



# Incident Management

## Incident Management Process

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### Custodial Operations Practice Directive

Process Owner: Custodial Operations	Security Classification: Official/Public
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### Scope

1. Human Rights
2. Limitation of Human Rights
3. Incident Management System (IMS)
4. Preparation Phase
5. [Redacted]
6. [Redacted]
7. Assault on a Corrective Services Officer
8. Post-Incident

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### Custodial Operations Practice Directive

## 1. Human Rights

It is unlawful for corrective services officers to act or make decisions in a way that is not compatible with human rights, or in making a decision, fail to give proper consideration to a human right relevant to the decision.

Giving proper consideration to human rights entails identifying human rights which may be relevant to a decision and considering whether the decision would be compatible with human rights.

A decision will be compatible with human rights when it does not limit a human right, or only limits a right to the extent that is reasonable and demonstrably justifiable.

Human rights which may be relevant include but are not limited to:

- a) recognition and equality before the law, including the right to equal and effective protection against discrimination;
- b) the right not to be treated in a cruel or inhuman way;
- c) the right to privacy and to reputation; and
- d) the right to access health services without discrimination including the right not to be refused emergency medical treatment that is immediately necessary to save the prisoner's life or prevent serious impairment.

## 2. Limitation of Human Rights

In determining whether a limitation may be reasonable and demonstrably justifiable, the following factors are relevant to consider:

- a) The nature of the human right – this involves looking at the purpose and underlying value of the human right. For example, all persons have the right to privacy and for this not to be arbitrarily interfered with.
- b) The nature of the purpose of the limitation – this involves considering the actual purpose or legitimate aim/reason for limiting the human right. For example, this practice directive limits a person's privacy by requiring collection of information relevant to the safety and security of the corrective services facility.
- c) The relationship between the limitation and its purpose – this involves considering the rational connection between the limitation of the right, and whether this will actually help to achieve the said purpose or legitimate aim. For example, collection of personal information, i.e. about health as part of incident management enables appropriate management of prisoners which in turn protects the safety and security of the corrective services facility, its staff and prisoners.
- d) Whether there are any less restrictive and reasonably available ways to achieve the purpose – this involves the necessity analysis where it is necessary to consider the purpose of the limitation and if it can be achieved in any other way. For example, appropriate placement and management of prisoners cannot be achieved if personal information is not collected during incident management.
- e) The importance between the purpose of the limitation and preserving the human right – this involves a balancing exercise of the benefits obtained by the limitation vs the harm caused to the human right. The greater the incursion of the right, the more important the purpose will need to be to justify the limitation. For example, does the importance of collecting personal information during the incident management process outweigh the limitation on a person's right to privacy?





### Custodial Operations Practice Directive

A person's human rights should only be limited to the extent that is reasonably and demonstrably justified.

### 3. Incident Management System (IMS)

A professional and consistent response to emerging incidents is recognised as crucial to managing risk through minimising harm arising from incidents and in meeting duty of care obligations. The Queensland Corrective Services (QCS) Incident Management Guide should be reviewed by all senior managers.

