

Department of Health

health

# Deter, detect and manage

A guide to better management  
of weapons in health services

*deter*

detect

manage

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Authorised and published by the Victorian Government, 50 Lonsdale Street, Melbourne.  
December 2011 (1109052)

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# Introduction

## Background

Health services can often be highly-charged environments that are impacted by the communities in which they exist. Unfortunately, the use of weapons and dangerous articles is prevalent in society, permeating health services and leading to a potential for exposure to occupational violence. There is an ongoing need to be aware of the rights and responsibilities in relation to weapons management within health services and to ensure local policies are developed and implemented.

A proactive approach is required in relation to the deterrence, detection and management of weapons. In addition, a legislative framework to govern control of weapons and detailed information regarding the various types of weapons in the community are required.

*The Victorian Taskforce on Violence in Nursing Final Report (2005)* identified the need for a coordinated approach to the management of weapons and dangerous articles within health care settings, including consideration of the issues of search, seizure, storage and disposal or return of such items. These issues were explored during the implementation process at which time it was acknowledged that these matters required further review.

On 1 November 2010, amendments to the *Firearms Act 1996* and the *Control of Weapons Act 1990* came into effect allowing for specified health professionals, health service security staff and ambulance workers (operational staff members) to be exempt from breaches of these acts in regard to seizure and temporary storage ('possession') of weapons in the course of their duties. Appendix 3 provides detailed information about the implications of these amendments for Victorian health services.

Health services are encouraged to continue developing and reviewing specific policies and procedures, in consultation with their own local police and legal counsel, that combine a prevention and deterrence approach with clear direction about how weapons (if detected) are managed. This approach needs to comply with legislation, while ensuring the safety of all staff, clients<sup>1</sup> and visitors.

This recently reviewed document provides direction and advice about the key issues to be considered.

## Purpose of this guide

This guide aims to assist and inform public health services about the deterrence, detection and management of weapons and dangerous articles within health care settings. It uses a principle-based approach underpinned by legislation and an occupational health and safety framework to address matters including:

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<sup>1</sup> In this document, the term 'client' is used inclusively to refer to all those who are the recipients of services provided by health, community and aged care providers.

- carriage of firearms and non-firearm weapons by staff, clients and visitors (including lawfully-authorized users) within health care services
- detection of firearms and non-firearm weapons by health services and their employees
- documentation and reporting requirements in relation to firearms and non-firearm weapons within health care settings.

The guide recognises the importance of public health services providing prompt, effective clinical management and compassionate care of clients, while at the same time ensuring the safety of staff and others.

As part of the wider Department of Health's policy framework for preventing and managing occupational violence in Victorian public health care settings, the guide marks a shift from a reactive, emergency-situational focus to one that systematically and proactively deters and manages firearms and non-firearm weapons in health services. The management of violent or aggressive individuals who are unarmed is not covered by this guide.

## Clarifying terms

The different terms commonly used to describe 'weapons' have contributed to uncertainty and lack of clarity regarding the management of weapons in health care settings. Drawing on the relevant legislative framework, the guide uses the collective term 'firearms and non-firearm weapons' when referring to any item that can be potentially used as a weapon.

This collective includes the following three groups:

- Group A:** **Firearms** – as defined in *Firearms Act 1996* (including replica or imitation).
- Group B:** **Non-firearm weapons** – those items defined as 'prohibited weapons' and 'controlled weapons' under the *Control of Weapons Act 1990*, such as knives, swords, extendible batons.
- Group C:** **Dangerous articles**<sup>2</sup> – everyday items either adapted for use as a weapon or carried with the intention of being used as a weapon.

These three groups illustrate a hierarchy of risk which is reflected in the different mechanisms of authorisation and control in legislation. All three groups are regulated, with specific rights and responsibilities about the use and carriage of such items that users or owners and health services are required to understand and comply with. To assist health services, this guide identifies the key principles and operational and procedural aspects specific to each group, as well as some principles that are common to all three. A summary of the types of firearms and non-firearm weapons, the legislation and the authorisation processes for each is included in Appendix 1.

2 In legislation (*Control of Weapons Act 1990*), dangerous articles are a category of non-firearm weapons; however from the perspective of health services, they require a different operational approach from other non-firearm weapons.

## Health services–Victoria Police partnerships

The aim of weapons legislation is to reduce the general availability of weapons to the public, thereby decreasing the risks of crime and injury due to misuse. A key strategy for the successful integration of the principles contained in this guide is formal collaboration between public health services and Victoria Police to deter, detect and manage firearms and non-firearm weapons.

