring prescription. They would therefore require regular general practice review and will have an established management plan.

When a detainee declares that they have epilepsy, a medical management plan needs to be established. Initially this could be obtained through their current treating general practitioner or neurologist, outlining current medication dosing requirements and first aid measures in the event of a seizure.

Initially information may also be sourced from the detainee, including details of medication requirements. This information can be further confirmed via the dispensing pharmacy detailing *current* medication and dosing requirements. In the event this can be confirmed by an independent medical provider and appropriate treatment obtained, then immediate medical assessment is not required.

When a current medical management plan cannot be established then this would necessitate immediate examination by a medical practitioner. Taking into account medication dosing intervals and steady state concentrations **it would be suitable to allow for a 16 hour window for this to occur.**

The majority of these plans should be able to be obtained through phone contact with the treating practitioner; however, out of working hours it may still necessitate medical assessment. This will ensure appropriate dosing and immediate access to medical attention in the event of status epilepticus.

When a detainee states they feel an epileptic seizure beginning, place them in a cell with a low bed or a second mattress on the floor and observe the detainee constantly—inform a health care professional.

Following an epileptic seizure a person often feels tired and confused, speaks incoherently and may act in a strange way. This normally lasts no more than a few hours but in rare cases can persist for up to 24 hours.

Epileptic seizures are divided into two major groups—partial seizures and generalised seizures and the most common types are explained as follows.

#### *Partial/complex partial seizures*

A partial seizure can often be subtle or unusual and may go unnoticed or be mistaken for a variety of other conditions from intoxication to day dreaming. The symptoms for partial and complex partial seizures are as follows.

#### *Partial seizure*

A partial seizure can be sensory, motor, autonomic or psychic and are described as follows:

- sensory—numbness, tingling or burning sensation in a region of the body
- motor—jerking of a limb, twitching of the face
- autonomic—blushing, pallor, increased heart-rate, nausea
- psychic—hallucinations, emotions such as fear.

#### *Complex partial seizure*

During a complex partial seizure consciousness or awareness is altered producing a vague, confused or dreamlike appearance. The person may respond (but often inappropriately) and display strange, random or repetitive behaviour which commonly presents as chewing, fidgeting, taking off clothes, walking around or mumbling.

#### *Generalised seizure*

A generalised seizure is the result of abnormal activity in the whole brain simultaneously and because of this consciousness is lost at the onset of the seizures. There are several types of generalised seizures, the most recognised is a 'tonic clonic seizure' (also known as a fit or convulsion), the symptoms of which are as follows:

- a sudden cry
- where the person is standing they will fall to the ground and lose consciousness
- the body becomes quite stiff shortly followed by jerking of the muscles
- breathing is shallow or temporarily suspended causing the lips and complexion to look bluish/grey

- saliva (sometimes also blood when the tongue has been bitten) may come from the corner of the mouth
- there may be a loss of bladder control.

### *Dealing with epileptic seizure (fits/convulsions)*

When a seizure occurs do not restrain the detainee, let the seizure run its course—the seizure cannot be stopped once it has started. When dealing with epileptic seizures the following applies:

- ease the person onto the floor and loosen tight clothing
- to prevent injury to the detainee remove hard and sharp objects (such as chairs) that the detainee may come into contact with while having a seizure and it may be necessary to place a cushion or soft item under their head
- do not put anything in the detainee's mouth
- when the seizure has passed the detainee must be placed in the recovery position (that is, place the detainee on their side with their face pointing towards the ground, open their airway by tilting their head back and lifting the chin, ensuring the airway is clear and that the detainee can breathe freely)—as the detainee recovers, a cell guard should talk to the detainee for reassurance and stay with them until they have fully recovered
- where a detainee is going blue they should be given oxygen once the seizure has passed.

Treat as a medical emergency and call an ambulance immediately in circumstances where:

- the seizure is prolonged—lasts more than two to three minutes
- there is more than one seizure
- the detainee fails to become fully lucid after ten minutes
- the seizure is the detainee's first ever
- the seizure follows a head injury
- alcohol is involved.

### **Head injuries**

Head injuries can cause acute behavioural disturbance due to cerebral irritation. A blow to the head can result in bruising or bleeding inside the skull or inside the brain—not all head injuries are visible.

A member must be aware of the risks associated with head injuries, particularly when dealing with a detainee who has been involved in a fight or road traffic collision. A head injury may result in a rapid deterioration in the health of the detainee.

Where any of the following signs are present after a detainee has sustained a head injury the situation must be treated as a medical emergency:

- unconsciousness, or lack of full consciousness, for example problems with keeping eyes open

- problems understanding, speaking, reading, writing
- loss of feeling in part of the body
- problems balancing or walking
- general weakness
- changes in eyesight
- clear fluid running from ears or nose
- black eye with no associated damage around the eye
- bleeding from one or both ears
- new deafness in one or both ears
- bruising behind both ears
- evidence of scalp or skull damage, especially when the skull has been penetrated
- any convulsions or fits.

*Call an ambulance immediately—ensure constant observations are maintained and document the time and any observations on the Care plan tab of the Shield custody record as soon as reasonably practicable.*

### **Heart problems and angina**

Heart attacks or rapid heart rate dysrhythmias cause a loss of oxygen circulating to the brain known as hypoxia, which occasionally causes confusion and strange behaviour as a presenting symptom. *Treat as a medical emergency—call an ambulance immediately.*

The signs and symptoms of a heart attack can occur suddenly or develop slowly over time (such as hours, days and weeks) before the heart attack actually occurs. *Treat as a medical emergency—call an ambulance immediately.*

The most common symptom of a heart attack is chest pain or discomfort. Most heart attacks involve discomfort in the centre of the chest that lasts for more than a few minutes or goes away and returns—the discomfort can feel like an uncomfortable pressure, squeezing, fullness, or pain and can be mild or severe. Not all heart attacks begin with a sudden crushing pain and the warning signs and symptoms are not the same for everyone. Many heart attacks start slowly as a mild pain or discomfort, or may feel like indigestion or heartburn.

Other common signs and symptoms that a person can experience during a heart attack include:

- upper body discomfort in one or both arms, the back, neck, jaw or stomach
- shortness of breath may often occur with or before discomfort
- nausea, vomiting, light headedness or fainting or breaking out in a cold sweat
- a feeling of impending doom.

The symptoms for angina can be similar to the symptoms of heart attack. Angina is a pain in the chest that occurs in people with coronary artery disease, usually when they are active—the pain usually lasts for only a few minutes and goes away with rest.

Angina that does not go away or changes from its usual pattern (occurs more frequently or occurs at rest) can be the sign of the beginning of a heart attack.

### **Hyperthermia**

Hyperthermia is usually due to excessive exposure to heat and in its advanced state is referred to as heatstroke or sunstroke. It is an acute condition which occurs when the body produces or absorbs more heat than it can dissipate. One of the body's most important methods of temperature regulation is perspiration and when the body becomes dehydrated and is no longer capable of sweating, the core temperature rises uncontrollably. *This is a medical emergency that requires immediate medical attention.*

The symptoms of hyperthermia include the following:

- confusion
- hostility
- headache(s)
- may appear intoxicated
- blood pressure may drop significantly from dehydration
- possible fainting or dizziness
- heart rate and respiration rate will increase as blood pressure drops
- the skin becomes red as blood vessels dilate in an attempt to increase heat dissipation
- a decrease in blood pressure which will cause the blood vessels to contract as heatstroke progresses resulting in a pale or bluish skin colour
- complaints of feeling hot may be followed by chills and trembling
- some people, especially children, may suffer convulsions
- acute dehydration that accompanies heatstroke can produce nausea, vomiting, and temporary blindness
- eventually as body organs begin to fail, unconsciousness and coma will result.

Heat stroke is a *medical emergency* requiring hospitalisation but the following may assist a suffering person:

- hydration is of paramount importance in cooling the person which is achieved by drinking water, but it is dangerous to attempt to compensate for heatstroke by drinking large amounts of water quickly as this can lead to water intoxication and can be fatal
- lower the body temperature immediately
- move the victim to a cool shaded area
- bath the person in cool water
- cold compressions to the torso, head, neck and groin.

The person *must not* be immersed in ice or cold water as this is dangerous and may cause vasoconstriction in the skin preventing heat escaping the body core.

The risk of heatstroke can be reduced by observing precautions to avoid overheating and dehydration such as:

- light loose fitting clothing will allow perspiration to evaporate
- avoid excessive activity in situations in which heat is present
- adequate intake of fluids before, during and after exercise is essential—be mindful of detainees in or who have just used exercise areas or who may be exercising in their cell
- avoid placing detainees in a cell and/or vehicle which are excessively hot and not air-conditioned.

### Infections

Infections often occur as a result of minor cuts, scrapes, punctures, et cetera to the skin (for example a dog bite which has not been appropriately treated from the outset). An infection causes loss of brain function often without the person developing high temperatures, sweats or fever, but treatment rapidly leads to a full recovery.

Infections may cause acute mental health problems or dementia in older persons.

### Strokes

Strokes can be associated with a sudden onset of behavioural changes—occasionally a sudden mood change is a presenting feature of stroke. The blood vessels to the brain can suddenly block causing a lack of oxygen to specific regions within the brain.

When a member suspects a detainee may have suffered a stroke *call an ambulance immediately and document the time and Brief coma scale score on the Shield custody record detention log each 15 minutes until the ambulance arrives.*

In recognising the signs of a stroke the following could be used as a guideline:

- facial weakness—can the person smile or has their mouth/eye drooped
- arm weakness—can the person raise both arms
- speech difficulty—can the person speak clearly and understand what is said.

### Communicable diseases

This section must be read in conjunction with General Order 8540, **Work health, safety, welfare and injury management, Communicable diseases and immunisation.**

Irrespective of whether a detainee is known or suspected of having a communicable disease, appropriate precautions must be taken to protect members from contamination and infection of a communicable disease.

It is important members question the detainee in the first instance to determine if the detainee has a communicable disease. Often the detainee will readily provide information about a disease or infection through questioning. There may also be visible signs such as discolouring of the skin or weeping sores.

The Shield application is a vital source of information and it is crucial that members review the Cautions/flags tab of the person in Shield (or Detainee details tab via the Shield custody record) so they are aware of any communicable diseases a detainee may have.

All information relative to a detainee with a communicable disease/infection must be passed onto a member who is actively involved in the management of that detainee but this should be balanced with protecting the detainee's privacy. Information must be recorded as part of the overall risk identification and assessment procedure and included on the Risk assessment and Care plan tabs of the Shield custody record.

When it is established through questioning that a detainee has, or is suspected of having, a communicable disease the member receiving this information must ensure an appropriate caution is added to Shield.

### *Managing exposure to communicable disease*

Immediate first aid for an affected person includes:

- washing the affected area well with soap and copious amounts of water when blood or body fluids get on the skin, including any broken skin
- using an alcohol based or antiseptic hand wash solution when water is not available—contact between the skin and the solution must be maintained for a minimum of 15 seconds
- applying an antiseptic such as Betadine (available from first aid kits) should the skin be broken
- gently encouraging bleeding from the site of entry for needle stick injuries—the area should then be washed with soap and water, and Betadine applied to the site of entry
- when the eyes become contaminated gently rinse with running tap water or the saline ampoules (available from first aid kits)—eyes should be held open for a period of one to two minutes
- immediately spitting out any blood or body fluids that get in the mouth and rinse the mouth copiously with water and spit out, taking care not to swallow the water.

