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COMMISSIONER'S DIRECTIVE 709

In Effect: 2015-10-13
Last Review: 2015-10-13
Due for Review: 2017-10-01

Administrative Segregation

PROGRAM ALIGNMENT	Custody
OFFICE(S) OF PRIMARY INTEREST	Correctional Operations and Programs Sector
ONLINE @	<ul style="list-style-type: none"> • http://infonet/cds/cds/709-cd-eng.pdf • http://infonet/cds/cds/709-cd-fra.pdf • http://www.csc-scc.gc.ca/policy-and-legislation/709-cd-eng.shtml • http://www.csc-scc.gc.ca/politiques-et-lois/709-cd-fra.shtml
AUTHORITIES	<ul style="list-style-type: none"> • Corrections and Conditional Release Act (CCRA), sections 3, 3.1, 4, 15.1, 27.3, 31-37, 81, 87 and 90 • Corrections and Conditional Release Regulations (CCRR), sections 6(c) and (e), 19-23, 74-82 and 97(2)
PURPOSE	<ul style="list-style-type: none"> • To contribute to the safety of staff and inmates and to the security of the institution by providing a safe and humane administrative segregation process • To ensure that the administrative segregation of an inmate occurs only when specific legal requirements are met and that restrictions are limited only to what is necessary and proportionate to meet the objectives of the Corrections and Conditional Release Act • Administrative segregation should only be used for the shortest period of time necessary, when there are no reasonable alternatives and in accordance with a fair, reasonable and transparent decision-making process based on a review of all relevant information
APPLICATION	Applies to all staff and contractors involved in the segregation process

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RESPONSIBILITIES

1. The Assistant Commissioner, Correctional Operations and Programs, has the authority to develop [Administrative Segregation Guidelines \(GL 709-1\)](#) that must be followed with respect to administrative segregation procedures.
2. The Assistant Deputy Commissioner (Assistant Deputy Commissioner, Correctional Operations, or Assistant Deputy Commissioner, Integrated Services) will:
 - a. chair the Regional Segregation Review Board for all cases over 60 consecutive days in segregation (this task may not be delegated)
 - b. report any systemic issues arising from policies, procedures or their implementation to the Assistant Commissioner, Correctional Operations and Programs.
3. The Director General, Security, will chair the National Long-Term Segregation Review Committee and review, as required, cases over 60 days where resolution has not been identified or determined following the Assistant Deputy Commissioner's review.
4. The Regional Project Officer responsible for segregation will:
 - a. conduct a review of administrative segregation cases pursuant to procedures outlined in this directive and Annex C of the [Administrative Segregation Guidelines \(GL 709-1\)](#) no later than 45 days after admission
 - b. conduct regional administrative segregation audits annually in institutions designated by the Assistant Deputy Commissioner, Correctional Operations, or Assistant Deputy Commissioner, Integrated Services, and provide regional action plans to National Headquarters

- c. visit each administrative segregation unit in the region at least once annually and develop regional action plans where required
 - d. immediately report all incidents of non-compliance to the Institutional Head and the Assistant Deputy Commissioner, Correctional Operations, or Assistant Deputy Commissioner, Integrated Services.
5. The Institutional Head will:
- a. be the decision maker for the admission, maintenance and release from administrative segregation in accordance with [sections 31 to 37](#) of the CCRA
 - b. when absent, designate, through a Standing Order, a staff member not below the level of Correctional Manager who will have the authority to admit an inmate to administrative segregation
 - c. visit the segregation unit on a daily basis. On weekends and statutory holidays, this task may be performed by a staff member who is designated by the Institutional Head to be in charge of the penitentiary. This visit consists of conducting a walk of the entire range/unit and inspecting the conditions of confinement
 - d. when not present in the institution, ensure the highest authority will complete the visit and report, in writing, to the Institutional Head the findings and the outcomes of the visit
 - e. ensure an Institutional Segregation Review Board is in place
 - f. meet with any inmate in administrative segregation at the inmate's request.

