

Manus Island Regional Processing Centre

Alternative Accommodation Compound

Consisting of:

- **Managed Accommodation Area**
- **Supportive Accommodation Areas**
- **Safe Rooms**



1 INTRODUCTION

1.1 Policy

The purpose of the alternative accommodation standard operating procedures document is to provide a framework for the use of the alternative accommodation compound, comprising the managed accommodation area, the supportive accommodation area and safe rooms ensuring they are utilised in accordance with any directions from the Papua New Guinea Immigration and Citizenship Services Authority ("PNGICSA"), contractual requirements with the Department of Immigration and Border Protection ("DIBP"), and to ensure that transferees are treated with humanity and respect.

Moving a transferee to a different area of the centre may assist with several functions:

- It may provide an opportunity for that transferee to receive extra support and counselling in order to assist them in modifying their behaviour,
- It may allow them to have a break from their environment which may serve to assist in reducing any frustration they may be experiencing,
- It may provide greater access for medical assistance,
- It may provide respite for other transferees in the area if an individual has been displaying consistently antisocial behaviour,
- It may provide safety and additional security whilst a transferee is experiencing a period of crisis or stress.

The Alternative Accommodation compound comprises the Managed Accommodation Area and the Supportive Accommodation Area. The management and care of the transferees within the facility is a joint approach utilising stakeholder staff from security, case management and medical/mental health services. The operation of the compound is to be that of a joint care facility.

This procedure must be read in conjunction with the TMP Behaviour Management Strategy and guidelines for Managed Accommodation Area placements.

1.2 Design

The alternative accommodation compound must be safe, clean and supervised. It should be equipped with adequate storage for property and provide reasonable privacy for transferees.

The design of the alternative accommodation compound should take into account the particular vulnerabilities of transferees. Facilities should be robust with vandal proof finishing's. They should have equipment necessary to deal with self-harm and suicide attempts.

The alternative accommodation compound should have adequate lighting. If air conditioning is available and it is appropriate, it should be operating.

Transferees in the alternative accommodation compound must have access to showers and ablutions.

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1.3 Conditions

The alternative accommodation compound must only be used to manage immediate risks. It is used only for as long as is necessary to prevent such events and for the shortest practicable time.

Transferees in the alternative accommodation compound must be offered a shower, adequate meals and drinks, and are permitted to go to the bathroom when necessary.

Subject to security considerations transferees in the alternative accommodation compound should still have access to telephone calls where practicable.

Subject to security considerations, transferees in the alternative accommodation compound should continue to have access to health care, case managers, religious representatives, education staff and legal visits.

Transferees must have access to medication.

Where practicable, Transferees in the alternative accommodation compound are permitted to exercise, be outdoors, and access educational and reading materials. Transferee's accommodated in the Managed Accommodation Area are only permitted this within the perimeter of the Managed Accommodation Area.

1.4 Authority and Notification

PNGICSA have authority for defining an area as a managed accommodation area. This is documented in a letter of standing authority.

Prior to placing a transferee into the managed accommodation area, the Behaviour Management Specialist must notify DIBP via the duty phone. The only exception to this is where the transferee is escorted to the managed accommodation area to prevent the continuance of an offence or to prevent the immediate injury to themselves or others. On these occasions DIBP MIRPC must be notified at the first available opportunity via the DIBP duty phone.

The movement of all transferees into and returning from the alternative accommodation compound must be recorded on a transferee movement advice form which will be actioned at the security control room to record this movement onto the Wilson Occurrence Reporting System WORS and the centre nominal roll.

1.5 Monitoring

The alternative accommodation compound should be fitted with video surveillance equipment that must be operating continuously whilst a transferee is located in the area. Security staff assigned to the alternative accommodation compound should also have personal body worn cameras available. The operation of these camera's must be in accordance with PNGICSA policy and DIBP guidelines.

1.5.1 Prior to placement

Prior to the placement of a transferee into an alternative accommodation compound, the area must be searched to identify and remove hazards prior to the transferee being placed in the accommodation.

1.5.2 During Placement

The transferee must remain supervised whilst in the alternative place of accommodation. Observations are to be recorded on an observation log. The log should record observations of the transferee's behaviour, health and wellbeing.