### **Fleas**

The saliva from a flea bite passes into the skin and causes irritation and swelling. Flea bite wounds should be cleaned with soap and water and gently dried—any swelling and itching should clear up in one or two days. An antihistamine tablet or creams that contain camomile lotion, steroid cream or anaesthetic can sooth the pain of a bite.

### **Gastroenteritis**

The most common causes of gastroenteritis are bacteria, viruses and certain parasites found in soil, wild and pet animals (including birds) and humans. The infection is spread through eating or drinking contaminated food or liquids, or touching surfaces or objects that are contaminated by the virus and then placing the hand in the mouth. When infected, people may display symptoms of sudden nausea, vomiting, diarrhoea and stomach cramps.



To help prevent the spread of various forms of gastroenteritis (some of which can cause serious health problems) a member should wash their hands properly by using soap and warm running water for at least ten seconds after the following activities:

- using the toilet
- handling animals
- before and after handling food
- after physical contact with detainees.

### **Hepatitis**

A member must take precautions to minimise the transfer of body fluids by wearing gloves and keeping any open cut or sore covered. The main methods of transmission of hepatitis are:

- hepatitis A—through ingestion of minute amounts of faecal matter (for example through contamination of food and water), poor personal hygiene or sanitation
- hepatitis B—through the absorption/exchange of infected blood and/or body fluids
- hepatitis C—through the absorption/exchange of infected blood or blood products (for example through sharing needles or accidents with sharp objects/needles).

### **Human immunodeficiency virus and acquired immunodeficiency syndrome (HIV/AIDS)**

The human immunodeficiency virus (HIV) is the virus that causes acquired immunodeficiency syndrome (AIDS).

When the source person is known to be, or reasonably suspected to be HIV positive the affected member should seek an assessment of the exposure *within one hour* as follows:

- in the metropolitan area—from a major hospital, local hospital or the police medical officer
- outside the metropolitan area—from the local hospital, local medical officer or health professional.

A serious exposure is considered to have occurred when:

- the exposure involves broken skin coming in contact with a large volume of blood or body fluid in excess of one millilitre
- a needle contaminated with blood or body fluid causes an intramuscular or superficial penetrating injury
- a laceration or similar wound bleeds and is caused by an instrument that is visibly contaminated with blood or body fluid
- the source person is positive to HIV
- the affected member or work group is significantly concerned
- there is concern expressed by the affected member over inappropriate lack of treatment.

In the event of serious exposure, the police medical officer or occupational health advisor must be notified immediately. After hours contact should be made through the ComCen sergeant who will advise the police medical officer or the occupational health advisor on the member's behalf.

### **Scabies**

Scabies is a *highly contagious* skin disorder caused by a mite which burrows into the skin. Transmission of the mites is by skin to skin contact (they cannot jump or fly) with an infected person or by contact with towels, bedclothes or under-garments contaminated by an infected person in the previous four to five days. Symptoms can take up to six weeks to emerge and where a rash appears within this time seek medical advice.

A member should keep contact with a detainee who has scabies to a minimum and hands should be gloved prior to every contact.

When a detainee leaves detention all clothing, towels and blankets should be laundered—either by machine washing on the hot cycle or dry-cleaned. Where laundering facilities are not readily available contaminated articles must be sealed in plastic bags until they can be appropriately laundered. Items which cannot be laundered should be placed in a plastic bag for at least 96-hours (four days) to kill any mites or eggs.

A member should wash their clothing using the same method but separately from contaminated articles.

The following should be wiped over with water containing either detergent or bleach:

- vinyl covered cell mattresses
- the interior of a police vehicle used to convey a detainee suspected of being infected with scabies
- cell(s).

### **Tuberculosis**

Pulmonary tuberculosis (TB) is usually transmitted by a person coughing and sneezing tuberculosis bacilli and another person inhaling or ingesting the infected droplets—TB can occur in organs other than the lungs by different transmission modes. The TB germ can survive dry and hostile conditions.

A member must wear a protective face mask when dealing with a confirmed TB sufferer.

The bacillus calmette-guerin (commonly known as BCG) vaccine is available for sections of the community who are at risk of contracting TB.

Refer also to General Order 8540, **Work health, safety, welfare and injury management, Communicable diseases and immunisation.**

### **Medications and substances—usage and interaction**

Some medications, substance abuse and illicit drugs can by themselves have a variety of effects in people, as can their interaction when used together.

### *Alcohol*

Using benzodiazepines and alcohol together can be dangerous because alcohol:

- heightens the effects of benzodiazepines
- can cause amnesia when combined with benzodiazepines
- when combined with benzodiazepines, decreases the protective upper airway reflexes, which increases the risk of inhaling vomit.

### *Benzodiazepines*

Benzodiazepines are psychotropic drugs, that is drugs that affect the mind and are mood altering. They are commonly prescribed for a range of anxiety and associated disorders, but are often used for non-medical purposes. Benzodiazepines are a drug of dependence and potentially lethal when taken in overdose quantities—the most common benzodiazepines (available on prescription) are Valium, Serepax, Tempazepam, Xanax, Mogadon, and Rohypnol.

In the short term benzodiazepines relieve the symptoms of anxiety and insomnia, they do not cure the problem and have a number of unwanted effects. They are strong drugs which in many instances produce either dramatic or long term side effects which may render the individual incapable of functioning at a normal level.

The unwanted side effects include:

- depression
- drug dependency
- emotional 'anaesthesia' (being unable to respond normally and feeling isolated or 'cut off' from people and feelings)
- impaired memory and concentration
- impaired motor coordination
- irritability and outbursts of rage
- loss of balance
- mood swings.

### *Methadone*

Many people on the methadone programme are using benzodiazepines long-term (prescribed or obtained without prescription) to alleviate symptoms of discomfort or to heighten the effects of methadone. It is common for methadone users to be dependent on benzodiazepines. The combination of using benzodiazepines and methadone increases the effects of the drugs and is dangerous because of risk of overdose.

Detainees detained for extended periods (including over a weekend) are at risk of experiencing seizures and will require medical review. Seizures are most likely to occur when benzodiazepine medications are stopped abruptly—they can occur within 24 hours of taking a short acting benzodiazepine (for example Xanax and Oxazepam) or as long as a week after taking a long acting type (for example Diazepam). Regular medication taken under the advice/supervision of a health care professional should be maintained to avoid withdrawal. Symptoms to watch for include agitation, confusion and seizures.

### *Opiates*

Opioid drugs mainly act on a person's opioid receptor system to produce a range of effects which may be considered therapeutic or adverse—such drugs include heroin, morphine, methadone, buprenorphine (Subutex) and naltrexone. Parts of the body affected by opioids are the nervous, gastrointestinal, endocrine and other physical systems.

Detainees detained over extended periods (including weekends) and who are at risk of opiate withdrawal may need to be reviewed by a health care professional. Opiate withdrawal is not normally life threatening unless there are other medical conditions but withdrawal symptoms can be distressing to the detainee. A member should watch for the following symptoms:

- anxiety and restlessness
- diarrhoea
- goose bumps
- hot and cold flushes and sweating
- joint pain
- runny nose and eyes
- stomach cramps
- tremor/shaking
- yawning
- vomiting.

Pregnant women must be reviewed by a health care professional as opiate withdrawal can place the baby at risk and induce premature labour.

When a detainee experiences seizures and hallucinations, which are not typical features of opiate withdrawal, they will require a medical review. The medical review for opiate withdrawal may include medication to treat diarrhoea and vomiting as well as muscle aches and cramps.

### *Psycho stimulants*

Psycho stimulants, namely amphetamines, methamphetamines, MDMA (methylenedioxymethamphetamine—commonly known as ecstasy), cocaine and other stimulants are drugs that stimulate the activity of the central nervous system, causing a person to feel falsely or overly confident, euphoric, alert and energetic.

However, at toxic (poisonous) levels a person may become extremely agitated, irrational, impulsive and paranoid which may lead them to behave in an aggressive and/or violent manner.

Acute psycho stimulant toxicity describes a person who has toxic or poisonous levels of psycho stimulants in their system, although it is recognised that levels of other drugs such as alcohol, cannabis or opioids (for example heroin) may also be high. Due to the effect of the psycho stimulants, possibly in combination with individual and environmental factors, such a person may not respond to the calming or directive communication techniques routinely applied by police to de-escalate a typical crisis situation.

Consequently, incidents may rapidly escalate in their degree of danger and potential life threatening physical complications. *A raised temperature and dehydration are critical signs* that may lead to rapid deterioration of a person's physical condition.

*Acute toxicity from psycho stimulants and/or other drugs is considered to be a medical emergency and requires immediate ambulance attendance.*

The implications for the apprehension and custodial care of detainees who have used stimulants are particularly problematic for police due to the following:

- the prevalence of drug use
- when intoxicated, drug use is likely to increase violent behaviour particularly among those who are predisposed to violence—they may be very aggressive strong and dangerous
- withdrawal symptoms may increase the risk of self-harm in custody.

When conducting the risk identification and assessment, signs of intoxication must also be assessed including:

- aggressive behaviour
- appearing to talk to people who are not present, or to respond to verbal commands that no one else can hear
- behaviour that may escalate, despite appropriate and calming verbal interaction
- delusions
- easily startled and strong reaction to any stimuli, for example noises, unexpected movement
- extreme agitation and/or panic
- impulsive behaviour
- increased physical strength
- lack of response to usual 'talk-down' communication techniques
- large pupil size that does not decrease in bright light
- rapid rate of speech.

The O/C cells must be aware of the following associated risks of intoxication:

- coma
- death
- harm to self and others

- heart attack
- overheating
- psychosis
- seizures.

When a detainee is suspected of suffering the effects of stimulants and/or other drugs the O/C cells shall ensure:

- the detainee is medically examined and where necessary, an ambulance is called to attend for urgent medical assessment and conveyance to a medical facility when required
- loud noise and harsh lighting is minimised in the cell complex
- communication with the detainee does not heighten their level of arousal
- physical handling, use of restraints and defensive spray are avoided where possible
- that where they recognise the potential for violent behaviour, they maintain close physical observation and where necessary utilise padded cells
- the detainee is personally and continuously monitored until medically examined
- fluids are offered at each check.

#### *Volatile substance misuse—petrol sniffing*

The use of volatile substance misuse, including petrol sniffing, can cause a person brain damage and leave them in a vegetative state or dead.

Petrol inhalation causes an initial depression of the central nervous system—intoxication is rapid, 15 to 20 quick breaths can cause intoxication lasting three to six hours. Initial intoxication is similar to alcohol consumption, with a confused state, disturbed behaviour and mild anaesthesia.