PROCEDURES

Admission

6. The Segregation Assessment Framework ([GL 709-1 – Administrative Segregation Guidelines, Annex B](#)) must be completed prior to an admission to administrative segregation.
7. Before an inmate is admitted to administrative segregation, a consultation will normally occur with the members of the Case Management Team to ensure that the admission is justified and that all alternative options have been considered. Consultation will minimally include the Parole Officer and [health care professionals](#) and may also include the Elder, Chaplain, or other relevant staff as necessary.
8. When an inmate is admitted to administrative segregation outside regular business hours, the consultation with the Case Management Team, including the Elder where feasible, will occur prior to finalizing the first-working-day review.

9. During the health care consultation, and normally prior to the admission into administrative segregation, the case will be reviewed to determine whether referral to [mental health services](#) (acute [psychiatric hospital care](#), [intermediate mental health care](#), or [primary care](#)) is appropriate. This review will be conducted pursuant to [Health Assessments for Administrative Segregation Guidelines](#). When an inmate is admitted to administrative segregation outside regular business hours, this review will take place prior to the finalization of the first-working-day review.
10. Pursuant to [CD 843 – Management of Inmate Self-Injurious and Suicidal Behaviour](#), the [Immediate Needs Checklist – Suicide Risk](#) (CSC/SCC 1433) will be completed in the Offender Management System (OMS) upon admission to administrative segregation or when the reasons for admission in administrative segregation are changed.
11. When an inmate is readmitted to administrative segregation after having been released for reasons such as court, outside hospital, temporary absence, or transfer, even if it is for a period exceeding 24 hours, and is returned to administrative segregation for the same reason/incident as before, this will be considered as a continuation of segregation admission on OMS (as outlined in [GL 709-1 – Administrative Segregation Guidelines, Annex D](#)).
12. [Without delay](#), upon admission to administrative segregation, an inmate will be:
 - a. informed of his/her right to legal counsel pursuant to [subsection 97\(2\)](#) of the CCRR and given an opportunity to contact counsel
 - b. informed that he/she can lodge complaints and grievances about administrative segregation, conditions of confinement and treatment pursuant to [section 90](#) of the CCRA and [sections 74-82](#) of the CCRR
 - c. provided with a copy of the Administrative Segregation Handbook for Inmates
 - d. informed that arrangements for an interpreter will be made if he/she does not speak or understand either official language or has a disability that requires the use of an interpreter
 - e. provided with those items and services which meet his/her individual needs, as outlined in [GL 709-1 – Administrative Segregation Guidelines, Annex A](#), notwithstanding exceptional circumstances that can be justified in accordance with [section 37](#) of the CCRA
 - f. informed of the right to engage an [advocate](#) to assist with the institutional segregation review process in the case of inmates with acute or high (elevated/substantial) level of mental health needs
 - g. informed of his/her right to have access to an Elder/Spiritual Advisor while in segregation, as well as to spiritual practices.
13. The Administrative Segregation Admission screen will be completed in OMS at the time of an inmate's admission to administrative segregation. The inmate will be notified in writing of the reasons for the admission in administrative segregation within one working day of admission

pursuant to [section 19](#) of the CCRR (as outlined in [GL 709-1 – Administrative Segregation Guidelines, Annex B](#)).