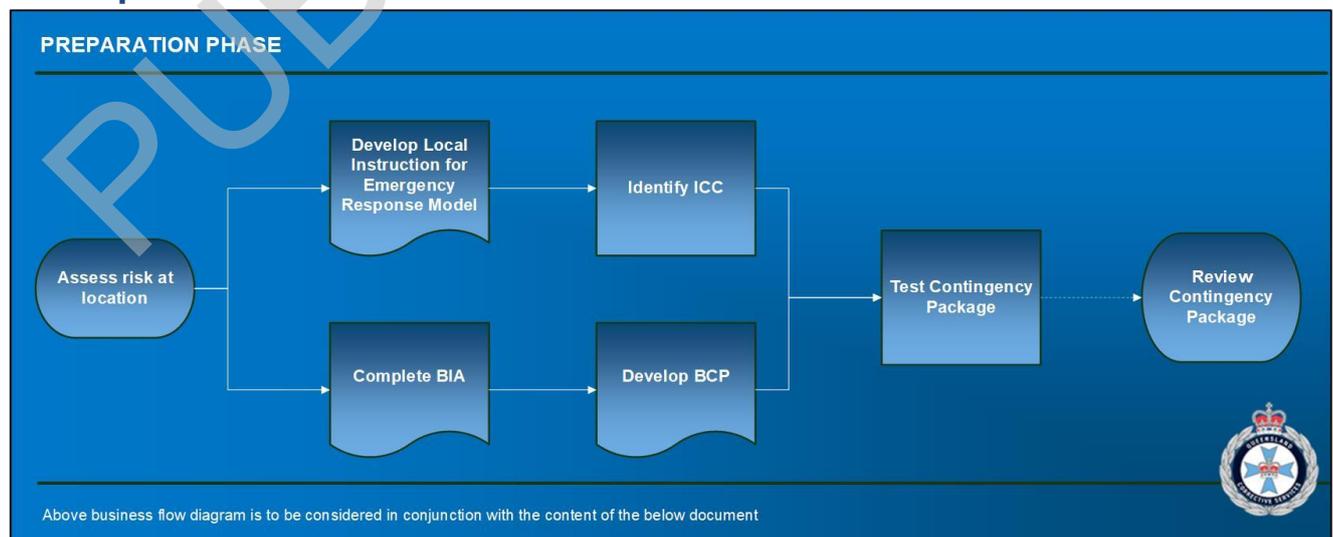
All corrective services facilities will adopt the process outlined in this COPD. The process is broken down into three phases of Incident Management:

- preparation;
- incident and response; and
- post-incident.

The Chief Superintendent of a corrective services facility must provide for the development, administration and control of emergency plans for their facility or area of operation. This includes:

- prevention of risk through an analysis program and the implementation of strategies to mitigate risks;
- preparedness through the development of individual emergency plan responses to manage identified residual risks should they occur;
- provision of a controlled response to emergency incidents being cognisant of the potential for the incident to escalate or be a diversionary event;
- a robust recovery process to ensure business continuity and ongoing improvement;
- provision of annual training for all officers identified in each Incident Response Local Instructions as having a role or responsibility in managing the plan;
- conducting regular testing and auditing through exercises and desktop appraisals to improve emergency and business continuity practices; and
- incorporation of local police, ambulance, fire services and emergency services in annual exercises.

### 4. Preparation Phase





### Custodial Operations Practice Directive

The preparation phase of the IMS involves two overarching concepts:

- Prevention** of risk through a risk assessment of the site, the implementation of strategies to mitigate those risks and the annual testing of the contingency package; and
- Preparedness** through development of individual emergency plan responses to manage identified residual risks should they occur.

These two concepts breakdown into tasks that ensure all staff are prepared and trained to respond to incidents. These tasks include:

#### 4.1 Risk assessment

Each correctional location is responsible for identifying, assessing, treating, monitoring and reporting operational risks that will impact the delivery of critical business functions.

The Risk Register Template Instructions must be completed by the Chief Superintendent or delegate as part of the risk assessment process. It is designed to guide correctional locations in identifying operational risks consistent with the Queensland Corrective Services (QCS) Risk Management Framework and QCS Risk Management Policy.

#### 4.2 Risk management framework

The Risk Register should be reviewed each quarter to ensure that the risk assessment reflects the current operating environment.

Refer to the Office of the Deputy Commissioner – Corporate Governance and Risk - Risk Management.

When conducting a risk assessment, it may be useful to consider the following:

- Use the site plans for all relevant locations.
- Liaise with other centres and share information where appropriate;
- access information contained in relevant QCS training modules that personnel may have completed.
- Consult personnel from the directorate, local emergency service agencies and local service providers.

Those risks which have a residual risk rating of high or very high must have a Local Instruction (LI) unless otherwise determined by the Chief Superintendent of the corrective services facility.