A person who sniffs volatile substances such as petrol may experience and/or exhibit signs of euphoria, giddiness, numbness, lack of coordination, aggression, irritability, hunger, increased libido, irrationality, enhanced sensitivity towards light and sound and, aural and visual hallucinations. They may also experience vomiting, ataxia (loss of muscle coordination), convulsions and become unconscious. Although these acute effects are normally resolved within a day or two of cessation of sniffing, the phenomena known as 'sudden sniffing death' can occur. Volatile substance misuse may sensitise the heart to the point that sudden exercise or alarm may cause a fatal heart attack. Other causes of sudden death include respiratory depression, aspiration asphyxia (suffocation on vomit) and anoxia (blocking of the oxygen supply).

A detainee who has recently used inhalants may require transfer to hospital, particularly when they suffer from other health problems including asthma. The safest management of such a detainee is an observation cell. Where any deterioration occurs in the detainee's condition a medical review must be conducted.

Symptoms a member must watch for include:

- aggressiveness
- altered state of consciousness

General Order, **Custody management**

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- confusion
- disinhibition
- fearfulness
- paint, glue, petrol on clothing
- seizures
- strong smell of paint, glue and/or petrol
- wheezing, coughing, giggling, evidence of drug use paraphernalia.

## **Appendix C—Cell complex cleaning**

Physical Assets Service Branch—Corporate Facilities provides a three tiered cleaning regime for cell complexes through contracted cleaning organisations.

Periodic and pathological cleaning is to be arranged through the LSA/District Administration Manager in conjunction with the Physical Assets Service Branch—Corporate Facilities.

The following regime applies to the cleaning of SAPOL cell complexes.

### **Tier one—daily operations**

Tier one operations are:

- cleaning of the charge area—mop vinyl areas and vacuum carpeted areas
- clean cell guards' office and fingerprint room
- clean all corridors—mop and polish as required
- empty and clean rubbish bins in sergeants' and cell guards' offices
- clean employee locker rooms and toilets, corridors, basement, lift area stairways and foyers to all entrances
- clean the basement, lift area stairways and foyers to all entrances
- check cells for cleanliness
- clean cells that have been used overnight, wash all cell walls, floors, camera covers and wipe the surface of vinyl mattresses with effective disinfectant spray
- clean cells when detainees have been released—ensure adequate cleaning is performed when occupied by detainees with communicable diseases
- report damage to cells and mattresses to the O/C cells
- clean padded cells that have been used overnight and during weekends
- clean exercise yards—sweep and mop as required
- clean fingerprint room sink, empty and clean rubbish bins
- check sally port daily and clean as necessary
- inspect air-conditioning plant room and septic tank housing area—sweep and keep clean as required
- clean housing area at base of cells as required removing any dust and leaves
- clean external areas of building.

### **Tier two—periodic cell cleaning**

Periodic cell cleaning is generally conducted on a quarterly basis in cell complexes that deal with significant numbers of detainees and where due to overall wear and tear the requisite cleaning regime is beyond what can be accomplished by means of the daily cleaning routine.



**Tier three—pathological cleaning**

A pathological clean must be undertaken on those occasions when unhygienic matter has been deposited in a cell, including body fluids, blood, excrement, urine and the like. Such cleans are implemented as needed.

## Appendix D—Meals

Detainees are to be provided with breakfast, lunch and dinner (which should include a beverage) unless they decline the offer.

When a meal is supplied to a detainee in police custody a detention log must be recorded against the appropriate Shield custody record using one of the following detention log types:

- meal—breakfast
- meal—lunch
- meal—dinner.

To assist in the administration of meals accounts within LSA/Districts the 'Pick wording' function must be used so the supplier of the meal is captured in the detention log.

Once the appropriate 'Pick wording' has been selected, delete the non-applicable values from the detention log wording. One of the following values must remain:

- police
- DCS
- G4S
- refused meal.

Where a meal is refused by a detainee select the appropriate detention log type, that is breakfast, lunch, dinner, and remove all values except for 'Refused meal'.

The O/C cells must keep a record of meals supplied in addition to meals declined.

Where a detainee requires a specialised diet due to medical or religious reasons, the O/C cells will arrange for such meals to be supplied from a reputable source and record it in the detention log.

When a detainee requests a meal other than that provided by SAPOL they may be supplied with a meal at their own expense. In such circumstances, a member will purchase the meal on behalf of the detainee to reduce the likelihood of the meal being contaminated or tampered with. The following procedure applies:

- the detainee must authorise the release of money from their property by signing a detention log on the Shield custody record—the O/C authorising the release will record details relating to the meal purchase in the detention log
- upon purchasing the meal a receipt should be obtained (where possible) for the actual cost of the meal and added to the detainee's property as a property item—where no receipt is obtained the detention log relating to the meal purchase shall be endorsed accordingly
- any change received from the original amount of money issued shall be added to the detainee's property and signed for by the detainee—the O/C cells adding the money will countersign the Property detention log and record any other relevant details.

A member must not accept food/beverages supplied by a detainee's family and friends because there is no suitable way of determining whether anything (such as drugs, needles et cetera) may have been concealed inside the food or mixed into the beverage.

### **Charging for meals**

When the meal is provided, reimbursement of the actual amount paid (up to the maximum sum allowed) may be claimed for meals purchased on behalf of detainees. Refer to General Order, **Rates—charges to SAPOL**.

SAPOL should be debited for the cost of meals for detainees who are:

- being escorted by police to a court
- in custody prior to attending court.

A member must forward claims through their LSA/District Administration Manager to Shared Services SA for the attention of the Accounts Payable clerk for meals supplied to convicted detainees who are:

- sentenced up to 14 days imprisonment and confined in a SAPOL cell
- sentenced to more than 14 days imprisonment and confined in a SAPOL cell awaiting transfer to a prison
- confined in a police prison
- sentenced and in transit from the place where they were convicted to a gaol or police prison
- in police custody after committal for sentence or trial, or on remand from a court prior to being delivered to a gaol.

Costs for keeping a detainee charged with driving under the influence or exceed the prescribed concentration of alcohol should be claimed by the prosecutor as part of police costs when they appear in court. Refer to section 47D of the *Road Traffic Act 1961*.





For Official Use Only

## GENERAL ORDER

### ARREST/REPORT PROCEDURES AND DOCUMENTATION

<b>General Order title</b>	<b>Arrest/report procedures and documentation</b>
<b>Date of issue</b>	5 December 2018
<b>Date of operation</b>	27 November 2018
<b>Review date</b>	August 2020
<b>Review responsibility</b>	Prosecution Services Branch
<b>Replaces</b>	Previous General Order, <b>Arrest/report procedures and documentation</b>
<b>PCO reference</b>	2007/1002
<b>Gazette reference</b>	SAPG 267/18
<b>Enquiries to</b>	Prosecution Services Branch Telephone 732 24417
<b>Corporate Policy Sponsor</b>	Assistant Commissioner Operations Support Service

General Orders provide an employee with instructions to ensure organisational standards are maintained consistent with SAPOL's vision. To this end, General Orders are issued to assist an employee to effectively and efficiently perform their duties. It is important that an employee constantly bears in mind that the extent of their compliance with General Orders may have legal consequences.

Most orders, as is indicated by the form in which they are expressed, are mandatory and must be followed. However, not all situations encountered by an employee can be managed without some form of guidance and so some of these orders are prepared as guidelines, which should be applied using reason. An appendix to a General Order will be regarded as part of the General Order to which it relates. At all times an employee is expected to act ethically and with integrity and to be in a position to explain their actions. Deviation from these orders without justification may attract disciplinary action.

To ensure best practice an employee should be conversant with the contents of General Orders.

The contents of General Orders must not be divulged to any person not officially connected with SAPOL.

Requests for General Orders will be managed as follows:

- Civil subpoena and disclosure requests—contact the Information Release Unit.
- Criminal subpoena and disclosure requests—refer to General Order, **Disclosure compliance and subpoena management**.
- Freedom of information requests—contact the Freedom of Information Unit.
- Any other requests (including requests by employees)—refer to instructions provided within General Order, **Corporate policy framework, 5. GENERAL ORDER REQUESTS/RELEASE**.

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## 1. GENERAL ORDER STATEMENT

South Australia Police (SAPOL) adopts a clear, concise and consistent approach to the preparation of arrest and report Shield apprehension submissions and documentation.

This General Order provides instructions from the point of arrest to the submission of court documentation and places an emphasis on the standard of documentation produced, with a strong focus on ensuring a reasonable prospect of conviction exists prior to initiating court action.

Vetting officers need to be vigilant to ensure all matters recommended for court contain sufficient evidentiary value to withstand the reasonable prospect of conviction test. For **arrest matters only** a prima facie case is required and further avenues of investigation exist which are likely to result in a reasonable prospect of conviction.

The action of arrest generally results in a period requiring the management of a detainee in custody. It is imperative employees read and comply with this General Order in conjunction with General Order, **Custody management**.

### Scope

This General Order provides instruction to all employees in relation to arrest and report procedures and the preparation of associated documentation.

## 2. ARREST PROCEDURES

The term 'arrest' infers a person has been deprived of their liberty, whether or not formal words of arrest are spoken. It is important to note that not every detention constitutes an arrest.

### Arrest authority

Section 75 of the *Summary Offences Act 1953* stipulates a police officer's authority to arrest a person:

"A police officer, without any warrant other than this Act, at any hour of the day or night, may apprehend any person whom the officer finds committing, or has reasonable cause to suspect of having committed, or being about to commit, an offence."

Reasonable suspicion is more than mere imagination or conjecture. In order for a suspicion to be reasonable it must be based on facts which would create suspicion in the mind of a reasonable man (*White v Kain* [1921] SASR 339).

### Arrest/coercive force

The term *arrest* and the use of *coercive force* must be considered in a variety of contexts, for example when a person:

- is arrested and formally charged with a substantive offence the general arrest obligations of sections 78 and 79A of the *Summary Offences Act 1953* and section 13 of the *Bail Act 1985* will apply
- has been restrained by coercive force but will not necessarily be formally charged, such as removal pursuant to the provisions of the *Liquor Licensing Act 1997*, the *Public Intoxication Act 1984* or a breach of the peace detention.

With regard to both contexts, members have a responsibility in relation to all persons whose personal safety may be compromised as a result of police actions. This extends to where a person has been injured as a result of the use of coercive force by a member and is required to undergo a medical examination.

A member must have regard for the following when a detainee requires medical attention as a result of the use of coercive force:

- it is paramount that an injured person receives appropriate medical treatment—this obligation does not suspend the arrest obligations (the arrest obligations co-exist with the care obligations)
- the arrest obligations must be discharged as soon as it is reasonably possible to do so
- where it is not practicable to charge a person at a police station, pursuant to section 78 of the *Summary Offences Act 1953*, due to the person being hospitalised, consideration must be given by the officer in charge of the nearest police station to formally charging the arrested person at their bedside.

When the detainee's attendance at a hospital for medical attention is only transitory, for example to treat a minor laceration, it is appropriate to convey that person to the nearest police station once the treatment has been administered by a health care professional and the person is assessed as being fit for custody. Refer to General Order, **Custody management** relevant to medical and illness signs and symptoms.

### Relevant authorities

A member should have a comprehensive working knowledge of legislation relating to arrest with particular reference to the following sections of the *Summary Offences Act 1953*:

- section 74D—Obligation to record interview with suspects
- section 75—Power of arrest
- section 78—Person apprehended without warrant, how dealt with
- section 79—Arrest without warrant where warrant has been issued
- section 79A—Rights upon arrest
- section 81—Power to search, examine and take particulars of persons.