14. If there are reasonable grounds to believe that disclosure of information in relation to reasons for admission to administrative segregation would jeopardize the safety of any person, the security of a penitentiary, and/or the conduct of any lawful investigation, the Institutional Head has the authority to withhold from the inmate only as much information as is necessary to protect the interest identified. In these circumstances, the inmate should be provided with a gist, pursuant to Annex C of [CD 701 – Information Sharing](#).
15. The Institutional Head will ensure that the rationale provided in decision reports to admit an inmate to segregation:
 - a. clearly details the evidence being relied upon and includes an explanation of why that evidence is credible and persuasive
 - b. fully considers and addresses the inmate's responding submissions
 - c. is written in a manner that is justified (focusing on relevant factors and evidence) and transparent (clearly stating the basis for the decision reached), and in plain language (the result clearly derives from the reasons provided).
16. Pursuant to [section 35](#) of the CCRA, where an inmate requests to be admitted or to remain in administrative segregation and the Institutional Head does not intend to grant the request, the Institutional Head, or a staff member designated through a Standing Order, will meet with the inmate as soon as practicable to:
 - a. explain why the Institutional Head does not intend to grant the request
 - b. provide the inmate with an opportunity to make verbal or written representations.
17. The Institutional Head will review the admission decisions made by a delegate within one working day to either confirm the admission or order the release from administrative segregation. Consideration of the inmate's Aboriginal social history, mental health and health care needs, including specific consideration of available mental health treatment options, must be given in the decision to either maintain or release. The inmate will be provided with a copy of the Institutional Head's decision within two working days.

Reintegration Action Plan

18. The purpose of the Reintegration Action Plan (RAP) is to outline the actions to be taken to safely release the inmate from administrative segregation at the earliest appropriate time, and to monitor and support the inmate in the time period immediately following release from administrative segregation.
19. Following an inmate's admission to administrative segregation, a Parole Officer will meet with the inmate within two working days to explore reintegration options.

20. As part of the meeting, the Parole Officer must consider the inmate's individual static and dynamic factors, including mental health, Aboriginal social history, and physical well-being. These factors are also to be considered in the development of the RAP.
21. The results of this meeting, including reintegration options, will be documented in the Synopsis of Segregated Status for the fifth-working-day review.
22. Prior to the fifth-working-day review, a [mental health professional](#), or other mental health staff under the supervision of a mental health professional, will provide written comments concerning any mental health issues that may impact the inmate's segregation status and how his/her mental health needs can be accommodated. If mental health issues are identified, this comment will include consideration of mental health services, including whether a referral to acute psychiatric hospital care or intermediate mental health care is an appropriate alternative to segregation.
23. If the inmate remains in administrative segregation after the fifth-working-day review, the Parole Officer, in consultation with other Case Management Team members, will develop a RAP that will be consistent with the inmate's Correctional Plan (as outlined in [GL 709-1 – Administrative Segregation Guidelines, Annex B](#)).

Institutional Segregation Review

24. In accordance with [section 21](#) of the CCRR, the Institutional Segregation Review Board will conduct a hearing within five working days after the inmate's admission or following any readmission to administrative segregation, as well as within 30 calendar days of the inmate's admission. Subsequent hearings will be held at least once every 30 calendar days from the date of the last 30-day review.
25. Prior to all Institutional Segregation Review Boards, the Parole Officer will consult with health care professionals to obtain information on any health issues that may impact the inmate's segregation status and how his/her health needs can be accommodated. The outcome of the consultation will be considered and documented in the Institutional Segregation Review Board recommendation.
26. A mental health professional must be present as a permanent member of the Institutional Segregation Review Boards.
27. In cases where advocates have been identified, and taking into consideration timeframes and/or prior contact with the advocate, a member of the Case Management Team will assist the inmate to liaise with the identified contact to facilitate their attendance and participation in the Institutional Segregation Review.
28. The Institutional Segregation Review Board will be chaired by:
 - a. the Deputy Warden, at the fifth-working-day review
 - b. the Warden, at the 30th day review and all subsequent reviews. The 30-day review can be delegated to the Deputy Warden with the approval of the Regional Deputy Commissioner. This delegation will be provided in writing to the Institutional Head.

