Queensland

Healthcare Security Youth Act 2024

Youth Act No. 3 of 2024

A Youth Act to increase security measures for frontline workers in healthcare settings to reduce rates of violence and strengthen workplace conditions

[Assented to 4 November 2024]

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The Youth Parliament of Queensland enacts—

Part 1 Preliminary

1 Short title

This Youth Act may be cited as the *Health and Other Legislation (Healthcare Security) Amendment Youth Act 2024*.

2 Commencement

This Youth Act commences on a day to be fixed by proclamation.

3 Main purposes of Youth Act

(1) The main purpose of this Youth Act is to promote the improvement of safety in health facilities with a focus on—

(a) promoting and upholding safer working conditions for frontline workers; and

(b) ensuring critical situations in health facilities are controlled where possible.

(2) The main purposes will be achieved primarily by—

(a) providing a framework for protective services officers to work in health facilities; and

(b) setting educational standards for protective services officers when working in health facilities; and

(c) providing further security training for ambulance attendants.

Part 2 Amendment of Hospital and Health Boards Act 2011

4 Act amended

This part amends the *Hospital and Health Boards Act 2011*.

5 Amendment of s 162 (Definitions for pt 8)

Section 162—

insert—

body-worn camera see the *Police Powers and Responsibilities Act 2000*, section 609A.

critical situation means—

(a) an activity or behaviour where a person is doing, or is about to do, something likely to cause grievous bodily harm to, or the death of, another person in a health facility; or

(b) an activity or behaviour causing extreme distress that needs additional support to resolve.

densely populated area means the health service areas for the following Hospital and Health Services—

(a) Gold Coast;

(b) Metro North;

(c) Metro South;

(d) Sunshine Coast;

(e) West Moreton.

Dementia Training Australia means the entity known as 'Dementia Training Australia', operated by the Dementia Australia, LaTrobe University, Queensland University of

Technology, University of Western Australia and University of Wollongong.

duress alarm means an electronic device designed to activate an alarm to alert emergency personnel of a security breach or other emergency situation.

health facility means—

(a) a public sector hospital; and

(b) a public sector health service facility; and

(c) a private health facility.

incident means any behaviour of or activity engaged in by a person in a health facility that causes a disturbance, or is likely to cause physical harm to another person.

in-home patient care visit means any healthcare treatment that occurs in a registered patient's home.

outside grounds means the areas of a health facility that are not inside a building, including all roads, paths and open spaces.

police service means the Queensland Police Service under the *Police Service Administration Act 1990*.

protective services officer see the *Police Service Administration Act 1990*, schedule 2.

regional area means the health service areas for the following Hospital and Health Services—

(a) Cairns and Hinterland;

(b) Central Queensland;

(c) Central West;

(d) Darling Downs;

(e) Mackay;

(f) North West;

(g) Torres and Cape;

(h) Townsville;

(i) Wide Bay.

registered patient means a patient that is entered into a health faculty's records.

security management plan means a plan outlining the existing and future risks possible in health facilities across Queensland.

VET accredited course means a VET accredited course within the meaning of the *National Vocational Education and Training Regulator Act 2001*.

6 Insertion of new pt 8 div 1A

After part 8, division 1A—

insert—

Division 1A Protective services officers in health facilities

Subdivision 1 Provision and ratios

126A Police commissioner to provide protective services officers

(1) The police commissioner is responsible for providing protective services officers for the security of health facilities.

(2) The police commissioner is responsible for eensuring that this subdivision and subdivision 3 are complied with.

126B Ratios of protective services officers to health professionals

(1) The minimum number of protective services officers that must be assigned to a health facility is—

(a) if the health facility is in a densely populated area—the number of health professionals divided by 10; or

(b) if the health facility is in a regional area—the number of health professionals divided by 12.

(2) If the number worked out under subsection (1) is not a whole number, the number must be rounded to the nearest whole number (rounding one-half downwards).

(3) The minimum number of protective services officers assigned to a health facility during the night must be the same as the number of protective services officers assigned to a health facility during a day.

126C Minimum number of protective services officers in certain parts of health facilities

(2) At least 1 protective services officer must be stationed in a level of a health facility if on the level there is a—

(a) health professional on that level; or

(b) a patient on that level.

(3) At least 1 protective services officer must be stationed in the outside grounds of a health facility.

(4) At least 2 protective services officers must be stationed in an emergency department within a health facility in a densely populated area.

(5) At least 1 protective services officer must be stationed in a maternity ward within a health facility in a densely populated area.

(6) At least 1 protective services officer must be stationed in an intensive care unit within a health facility in a densely populated area.

(7) At least 1 protective services officer must be stationed in a high dependency unit within a health facility in a densely populated area.

(8) At least 1 protective services officer must be stationed in a neonatal ward within a health facility in a densely populated area.

(9) At least 1 protective services officer must be stationed in a postnatal ward within a health facility in a densely populated area.