### Arrest criteria

The sole purpose for arrest is the proper invocation of the criminal law.

An arrest must only be made in accordance with a lawful authority and only when necessary. Section 75 of the *Summary Offences Act 1953* outlines the general power of arrest. In all circumstances involving the power of arrest, the arresting officer must have a *reasonable cause to suspect* and the elements of the offence must be made out prior to an arrest being made.

All alternatives to an arrest must be considered before an arrest takes place. An arrest will only be made when those alternatives are either not applicable or practicable in the circumstances.

In addition, a member will use the power of arrest only when they have reasonable grounds to believe the arrest is necessary to:

- ensure appearance before a court
- prevent the loss or destruction of evidence
- prevent the continuation or repetition of the offence
- prevent the commission of other offences.

In determining whether there are reasonable grounds to believe an arrest is necessary the following matters may be relevant:

- the gravity of the offence
- any history of recidivism
- any history of committing offences whilst on bail
- the likelihood that the suspect would, were they not apprehended:
  - abscond
  - offend again
  - interfere with evidence
  - intimidate or suborn witnesses
  - hinder police enquiries
- any real or perceived need a victim may have for physical protection
- any other relevant matters.

Refer also to General Order, **Diplomatic personnel, dignitaries and officials**.

### **Responsibilities**

A member is responsible for the care and control of arrested persons until the person is given police bail. The arrested person is the responsibility of the arresting member unless bail is refused in which case the detainee is left in the custody of cell members.

### **Requirements upon arrest**

Upon arrest the arresting member/delegate must:

- ensure the detainee is advised of their rights pursuant to section 79A of the *Summary Offences Act 1953* as soon as practicable after their arrest—refer to **2. ARREST PROCEDURES, Procedure and Arrest categories, Arrest of youths** and *Arrest of Aboriginal and Torres Strait Islanders* further in this General Order and General Order, **Custody management** relative to the right to a telephone call
- only use such force as is reasonably necessary
- conduct PIMS and Shield checks and confirm the detainee's identity
- search South Australia Police Person Search (SAPPS) as part of the detainee risk assessment

- when the detainee has a firearm licence, consider whether the detainee is a fit and proper person to continue to do so and when the detainee is not, action is to be taken in accordance with the requirements of General Order, **Firearms**—examples of offences that this may relate to include, but are not limited to, high range drink driving, drug driving, drug offences with accompanying circumstances, offences of violence with accompanying circumstances and domestic violence offences
- provide medical treatment as a matter of priority when required
- maintain care and control over the detainee while they are receiving medical treatment and until such time as the detainee is released from their care
- upon request, produce a certificate of identity when performing duty wearing plain clothes
- clearly inform the detainee they are to be or have been arrested and provide them with the reason(s) for arrest—when the detainee's behaviour or condition prevents this at the time of arrest, advise them as soon as reasonably practicable
- perform an ordinary or safety search prior to conveyance—refer to **2. ARREST PROCEDURES, Searching** further in this General Order and General Order, **Custody management**
- convey the detainee forthwith, or at the conclusion of the prescribed period pursuant to section 78(2) of the *Summary Offences Act 1953*, to the officer in charge of the nearest police station at which facilities are available for the continuous care and custody of the apprehended person
- follow the direction of the officer in charge responsible for receiving the detainee
- enter details of the detainee on the occurrence (use Shield quick entry where applicable)
- advise the officer in charge of the occurrence number to enable the custody record to be added to that occurrence
- make every effort to ascertain the detainee's correct name before a court appearance and ensure they are charged under their correct name
- pursuant to section 13 of the *Bail Act 1985*, take reasonable steps to ensure the person understands (including where the arrested person is a child, any guardian who is present) they are entitled to apply for release on bail—refer to General Order, **Custody management** relative to bail procedures for arresting member/delegate
- where the arresting member/delegate opposes a detainee's application for bail, provide accurate and comprehensive details to the police bail authority (refer to General Order, **Custody management** relative to bail) to enable the bail authority to form an opinion as to whether or not bail should be refused.

### **Process for contravening a bail agreement**

When a member arrests a person for contravening a bail agreement pursuant to section 18(2) of the *Bail Act 1985* they are to, by the end of the shift in which the arrest occurred:

- locate the occurrence on which the bail was granted **or** (if no occurrence exists) generate a new occurrence (for use during the custody process)

- upload a completed court **Form 23 Application for an order of the court**
- upload a signed affidavit (PDF) providing the grounds for the arrest and the beliefs held by the arresting member in relation to the arrest pursuant to section 18(2) of the *Bail Act 1985*
- add an occurrence enquiry log (OEL) entry (Apprehension>Charge submission checklist for adult or youth) completing all relevant fields in the template including their availability to give oral evidence when required then initiate the 'Apprehension submission' workflow ('Urgent Prosecution adjudication' option from within the OEL template) to the relevant prosecution unit, adding appropriate remarks.

### **Procedure**

When a member arrests a person they must promptly notify their supervisor of the following:

- location of the arrest
- whether child or adult
- gender of person (where relevant)
- charge
- station at which person is to be charged.

The supervisor advised of an arrest:

- may attend at either the scene or the station, unless there is a supervisor of or above the rank of sergeant at the station
- must consider the capacity and implications of the arresting member(s) continuing to have responsibility for the care, control and charging of the detainee, and may re-assign that responsibility to other members including the conveyance of the detainee
- will take into account existing circumstances including:
  - welfare of the members, particularly where there is a need for them to remain on duty past their scheduled completion time
  - seriousness and/or complexity of the offending
  - capacity to provide other members with the requisite knowledge in a timely manner
  - best use of resources.

### **Arrest categories**

There are several categories for arrest as follows.

#### *Arrest of youths*

Whenever a youth is identified as an offender a member will consider the youth's age and antecedents and apply the age of responsibility presumptions.

### **Age of responsibility**

A young offender is a person who commits an offence when their age ranges between 10 years and under 18 years of age.

Section 5 of the *Young Offenders Act 1993* provides that children under 10 years of age cannot commit an offence. There is a presumption that a child who is between 10 and 14 years of age is unable to commit an offence, unless it can be established that the child knew the difference between right and wrong, and that their actions were deliberate and intended.

### **Age and antecedents**

Consider the youth's age and antecedents when deciding whether to arrest—a youth should only be arrested for the commission of an offence when no other alternatives exist for dealing with the matter.

Before arresting a youth the arresting member/delegate should, where practicable, obtain the authority of a supervisor of or above the rank of sergeant, but where prior approval is not obtained the supervisor must be advised as soon as possible after the arrest has been effected.

The supervisor, who has been advised of an arrest, should attend at the scene of the arrest or the police station, unless there is a supervisor of or above the rank of sergeant in attendance at the police cell complex.

When a youth is arrested on suspicion of having committed an offence, and the youth will be dealt with pursuant to the *Young Offenders Act 1993* for the offence (consistent with section 14), the member responsible for the arrest and custody of the youth must, as soon as is practicable after the arrest:

- explain to the youth the nature of the allegations against them
- inform the youth of their right to seek legal representation
- take all reasonable steps to inform:
  - the guardian of the youth
  - an adult person nominated by the youth (where a guardian is not available) who has a close association with the youth or has been counselling, advising or aiding the youth of the arrest and invite them to be present during any interrogation to which the youth is subjected while in custody.

When a youth requests legal advice but is unable to nominate legal counsel the arresting member/delegate will, as soon as possible, provide the youth with a **PD363 Notice to youth of legal advice**. When necessary, the member will assist in facilitating contact with legal counsel.

The chief executive officer of the Department of Human Services will be advised (as soon as is reasonably practicable) of the arrest of a youth under the care and control of the minister. Refer to General Order, **Youth justice**.

### *Arrest of Aboriginal and Torres Strait Islanders*

Whenever an Aboriginal or Torres Strait Islander person is arrested, the arresting member/delegate shall be responsible for ensuring the detainee is provided with a copy of the printed information from the Aboriginal Legal Rights Movement (ALRM) and notify that organisation. When the detainee does not want to provide their personal details to the ALRM, notify the ALRM that an Aboriginal and Torres Strait Islander has been arrested but do not provide that detainee's details.

The ALRM employs several Aboriginal field officers who are issued with an identification card, which includes their name, photograph and signature. A member must give them every opportunity to assist a person who has been arrested. The function of an Aboriginal field officer is to initiate the provision of legal services to any Aboriginal or Torres Strait Islander in custody who requires their assistance.

A member must allow the Aboriginal field officer to have access to Aboriginal and Torres Strait Islander detainees for the following purposes:

- to obtain adequate details to notify the detainee's friends or relatives of the situation and/or to initiate arrangements for bail or legal assistance
- to make arrangements for an interpreter, either during investigation or court proceedings, when required
- to be present at any interview or investigation pursuant to section 79(a) of the *Summary Offences Act 1953*, providing the detainee agrees.

Refer to General Order, **Custody management** relevant to Aboriginal and Torres Strait Islander detainees.

### *Utilising the Aboriginal Sobriety Group Inc.*

The Mobile Assistance Patrol (MAP) is a service offered by the Aboriginal Sobriety Group Inc. (ASG). MAP provides transport to Aboriginal and Torres Strait Islander people under the influence of alcohol or other substances from public places to places of care, safety and support. MAP patrols 24 hours a day, seven days a week and operates within a 45 kilometre radius of the Adelaide central business district.

The following contact details apply:

Aboriginal Sobriety Group Inc.  
182-190 Wakefield Street  
Adelaide SA 5000

Email <sobriety.asg@nunku.org.au>

The Riverland area is the only other ASG sponsored MAP service in the State. Located at 3 Wilson Street, Berri, it operates at restricted times.

Other privately run mobile assistance patrols occur in Coober Pedy.

### *Arrests in the confines of a court*

Unless a serious breach of the peace is imminent, there is imminent risk to a person's safety or a sheriff's officer requires assistance, arrests will not be affected within the confines of a court building, or in a way which disrupts or discourages the business of the court. Use of surveillance devices, cameras and recordings is banned without the permission of the chief magistrate. Any interference with the administration of justice, particularly one which discourages attendance at court, may be punishable as a contempt of court. The role of providing court security primarily rests with the sheriff.

When it is intended to apprehend a suspect whose attendance at court is the only known means of location, arrest will only occur after that person's business with the court is complete and then only outside the court building or its immediate vicinity.

Where it is intended that a person will be apprehended for a serious offence a member will ensure prior liaison with the senior on-duty sheriff's officer.

In exceptional circumstances where an arrest contrary to this direction occurs inside a court building, the officer in charge of the relevant prosecution unit must be advised without delay to enable courteous advice to be provided to the supervising magistrate.

### *Arrests by private citizens*

A member who becomes aware that a private citizen has arrested a person must ensure a supervisor of or above the rank of sergeant is advised.

The member who receives the detainee must:

- ascertain the circumstances leading to the arrest, including the existence of supporting evidence
- obtain a signed comprehensive statement from the person who effected the arrest with the reason, circumstances and sufficient facts to support the arrest.