29. The Institutional Segregation Review Board hearing will be conducted and documented pursuant to [GL 709-1 – Administrative Segregation Guidelines, Annex C](#). The inmate will be present unless:
- the inmate is voluntarily absent
 - the person or persons conducting the hearing believe on reasonable grounds that the inmate's presence would jeopardize the safety of any person present at the hearing, or
 - the inmate seriously disrupts the hearing.
30. The inmate will receive notification in writing at least three working days – or any shorter period to which the inmate has consented – prior to the date and time of each Institutional Segregation Review Board hearing that will include:
- a copy of any information to be used in the review, including that which has not previously been shared
 - a gist of any information that is withheld pursuant to [subsection 27\(3\)](#) of the CCRA and [CD 701 – Information Sharing](#), and has not been previously shared
 - Commissioner's Directives and Institutional Standing Orders that are related to the hearing, at the inmate's request.
31. At the time when the aforementioned information is shared with the inmate, the inmate's intention to attend or not attend the Institutional Segregation Review Board hearing will be documented in writing.
32. The inmate and his/her advocate, where applicable, will be provided with a reasonable opportunity to present his/her case to the Institutional Segregation Review Board.
33. If the inmate is absent from the hearing for a reason referred to in [subsection 33\(2\)](#) of the CCRA, he/she will be given the opportunity to make written representations, or submit written representation prepared on their behalf, which shall be considered by the Institutional Segregation Review Board.
34. Cases will be reviewed at any time when the Institutional Segregation Review Board receives new reliable information that challenges the reasons for the inmate's admission in segregation.
35. The Institutional Segregation Review Board will make recommendations to the Institutional Head in writing, pursuant to [GL 709-1 – Administrative Segregation Guidelines, Annex C](#), addressing the inmate's maintained segregation or release from segregation. The Institutional Segregation Review Board recommendations will also consider Aboriginal social history, state of mental and physical health and health care needs, including available mental health treatment options.

36. If the decision is to release an inmate from segregation outside of the regular prescribed reviews as per [subsection 21\(2\)](#) of the CCRR, and the inmate is in agreement with the decision, an Institutional Segregation Review Board hearing is not necessary. In these cases, the recommendations to the Institutional Head will be made in writing, pursuant to [GL 709-1 – Administrative Segregation Guidelines, Annex B](#), by a staff member at a level no lower than an Assistant Warden.
37. Unless the Institutional Segregation Review Board is satisfied that the inmate must be maintained in segregation pursuant to [section 31](#) of the CCRA, the Board's recommendation must be to release the inmate from administrative segregation.
38. Pursuant to [section 34](#) of the CCRA, where an Institutional Segregation Review Board recommends the release of an inmate from administrative segregation and the Institutional Head does not concur with the recommendation, the Institutional Head will personally meet with the inmate as soon as practicable and explain the reasons for the decision. The inmate will be given an opportunity to respond in person or in writing.
39. The Institutional Head must consider the inmate's state of mental and physical health and health care needs when making segregation decisions. These considerations are to be documented in all decisions and a plan must be developed to address health care needs.
40. When an inmate has been identified as having an acute or high (elevated/substantial) level of mental health need, the chair of the Institutional Segregation Review Board will request, within one working day of the hearing, a review by the Regional Complex Mental Health Committee to assist in identifying any practical alternatives to administrative segregation.
41. When the Institutional Segregation Review Board has determined that a review by the Regional Complex Mental Health Committee is required, as above, it will be conducted within 30 days of the request.
42. In cases where the Institutional Segregation Review Board is still unable to identify alternatives to administrative segregation for cases reviewed by the Regional Complex Mental Health Committee, an expert determined by the Regional Complex Mental Health Committee will conduct an [external review](#) and make recommendations to the Institutional Head for management strategies to minimize time spent in administrative segregation.
43. The inmate will receive a copy of the Institutional Segregation Review Board recommendation and the Institutional Head's decision, within two working days following the hearing. Where a hearing has not been held, the inmate will be immediately informed of the decision to release him/her from segregation and will receive the written decision within two working days.

Regional Segregation Review

44. All regional reviews will be based on the total accumulated days in segregation – continuous status (as outlined in [GL 709-1 – Administrative Segregation Guidelines, Annex D](#)).

