



## Queensland Nurses' Union

Submission to the  
Legal Affairs and Community Safety  
Committee

### ***Weapons and Other Legislation Amendment Bill 2012***

November, 2012

## **Introduction**

The Queensland Nurses' Union (QNU) thanks the Legal Affairs and Community Safety Committee (the committee) for the opportunity to comment on the *Weapons and Other Legislation Amendment Bill 2012*.

We recognise that the proposed amendments relate to mandatory minimum periods of imprisonment for offences related to the unlawful possession, supply and trafficking of firearms in certain circumstances. In this submission we reiterate our request for specific changes to the *Weapons Act 1990* in relation to possession of knives and bladed weapons in public places.

The QNU has previously raised this matter in our submissions to the Queensland parliamentary Inquiry into Alcohol Related Violence in October, 2009 and the Review of the *Weapons Act 1990* conducted in September, 2010.

We again take advantage of a review of relevant legislation to highlight the risks that nurses face while undertaking their professional duties. Too often, nurses are exposed to members of the public who seek treatment whilst in possession of knives and bladed weapons. These people are regularly under the influence of drugs or alcohol and frequently both.

Here, we cite specific examples where nurses have been subject to threats of violence involving weapons from people accessing treatment through health care facilities.

## **About the QNU**

Nurses and midwives<sup>1</sup> are the largest occupational group in Queensland Health and one of the largest across the Queensland government. The QNU - the union for nurses and midwives - is the principal health union in Queensland. The QNU covers all categories of workers that make up the nursing workforce in Queensland including registered nurses, registered midwives, enrolled nurses and assistants in nursing who are employed in the public, private and not-for-profit health sectors including aged care.

Our more than 50,000 members work across a variety of settings from single person operations to large health and non-health institutions, and in a full range of classifications from entry level trainees to senior management. The vast majority of nurses in Queensland are members of the QNU.

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<sup>1</sup> Throughout this submission the terms 'nurse' and 'nursing' are taken to include 'midwife' and 'midwifery' and refer to all levels of nursing and midwifery including Registered Nurses and Midwives, Enrolled Nurses and Assistants in Nursing.

We therefore have a clear and comprehensive understanding of how the nursing workforce may be protected by appropriate legislative changes that are designed to make Queensland a safer place through enhanced protection for Queensland citizens in respect to weapons offences.

## **Violence in Health Care**

The health industry is the most violent industry in Australia (Perrone, 1999). This would come as no surprise to nurses working in all areas of the hospital setting. This finding is particularly valid in Emergency Departments (ED), but violence can occur in most settings across the spectrum of care. This is of real concern because individual nurses may not only sustain a physical injury, but there are potential long term risks including psychological trauma and symptoms of post-traumatic stress disorder.

The QNU's commissioned research (Eley, Hegney & Francis, 2010) found that 45% of the total respondents indicated that they had experienced workplace violence in the last three months. There were highly significant sector differences with 53% of respondents in aged care, 48% in the public sector and 34% in the private sector experiencing workplace violence in the previous three months. All of the respondent nurses who experienced violence could indicate more than one source with clients/patients/residents as the greatest perpetrators across sectors. This study did not differentiate between alcohol related and other forms of violence, but the prevalence of alcohol could be assumed to correlate to other studies (for example Crilly, Chaboyer & Creedy, 2004) where alcohol and drugs accounted for half of the incidents.

The International Council of Nurses (ICN) (2006) strongly condemns all forms of abuse and violence against nurses ranging from passive aggression to homicide and including sexual harassment. Such actions violate the nurse's right to personal dignity and integrity and freedom from harm. Of some concern to the QNU is that nurses do not report many incidents of abuse or violence for various reasons including workloads and a view that this type of behaviour from patients, relatives or visitors is 'normal'. It is not 'part of the job' and in keeping with the ICN position, in 2000 the QNU launched a 'Zero Tolerance to Violence' campaign to empower nurses to effect change in this area and to create a safe workplace.

The QNU was also a party to the Queensland Health Taskforce on Violence in Nursing. This taskforce achieved a number of important outcomes including the implementation of an 'Aggressive Behaviour Management' training program, the appointment of a statewide Principal Officer and legislative changes.

While we believe that these initiatives have been successful in raising awareness of workplace violence, the message must continue. Nurses comprise the largest professional group in the health workforce and as an occupational group they have the highest exposure to nonfatal violence (Archer-Gift, 2003). They also report the highest levels of violence among

healthcare workers (Winstanley & Whittington 2004). In Australia, violence occurs most frequently in EDs and mental health units (Benevise, Hibbert & Runciman, 2005). It is timely therefore for the committee also to consider the legislation surrounding the possession of weapons, including knives or bladed weapons, in order to protect the nurses who work in the front line of the health care industry.

## **The *Weapons Act 1990* and Ramifications for Health Facilities**

An incident in a public hospital ED has prompted the QNU's submission to this and previous reviews. The particulars of this incident relate to an emergency nurse reporting that a patient had made threats against her and produced a knife whilst within the ED.

On contacting the Queensland Police Service, discussion between hospital staff and police revealed an ambiguity around the meaning of a 'public place' as defined under the *Weapons Act 1990*.

It was the view of the police service at that time that in circumstances where a member of the public is in possession of a knife within an ED they would not be subject to section 51 of the *Weapons Act 1990*. An ED was not considered a 'public place' as defined under the Act as access to such an area requires an 'invitation', essentially voiding its status as a public place.

On that basis the QNU again makes the following recommendation:

The Queensland government amends section 51 of Schedule 2 of the *Weapons Act 1990* to read 'person must not physically possess a knife in a public place or a school, **or a health service facility** unless the person has a reasonable excuse.'

For the purposes of defining 'a health service facility', the QNU suggests that an appropriate definition for these circumstances is set out under Part 6 Section 94 of Schedule 2 to the *Hospitals and Health Boards Act 2011* which reads:

***health service facility*** means -

- (a) a public sector health service facility; or
- (b) a private health facility.

To assist the committee in its deliberations the QNU cites the following incidents members have reported to the union around knives and blade weapons being brought into Queensland Health facilities:

1. February 2009 - Townsville Emergency Department

A patient receiving treatment threatened an ED nurse with a knife which was secreted in the patient's bag. The patient accessed the weapon when he became agitated around his ability to smoke.

2. June 2010 – Mossman Hospital

An inpatient was found to have a knife on his person (hidden down his trousers). Prior to this discovery the patient had punched and threatened to kill a nurse while she was providing care. The patient was highly intoxicated at the time of the assault.

3. March 2010 – Moranbah Hospital

A patient presented to hospital wielding a knife and making threats around self-harm. Nurses contacted the Queensland Police Service and the patient was arrested.

## **Conclusion**

Clearly these examples provide an indication of the prevalence of knife related incidents in health facilities throughout Queensland.

It is appropriate that Queensland laws provide protection to the staff who work in such areas and the public who require treatment. The QNU is of the view that the inclusion of 'health service facilities' in section 51 of the *Weapons Act 1990* will provide this protection. We are aware that an earlier amendment to the Act, the inclusion of 'schools' in section 51, occurred due to similar reasoning around the meaning of 'a public place'.

We believe that the committee should take this opportunity to extend the definition of 'a public place' to include health facilities.

## References

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