

To whom it may concern.

I am writing to you in regards to the review of the security industry award 2010 review for 2019. Across two hospitals both which have large mental health facilities. I have been paid by two different award wages Level 1 (L1) and Level 3 (L3) as per the security industry award 2010. I believe that security with in the public health and mental health facility are grossly underpaid when compared to the current industry award and duties that are required.

As per the security industry Award 2010

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| <p>C.1 Security Officer Level 1 Base wage \$21.26</p> | <p>C.3.2 A Security Officer Level 3 Base wage \$22.24</p> |
| <p>C.1.1 A Security Officer Level 1:</p> <ul style="list-style-type: none"> (a) is responsible for the quality of their own work subject to general supervision; (b) works under general supervision, which may not necessarily be at the site where the officer is posted, either individually or in a team environment; (c) exercises discretion within their level of skills and training; and (d) Assists in the provision of on-the-job training. <p>C.1.2 Indicative of the tasks which an employee at this level may perform are the following:</p> <ul style="list-style-type: none"> (a) watch, guard or protect persons and/or premises and/or property at sites/locations where the complex use of computer technology is not required; (b) basic crowd control functions including at shopping centres, major events, sporting tournaments, nightclubs, sporting venues and other entertainment venues or public areas where events, concerts or similar activities are conducted; (c) be stationed at an entrance/exit, where principal duties will include the control of movement of persons, vehicles, goods/property coming out of or going into premises or property, including vehicles carrying goods of any description, to ensure that the quantity and description of such goods is in accordance with the requirements of the relevant | <ul style="list-style-type: none"> (a) works from complex instructions and procedures under limited supervision; (b) exercises good interpersonal and communications skills; (c) exercises computer skills at a level higher than Level 2; (d) assists in the provision of on-the-job training; (e) exercises discretion within the scope of this classification level; and (f) Performs work independently under limited supervision either individually or in a team environment. <p>C.3.3 Indicative of the tasks which an employee at this level may be required to perform are the following:</p> <ul style="list-style-type: none"> (a) control of movement of persons, vehicles, stock and material at gatehouses and similar locations utilising, monitoring and operating computer based systems requiring data input, including manipulation of spreadsheet based computer programs or other advanced monitoring system; (b) monitor and operate, under supervision, building operation systems terminating at a visual display unit or computerised printout, including the monitoring of complex fire alarms, water towers/chillers, temperatures and other similar building operational system functions; (c) stock and material control at computerised gatehouses and |

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| <p>document/gate pass;</p> <p>(d) respond to basic fire/security alarms at their designated post;</p> <p>(e) in performing the duties referred to above the officer may be required to use electronic equipment such as hand-held scanners and simple closed circuit television systems utilising basic keyboard skills which do not require data input;</p> <p>(f) provide safety induction to employees, contractors or visitors to the site; and</p> <p>(g) control access to and exit from an airside security zone or landside security zone at an airport.</p> | <p>similar locations requiring data input and manipulation of computer programs e.g. Microsoft Excel and other similar computer programs; and</p> <p>(d) provide safety induction to employees, contractors or visitors to the site; and</p> <p>(e) Monitor and act upon walk-through electromagnetic detectors; and/or monitor, interpret and act upon screen images using x-ray imaging and/or observation equipment, including in or in connection with airport security zones.</p> <p>C.3.4 A Security Officer Level 3 may be required to perform the duties of Security Officers at Levels 1 and 2 provided that such duties are not designed to promote deskilling.</p> |
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A security officer with in a hospital will do all of the above duties that are required of a Level 1 and Level 3 guard and more.

Security with in a hospital with mental health unit.

Assist with non-mental health patient's, whom have become a risk to self and staff that under influence of drugs and alcohol or under influence of analgesia resulting "delirium".

Assist with aggressive people whom have come into the hospital and are required to be removed for public safety and staff safety.

Assist staff, police and ambulance with patients whom are under a section 351 (Mental health act), whom are generally extremely aggressive, mentally unable to make informed decisions and are risk to self and others.

Removal of contraband that is illegal under the law and hand over to authorities.

Assist with the de-escalation of patients whom are suffering from psychosis, Major depression, borderline personality disorder, and anxiety.

Assist mental health staff with patient that are a risk to self and others whom require electro compulsive therapy.