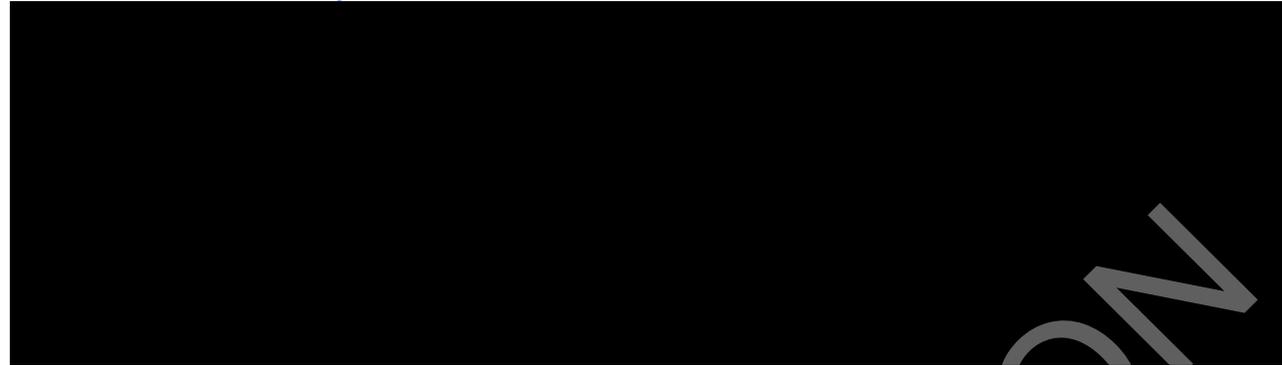
Refer to the QCS Procedure General Risk Management and this COPD.

#### 4.3 Develop Local Instructions (LI)

LIs are operational tools designed to capture information that will efficiently and effectively assist staff to respond to and conduct operations during an incident.

LIs are to be consistent with this COPD and the QCS Incident Management Guidelines and must comply with all other legislative requirements.





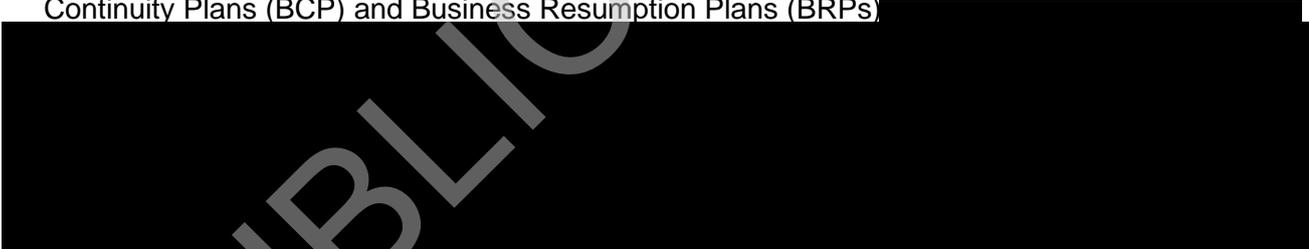
Please note a [REDACTED] Evacuation Local Instruction must also be developed as per the section 'Incident response guidelines' below, however due to the diverse nature of each facility's infrastructure there is no template Incident Response Guideline for this code.

All operational and support managers must have current and approved copies of their location's LIs readily available at all times. Personnel can access LI information from the QCS intranet or hardcopy kept in the supervisor's office. Hard copies of the LI are held in the supervisor's office for instances where no access to the intranet is possible. The supervisor must ensure that LIs are not accessible to prisoners and that it is the most current version available.

Personnel must ensure that information within LIs remain current. This information can be checked when:

- a) conducting daily/weekly checks and inspections; and
- b) undertaking exercise and training on site.

The Chief Superintendent of the facility must approve all LIs, recovery strategies, Business Continuity Plans (BCP) and Business Resumption Plans (BRPs)



#### 4.4 Identify and resource Incident Control Centre (ICC)

An appropriate primary location and alternative secondary location for an ICC must be identified in the preparation phase. It will be the location where the Incident Controller and the Incident Management Team provide direction of response activities. It must be resourced in accordance with the QCS Incident Management Guide and is to be activated by the Chief Superintendent or delegate.

#### 4.5 Exercise and test contingency package

A safety coordinator must be appointed, and a safety brief completed prior to commencing an exercise or test. The contingency package can be tested by conducting exercises whether on site or by simulation via table top or white board. Depending on the exercise objective, these exercises can range from involving only QCS to being a multi-agency activity. For support in planning an exercise refer to the Appendix IM11 Guidelines for Exercise Management. Testing the contingency package will ensure practicality of the package and provide for staff training.