Where the member is satisfied the arrest meets the legal requirements of section 271 of the *Criminal Law Consolidation Act 1935*, the member will assume conduct of the arrest.

Where the evidence is insufficient to support any charge the member must:

- advise the arresting person of the grounds for rejecting the charge
- advise the officer in charge of the District/LSA
- release the person.

Refer to section 76 (Arrest by owner of property or by servant or agent of the owner) of the *Summary Offences Act 1953*.

### *Arrests by protective security officers*

Protective security officers (PSOs) are employed by SAPOL to enforce security measures with a priority for critical infrastructure and high risk government assets. On occasion PSOs will have cause to detain a person. When a PSO detains a person they must, as soon as practicable, hand the person into the custody of a police officer.

A police officer receiving a person should follow the process described at **2. ARREST PROCEDURES, Arrest categories, Arrest by private citizens** previous in this General Order. For further information refer to General Order, **Protective security officers**.



### *Arrests by government agencies*

Before the officer in charge of a SAPOL cell complex receives a detainee who has been arrested by a member from another government agency (Federal or State) they must first obtain:

- either a valid warrant, written information or an official written authority
- sufficient written facts to validate a charge
- adequate information that will assist in determining whether bail will be granted or refused.

The senior arresting officer from another government agency must be advised by the officer in charge that once they and their detainee enter the precincts of the SAPOL cell complex they come under the formal authority of the officer in charge and will take directions accordingly, in addition to adhering to SAPOL practices, policies and procedures as articulated in this General Order and General Order, **Custody management**.

### *Arrests by Australian Federal Police*

Australian Federal Police (AFP) may lodge detainees in SAPOL cell complexes for safekeeping. The AFP is responsible for ensuring prosecution files are received by the appropriate prosecution authority for court so that detainees may be transferred from the cell complex to court in a timely manner.

### *Arrest of Australian Defence Force deserters*

Deserters from the Australian Defence Force are arrested on warrants issued pursuant to section 90 of the *Defence Force Discipline Act 1982 (Cwlth)*. They may be lodged at a SAPOL cell complex for safekeeping only pursuant to section 94 of the *Defence Force Discipline Act 1982 (Cwlth)*. The officer in charge of the cells is responsible for advising the appropriate service to arrange transfer of the detainee. Refer to General Order, **Warrant procedures**.

### *Arrest of diplomatic personnel*

When a member deals with diplomatic personnel the following applies:

- diplomatic officials cannot be arrested or detained
- consular officials may only be arrested or detained for a grave crime (penalty of five years imprisonment or more) where there is a judicial warrant in existence, and when they are arrested a member must submit a report to the Commissioner of Police for the information of the Foreign Affairs Officer, Department of Foreign Affairs and Trade
- offences involving the use of a vehicle have specific procedures which a member must follow.

Refer to General Order, **Diplomatic personnel, dignitaries and officials**.

*Arrest of foreign nationals*

Whenever a foreign national is arrested, the arresting member/delegate must ask the detainee whether they would like their national representative notified and where this is the case, the member must notify the relevant consulate. When the person is a Chinese or Vietnamese national the member must notify the appropriate consulate within the required timeframe (unless the person requests otherwise) as follows:

- three calendar days for Chinese nationals
- three working days for Vietnamese nationals.

The following applies when the person is:

- a foreign national or un-naturalised migrant arrested for a serious crime—the member must notify the Officer in Charge, State Intelligence Branch who will inform the appropriate national central bureau and decide whether to obtain the international antecedents of the suspect from Interpol
- on a foreign vessel—the member should inform the consular representative of the nation to which the vessel belongs before the arrest but when this may defeat or impede the course of justice, the member must notify the consular representative as soon as possible after the arrest
- an overseas student—the member must contact the appropriate agency/principal overseeing the welfare of that student.

Refer to General Order, **Foreign nationals and unlawful non-citizens**.

*Arrest of mental health persons*

When a person, who has been arrested for an offence, becomes subject to the need for assessment and detention pursuant to the provisions of the *Mental Health Act 2009*, consideration must be given to:

- whether all the elements of the offence(s) are likely to be satisfied
- releasing the person pursuant to the provisions of section 78(5) of the *Summary Offences Act 1953*, dependent on the severity of the offence and with a view to instituting criminal proceedings at a later date
- granting the person police bail—notwithstanding legislative requirements pursuant to the *Bail Act 1985*, police bail may not be appropriate when it is apparent that the person is not capable of understanding the bail conditions.

Before conducting an interview with a person suspected of suffering from a mental illness or an intellectual disability, a member must ensure the person understands their rights and the circumstances surrounding the requirement for the interview.

A relative, guardian, care giver or other suitable person must be present at any interview. When a person is reported for an offence the relative, guardian, care giver or other suitable person must be advised as soon as practicable.

Refer to General Order, **Custody management** relative to mental health detainees and General Order, **Mental incapacity**.

### *Arrest of a SAPOL employee*

Where a SAPOL employee is found committing an offence, they are to be dealt with in the same manner as any other person found in the same circumstances. Criteria for arrest in accordance with this General Order will be applied.

Where an investigation shows that an employee has committed an offence, the Officer in Charge, Ethical and Professional Standards Branch (EPSB) will be advised prior to arrest. In the event that the employee is arrested after committing an offence the Officer in Charge, EPSB must be advised as soon as practicable after the arrest.

Advice concerning the arrest of the employee will be provided to the Deputy Commissioner by the Officer in Charge, EPSB.

Should the decision to arrest relate to the need for forensic evidence, members are to consider the provisions of the *Criminal Law (Forensic Procedures) Act 2007*.

An employee who has reasonable suspicion that another employee has committed an offence may be obliged to report the matter to the Office for Public Integrity. Refer to General Order, **Corruption—reporting and investigation** and General Order, **Complaints and disciplinary framework**.

### *Arrests under the Public Intoxication Act 1984*

The welfare of the person is paramount and a member should try to ensure the care of an intoxicated person without apprehending them pursuant to the *Public Intoxication Act 1984*. Consequently all options prescribed in General Order, **Alcohol and drug strategies** should be exhausted before consideration is given to taking an intoxicated person into police custody on the basis that the cell complex may be the only suitable option for a person who is both intoxicated and violent.

A person apprehended under the provisions of the *Public Intoxication Act 1984* and detained in a cell complex shall be subjected to the practices, policies and procedures as appropriate, in accordance with this General Order. Refer to **2. ARREST PROCEDURES, Arrest categories**, *Arrest of Aboriginal and Torres Strait Islanders* previous in this General Order, and General Order, **Custody management** relative to alcohol, the signs and symptoms of medical conditions and illnesses, and being detained pursuant to the *Public Intoxication Act 1984*.

### *Detention of unlawful non-citizens*

SAPOL members have the power to detain a person they suspect to be an illegal immigrant pursuant to section 189 of the *Migration Act 1958 (Cwlth)*. Before taking any action, a member must obtain as much detail as possible from the suspected person and contact the Department of Immigration and Border Protection for advice.

A member must also comply with General Order, **Commonwealth premises, offences and policing of Adelaide airport**.

### *Warrant arrests*

Refer to General Order, **Warrant procedures**.

*Arrest of people wearing religious garments*

Where a person is in lawful custody on a charge of committing an offence, police have a lawful authority to take or cause to be taken, photographs of that person and prints of the hands, fingers, feet or toes of that person if the officer believes on reasonable grounds that it is necessary to do so for the purpose of identifying that person or identifying that person as the person who committed an offence.

When a person in lawful custody on a charge of committing an offence is wearing cultural and/or religious garments that cover their face such as a burqa (full body covering including face and head), niqab (full face veil), headwear or some other form of cultural or religious garment, members will remove that covering when taking photographs for the purpose of identifying that person or identifying that person as the person who committed an offence. In doing so the following is recommended:

- members recognise the religious and/or cultural sensitivities
- they have a member of the same gender deal with the person
- where practicable, they facilitate the removal of the face veil to occur in private
- where required, they arrange for the assistance of an interpreter through Interpreting and Translating Centre or a bilingual SAPOL employee if the person has a limited understanding of English—refer to General Order, **Interpreters** for further details
- refer to General Order, **Identification** relative to the identification of people wearing religious veils and General Order, **Custody management** relevant to searches.

*Mass arrests*

There will be times members will be involved in incidents when spontaneous mass arrests, or the likelihood of mass arrests, can occur. Refer to General Order, **Public order management plan** including **Appendix H—Arrest logistics procedures** for instructions.

**Risk assessment—arresting member/delegate**

Risk assessments must be continually made when dealing with arrested persons. The arresting member/delegate is responsible and accountable for:

- the care and control of an arrested person from the time of the arrest until such time as the officer in charge accepts responsibility for the detainee (including persons apprehended pursuant to the *Public Intoxication Act 1984*)—police custody will be the last option considered in relation to a person arrested pursuant to the *Public Intoxication Act 1984*
- initiating a risk assessment from the time of a person's arrest—this remains a continual and ongoing process until such time as the officer in charge responsible for receiving the detainee has been briefed and formally assumes responsibility for the custody and control of the detainee (at which time the officer in charge will assume responsibility for the continuous risk assessment).

When planning an arrest or operation, the arresting member/delegate is responsible for conducting a risk assessment in advance including PIMS, Shield and National Police Reference System (NPRS) checks through SAPPS and any other relevant checks.

Refer to General Order, **Custody management** relevant to the risk assessment process.

## Searching

Upon arrest the arresting member/delegate must immediately perform an ordinary search or safety search of the detainee or cause another member to do so. Whenever possible an ordinary search must take precedence over a safety search. Refer to General Order, **Custody management** relevant to types of searches for instructions relative to conducting an ordinary or safety search.

The aim of an ordinary search and safety search is to safely deliver the detainee into the custody of the officer in charge by removing objects that might:

- assist the detainee or others to escape
- be used to cause injury or harm to the detainee or any other person
- be used to damage property.

When conducting an ordinary search or safety search the arresting member/delegate must ensure they follow the procedures in General Order, **Custody management** relevant to conducting a search.

When a detainee is violent and objects to being searched, police may use reasonable force pursuant to section 81 of the *Summary Offences Act 1953*, and will not use restraints in the process that constrict air supply or blood to arteries or veins. A risk assessment must be conducted prior to commencing the search. Refer to General Order, **Custody management** relevant to the charging process and detainee's property and positional restraint asphyxia.

### *Removing property from a detainee*

Section 81 of the *Summary Offences Act 1953* provides the power to search, examine and remove property and take particulars of persons in lawful custody. Where practicable explain to the detainee the reason for the search and emphasise that their health, safety and welfare is paramount. Refer to General Order, **Custody management** relative to removing detainee's property (which includes removing sharp objects).

## Vehicles

Pursuant to section 79B of the *Summary Offences Act 1953* a member has the authority to remove and store motor vehicles when they arrest the driver.

Where a member arrests the driver of a motor vehicle, the member may remove or arrange for the removal of the motor vehicle to a place at which it may be safely and conveniently stored.

