



# **Managing Internal Secretion – Suspected or Confirmed**

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## **Background**

There is considerable evidence that prisoners who are entering or re-entering custody use internal secretion as a method of trafficking to convey prohibited and unauthorised articles into prison. This can include very significant quantities of drugs which, as well as being potentially extremely harmful to the individuals, have an injurious impact upon safe, decent and secure custody for people in custody and for staff, and impact upon rehabilitation and resettlement.

## **Purpose of this guidance**

Internal secretion poses a serious risk to health and where internal secretion is suspected or confirmed maintaining the safety of the individual concerned is a priority. This guidance should be read in conjunction with the NIPS Deployment and Operation of X-Ray Body Scanners Policy.

This guidance will cover:

- How to manage a male prisoner when an X-Ray body scan has detected an internally secreted item
- How to manage a prisoner when they cannot be, or refuse to be, x-ray body scanned and there is reasonable suspicion or intelligence that they may be concealing internally secreted items
- References to additional policy documents relevant to dealing with prohibited and unauthorised articles.

## **Scope**

This guidance applies to adult male prisoners eligible for x-ray body scanning, adult male prisoners who cannot be body scanned and female prisoners who cannot be scanned. Further guidance in relation to transgender prisoners is available in the NIPS Deployment and Operation of X-Ray Body Scanners Policy.

## **Preventing illicit items from entering the establishment**

When secreted items are detected by a positive X-Ray body scan or where an individual cannot be, or refuses to be, scanned and there is suspicion, staff need to inform as soon as possible:

- Duty Governor

- Healthcare in Prisons
- Care and Supervision Unit staff
- Security Department

### **Restriction of Association**

To prevent prohibited and unauthorised articles entering residential areas, consideration may be given to restriction of association in line with maintaining security, good order and discipline. Restriction of association allows for monitoring until the risk of secreted items to the individual and the prison population can be mitigated.

Restriction of association must meet the requirements of Prison Rule 32 (and the accompanying Rule 32 Policy and Guidance) and should be for the shortest period of time possible.

A Governor must:

- Explain to the prisoner the reasons for being placed on Restriction of association.
- Explain to the prisoner that holding items internally is highly dangerous and may result in serious illness/death.
- Ask the prisoner if he is willing to hand over the item/s.
- Inform the prisoner that he will be regularly observed by prison and healthcare in prison staff.
- He will be referred for a mandatory drugs test on suspicion if the secreted item is drugs.
- A record of the conversation will be kept on an electronic monitoring log as per the arrivals procedure for the Care and Supervision Unit.

### **Healthcare in Prisons**

Drug concealment is a potential medical emergency, it is essential to alert healthcare staff at the earliest opportunity.

The PRISM screen for X-Ray Body Scans will automatically generate an alert to Healthcare if a positive scan is recorded. However, should concerns arise over the individual's presentation and well-being, Healthcare and the Duty Governor must be informed as soon as possible by telephone or radio.

## **Observations**

Where it has been identified through an X-Ray Body Scan, or there is suspicion, that a prisoner is internally concealing prohibited or unauthorised articles, arrangements must be made to maintain observations on this individuals for safeguarding purposes. Authorisation must be sought from and approved by a Governor to place the individual under observations or camera observations. The observations must be captured on PRISM through either the CSU handheld device and “Log” or the CSU PRISM screen and “Log.” Where use of a drug recovery/camera cell has been authorised a Camera Recording Cell (CRC) authorisation form must be completed on PRISM. Observations should be conducted on an hourly basis at least, but may be required more frequently depending on the circumstances. In the event of uncertainty in relation to the level of observations advice may be sought from Healthcare in Prisons Team.

## **Dealing with non-compliance**

If the prisoner refuses or is unable to remove or pass a suspected item, the Duty Governor / a Governor must consider the risks presented by that prisoner to themselves and/or others. Any decision for the prisoner to require outside medical intervention will be made by Healthcare in Prisons.

The continuation of Restriction of association must be in line with Prison Rule 32 and, under the Rule 32 Policy and Guidance, must be justified for as long as the risk remains that the prisoner continues to internally conceal prohibited and unauthorised articles. Stays in the CSU will be proportionate, limited in use and as short a duration as is possible to reduce the risk to the individual and the prison population. It may be appropriate that a Governor requests to extend restriction of association should concerns remain regarding the risks posed by internal secretion. A representative from NIPS HQ will review all information available in assessing the extension request.

## **Rescanning to verify illicit contraband has been removed**

The operator must check the prisoner record on PRISM to ensure that a further scan would not exceed the cumulative dosage limit of 300  $\mu$ Sv per individual per calendar year (1st January – 31st December). Every instance of exposure from an X-ray body scanner in the current calendar year must be calculated using the information available on PRISM. If records are missing, the prisoner must not be scanned until it is confirmed that they have not exceeded the dosage constraint.

The frequency of rescans must be dictated by the Rule 32 recommendations issued by a Governor. When a rescan confirms the individual is no longer in possession of internally

secreted items the individual may be relocated to a residential location, if it is judged safe to so do in line with normal procedures.

### **When prohibited and/or unauthorised articles are retrieved**

If the item is accessible the prisoner must be asked to hand over the prohibited and/or unauthorised article/s. Should the individual comply they should be relocated to the Care and Supervision Unit and placed under camera observations for this purpose.

Staff who handle items removed from the anal, genital or mouth areas should take appropriate hygiene and health precautions and clinical waste procedures should be followed. Staff must wear single use disposable gloves (which are disposed of through clinical waste) with access to hand washing facilities, ensuring that any items retained in evidence are appropriately marked, transported and stored.

Similarly, where prisoners are asked to remove, or do remove, items from their anal, genital or mouth areas in response to a request, or handle items removed from those areas, they must be provided with single use disposable gloves and access to hand washing facilities.

Upon authorisation from a Governor, if a rescan confirms the item(s) has been removed the individual may be moved to a residential location if it is judged safe to so do in line with normal procedures.

### **Adjudication**

Staff can place prisoners on report for refusing or sabotaging the body scanning process, or when articles are recovered.

Where an prisoner refuses to be scanned or intentionally moves to distort the image it may be appropriate to charge the individual with an offence against prison discipline under Prison Rule 38 (22) Prison and Young Offenders Centre Rules (Northern Ireland) 1995.

Where articles are recovered from an individual after a positive scan it may be appropriate to lay a charge under Prison Rule 38 (12). The prison must also consider whether the case should be referred to the PSNI for prosecution or dealt with solely through adjudication.

### **Voluntary Admission approach**

Some prisoners may disclose a voluntary admission before being X-ray Body Scanned. In instances where prior to any search, items are surrendered by an individual a Governor may

exercise due consideration in the management of this individual. This is on the basis that it becomes apparent or there is evidence and/or intelligence to support that the individual has been coerced into conveying prohibited or unauthorised articles into the prison.

### **Preservation of evidence**

To preserve the integrity of evidence and avoid cross-contamination each individual item found must be packaged in separate bags before being passed to the relevant department and handled in accordance with Governors Orders.

### **Managing illicit substances as evidence**

Evidence bags containing drugs/suspected drugs must clearly be labelled BIO Hazard if the contents have been internally concealed or have come into contact with blood or other bodily fluids. Any items found or handed over must be retained in evidence and appropriately marked, transported and stored.

### **Managing illicit mobile phones as evidence**

Do not turn the phone on or remove the SIM card as doing so may result in a loss of valuable data. Where recovered items are heavily contaminated with faecal matter evidence bags must clearly be labelled BIO Hazard.