(10) The minimum number of protective services officers stated in this section is in addition the minimum number of protective services officers prescribed in section 126B.

126D Protective services officers working in health facilities to wear body-worn cameras

A protective services officer must wear a body-worn camera when working in a health facility.

Maximum penalty—20 penalty units.

Subdivision 2 Relocation incentives

126E Financial incentive scheme

The chief executive must establish and maintain a scheme which provides financial incentives for protective services officers to commence employment within a health facility.

126F Relocation incentive scheme

(1) The chief executive must establish and maintain a scheme which provides financial incentives for persons to relocate to a regional area and commence employment as a protective service officer or healthcare ambassador who works in a health facilities in the regional area.

(2) A person may only receive a financial contribution under the scheme if—

(a) the person—

(i) relocates to a regional area; and

(ii) commences employment as a protective services officer or healthcare ambassador who works in a health facility in the regional area; and

(iii) remains employed as a protective services officer or healthcare ambassador who works in a health facility in the regional area for at least 12 months; or

(b) the person—

(i) relocates to a densely populated area; and

(ii) commences employment as a protective services officer or healthcare ambassador who works in a health facility in the densely populated area; and

(iii) remains employed as a protective services officer or healthcare ambassador who works in a health facility in the densely populated area for at least 12 months.

(3) A person may only receive financial contributions under the scheme from the day the person

relocates to the day 3 years after the person relocates.

Subdivision 3 Qualifications

126G Training and requirements for protective services officers who work in health facilities

(1) Before a protective services officer begins working in a health facility, the protective services officer must—

(a) successfully complete an appropriate VET accredited course in disability support work in Queensland; and

(b) successfully complete cultural diversity training approved by the chief executive; and

(c) successfully complete de-escalation and occupational violence and agreement training approved by the chief executive; and

(d) successfully complete a mental health first aid course approved or developed by Mental Health First Aid International A.C.N. 153 480 436; and

(e) successfully complete any training, examination or supervised practice required by the chief executive.

(2) A protective service officer must complete refresher training approved by the chief executive at least one every two years after commencing as a protective services officer.

Subdivision 4 Responding to incidents

126H Responding to incidents in health facilities

(1) If there is an incident in a health facility, a protective services officer must—

(a) accompany the health professional to the incident; and

(b) respond to the incident.

(2) A protective services officer may leave their station to respond to a critical situation if no other protective services officers are responding to the incident.

(3) Nothing in section prevents a health professional from attending to or engaging with a person causing an incident without a protective services officer.

Subdivision 5 In-home patient care visits

126I Protective services officers to attend certain in-home patient care visits

(1) The police commissioner is responsible for ensuring this section is complied with.

(2) For the first, second and third in-home patient care visit with a new registered patient, at least 1 protective services officer must accompany a health professional to the in-home patient care visit.

(3) A protective services officer must attend any subsequent in-home patient care visit if requested by the health professional.

126J Safety measures for attending in-home patient care visits

(1) The police commissioner is responsible for

ensuring this section is complied with to the extent it relates to protective services offices.

(2) The chief executive and each health service chief executive is responsible for ensuring this section is complied with to the extent it relates to health professionals.

(3) A health professionals and a protective services officer must be provided with and carry a duress alarm when attending an in-home patient care visit.

(4) A health professional and a protective services officer must be located using Global Positioning System approved by the tracking when attending an in-home patient care visit.

(5) A protective services officer attending an in-home patient care visit must wear a body worn camera, unless otherwise directed by the police commissioner.

Subdivision 6 Healthcare safety and communication coordinators

126K Healthcare safety and communication coordinators

(1) At least 1 appropriately trained and experienced protective services officer who has completed the training mentioned in section 126G must be appointed by the police commissioner as the healthcare safety and communication coordinator for a health facility.

(2) A protective services officer may be appointed as the healthcare safety and communication coordinator for more than 1 health facility if the health facilities are within the same healthcare

safety and communication coordinator.

(3) A healthcare safety and communication coordinator has the following functions—

(a) overseeing the management and allocation of protective services officers within a health facility;

(b) subject to the directions and orders of the police commissioner under the *Police Service Administration Act*, directing protective service officers;

(c) ensuring that a security management plan for the health facilities the healthcare safety and communication coordinator is assigned to is developed;

(d) regularly reviewing the conduct of other protective services officers at health facility the healthcare safety and communication coordinator is assigned to;

(e) notifying the police commissioner of any concerns the healthcare safety and communication coordinator has regarding the conduct of protective services officers at health facility the healthcare safety and communication coordinator is assigned to;

(f) reviewing the allocation of protective services officers across the health facilities they are appointed for;

(g) monitoring and regularly reviewing the risks to the health and safety of staff and patients at a health facility;

(h) making recommendations to the police commissioner about the number of protective services officers allocated to a health facility;

(i) making recommendations to the police commissioner for the management of health and safety risks to staff and patients at a health facility.

Subdivison 7 Healthcare Ambassador

126LResponsibility for compliance with subdivision

(1) The chief executive is responsible for ensuring compliance with this subdivision.