A member must not remove or arrange for the removal of a motor vehicle where they have arrested the driver under the following circumstances:

- the arrested person is accompanied by another person who is lawfully entitled to drive the vehicle; and
- the driver authorises that other person to remove the vehicle; and
- the vehicle is removed within a reasonable period.

Where a member removes or arranges for the removal of an arrested person's motor vehicle, they must notify the driver in writing of the place to which the motor vehicle has been removed.

When a person has been arrested for drink driving offences and there is no legal necessity to seize the vehicle, the arresting member/delegate must inquire whether the detainee wishes police to remove the vehicle for safekeeping or prefers it to remain at the location. Where the vehicle is to be removed, a member should arrange for it to be removed to the appropriate police station for safekeeping.

The arresting member/delegate must make it clear to the detainee that SAPOL will not assume responsibility for the security of vehicles left at the scene. Where possible, the detainee must be invited to secure the vehicle. This does not absolve a member of their responsibility with regard to a detainee's property. Accordingly, the arresting member/delegate must ensure that a record is made of any refusal by the detainee to secure the vehicle or reasons why it is impractical to invite the detainee to do so.

When a detainee is likely to be bailed and their motor vehicle is not required for examination or as evidence, secure it according to the directions of the officer in charge of the cell complex where the detainee is being held. Record the motor vehicle as detainee's property. No storage report is required.

The vehicle compound at Ottoway will not store a vehicle that is detainee's property.

## **Animals**

Where a detainee is in possession of an animal the arresting member/delegate shall try to persuade the detainee to nominate a person to care for the animal. Should this prove unsuccessful, contact can be made with the Royal Society for the Prevention of Cruelty to Animals, who maintain emergency animal shelters. The detainee should be informed that they will be liable for any costs incurred.

## **Detainee conveyance**

The type of vehicle used for detainee conveyance will vary between areas and will be influenced by availability and the risks associated with the detainee. A risk assessment must be conducted and documented when determining the most appropriate method to transport the detainee.

A member must be mindful of a detainee's welfare, particularly when a detainee is handcuffed and conveyed by cage vehicle. Refer to General Order, **Custody management** relative to detainee movement and safety, transporting detainees, escorts and positional restraint asphyxia.

Pursuant to section 78 of the *Summary Offences Act 1953*, the detainee must be taken forthwith to the nearest police station, unless detained to investigate the offence or when the detainee requires urgent medical attention. Where the detainee's medical condition is likely to impact upon the arrest process refer to General Order, **Bail** and General Order, **Custody management** relative to bail.

When a detainee is violent or expected to be violent the officer in charge cells must be advised ahead of the arrival of the detainee, to enable appropriate preparations to be made.

### **Detainee's dependants and carers**

Where there are children, infirmed dependants or others who are solely reliant for their safety and wellbeing upon a detainee held in police custody, the arresting member/delegate shall be responsible for ensuring adequate arrangements are made for the welfare of such dependants. The member/delegate will either make appropriate arrangements with a relative or friend of the detainee or contact the Department of Human Services or some other suitable agency.

A member must be aware of the provisions of the *Carers Recognition Act 2005*. For the purposes of the *Carers Recognition Act 2005*, a 'carer' is a person who provides the ongoing care and assistance to someone who has a disability. The disability may relate to a physical, intellectual or mental illness, a chronic disease, a terminal condition or may relate to a person who is frail and therefore needs assistance to carry out tasks.

Where a detainee in police custody is supported by a carer, the arresting member/ delegate shall as soon as is reasonably practicable and without prejudicing operational requirements, advise the detainee's carer. Within this context a member must be sensitive that carers in Aboriginal and Torres Strait Islander communities need special considerations. Cultural norms strongly influence the way carers and extended families provide care and support to family members who have an illness or disability. Within Aboriginal and Torres Strait Islander families and communities, kinship ties, responsibilities and obligations place a strong emphasis on sharing and mutual support.

### **3. REASONABLE PROSPECT OF CONVICTION**

The initiation of an arrest or report 'Shield Apprehension Submission', which commences the formal process of court proceedings, should be based upon the investigator believing that the evidence supports a reasonable prospect of conviction, or that a prima facie case exists and further enquiries are to be completed which may yield sufficient evidence to meet the reasonable prospect of conviction test.

A prosecution should not proceed if there is no reasonable prospect of a conviction being secured. This basic criterion is the cornerstone of the uniform prosecution policy adopted in Australia.

The decision whether the reasonable prospect of conviction test has been met is an important step in the process. In every case great care must be taken in the interests of the victim, the suspected offender and the community at large to ensure the right decision is made. A wrong decision to prosecute or, conversely, a wrong decision not to prosecute, tends to undermine the confidence of the community in the criminal justice system.

The reasonable prospect of conviction consideration needs to be at the forefront of the mind of the original investigating officer who detects a potential offence. The investigating officer must consider whether the evidence is sufficient to justify the institution or continuation of a prosecution.

The investigating officer must take accountability and retain ownership of the investigation, continually assessing at each stage in the prosecution process whether a reasonable prospect of conviction exists, or is likely to be met with further investigation. There is a continuing obligation to assess the evidence as the matter proceeds.

The decision whether there is a reasonable prospect of conviction requires an evaluation of how strong the case is likely to be when presented in court. It must take into account such matters as the availability, competence and credibility of witnesses and their likely impression on the arbiter of fact, and the admissibility of any alleged confession or other evidence.

The investigating officer should maintain dialogue with the prosecutor so due regard is given to any lines of defence which are plainly open to, or have been indicated by, the accused and any other factors which in the view of the prosecutor could affect the likelihood or otherwise of a conviction.

A prosecution should not be instituted or continued unless there is admissible, substantial and reliable evidence that a criminal offence known to the law has been committed by the accused.

A vetting officer (supervisors for State Operations Service, Operations Support Service and Crime Service, and supervisor or brief quality control officer (BQCO) for Metropolitan Operations Service) plays an important role in determining the strength of a file and whether a reasonable prospect of conviction exists based on the evidence. Endorsing the content of the OEL Charge submission template (Adult/Youth/Major Indictable supervisor certification) and/or approving the submission to prosecution indicates the vetting officer is of the belief that the required reasonable prospect of conviction exists, and that it is appropriate to progress the apprehension submission to Prosecution.

For **arrest matters only** a prima facie case is required and it is clear that further investigation may yield evidence that is likely to meet the reasonable prospect of conviction test. A vetting officer needs to be vigilant during the vetting and quality assurance process and be entirely satisfied the submission meets the required standard prior to endorsing the OEL template and/or approving the submission to Prosecution.

#### 4. **ARREST-RELEASE**

Section 78(5) of the *Summary Offences Act 1953* allows for a person to be released prior to charging where it is determined that charges are not to proceed. In **all cases** where a person is released, **prior to being charged**, an officer of police must be advised of the release, a **PD216 Arrest release form (PD216)** must be uploaded to the occurrence (as a Person report) the release must be unconditional and section 78(5) of the *Summary Offences Act 1953* must be complied with.

A 'For your Information' task must be generated to the relevant officer of police, with appropriate OEL entries made.

Advice **must** be sought from the relevant prosecution unit manager if it is intended to take subsequent enforcement action (for example report, expiation, formal caution) for the same offence(s) for which the person was arrested and released.

##### **Public Intoxication Act release**

Where a person has been inappropriately apprehended pursuant to the *Public Intoxication Act 1984* the person must be released. Where the person is grossly intoxicated, members may rely on section 7 of the *Public Intoxication Act 1984* to delay the release, provided all elements satisfy the provisions of the *Public Intoxication Act 1984*. The decision to delay the release of a grossly intoxicated person must be in a person's best interest and care arrangements should be made without undue delay.



### **Release before charging**

Where it is determined after arrest, but prior to charging the person, that the arrest is erroneous, not justified or there is insufficient evidence to support the charge(s), the arrested person must be released immediately. An adult caution cannot be administered—refer to General Order, **Adult cautioning**.

### **Release during charging**

An arrested person must be forthwith delivered into the custody of the officer in charge of the nearest police station, unless section 78(2) of the *Summary Offences Act 1953* applies.

When an arrested person is presented to be charged, it is the responsibility of the charging member to oversee the justification of the arrest process and to carefully consider the sufficiency of the evidence which supports each element of the charge. Where the charging member determines:

- there is insufficient evidence, regardless of any further investigation, to support the alleged charge(s) the arrested person is to be released pursuant to 78(5) of the *Summary Offences Act 1953*, and bail is not applicable
- there is sufficient evidence the charging process can continue
- there is likely to be sufficient evidence to support a future viable prosecution upon further investigation, the charging process can continue and, unless justifiable reasons exist, the person should be granted police bail.

Where a custody record has commenced in Shield but detention has not been authorised (that is, the detainee has not been formally charged), the charging member must ensure the details of the officer of police who was notified are added to the detention log and the completed **PD216** is scanned into the custody record.

### **Release after charging**

Where an arrested person is charged, the question of bail is to be considered in accordance with General Order, **Bail**, and the decision making responsibility as to the status of the charge, if not adult cautioned, belongs to Prosecution Services Branch.

Where the investigating officer, their supervisor or the charging member subsequently forms the view that there is insufficient evidence regardless of any further investigation to support the alleged charges, the Shield Charge discontinuance process **must** be initiated to the relevant prosecution unit for consideration.

Refer to Shield online help for further information in respect of the Charge discontinuance process.

At adjudication stage, where an adjudicating prosecution member has decided that no charges will be laid, the prosecutor will initiate the Charge discontinuance process. After the Charge discontinuance has been authorised, when the person is still in custody (that is, bail has been refused) the prosecutor will notify the charging member to release the person immediately. Where the person has been bailed, the prosecutor will arrange for the bail to be revoked and will notify the person accordingly.

## 5. APPREHENSION SUBMISSION—ARREST PROCEDURES

An arrest/apprehension submission event will contain:

- a completed Charge sequencing report (CSR) including all relevant charges and the Facts of charge (narrative) for each arrested person—the 'information for prosecutor' field on the CSR is to be completed (such as 'Firearms Forfeiture required' or if the victim is a vulnerable witness), as appropriate
- specific documents relative to the offence (for example quotations/invoices for damage)
- **PD18 Firearms forfeiture/found property notice (PD18)**—if file includes a seized firearm (uploaded as an occurrence report)
- uploaded copies of any notes made by the investigating officer (as a Person report>Police officer notes)
- any other statements or documentation available at the time of submission of the file (uploaded as appropriate)
- a printout of any interstate offender history report or clear advice on the CSR that the person has no previous criminal history
- relevant Apprehension submission template (OEL) including initiating the appropriate Apprehension submission workflow.

An arrest event for an adult may also include the following:

- **PD10 Master disclosure record and schedules (PD10)**—mandatory for major indictable offences
- **PD72 Prosecutor's advice sheet (PD72)**—list of witnesses (mandatory for all major indictable apprehension submissions)
- **PD73 Victim impact statement (PD73)**—when available
- **PD318 Drivers licence suspension/disqualification notice (PD318)**—when applicable
- Domestic abuse risk assessment report—when applicable
- a copy of any interstate history relevant to the offender.