### Custodial Operations Practice Directive

The Chief Superintendent is responsible for the completion of the pre-incident phase activities. All staff are responsible for completing tasks as delegated by the Chief Superintendent and participating in exercises and testing as directed.

In addition to the contingency testing of the codes identified in section 4.3 of this COPD, all corrective services facilities are to conduct a contingency exercise and provide training in relation to a Death in Custody emergency. In planning a Death in Custody contingency exercise, refer to the COPD Incident Management: Death in Custody.

Emergency exercises are to be conducted annually (interagency exercises must be completed at a minimum twice per year). BCPs must be tested once per year.

#### 4.6 Review contingency package

If any issues with the contingency package were noted during an exercise or as part of a post incident analysis and review, the contingency package must be reviewed and updated.

All LIs, Business Impact Analyses (BIAs), BCPs and BRPs must be reviewed annually or as a result of an operational debrief that reveals discrepancies.





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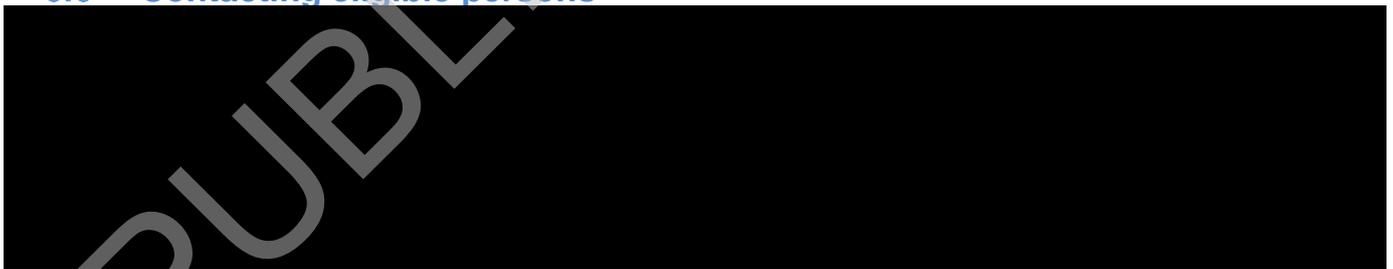


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## 6.6 Contacting eligible persons



Outside normal business hours, the Chief Superintendent of a corrective services facility is to phone the On-call SMS Manager and follow up with an email advising of the incident and the prisoner's VR status. EP contact is to be made by the On-call SMS Manager.

Refer to the Queensland Corrective Services Instrument of Delegation of Chief Executive Powers.

Refer to the Administrative Form 185 Prisoner Death in Custody – Management Checklist for contact information.





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## 7. Assault on a Corrective Services Officer

A prisoner who unlawfully assaults a working corrective services officer commits a crime which carries a maximum penalty of 7 or 14 years imprisonment, depending on the circumstances.

The greater penalty applies if the prisoner:

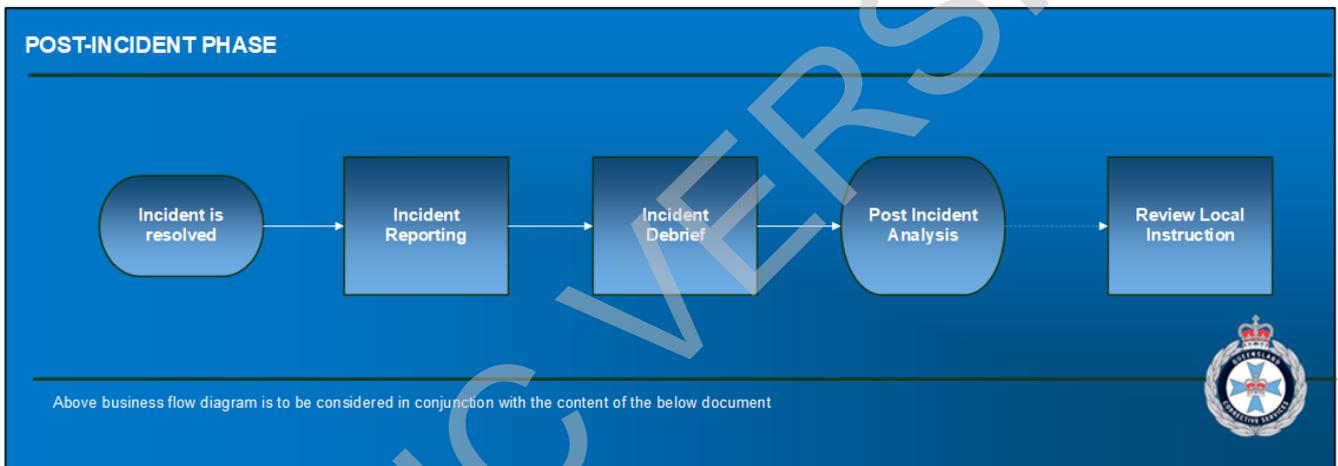
- a) bites or spits on a corrective services officer or throws at, or in any way applies to, the corrective services officer a bodily fluid or faeces;
- b) causes bodily harm to the corrective services officer; or
- c) is, or pretends to be, armed with a dangerous or offensive weapon or instrument.