Managing the growing rates of assault with nursing staff public and hostile public at hospitals

My career in security has spanned over 10 years working in many different environments from static security, event security, clubs, pubs and bars as well as private security work. In all those years of working in security I have never dealt with as much violence and aggression or mental health as I have at a hospital, ultimately the hospital is a place where public go to receive health care and assistance banning of these people from site is almost non-existent. Hospital security requires the above industry award criteria of level 1 and level 3 guards plus aspects of prison guards and mental health clinicians.

These are some of Incidences that have occurred to myself in particular over the past year and a half and reasons why I believe security officers in the hospital and mental health environment should be paid more:

- Several times I have ceased someone from hanging them self, had to cut people down who have partially succeed in the act of suicide.
- Deescalated client who are acutely psychotic and that have been armed with knife, used syringes scissors etc etc.
- I have had client of hospitals try to jump from heights or slit their wrists in front of staff and myself.
- Had to forcible restrain many clients whom are acute unwell extremely aggressive and are a danger to them self and public and staff. Use mechanical restraints while being spat at had blood on myself by clients whom are intravenous drug uses and likely to have blood borne virus's such as HIV, Tuberculosis, Hepatitis A , B, C.
- Conducted patient search on clients that are under mental health as per the hospital polices found used uncapped syringe, knives scissors, quant able amounts of illicit substances. Many of these clients are blood borne disease positive.
- I have had faeces thrown at me.
- Restrained clients whom have been acutely mentally unwell and covered them self in faecal matter resulting in the client having to be secluded under mental health act due to the risk of them to self and other.
- Provided assistance to staff with public whom have come to hospital and are in extreme distress resulting in a medical duties of care ensuing in restraint of person or placing individual under a medically duties of care forcing person to stay in the hospital.
- I have had to force people whom are a risk to self and other that are trying to abscond from the mental health facility back into the unit or ward.
- Deal with public whom are disheartened with care provided by hospital or have lost someone and become aggressive resulting in escalation of the individual or physical restraint, de-escalation of said person.
- Witnessed countless assaults against security, other clients, and facility staff.
- Been involved in the removal of children from a mental health clients whom are unable to care for self and children this usually resulting aggressive behaviour.
- It is becoming a requirement of the current hospital I am working in to wear a stab prof vest and body cameras, several hospitals have already applied this principle.
- Assisted with ECT therapy.
- I have personally had to stop a psychiatric patient who had run out on to extremely busy highway to kill them self. This is above and beyond duties of care and hospital policy but resulting incident would have been worse than if I did not intervene most likely mass casualty. I have heard several other incidents at other hospitals similar to this that security have stopped a mentally unwell person from causing mass damage.

I believe it would be reasonable to consider a security officer to have to come into contact with these situation occasionally. However with these incidents in a hospital environment they usually occur several times a week and more often than not.

There are many more incidents that have occurred to myself and other security guards across all hospitals in Australia, particularly hospitals that have mental health facilities and or a large mental health catchment. Hospital security are similar to a prison officer and require a level of clinical knowledge understanding of mental health and public behaviour, as well as knowledge of hospital policy when it comes to the management of acutely unwell clients and management of situation where there is no policy. You cannot simply use force to restrain someone who is under mental health and requires care, hypothetically if restraint occurred police are called where does the client end up? Not at a prison in the hospital to receive care for their illness. Resulting in security being the order response to aggressive clients.

Security officers in hospitals are the front line to incident response public and staff safety there is no knowledge of what is happening when an officer is responding to an incident just a duress alarm. The risk of being exposed to blood borne viruses and viral infection is high due to the exposure of spit, vomit, faecal matter and blood.

The growing nature of violence in hospital and the requirement of stab prof vests and body cameras is reason enough to consider a pay increase for security officers in a public health facility. Officer are unarmed in most hospitals due to the nature of health and caring for vulnerable people meaning the requirement to communicate strongly is high but generally result in a physical incident

I would say there is no training that prepares security to work with in the hospital environment it is very much so learn as you go. Most are not trained to deal with complex nature of a hospital environment or graphic nature of mental health. However most officer persist to learn and work with in the environment as they generally have an interest in the care of clients and staff and public safety.

Thank you for your time in reading this it is the reasons why I believe security officers in hospital require their own classification on pay and need to be paid more. This would help to stop incidents of underpayment that occur frequently in the security industry.

I hope to hear from you soon

Yours sincerely

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