Where the name provided by a defendant is found to be false, the arresting officer will contact the Business Support Unit to update the person's details. Once the correct details are recorded against the person in Shield, an additional apprehension submission of providing False Name can be initiated for adjudication from the originating occurrence. Clear reference will need to be made in the OEL Charge submission template.

When adjudicating the matter and progressing a fresh information, the prosecutor will need to alert the court that the fresh information is for the same person, whose previous name was false and that the original charges are to proceed in the correct name in addition to any new charges.

### Submission of arrest files

Apprehension submissions are to be initiated in accordance with the timeframes stated within General Order, **Crime and occurrence reporting**.

Notwithstanding these timeframes the Facts of charge (within the CSR) must be completed within seven days of the apprehension date.

### **Facts of charge**

The format and content of the Facts of charge (FOC) can be found within the *Brief Quality Control Officers Manual* (as per the former PIMS 'summary of evidence') and the former *AP Narratives Booklet*, available through the intranet at <police connect home page/services/operations support service/prosecution services branch/prosecution training unit/brief quality control>.

The vetting officer completing the submission vetting task shall ensure the FOC commences with a concise, complete and unambiguous statement of what is alleged for each of the charges. This statement must cover the elements of each offence. The admissible evidence must then be adequately and completely outlined in chronological sequence and written in the third person, covering all of the elements of each offence, inclusive of the evidence of identification and the evidence available to rebut any foreseeable defence. The evidence of different witnesses will be described where it fits in the chronological sequence. Names of witnesses may be used but addresses are not to be included unless they form a part of the evidence to be led.

The FOC must include a description of how the identity of the defendant was established.

### **Submission of first instance warrant application matters**

The initiation of a First instance warrant application submission to the relevant prosecution unit will include:

- an occurrence containing the personal particulars of the suspect and detailed particulars of all enquiries that have been made to locate the suspect (in the OEL)
- the charge(s) alleged to have been committed by the suspect added to the person
- a completed CSR and FOC that outline the details of the alleged offence and why the warrant is required (this information is also to be included in the member's affidavit)
- all witness statements/affidavits (including those from members) must be signed and uploaded to the occurrence
- photographs and other relevant information/evidence required to prove the offence(s) to be uploaded to the occurrence
- any interstate history to be uploaded against the suspect.

The member compiling the first instance warrant application will initiate the submission by completing the 'Warrant Application checklist' OEL template, including initiating the Apprehension workflow to prosecution.

The member will also complete the 'Warrant execution instructions' OEL template to record any instructions they want the arresting officer to perform when the suspect is arrested.

During the interim period of the application process the suspect should be flagged as Whereabouts > Wanted on the occurrence. This will assist in warning any other officer who may locate the suspect during the application process for the first instance warrant to ensure action is taken to apprehend the suspect.

**Prosecutor's responsibilities**

Following all first instance warrant applications, the prosecutor will create a new general task on the occurrence (type 'For your information') and assign it to the investigating officer to notify them of the outcome of the first instance warrant application. The prosecutor will also endorse the OEL via this task by adding the court location, date of the hearing, and the outcome of the application.

The prosecutor will add a court result (disposition) to the charge(s) to record the outcome of the first instance warrant application (either 'warrant issued' or 'application refused'). Where the application was refused, the prosecutor will consider commencing the charge discontinuance process.

**Warrant granted by court**

Refer to General Order, **Warrant procedures**.

**Executing warrants**

Refer to General Order, **Warrant procedures**.

**6. APPREHENSION SUBMISSION—REPORT PROCEDURES**

On occasions where formal action is required but the circumstances do not warrant the power of arrest to be invoked, due to the criteria for arrest not being met or not deemed necessary, the action of reporting the individual is appropriate.

**Action at scene**

When an accused's appearance in court can be adequately secured by summons the member must:

- establish the true identity of that person
- record the person's full name and residential address along with any other personal details provided
- obtain a current mobile telephone number for that person
- record the facts and conversation in writing, on audiotape or on videotape (refer to section 74D of the *Summary Offences Act 1953*)
- establish whether the person is wanted for any other offence
- conduct a check on the Firearms control system to determine whether the person holds a firearm licence, owns a firearm or has possession (pursuant to section 6 of the *Firearms Act 2015*) of any firearm or ammunition
- when the person has a firearm licence, consider whether the person is a fit and proper person to continue to do so and when the person is not, action is to be taken in accordance with the requirements of General Order, **Firearms**—examples of offences that this may relate to include, but are not limited to, high range drink driving, drug driving, drug offences with accompanying circumstances, offences of violence with accompanying circumstances, domestic violence offences

- inform the person that a report will be submitted for consideration of prosecution, but will not discuss the merits of the case, the likelihood of prosecution or any attitude to any eventual penalty.

Where the member subsequently decides the person should not be prosecuted, and an Apprehension submission has not been initiated the member will consult with their supervisor and write off the occurrence making appropriate notation on the OEL.

Where an Apprehension submission has been initiated the member shall advise the supervisor who will cancel the submission task and commence the charge discontinuance process.

## **7. REPORT DOCUMENTATION**

The following is required:

- an apprehension submission event will contain a completed CSR, including all relevant charges and the FOC (narrative) for each reported person specific documents relative to the offence
- **PD18**—if file includes a seized firearm
- a photocopy of any notes made by the investigating officer (uploaded as a Person report)
- any other statements or documentation available at the time of submission of the file uploaded/saved as appropriate
- a printout of any interstate offender history report or clear advice on the CSR that the person has no previous criminal history
- a copy of the summary of evidence from the AP—refer to **5. ARREST DOCUMENTATION, Facts of charge** previous in this General Order for the requirements in relation to preparing this report
- relevant Apprehension submission template (OEL) and associated submission workflow commenced.

A report file may include the following:

- **PD72**—list of witnesses (mandatory for all major indictable apprehension submissions)
- **PD10**—mandatory for major indictable offences
- **PD73**—when available
- **PD318**—when applicable
- domestic abuse risk assessment report—when applicable
- a copy of any interstate history relevant to the accused.

Report apprehension submissions are to be initiated in accordance with the timeframes stated within General Order, **Crime and occurrence reporting**.

Notwithstanding these timeframes, the FOC (within the CSR) must be completed within seven days of the report date.

### **Positive oral fluid analysis test**

Report apprehension submissions are not to be initiated for driving offences where the driver also returns a positive oral fluid analysis test at the road side, and has a previous conviction for drink or drug driving (A&D indicator), until Forensic Science South Australia provide oral fluid analysis results.

This enables all offences originating from the same event to be submitted together—it is acknowledged that in most cases this will exceed the usual 21 day requirement for the submission of report files.

This provision does not replace the need to initiate report apprehension submissions within five days when a **PD318** has been issued, in which case, a separate report apprehension submission will be actioned once the oral fluid analysis results are provided, with an endorsement on the initial apprehension submission OEL that a further drug driving charge may result from the same event.

## **8. ADULT CAUTION DOCUMENTATION**

Where a matter is resolved by adult caution, the process and documentation to be adhered to is outlined in General Order, **Adult cautioning**.

## **9. CONTROLLED SUBSTANCES ACT 1984**

Where a person is detected committing offences under the *Controlled Substances Act 1984*, some of which are expiable and some not, the member must issue **PD319 Expiation notice** (expiation notice) for all expiable offences and deal with the other offences by normal arrest/report procedures. These actions must be cross-referenced on the expiation notice(s) and the occurrence(s).

When deciding whether to charge manufacture/produce or issue an expiation notice, consideration must be given to the number of plants that can be proved to have been produced. An expiation notice can only be issued for one plant where cultivation has not been artificially enhanced. The artificially enhanced cultivation of any number of cannabis plants cannot be expiated. Refer to General Order, **Expiation notices** for further details.

## **10. CHILDREN/YOUTHS**

Refer to General Order, **Youth justice**.

## **11. COMMONWEALTH OFFENCES**

The Commonwealth Director of Public Prosecutions (CDPP) is the primary prosecuting agency for breaches of Commonwealth law. Where a substantive South Australian State offence cannot be charged and the only other option is to consider charging a Commonwealth offence, the investigating officer must provide all relevant materials via the occurrence prior to the Apprehension submission being initiated.

The materials shall consist of all signed statements and copies of all other evidence (in addition to the arrest/report materials cited previous in this General Order) to substantiate the Commonwealth charge. The CDPP will not adjudicate a proposed Commonwealth charge investigated by State police unless a full brief is provided to them for that purpose.

The full brief materials are to be provided via the occurrence by investigating officers in the first instance for adjudication purposes and will not be requested by a prosecutor.

All arrest and report matters alleging Commonwealth offences will only be referred to the CDDP by Prosecution Services Branch.

General Order, **Crime investigations** provides further policy information for the investigation and arrest in relation to the commission of Commonwealth offences.

## 12. FULL BRIEF—SHIELD CASE FILE

Materials for a complete brief must be submitted when:

- directed by an officer of police
- recommended charges are breaches of Commonwealth law
- the member considers it necessary in order for prosecution to obtain the full facts of the case
- requested by prosecution because:
  - the facts are complex
  - the evidence cannot be presented clearly
  - a solicitor has formally asked for particulars
  - the recommended charges are major indictable.

The facts in the matter must be sufficient for the prosecutor to obtain an adjournment or to prosecute a guilty plea.

For arrest/report/application matters commenced prior to 14 November 2018 and therefore registered in ORMS, the member will receive a **PD90 Disclosure/declarations request (PD90)** generated through the ORMS (refer to General Order, **Offender record management system**) from the prosecutor when further information must be submitted. The response must be submitted through the member's supervisor and BQCO (if one is attached to the relevant District/LSA) within the period specified in the **PD90**, with a printed (hard) copy of the **PD90** attached.

A supervisor who receives a **PD90** for a member, who is absent, must comply with the instructions contained within General Order, **Offender record management system**.

For apprehension matters commenced in Shield, the member will receive a 'PD90 Prosecution disclosure request' task (PD90 task) from the prosecutor when further information must be submitted. The PD90 task must have all requested materials uploaded to the occurrence/linked entities (or sent via internal mail as required) and appropriate case file entry log (CFEL) entries made prior to the task being completed, returning the workflow to the prosecutor.

Supervisors must re-assign any PD90 tasks (visible in the Shield unit member task list) to an appropriate investigator, when the initial investigating officer is absent.

Supervisors who receive a PD90 task in 'Supervisor check' status must ensure the PD90 task has been complied with prior to approving it. When not complete, the supervisor is to rework the task to the member for the completion of additional activities.

Refer General Order, **Committals**.

### 13. WITNESS HISTORY/ENQUIRY SUMMARIES

Criminal history enquiries must be conducted for each witness/complainant. Where a witness/complainant is not recorded as having a criminal history in South Australia this must be clearly indicated on the OEL or CFEL.

The copies of enquiries must not be attached or otherwise appended to the witness statement/affidavit, but rather included as a separate part of the file, as they are not necessarily disclosable to the defendant. Prosecutors (DPP and SAPOL) will be expected to make a reasoned determination about what, if any, content is to be disclosed in accordance with the disclosure obligation.

### 14. VETTING OFFICER RESPONSIBILITIES

A supervisor is responsible for ensuring Apprehension submissions are commenced within the required time frames as outlined previous in this General Order and in General Order, **Crime and occurrence reporting**.