ALL transferee placed into the Managed Accommodation area MUST be placed onto a Behaviour Management Plan on a HIGH observation level.



1.5.3 Reintegration to normal accommodation

Transferees moving from the Managed Accommodation Area back to normal accommodation will do so via a reintegration process which will be standard in all circumstances.

On return to a normal place of accommodation transferees are to be placed on High line of sight observations for up to 24 hours, if there are no adverse incidents they are then to be placed on moderate (30 min) observations for up to 48 hours, and if there are no further adverse incidents they are then to be placed onto ongoing (3 hourly observations) for up to 72 hours. This will ensure an appropriate level on monitoring, supervision, management and engagement with staff following return from the managed accommodation area.

1.6 Use of Force

Force is only to be used as a last resort, when strictly necessary and for the shortest possible period of time to prevent the transferee inflicting injury to themselves or others and to prevent the serious destruction of property. In addition, restraints are not permitted to be used as a routine measure or as a means of punishment. Use of force must be reported on an incident report form in accordance with PNGICSA policy and DIBP guidelines.

Medical services must attend the place of accommodation and assess all transferees that have had force used upon them. This attendance must be recorded on an observation log and the incident report form.

1.7 Review Requirements

A transferee placed into the Managed Accommodation Area must be reviewed every 24 hours, as a minimum, by a Behaviour Management Specialist with regards to the transferee's physical and mental health. This review must be made in consultation with mental health, medical services, DIBP and case management to ensure the transferees continued fitness to be accommodated in that location.

Whilst a transferee is placed in the managed accommodation area members of the Complex Behaviour Management Committee will meet every 24 hours to discuss and review the placement. The meeting will be convened as required by this procedure by the Behaviour Management Specialist.

1.8 Reporting Requirements

All incidences of transferees being placed in the Managed Accommodation Areas must be documented on a Behaviour Management Plan.

Details relating to the Authority for placement into Alternative Accommodation must be included in the Behaviour Management Plan and must be completed on all occasions a transferee is placed into the Managed Accommodation Area and must include the objective of the placement, the engagement plan, the review plan and confirmation of notification of the placement to DIBP.

All transferees placed in the alternative accommodation compound will be recorded on the daily whiskey tasking list and the daily whiskey summary list and these will be distributed via email to the relevant authorised persons.



2 MANAGED ACCOMODATION AREA (MAA)

2.1 Use

The use of the Managed Accommodation Area is for transferees who present as an immediate threat to others or themselves, or pose a risk to the security of the centre. The Managed Accommodation Area is designed and managed so as to mitigate self-harm attempts or attempts to harm others through constant monitoring in a controlled and managed environment, away from other transferees and staff. Types of situations may include but are not limited to assaults upon others, threatening others with violence, sexual assault, indecent assault, absconding, major property damage and actual self-harm requiring restraint to prevent injury.

The Managed Accommodation Area can also be used to accommodate transferees whose behaviour poses a threat, or may seriously affect, the security and/or safety of the site, staff and/or other transferees. Types of situations may include but are not limited to inciting mass unrest, inciting others to fight, inciting others to riot.

2.2 Placement

Prior to placing a transferee into the Managed Accommodation Area the Behaviour Management Specialist must arrange to advise DIBP of the placement via the duty phone. The only exception to this is where the transferee is escorted to Managed Accommodation Area to prevent the continuance of an offence or to prevent injury to themselves or others. On these occasions during the transition of the transferee DIBP is to be notified of the incident and placement via the DIBP duty phone at the first available opportunity. Placement is on a request basis and authorised and controlled by the Behaviour Management and Cultural Supervisor.

All transferees located in the Managed Accommodation Area are to be placed on a level of whiskey watch or SME observation with the appropriate observation and contact log entries. The allocation of the watch level will be managed by the Behaviour Management Specialist and implemented via the Whiskey Team Leader.

All transferees placed into the Managed Accommodation Area must be placed on to a Behaviour Management plan as per the procedures in the TMP Behaviour Management Strategy.

2.3 Placement Review

The Behaviour Management Specialist has the responsibility to ensure that every 24 hours as a minimum a review of the placement is conducted as per section 1.7 of this procedure and that DIBP is notified of any continued placement via the DIBP Duty Phone, and that an incident report for use of an observation room over 24 hours is completed and submitted every subsequent 24 hours.