45. The Regional Project Officer responsible for segregation will:

- a. conduct a review at least once within the first 45 days from the date of admission to administrative segregation to ensure that all policy requirements are met, to determine whether admission in segregation continues to be justified, and whether options exist intra or inter-regionally to resolve the segregation status
- b. provide the inmate with the written outcome of the review, including information about the grievance process and the extent to which all admission options have been considered, within five working days of the 45-day review
- c. refer cases that require attention to the Regional Segregation Review Board prior to the 60-day review.

46. The Regional Segregation Review Board:

- a. will review the case of every inmate who has reached 60 days in administrative segregation, and will review such cases at least once every 30 days thereafter (The timeframe between the initial 30-day review, the 60-day review and every subsequent review must not exceed 30 days. The Board will also review any case specifically referred to determine whether the administrative segregation of the inmate continues to be justified.)
- b. will provide the inmate with a written copy of the Board's review, including information about the grievance process, within five working days of the review and may direct the Institutional Head to take recommended action in order to resolve the inmate's segregation status, including reviewing the inmate's case for transfer, if necessary
- c. will consider the inmate's Aboriginal social history, state of mental and physical health and health care needs, including available mental health treatment options.

HEALTH ASSESSMENTS AND SERVICES

47. The provision of regular health assessments, including mental health assessments, for inmates confined in administrative segregation includes the following obligations:

- a. a health care professional must visit an inmate at the time of admission or without delay to establish if there are any health concerns
- b. pursuant to [CD 800 – Health Services](#) a mental health professional, or other mental health staff under the supervision of a mental health professional, must provide a written opinion on the inmate's current mental health status, any noted deterioration of mental health and the appropriateness of a referral to mental health services (if applicable) within the first 25 days of admission to administrative segregation and an assessment of current mental health status once every subsequent 60 days (This assessment is completed pursuant to the [Institutional Mental Health Services Guidelines](#).)
- c. a health care professional must visit each inmate in administrative segregation daily, including on weekends

- d. a health care professional will provide comments to the Case Management Team in regards to physical/mental health for every Segregation Review Board.

Suicide/Self-Injury Watch

48. An inmate who is admitted in a segregation unit for the purpose of suicide/self-injury observation should not be admitted to administrative segregation under [section 31](#) of the CCRA when the sole reason for admission in the segregation unit is that it contains an observation cell. An inmate on suicide/self-injury observation will be managed pursuant to [CD 843 – Management of Inmate Self-Injurious and Suicidal Behaviour](#).
49. If the inmate is actively engaging in self-injury, a mental health professional will be contacted immediately for an assessment or, in their absence, the inmate will be placed on high suicide watch by the Correctional Manager on duty, and the inmate will be assessed by a mental health professional as soon as reasonably possible and within 24 hours. In this situation, the Immediate Needs Checklist – Suicide Risk does not need to be completed.
50. When an inmate in administrative segregation is identified as being at risk for suicide/self-injury and it is determined that the inmate will be placed on a suicide/self-injury observation level, the administrative segregation status will be maintained if it is determined that the legislative criteria governing admission continues to be met. The inmate will be managed according to this directive as well as [CD 843 – Management of Inmate Self-Injurious and Suicidal Behaviour](#).
51. When a mental health professional determines that an inmate who is originally housed in a segregation unit for suicide/self-injury observation purposes no longer needs to be under this level of observation, and it is deemed by the Institutional Head or the Officer in Charge that the inmate requires admission in administrative segregation pursuant to [section 31](#) of the CCRA, the admission will occur after discontinuation of the observation level by the mental health professional. All health considerations will be documented in the segregation admission screen in OMS.

INMATES SUBJECT TO THE MENTAL HEALTH ACT

52. Inmates who have been certified under a mental health act are to be managed in accordance with that act, and should not normally be admitted to administrative segregation.

ADMINISTRATIVE SEGREGATION RECORDS

53. The [Segregation Log](#) (CSC/SCC 0218) will be maintained in the administrative segregation area and all relevant sections of the form will be completed by all staff visiting an inmate.

