Personal Protective Equipment for Healthcare Security Officers

Queensland Health Guideline

QH-GDL-514

1. Statement

Queensland Health (QH) requires Hospital and Health Services (HHSs) employing persons to fulfil the duties of a healthcare security officers (HSO) must provide appropriate personal protective equipment (PPE) and uniform to enhance the safety of these employees.

2. Scope

This guideline applies to all HHSs that employ persons to fulfil the duties of a HSO.

Compliance with this guideline is not mandatory, but sound reasoning must exist for departing from the recommended principles within a guideline.

3. Requirements

3.1 Minimum Uniform Requirements

Items identified within the minimum requirements should be progressed immediately.

To enhance public perception and aid in coordination during incident response, security uniform design should:

- Be easily identifiable
- Balance visibility and authority with approachability; and
- Ensure HSOs are identified as part of the broader healthcare team.

Three item issuance categories include:

- Items – individual issue
- Items – made available for use by more than one person, but may be individually issued if the HHS chooses to do so
- Item - suggested for individual purchase as part of standard uniform.

The statewide minimum uniform requirements *to be individually issued* are outlined below.

Item	Detail	Issuance
Clearly branded short sleeve polo or business shirt style	Short sleeve to ensure bare below the elbows per infection control standards.	General issue as part of base uniform
Cargo pants or suitable trousers	Ensuring sufficient durability and freedom of movement for physical tasks	General issue as part of base uniform or purchased by individual
Durable enclosed footwear	Sufficient traction for slippery environments	General issue as part of base uniform or purchased by individual
Hats	Cap or wide-brim style hat	To be issued if HSOs are expected to work outdoors

Winter Jumper / Jackets	Must offer distinct branding to ensure clear identification the wearer is a HSO	To be issued if requested by HSO

The statewide minimum uniform requirements *to be made available* are outlined below.

Item	Detail	Availability
Wet weather jackets/umbrella	The wearer must be identifiable as a HSO and available in sufficient sizing for all team members	To be made available for use when required
High-visibility vest	The wearer must be identifiable as a HSO and available in sufficient sizing for all team members	To be made available if HSOs are expected to work around moving vehicles or helipad operations

3.2 Minimum PPE and Operational Equipment Based Upon Tasks

The minimum PPE and operational equipment are outlined below. See Definitions for description of tasks.

Item	General Tasks	Physical Contact Tasks	Helipad Operation	Requirement
Basic Infection control (examination gloves, masks[1])	-	✓	-	Must be readily available in appropriate sizing. Consider allergy alternatives (e.g. non-latex).
Advanced infection control (Face Shields, N95 or P2 respirators[2], Protective gowns)	-	✓	-	Must be readily available when reasonably required. P2 respirators should be fit tested.
Body-worn cameras[3]	✓	✓	-	To be issued each shift
Safety glasses or goggles with side shields[4]	-	✓	✓	Must be available when working in environments where there is a risk of debris, bodily fluid exposure, or chemical splashes. Options must be available for HSOs who wear glasses for visual correction.
Hearing protection[5]	-	-	✓	Must be readily available
Metal-detecting search wands	-	✓	-	Accessible in locations where patient searches are typically conducted

[1] Compliant with AS4381:2015 standards
[2] Compliant with AS/NZA 4011:2020
[3] Subject to considerations under the *Information and Privacy Act 2009* and *Cyber Security Act 2024.*
[4] Compliant with AS/NSZ 1337:1:2010
[5] Compliant with AS/NZS 1270 standards

Note pads	✓	✓	✓	To be issued at commencement of employment
Torches	✓	-	✓	To be issued each shift
Two-way radios	✓	✓	✓	To be issued each shift

3.3 Optional Equipment (Individual)

Items *individual HSOs may request* to purchase and utilise, *subject to manager approval*, are outlined below. Managers must ensure items are consistent with uniform and overall presentation of the healthcare security team and appropriate to the level of risk identified by the HHS.