2.4 Command and control

The Alternative Accommodation compound is supervised by an assigned Whiskey team leader and is managed via the Behaviour and Cultural Supervisor, all movements/transfer into and out of the area is controlled and authorised by the Behaviour and Cultural Supervisor.



2.5 Reporting Requirements

The movement of all transferees placed into the Managed Accommodation Area must be recorded on a transferee movement form which will be actioned at the security control room to record this movement on the Wilson Occurrence Reporting System, WORS, and the centre nominal roll.

All transferees placed into the Managed Accommodation Area must be placed on to a Behaviour Management plan as per the procedures in the TMP Behaviour Management Strategy.

2.6 Medical Assessment

All transferees placed into the Managed Accommodation Area must have a health questionnaire completed on arrival and as soon as reasonably practicable must be assessed by medical services.

Within 24 hours of placement all transferees placed into the Managed Accommodation Area must be assessed by mental health services, should the transferee subsequently be placed onto a level of SME monitoring then the SME care plan must be included into the Behaviour Management Plan and the Behaviour Management Plan must not conflict with the SME care plan.

All medical and mental health attendance to a transferee must be recorded on an observation log and transferee movement form.

2.7 Monitoring

The transferee must remain supervised whilst in the Managed Accommodation Area. Observations are to be recorded on an observation log. The log should record observations of the transferee's behaviour, health and wellbeing.

2.8 Reintegration

Transferees moving from the Managed Accommodation Area back to normal accommodation will do so via a reintegration process which will be standard in all circumstances. Refer section 1.5.3

2.9 Alternative uses

Should operational necessity require, the Alternative Accommodation compound can be designated for an alternative purpose of use, such as during incidents of large scale illness, large scale medical emergencies or large scale urgent accommodation needs.

On such occasions the Behaviour Management and Cultural Supervisor in consultation with IHMS medical and Mental Health, case Management and DIBP can recommend that the Security Operations Manager redesignate the use of the Alternative Accommodation compound be for an alternate reason for a designated time period.

Placement will then be as per supportive accommodation area requirements.

At the conclusion of the incident the Alternative Accommodation compound is to be redesignated back to its primary usage.



2.2 SAFE ROOMS

2.2.1 Use

The use of the Safe Rooms within Managed Accommodation Area are for transferees who present as an immediate physical threat to themselves. The Safe Rooms are designed and managed so as to mitigate self-harm attempts through the design of the rooms and constant monitoring in a controlled and managed environment, away from other transferees and staff. The walls of the rooms are fitted with safety padding, there are no hang points and there is no furniture within the rooms. Types of situations for the use of safe room may include but are not limited to incidents where a transferee attempts to do physical harm to themselves by running at walls, furniture and edges of rooms in an attempt to cause injury to themselves.

2.2.2 Placement

Prior to placing a transferee into a Safe Room the Behaviour Management Specialist must advise DIBP via the duty phone. The only exception to this is where the transferee is immediately escorted to the Managed Accommodation Area to prevent the continuance of an incident or to prevent injury to themselves or others. On these occasions during the transition of the transferee DIBP is to be notified of the incident and placement via the DIBP duty phone at the first available opportunity. Placement is authorised and controlled by the Behaviour Management and Cultural Supervisor.

All transferees located in a Safe Room are to be placed on a High whiskey watch or a High SME observation level with the appropriate observation and contact log entries. The allocation of this watch level will be managed by the Behaviour Management Specialist and implemented via the Whiskey Team Leader.

All transferees placed into the Safe Room must be placed referred to Mental Health Services as soon as possible.

2.2.3 Placement Review

The Behaviour Management Specialist has the responsibility to ensure that every 6 hours as a minimum, a review of the placement is conducted as per section 1.7 of this procedure and that DIBP is notified of any continued placement via the DIBP Duty Phone.

2.2.4 Command and Control

Safe rooms are supervised by an assigned Whiskey team leader and is managed via the Behaviour and Cultural Supervisor, all movements/transfer into and out of the area is controlled and authorised by the Behaviour and Cultural Supervisor.

2.2.5 Reporting Requirement

The movement of all transferees placed into a Safe Room must be recorded on a transferee movement form which will be actioned at the security control room to record this movement on the Wilson occurrence Reporting System WORS and the centre nominal roll.