Refer to section 340(2) of the *Criminal Code Act 1899*.





## 8. Post-Incident



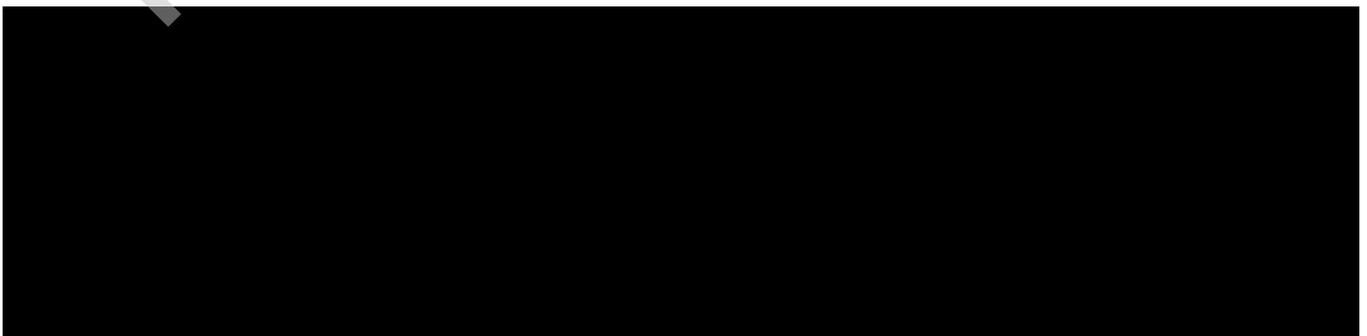
Two important tasks follow the resolution of an incident:

- a) Incident Debrief; and
- b) Post-Incident Analysis.

### 8.1 Incident debrief

An incident debrief is to occur following a critical incident or traumatic event.

Where a critical incident has occurred that requires staff to be interviewed by QPS/CSIU, an incident debrief should not commence until such time as the QPS/CSIU have interviewed those identified staff. This is to ensure the criminal investigation process is not compromised.





All persons present at the scene must participate as directed by the facilitator.

Important follow-up action includes:

- a) stress debrief and Employee Assistance Program (EAP);
- b) medical treatment (where applicable);
- c) record of injuries;
- d) complete roster variation for additional hours worked by employees; and
- e) all employees involved have a minimum 10 hours break before their next rostered shift.

For assistance in facilitating an incident debrief and a post-incident analysis refer to the Appendix IM17 Requirements for Incident Debriefing and Post Incident Analysis, the Administrative Form 193 Debrief Workshop and the Administrative Form 194 Post-Incident Analysis Report. The completed Forms and/or minutes from operational debriefs may be provided to QCS Inspectors if there is an internal investigation conducted.

## 8.2 Post-incident analysis

The debrief and post incident analysis is to provide the opportunity to:

- a) collect and collate information about the incident;
- b) review and analyse the incident response; and
- c) ensure staff wellbeing and immediate needs are met (see the Critical Incident Support resources available on the QCS intranet for the appropriate course of action).