Item	Usage
Needle resistant gloves	May be used to search patients or property subject to lawful search procedures
Protective arm covers	May be used when escorting involuntary patients, searching patients or during Code Black responses
Sunglasses	May be used in outdoor environments
Duty belts	May be used to organise and distribute weight of essential equipment
Load-bearing vest (LBV)	May be used to distribute weight of carried equipment move evenly across the torso. It must be clearly identified that the wearer is a HSO.

3.4 Equipment at the Discretion of the HHS

Each HHS has its own unique risk profile that can influence the use of discretionary items.

The equipment listed in this section is to be used exclusively to *protect persons during a Code Black response*. Priority is placed on de-escalation techniques, with a use-of-force response only being appropriate if required to protect self or others from imminent risk of harm. The restraint of any person must be justified, applied as a last resort, using force that is proportionate to the threat, be in the least restrictive manner possible, and be terminated as soon as safe to do so.

The implementation of any discretionary operational equipment in this section is complex and nuanced. HHSs using, or considering the use any of these items must:

1. Conduct a robust risk assessment identifying the threat and vulnerabilities indicating the recommendation to utilise the discretionary item.
2. Undertake appropriate consultation with all relevant stakeholders.
3. Develop risk-based procedures for wearing and/or usage of the discretionary item.
4. Deliver competency-based training and education to all HSOs being issued and/or have access to the discretionary item.
5. Develop and maintain appropriate governance arrangements to control the authorisation, issuance, usage and maintenance of the discretionary item.
6. Establish local governance arrangements, including escalation triggers for oversight, data trends, and the notification to the Department (via workforcesecurity@health.qld.gov.au), where appropriate.

Introduced risks and implementation considerations specific to each discretionary item must be addressed.

3.4.1 Stab-Resistant Vests

The use of stab-resistant vests (SRVs) may be recommended following individual HHS risk assessment.

SRVs are purpose designed and intended to protect the wearer against stabs, slashes and cuts from edged weapons to covered areas of the torso. SRVs issued to protect HSOs should:

- Meet a minimum NIJ 0115.00 Level 1 Standard – if being worn covert (under uniform)
- Meet a minimum NIJ 0115.00 Level 2 Standard – if being worn overt (over uniform)
- Be custom fitted to the HSOs body dimensions to achieve the best results.

This includes integrated LBVs which combine the functionality of a LBVs with protection from edged weapons.

	GOVERNANCE: Implementation Checklist – SRVs
☐	Conduct a risk assessment that identifies the threat and vulnerabilities indicating the recommendation to trial and/or implement the use of SRVs for HSOs at this HHS.
☐	Adequately address: • concerns regarding the impact of heat, fatigue and comfort. • supply chain issues including the initial and ongoing sourcing of appropriately sized SRVs for HSOs. • issues related to the maintenance, laundering and infection control of SRVs.
☐	Develop risk-based procedures for the wear and usage of SRVs.
☐	Develop clear HSO expectations whilst wearing the SRV to ensure they do not expose themselves to unacceptable risk. This must be clearly communicated and understood.
☐	Ensure HSOs are appropriately trained in all approved physical techniques and accessing any carried equipment whilst wearing the SRV.
☐	Training to address operational risk factors such as additional grab points and potential for tactically inappropriate decision making must be provided.
☐	Conduct appropriate consultation with all relevant stakeholders, including but not limited to: • Security team members • Clinical teams including Mental Health, Alcohol and Other Drugs Branch • Relevant unions • First Nations leaders • Safety teams, including Health Safety Representatives (HSRs) • Other relevant community representatives.

3.4.2 Soft Shields

The use of soft shields may be recommended following individual HHS risk assessment.

A soft shield utilises multiple layers of shock absorbing foam with an interlayer of flexible puncture resistant material to enhance the shields protection capabilities. The soft shield must not feature threatening or provocative graphic or text. A series of retention straps are located around the perimeter of the rear face of the shield that allows for multiple grip angles to be utilised. Removable covers, manufactured from lightweight durable materials may be used in conjunction with the soft shield to allow for ease of maintenance and cleaning where the possibility of bodily fluids and blood-borne pathogens are present.