ENQUIRIES

54. Strategic Policy Division
National Headquarters
Email: Gen-NHQPolicy-Politi@csc-scc.gc.ca

Commissioner,

Original signed by:

Don Head

ANNEX A

CROSS-REFERENCES AND DEFINITIONS

CROSS-REFERENCES

[CD 081 – Offender Complaints and Grievances](#)

[CD 084 – Inmates' Access to Legal Assistance and the Police](#)

[CD 259 – Exposure to Second Hand Smoke](#)

[CD 559 – Visits](#)

[CD 566-1 – Control of Entry to and Exit from Institutions](#)

[CD 566-8 – Searching of Staff and Visitors](#)

[CD 580 – Discipline of Inmates](#)

[CD 700 – Correctional Interventions](#)

[CD 701 – Information Sharing](#)

[CD 702 – Aboriginal Offenders](#)

[CD 705-3 – Immediate Needs Identification and Admission Interviews](#)

[CD 710-2 – Transfer of Inmates](#)

[CD 710-6 – Review of Inmate Security Classification](#)

[CD 720 – Education Programs and Services for Offenders](#)

[CD 726 – Correctional Programs](#)

[CD 730 – Offender Program Assignments and Inmate Payments](#)

[CD 800 – Health Services](#)

[CD 843 – Management of Inmate Self-Injurious and Suicidal Behaviour](#)

[Administrative Segregation Handbook for Staff](#)

[Health Assessments for Administrative Segregation Guidelines](#)

[Institutional Mental Health Services Guidelines](#)

DEFINITIONS

Administrative segregation: the separation of an inmate to prevent association with other inmates, when specific legal requirements are met, other than pursuant to a disciplinary decision.

Advocate: all inmates assessed with acute or high (elevated/substantial) mental health needs will be permitted the opportunity to engage an advocate to assist them with the SRB process. For the purposes of this policy, an advocate is a person who, in the opinion of the Institutional Head, is acting or will act in the best interest of the inmate.

Elder/Spiritual Advisor: any person recognized by an Aboriginal community as having knowledge and understanding of the traditional culture of the community, including the physical manifestations of the culture of the people and their spiritual and social traditions and ceremonies. Knowledge and wisdom, coupled with the recognition and respect of the people of the community, are the essential defining characteristics of an Elder/Spiritual Advisor. Elders/Spiritual Advisors are known by many other titles depending on the region or local practices. An example is Angakuks who is an Inuit shaman or medicine man.

External Review: for cases of inmates assessed with acute or high (elevated/substantial) mental health needs, where practical alternatives to segregation have not been identified during the review by the Regional Complex Mental Health Committee, an external review of the case will be ordered to assess management plans in order to help minimize time spent in segregation. This review will be done by any

person who, in the opinion of the Chair of the Regional Complex Mental Health Committee, possesses the skills and expertise necessary to render an opinion on the management strategies for an inmate, and is external to CSC.

Health care professional: an individual registered or licensed for autonomous practice in the province of practice. Individuals must operate within their scope of practice and competence. Examples include Psychologists, Psychiatrists, Physicians, Nurses, and Clinical Social Workers.

Intermediate mental health care: mental health care provided to inmates who do not need to be in a hospital, or do not consent to hospital admission, but still need more mental health care than is available at the primary care level.

Mental health professional: CSC staff and contractors who offer services for the purposes of improving an offender's mental health and are registered or licensed in Canada, preferably in the province/territory of practice. Individuals will operate within their scope of practice and competence. Examples include Psychologists, Psychiatrists, Physicians, Mental Health Nurses, and Clinical Social Workers.

Mental health services: includes intake mental health screening, comprehensive mental health assessments, primary care (i.e. treatment and other mental health interventions), intermediate mental health care, as well as psychiatric hospital care.

Primary care: mental health care provided to offenders whose mental health needs can be accommodated by mental health services offered in mainstream institutions.

Psychiatric hospital care: mental health care provided to offenders with acute mental health concerns requiring a clinical environment providing 24-hour patient care coverage.

Without delay: immediately unless there are compelling circumstances preventing immediate action and in those circumstances, the delay cannot be more than 24 hours.