2.2.6 Medical & Mental Health Assessment

All transferees placed into a Safe Room must have a health questionnaire completed on arrival and as soon as reasonably practicable must be assessed by medical services.

Where practicable within 3 hours of placement in a Safe Room a transferee must be assessed by mental health services, should the transferee subsequently be placed onto a level of SME monitoring this is to be recorded on the observation log.

All medical and mental health attendance of a transferee must be recorded on an observation log.

2.10 Monitoring

The transferee must remain under constant visual and CCTV supervision and observation whilst in a Safe Room. Observations are to be recorded on an observation log. The log should record observations of the transferee's behaviour, health and wellbeing.

3 SUPPORTIVE ACCOMMODATION AREA (SAA)

The Supportive Accommodation Area is primarily used to support transferees with protracted medical conditions, authorised respite or prior to IOM assisted voluntary returns (AVR). Placement is on a request basis by service providers authorised by a Behaviour Management Specialist or in the case of authorised respite during discussions at the daily SME meeting where a transferee is identified as being a client of concern and would benefit from respite.

The Alternative Accommodation compound is supervised by an assigned whiskey team leader and is managed via the Behaviour and Cultural Supervisor and all movements/transfer into and out of the area are controlled and authorised via the Behaviour Management Specialists.

The movement of all transferees placed into the Supportive Accommodation Area must be recorded on a transfer movement form.

3.1 Review Requirements

The review of the placement of transferees into the Supportive Accommodation Area for authorised respite will be conducted daily, but as required, at the SME meeting and minuted under the appropriate section i.e. clients of concern.

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4 COMMAND AND CONTROL

- Operational authority to place a transferee into the Managed Accommodation Area is held by the Security Operations Manager (Command 2) and when unavailable by the Security Shift Supervisor (Command 3) in consultation with the Behaviour and Cultural Supervisor and when offsite via the Behaviour Management duty phone.
- Movements/transfer of all transferees into and out of the compound is controlled and authorised by the Behaviour and Cultural Supervisor.
- Command of the Alternative Accommodation compound is the responsibility of the Behaviour and Cultural Supervisor via a Whiskey Team Leader.
- Recording of all SME, BMP and Whiskey Watch observations and contact log entries is the responsibility of the Whiskey Team Leader via Whiskey staff.
- TSL Welfare section is to be advised of the movement and placement of all transferees to and from a place of alternative accommodation within 3 hours or as soon as reasonably practicable for afterhour's transfers.
- DIBP is to be notified of the placement of a transferee into the managed accommodation area and safe rooms where practicable prior to placement or as soon as practicable after the placement has occurred.

5 DEFINITIONS

Term:	Definition
MAA	Managed Accommodation Area
SAA	Supportive Accommodation Area
IOM	International Organisation for Migration
AVR	Assisted Voluntary Return
PNGICSA	Papua New Guinea Immigration and Citizenship Services Authority
DIBP	Department of Immigration and Border Protection

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MRPC MAA/SAA/Medical Isolation Procedures

- Behaviour Management Supervisor is to ensure only approved transferees are placed into the MAA.
- Whiskey One has overall control of the MAA, SAA and medical isolation with direct line control to the Behaviour Management Supervisor. This can be achieved via a designated expat team leader at each location.
- Whiskey One and Behaviour Management staff not to accept any transferees without a completed transferee movement form. If Boat ID and name is not available (ie transferee refuses to state and has not yet been identified) staff are to record a description and name of the handover SSA.
- The Chauka compound SSA's have overall control of the Chauka compound with direct line control to Romeo One and the Shift Supervisor.
- Before any transferee is placed in MAA, SAA or medical isolation the rooms are to be inspected for contraband.
- Fresh linen, bed packs etc are to be supplied to all transferees on arrival at the MAA, SAA and medical isolation. Whiskey One to ensure at least 10 packs are available at all times in the SAA storeroom.
- The MAA is a smoke free location. NO SMOKING.
- Whiskey One to ensure all transferees have ready access to water.
- Transferee's in the MAA or under any type of HIGH observation are only allowed to shave under supervision.
- Only Bob BARKER safety razors are to be used in the MAA, SAA or medical isolation if available.
- All transferee's are to comply with one for one razor swap. Transferee's refusing to return razors to be placed on High arm's length observations until compliance is attained.
- Transferees in the MAA are to be supplied a plastic cup with sufficient liquid body wash for one shower. One 10 minute shower permitted per 24 hour period.
- All clothing to be inspected by SSA's for appropriateness for use in the MAA prior to any new issue. (IE no draw strings etc)