For urgent Apprehension submissions, the supervisor plays an important role in determining the strength of an apprehension event and whether a reasonable prospect of conviction exists based on the evidence. For **arrest matters only** a prima facie case is required and further investigations are to be completed which is likely to satisfy the reasonable prospect of conviction test.

For non-urgent Apprehension submissions, the vetting officer plays an important role in determining the strength of an apprehension event and whether a reasonable prospect of conviction exists based on the evidence.

In metro Districts, the vetting officer role is performed by a BQCO. In country LSAs and Crime Service units this vetting officer role is performed by a submitting member's supervisor.

By the vetting officer endorsing the content of the OEL charge submission template and approving their vetting task to progress to prosecution, it indicates they are of the belief the submission meets the required standard, and it is appropriate for the matter to proceed to court.

Where amendment or further investigation is required the submission will be reworked to the submitting officer and a time frame will be specified within the task for completion and return of the work required. The vetting officer will add an OEL entry to record the delay in submission of the file, and liaise with the relevant prosecution unit if there is bail due for the accused within seven days of the task being reworked to the submitting member. Every arrest and report Apprehension submission is assessed against the criteria in the Charge submission OEL template and is submitted to the vetting officer for review and approval to proceed to court.

Vetting officers must assess and action any adjudication vetting tasks within three days of the task being submitted to them.



A BQCO vetting officer will affect the Court attendance notice process by contacting the accused by telephone, advise them of their court date, send a text message to authenticate the conversation and ensure the accused address details (home, email or postal) are up to date on the occurrence. The vetting officer will add a OEL entry about the court date the accused has been provided. In the case of arrest matters where police bail has not been granted the apprehension submission must be initiated and assigned to the relevant prosecution unit as soon as practicable using the 'Urgent apprehension' workflow option, but in any event before the end of the shift in which the arrest is made.

This workflow does **not** default to 'Supervisor check' status, so the submitting member must liaise with their supervisor to advise them the matter has been submitted so the supervisor can review the details of the occurrence.

Where the submitting officer/supervisor/BQCO recommends the discontinuance of one or more charges arising from an occurrence, a Charge discontinuance process is to be commenced and progressed to the relevant prosecution unit for consideration, as well as the Apprehension submission.

Where a prosecution unit member recommends a charge(s) for discontinuance, the prosecutor must commence the Charge discontinuance process.

## **15. CHARGE SEQUENCING REPORT ENTRIES**

The apprehending officer is to add charges and a CSR to the apprehended person and complete all mandatory relevant and known fields prior to the Apprehension submission being initiated.

The apprehending officer is to endorse the CSR in the 'Notes for prosecutor' field as follows:

- When the defendant is a teacher, the word 'teacher' is to be entered. Upon finalisation of the matter the prosecutor with conduct is to advise the Manager, Information Services Branch of the outcome. Refer to General Order, **Information—access and release**.
- Where a motor vehicle was clamped or impounded by the investigating officer the 'Vehicle impounding/forfeiture offence field must be populated with 'Yes' and the impounding fee entered where applicable. Refer to General Order, **Clamping, impounding and forfeiture of vehicles**.
- Where the matter includes a police interim intervention order having been issued, 'no firearms' or 'defendant has firearms recorded but not yet seized' must be included. Refer to General Order, **Intervention/restraining orders**.
- Where the matter includes an application for a court intervention order where the defendant does not have any firearms recorded, the CSR must be endorsed with 'defendant has no firearms recorded'. Refer to General Order, **Intervention/restraining orders**.

## **16. STATEMENTS**

When a statement in writing is taken by a member, the witness must be asked to check it carefully. The witness must agree with any alterations which are made, and sign each page and initial any alterations.

A member may give a copy of a written:

- statement to the person making the statement
- record made while interviewing a defendant to the person or their legal counsel—the record of interview may be provided at the time the record is made (an OEL/CFEL entry is to be made when a copy is provided).

The person should be asked to sign the statement or record of interview but will not be refused a copy if they refuse to sign it.

## **17. OFFENCES BY POLICE**

Where a member reports a member of any Australasian police force for a criminal offence or an offence which will result in a drivers licence cancellation or suspension, they must notify their District/LSA/branch manager within 24 hours and provide a copy of the report or the relevant occurrence details. The District/LSA/branch manager will advise the Officer in Charge, EPSB.

Once ready, the Apprehension submission is to be initiated and standard processes applied. On completion of the quality assurance, the vetting officer will progress the workflow to Professional Conduct Section for adjudication. Refer to General Order, **Complaints and disciplinary framework** and, if applicable, General Order, **Corruption—reporting and investigation**.

## **18. OFFENCES TAKEN INTO ACCOUNT**

Sections 31 to 35 of the *Sentencing Act 2017* provide for matters intending to take further offences into account when the defendant has been charged but not convicted of the principal offence. The provisions now stipulate that a list of additional charges may be filed in court where the defendant wants the court to take such additional offences into account when dealing with the principal offence.

For any such matters to be properly laid before the court, the charges to be taken into account must be laid on Information so they can be referred to in the list presented pursuant to section 32 of the *Sentencing Act 2017*.

Further guidance can be sought from a local prosecution manager or from the Policy and Advice Officer, Prosecution Services Branch.

## **19. REFERENCES**

*Bail Act 1985*

*Carers Recognition Act 2005*

*Controlled Substances Act 1984*

*Criminal Law Consolidation Act 1935*

*Criminal Law (Forensic Procedures) Act 2007*

*Criminal Procedure Act 1921*

*Defence Force Discipline Act 1982 (Cwlth)*

*Firearms Act 2015*

General Order, **Adult cautioning**

General Order, **Alcohol and drug strategies**

General Order, **Bail**

General Order, **Brief quality control officer**

General Order, **Clamping, impounding and forfeiture of vehicles**

General Order, **Commonwealth premises, offences and policing of Adelaide airport**

General Order, **Complaints and disciplinary framework**

General Order, **Corruption—reporting and investigation**

General Order, **Crime investigations**

General Order, **Crime and occurrence reporting**

General Order, **Custody management**

General Order, **Diplomatic personnel, dignitaries and officials**

General Order, **Expiation notices**

General Order, **Firearms**

General Order, **Foreign nationals and unlawful non-citizens**

General Order, **Identification**

General Order, **Information—access and release**

General Order, **Interpreters**

General Order, **Intervention/restraining orders**

General Order, **Interviewing suspects and vulnerable witnesses**

General Order, **Mental incapacity**

General Order, **Offender record management system**

General Order, **Prosecution**

General Order, **Protective security officers**

General Order, **Public order management plan**

General Order, **Warrant procedures**

General Order, **Youth justice**

Users are encouraged to access relevant help texts for Shield actions at [CPU to insert standard text here]

IS&T user guides are available through the intranet at <police connect home page/training gateway/resources hub/computer user guides>—pages 25 and 36 of *General PIMS enquiries including bail* contains details on obtaining the new bail forms required

*Liquor Licensing Act 1997*

*Mental Health Act 2009*

*Migration Act 1958 (Cwlth)*

Operational training manual and OTM documentation examples available through the intranet at <police connect home page/training gateway/resources hub/operational training manual>

Prosecution practice notes are available through the intranet at <police connect home page/law and procedure/prosecution practice notes>

Prosecution Services Branch documents including examples of the summary of evidence are available through the intranet at <police connect home page/services/operations support service/prosecution services branch/prosecution training unit/brief quality control>

*Public Intoxication Act 1984*

*Sentencing Act 2017*

Shield online help available through the intranet at <police connect home page/services/information systems and technology service/innovations and solutions branch/program shield>

*Summary Offences Act 1953*

*Young Offenders Act 1993*

## 20. FURTHER ENQUIRIES

Prosecution Services Branch

## 21. DOCUMENT HISTORY SINCE 09/07/03

Gazette reference (SAPG)	Date	Action (amendment/deletion/new/review/temporary variation)
156/03	09/07/03	Amendment—as a result of introduction of The Right First Time Program to assist in the preparation and management of arrest and report files.
Nil	15/11/04	General Order first uploaded to CMS (intranet).
286/04	08/12/04	Amendment—at subheading <i>Controlled Substances Act</i> .
133/07	09/05/07	Amendment—as a result of implementation of the Offender Record Management System.
351/07	21/11/07	Review 2007.
78/10	24/03/10	Amendment to <b>Further references</b> to reflect new General Order, <b>Youth justice</b> .
169/11	15/06/11	Review 2011.
214/12	22/08/12	Review 2012—amendments at <b>2. ARREST DOCUMENTATION, Summary of evidence</b> . New headings at <b>7. COMMONWEALTH OFFENCES</b> to reflect Commonwealth Department of Public Prosecutions adjudication guidelines and at <b>10. BRIEF COVER ENDORSEMENTS</b> .
236/12	19/09/12	Temporary variation of this General Order by the Offence Streaming Model trial (Holden Hill LSA 01/10/13 to 31/03/13).
55/13	06/03/13	Temporary variation of this General Order by the Offence Streaming Model trial (Eastern Adelaide and Sturt LSA 28/03/13 to 30/09/13).
278/13	25/12/13	Temporary variation of this General Order due to the implementation of the Offence Streaming Model. Reference to State Committal and Disclosure Section amended to State Committal and Disclosure Unit.

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General Order, **Arrest/report procedures and documentation**

Gazette reference (SAPG)	Date	Action (amendment/deletion/new/review/temporary variation)
283/14	24/12/14	Amendment—inclusion of arrest procedures, report procedures, arrest-release amendments, drink/drug driving file submission amendments, addition of arrest by a protective security officers and reasonable prospect of conviction. General Order, <b>Arrest/report documentation</b> renamed to General Order, <b>Arrest/report procedures and documentation</b> .
87/15	29/04/15	Amendment—as a result of coronial inquest findings updated to include conducting firearm checks on persons re being fit and proper person after committing offences such as high range drink driving.
178/17	30/08/17	Review 2017— references added to Shield custody records and <b>PD18</b> submission for firearm forfeiture. Change of name of prisoner to <i>detainee</i> , in line with Shield terminology. Changes to arrest-release procedures. New heading added at <b>15. PROVIDING WITNESS HISTORY/ENQUIRIES SUMMARY</b> due to judgment of R v Forrest [2016] SASCFC 76.
266/17	20/12/17	Amendment— <b>PD105</b> amended and <b>for arrest matters only</b> : a prima facie case is required and further avenues of investigation exist which will likely lead to a reasonable prospect of conviction.
81/18	28/03/18	Amendment—inclusion of reference to <b>PD105M</b> . At <b>13. FULL BRIEF</b> , inclusion of a dot point requiring a full brief at the request of prosecution in circumstances where the recommended charges are major indictable.
267/18	05/12/18	Amendment—implementation of major Shield changes.

**APPROVED BY COMMISSIONER/DEPUTY**

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Print Full Name

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ID Number

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Signature

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Date

**Documentation certification and verification**

General Order amendments—prepared by: Sergeant Michael Tolson, Adelaide Prosecution Services Branch, Operations Support Service.

General Order—verified by: Superintendent Stuart McLean, Officer in Charge Prosecutions Services Branch, Operations Support Service