(2) Each health service chief executive is responsible for ensuring compliance with this subdivision for the health facilities within their Hospital and Health Board.

126M Healthcare ambassadors

(1) There are to be health ambassadors in health facilities.

(2) A health ambassador has the following functions—

(a) observing and monitoring the behaviour of health professionals, patients, protective services officers and any other person within a health facility;

(b) conduct regular risk assessments to identify any factors that may contribute to any incidents;

(c) actively engaging with patients and visitors to reduce risk of incidents;

(d) disclosing any observations and concerns regarding a patient to their treating healthcare team;

(e) using non-physical interventions to manage behaviour or prevent an escalation in patients or visitors;

(f) engaging protective services officers when a threat of incident, or incident occurs;

(g) contributing to the security management plan for the health facility, if requested by the healthcare safety and communication coordinator.

(3) A healthcare ambassador may be a person who is not a heath professional.

(4) Health ambassadors are to be employed

(a) if the heath facility is a private health facility—by the holder of the authority for the private health facility;

(b) otherwise—as health service employees.

(5) A health ambassador may only be employed if they in section 126G.

7 Insertion of new ss 184 and 184A

After section 183—

insert—

184 Conduct causing danger to health facility workers

(1) A person must not engage in any behaviour or activity at a health facility that—

(a) threatens to endanger, or does endanger, another person's safety;

(b) causes bodily harm to another person.

Maximum penalty—500 penalty units.

(2) In this section—

health facility means—

(a) a public sector hospital; and

(b) a public sector health service facility; and

(c) a private health facility.

184A Power to deal with persons endangering others

(1) This section applies if a security officer—

(a) finds a person contravening section 184; or

(b) finds a person in circumstances that leads the officer to suspect on reasonable grounds that the person has just contravened section 184; or

(c) has information that leads the officer to suspect on reasonable grounds that a person has just contravened section 184; or

(d) reasonably believes, having regard to the way a person is behaving, that the person's presence may pose a threat to the safety of another person at, entering or leaving the health facility; or

(e) has information that leads the officer to believe, on reasonable grounds, a person's presence may pose a threat to the safety of anyone else on or leaving the healthcare facility; or

(f) reasonably believes a person is at a healthcare facility without lawful justification or excuse.

(2) The protective services officer may direct a person to leave the health facility.

(3) The protective services officer may—

(a) remove the entrant from the healthcare facility; and

(b) if the entrant is about to enter the healthcare facility, prevent the entrant from entering the healthcare facility.

(4) However, the officer must not give a direction under subsection (2) if the person requires emergency medical treatment.

(4A) If subsection (4) applies and the person will not cooperate with health professionals or the protective services officer, the protective services officer may sedate the person for the purposes of ensuring they receive the emergency medical treatment.

(5) The person must comply with the direction unless the person has a reasonable excuse for not complying with it.

Maximum penalty—30 penalty units.

(6) In this section—

emergency medical treatment means medical treatment that is necessary as a matter of urgency to—

(a) save the person's life; or

(b) prevent serious and permanent damage to the person; or

(c) prevent the person from suffering, or continuing to suffer, significant pain.

healthcare facility means

(a) a public sector hospital; and

(b) a public sector health service facility; and

(c) a private health facility.

Part 3 Amendment of Ambulance Service Act 1991

8 Act amended

This part amends the *Ambulance Service Act 1991*.

9 Insertion of new part 2, division 4

After part 2, division 4—

insert—

Division 4 Ambulance officers have powers of protective services officers

15A Definitions for division

In this division—

critical situation see *Hospital and Health Boards Act 2011*, section 162.

protective services officer means a person appointed as a protective services officer under the *Police Service Administration Act 1990*.

15B Ambulance officers may complete protective services officer training

(1) An ambulance officer, with the permission of the police commissioner, may undertake the training necessary to be appointed as a protective services officer under the *Police Service Administration Act 1990*.

(2) An ambulance officer who has undertaken the training necessary to be appointed as a protective services officer has the powers of a protective

services officer as if they were appointed as a protective services officer under the *Police Service Administration Act 1990*.

15C Conflict of responsibilities

(1) An ambulance officer who has undertaken the training necessary to be appointed as a protective services officer is not required to exercise the powers as a protective services officer and does not have the duty or responsibilities of a protective services officer.

(2) However, an ambulance officer who has undertaken the training necessary to be appointed as a protective services officer, in a critical situation—

(a) exercise the powers of a protective services officer; and

(b) has the duty and responsibilities of a protective services officer.

Part 4 Amendment of State Buildings Protective Security Act 1983

10 Act amended

This part amends the *State Buildings Protective Security Act 1983*.

11 Amendment of s 4 (Meaning of *state building*)

(1) Section 4—

insert—

(1A) Also, a private health facility is a ***state building***.

(2) Section 4(6)—

insert—

private health facility see the *Private Health Facilities Act 1999*, section 8.