They are used primarily as a tool for self-defence or defence of another in high-risk situations, or when restraining a highly combative person in a closed environment. The use of force must be proportionate to the threat and ensure the least restrictive practices.

Soft shields are not regulated under Queensland legislation and there are no restrictions on their possession. The soft shield should only be utilised when there is no less restrictive option available to ensure the safety of the patient or other persons.

Staff owe a duty of care to exercise reasonable care and skill in the performance of their professional duties. To discharge this duty of care, it must be ensured that the utilisation of soft shield is reasonable and applied by competent users.

	GOVERNANCE: Implementation Checklist – Soft Shields
☐	Conduct a risk assessment that identified the threat and vulnerabilities indicating the recommendation to trial and/or implement the use of soft shields by HSOs at this HHS.
☐	Risk-based procedures for the usage of soft shields must be created.
☐	Issues relating cleaning and infection control of soft shields must be adequately addressed.
☐	Appropriate training in the usage of soft shields must be provided to teams involved in their operation. Training must be refreshed at least annually.
☐	All incidents involving the usage of the soft shield must be documented and reviewed appropriately.
☐	Conduct appropriate consultation with all relevant stakeholders, including but not limited to: • Security team members • Clinical teams including Mental Health, Alcohol and Other Drugs Branch • Relevant unions • First Nations leaders • Safety teams, including Health Safety Representatives (HSRs) • Other relevant community representatives.

4. Aboriginal and Torres Strait Islander considerations

Cultural sensitivities and considerations should be factored into the selection of uniform and equipment for HSOs, specific to the HHS facility and community environment.

5. Human rights

The *Human Rights Act 2019* was considered in the development of these guidelines and no direct impacts were identified.

6. Legislation

Reference to requirements are set out in the following legislation:

- *Criminal Code Act 1899*
- *Hospital and Health Board Act 2011*
- *Human Rights Act 2019*
- *Mental Health Act 2016*
- *Public Health Act 2005*
- *The Guardianship and Administration Act 2000*
- *Weapons Act 1990*
- *Work Health & Safety Act 2011*
- *Weapons Categories Regulation 1997*
- *Work Health & Safety Regulation 2011.*

7. Definitions

Term	Definition
Code Black	An emergency response to an active threat of injury to others that may be armed or unarmed. The emergency response to an armed and unarmed threat is different.
Security Duties – General Tasks	General security duties not requiring physical contact with other persons, including: • Static postings to act as deterrent or surveillance • Responding to building/fire alarms (not including personal duress alarms) • Patrols of premise either on foot or motor vehicle

Security Duties – Physical Contact Tasks	Duties that require contact with a patient, consumer, or visitor and/or their property as part of lawful security operations, including: • Responding to Code Black personal emergencies • Responding to activation of personal duress alarms • Restraining patients or consumers under the lawful direction of clinical staff • Assisting clinicians with searching patients, consumers or visitors if lawfully directed to do so
Soft Shield	Refers to an item utilising multiple layers of shock absorbing foam with an interlayer of flexible puncture resistant material to enhance the shields protection capabilities. A series of retention straps are located around the perimeter of the rear face of the shield that allows for multiple grip angles to be utilised. They are used primarily as a tool for self-defence or defence of another in high-risk situations, or when restraining a highly combative person in a closed environment.
Stab-resistant Vests	Any vest designed and intended to protect the wearer against stabs, slashes and cuts from edged weapons. This includes integrated LBVs which combine the functionality of a LBV with protection from edged weapons.

8. Approval and implementation

Guideline Custodian	Contact Details	Approval Date	Approver
Workforce Security	workforcesecurity@health.qld.gov.au	9 October 2025	Chief Human Resource Officer

9. Version control

Version	Date	Comments
1.0	August 2025	New Guideline