It is considered imperative that health service–police partnerships are established at the local level to support implementation of the principles in this guide. Existing police liaison committees may form the basis of the health service–police partnership, although the role of the partnership should go beyond liaison to form joint local agreements and procedures to deter, detect and manage firearms and non-firearm weapons in individual health services.

In 2010–2011, 11 health services were funded to participate in the *Building better partnerships* (BBP) initiative, an opportunity to identify ways to improve the interface of health services and other key agencies (in particular, police) across a range of different situations and contexts.

Five high impact interventions were identified by the 11 demonstration sites as part of the BBP initiative. The five interventions are:

1. Commit to continuously building shared understanding of each other's (agency's) roles, strengths and limitations
2. Formalise joint agreements, policies & procedures
3. Actively manage occupational violence incidents from occurrence through to review
4. Focus on enhancing processes for managing absconding/missing patients/clients, and
5. Optimise the patient/client handover process.

If adopted, these interventions will positively contribute to best practice interagency management of issues that occur at the interface of healthcare and police, including the issue of weapons within health services.

# Principles for managing firearms and non-firearm weapons within health care settings

The following principles provide guidance on how firearms and non-firearm weapons should be managed by health services and provide a framework for health services to develop their own specific operational policies and procedures. The principles are applied equally to all persons in the health service (staff, contractors, volunteers, visitors and clients) and recognise that as employers, public health services are responsible for ensuring a safe environment for all those in 'the workplace', which includes outreach teams, home care or mobile services.

## 1. General principles relating to all firearms and non-firearm weapons

The following principles pertain to all firearms and non-firearm weapons including dangerous articles:

### Safety first

- Principle 1.1** Under the Victorian *Occupational Health and Safety Act 2004* and relevant Australian standards, the safety of clients, visitors and staff within health care settings is the overriding priority. Health service employees have an obligation to act based on a risk assessment, in a way that enables clients to receive medical or clinical care without endangering themselves or others. This may include delaying treatment until a risk assessment is undertaken, taking action to minimise the risk and contacting the local police for assistance or advice, and is in accordance with the *Victorian Public Hospital Patient Charter (2002)*.
- Principle 1.2** The presence of firearms or non-firearm weapons in a health care setting poses an increased risk to the health and safety of the community (staff, clients, and visitors). Under occupational health and safety legislation and regulation, health services are required to manage such risks and provide a safe environment.
- Principle 1.3** Health services provide care to vulnerable groups (for example, confused, elderly and juvenile clients) in public spaces where illness and highly-charged emotional states coexist. In this context, the presence of weapons, including dangerous articles, poses an even greater risk to clients, visitors and staff alike. Health services need to manage such risks irrespective of a person's need for medical care, their authority to carry a weapon, or their competence to manage their own weapon.

## Deterring and preventing

- Principle 1.4** Health service providers, including ambulance services, have an obligation to keep each other informed (whether transferring clients into, out of, or within health care facilities) about any actual or potential risks a client may pose, because of identified or known dangerous behaviour, including use or possession of weapons.
- Principle 1.5** The best way to protect staff, clients and visitors is to deter individuals from bringing firearms and non-firearm weapons into health services. Health service weapons policies should apply equally to all those entering the workplace. The message that firearms and non-firearm weapons are not permitted on health services premises and that refusal of entry may result if a person is found in possession of a weapon, should be clearly communicated to all staff, clients and visitors, and reflected in local policies and procedures.
- Principle 1.6** Local health service weapons policies need to integrate emergency/incident management responses (such as Code Black) **and** ongoing strategies to proactively deter, detect and manage firearms and non-firearm weapons.
- Principle 1.7** Crime Prevention through Environmental Design (CPTED) principles should be consistently applied to the workplace to reduce the risks to staff, clients and visitors from firearms and non-firearm incidents and to help deter, detect and manage firearms and non-firearm weapons in health services.
- Principle 1.8** Health service employees do not have special privileges or status to search for firearms and non-firearm weapons. A health service may, however, impose **consent to be searched for weapons** as a condition of entry to health premises. Clear local search policies and procedures using a risk assessment approach should be established by each health service, and should include clear direction to guide actions if staff, clients or visitors decline a search, or where an individual's ability to consent to a search is impaired.<sup>3</sup>
- Principle 1.9** If a search is to be conducted, it should be undertaken with sensitivity and respect for a person's dignity. The level of intervention should be proportionate to the reason for the search and should ensure staff safety.<sup>4</sup>

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<sup>3</sup> Imposing 'consent to be searched for weapons' as a condition of entry to health premises may help deter people from bringing weapons into health services.