5th October 2014

- All toilets/showers to be inspected prior to use by transferees in the MAA, SAA to ensure the area is sterile.
- Only one transferee permitted in ablution block at any one time.
- Whiskey one to manage transferee movements from the MAA, SAA and medical isolation to and from IHMS.
- The area outside of rooms is to remain free of linen, rubbish and any items which can be used by transferees to self-harm or harm others.
- HIGH line of sight transferee's doors to remain open and line of sight maintained at all times.
- Transferees on HIGH watch must have at least one designated SSA assigned at all times, any transferees on HIGH arm's length **MUST** have two staff assigned at all times with one at arm's length and the second at line of sight. At least one staff member must be an SSA for arm's length assignments the second staff member can be a CSO.
- Ensure cutlery is counted back in and if not returned advise Behaviour Management or Shift Supervisor who will initiate measures to locate items immediately.
- Whiskey one to complete handover at end of each shift and ensure meals for transferees are ordered for the oncoming shift for the MAA, SAA and medical isolation.
- Lights out inside of accommodation areas at 2200hours in the MAA.
- All transferees on HIGH observations or in the medical isolation area must have a fluid balance chart completed whilst accommodated in these areas.
- All transferees located in the SAA on respite who are not subject to any level of observations must still as a minimum have a welfare check conducted on them every 30 minutes.
- All transferee entering the MAA,SAA and medical isolation must be searched by way of hand held metal detector and all property being brought into the areas must be searched for contraband and items that can be used to harm themselves or others.

Annexure: MAA Placement Guidelines (Including Safe Rooms)

This document outlines the criteria that must be used when determining the relocation of a person to the Managed Accommodation Area (MAA) including a Safe Room. (Attach to transferees BMP/SME documents.)

Essential Criteria (Must answer YES to <u>ALL</u> questions)	NO	YES
Is Placement reasonable and necessary, that is, is the transferee not able to be managed and controlled via constant monitoring in any other environment other than the MAA? and		
Is the transferee's level of violence such that he can only be managed and controlled by constant monitoring in the MAA? and		
Is the transferee's level of threatened violence or threatened action such that it can only be mitigated by separating the transferee from others?		
SAFE ROOM ONLY: Due to the transferees level of physical violence to high self can he only be safely managed in a Safe Room?		

Secondary Criteria (Any YES response that further supports the placement to the MAA)(Must have at least one Yes)	NO	YES
The Transferee has expressed clear intentions to attempt serious self-harm or suicide (not including food or fluid refusal).		
The Transferee has expressed clear intentions to assault or harm another person .		
The Transferee is presenting in a highly agitated or frenzied state with expressed intent to harm themselves or others.		
The Transferee is presenting in a state of excited delirium and is at risk of self-harm or harm to others.		
Constant 1:1 monitoring and engagement in a controlled sterile environment is necessary to prevent serious self-harm, suicide or harm to others.		
The Transferee's behaviour and actions will seriously impact the security and/or safety of the site, staff and/or other transferees.		
Transferee has prior occurrences with the use of a weapon.		
Transferee is known to encourage others to act in a similar manner or to incite unrest.		

Additional Factors for Consideration	NO	YES
The Transferee has existing health concerns, injuries, illness and/or diseases that may be seriously exacerbated by being placed in the MAA and placement is not supported by the treating physician.		
The Transferee has any of the following conditions and HIS recommend against placement. Claustrophobia(enclosed spaces), Nyctophobia(dark or night), Androphobia (men), Autophobia (alone), Koinoniphobia (rooms).		
Level of physical skills, military training, martial arts training, age, gender, previous history of violence, access to potential weapons.		
The transferee is over 65 years old.		
Transferee is currently on an SME care plan and placement is not supported by the treating physician.		

Placement Decision (Circle)	NO	YES
Behaviour Management Specialist		

SENSITIVE INFORMATION

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