<sup>4</sup> Each health service should develop its own search policy which clearly states the **need for consent**, who can conduct a search, the precise process to follow when conducting a search and who is authorised to refuse entry if a person refuses to consent to a search. Health services need to determine their own screening activities but in most contexts no-contact screening activities should be sufficient. Examples of no-contact screening include requesting a person to empty their pockets or open their bags for a visual check, or temperature, x-ray and metal detection scanning (including the use of electronic wands).

## Meeting compliance and governance requirements

- Principle 1.10** Legislation controls the possession and use of firearms and non-firearm weapons (refer appendix 1); so the actions of health service employees (as for any member of the public) must be lawful, comply with the relevant legislation and be in accordance with their health service's policies and procedures.
- Principle 1.11** The effective and lawful management of firearms and non-firearm weapons in public health services requires collaboration between health services and Victoria Police (and other relevant agencies such as ambulance services). Health service–police partnership committees are the governance mechanism by which health services develop and ratify joint agreements with Victoria Police, for the deterrence, detection and management of weapons.
- Principle 1.12** Robust documentation, reporting and monitoring procedures for the management of firearms and non-firearm weapons in health services ensures that accurate data and evidence informs the evaluation and continuous improvement safety activities of health services.

## 2. Specific principles relating to Group A: Firearms

### Group A: Firearms

'Firearm' is any device:

- whether assembled or in parts
- whether or not temporarily or permanently inoperable or incomplete
- which is designed or adapted to discharge a bullet or other missile; or
- which has the appearance of an operable firearm.

The *Firearms Act 1996* is the framework for the control of firearms and any person wishing to carry or use a firearm must hold a licence under this Act.

- Principle 2.1** Under the *Firearms Act 1996*, only police have the right to search for (without consent) or confiscate firearms in the community. Health service employees do not have this right.

- Principle 2.2** Given that some officers, such as police and prison officers, are legally authorised to carry and use firearms (as well as prohibited weapons such as capsicum spray and batons) in the course of their duties, health services need to negotiate agreements with the relevant agencies regarding the appropriate authorised carriage and use of weapons within the different areas of the health service based on a risk management approach. The agreed procedures should form part of the local firearms and non-firearm weapons policy and be agreed by the local health service–police partnership.
- Principle 2.3** Police should be contacted immediately when the presence, or likely presence, of a firearm is detected in a public health service. Agreements should be negotiated to ensure that firearms are collected by Victoria Police, in accordance with agreed local procedures and timeframes. If necessary, the firearm should be safely stored, only for the purposes of making the health care facility safe, while awaiting collection by the police. After collection, Victoria Police should determine an appropriate course of action for the item.

### 3. Specific principles relating to Group B: Non-firearm weapons

#### Group B: Non-firearm weapons

For the purpose of this guide, non-firearm weapons are those items defined as ‘prohibited’ and ‘controlled’ weapons under the *Control of Weapons Act 1990*. Prohibited weapons are particularly dangerous and should only be available to persons able to display a specific need for such weapons. Controlled weapons are potentially very dangerous and more common than prohibited weapons. They can only be possessed, carried or used with a lawful excuse.

**Note: It is not an expectation that all health care workers would be able to distinguish between a prohibited and a controlled weapon.**

- Principle 3.1** All individuals known to be, or suspected of being, in possession of a non-firearm weapon, irrespective of whether they have a lawful reason for having the weapon, should be advised they may not enter the health premises whilst in possession of the weapon, thereby preventing its possible misuse by the individual or others (refer to principles 1.5 and 1.8).

- Principle 3.2** Health service procedures for responding to the detection of a non-firearm weapon (when no imminent threat to safety exists) should include steps to ensure the safety of others and interventions targeted to the category of individual involved. Employees identified as carrying a weapon may need counselling or performance management, visitors will be asked to leave the premises, and clients will be advised about the conditions under which clinical care will be provided.
- Principle 3.3** Agreements should be negotiated to ensure that non-firearm weapons are collected by Victoria Police, in accordance with agreed local procedures and timeframes. After collection, Victoria Police should determine an appropriate course of action for the item. Until police arrive, non-firearm weapons should be safely stored, only for the purposes of making the health care facility safe, while awaiting collection by, or discussion with the police, regarding the appropriate course of action for the item.
- Principle 3.4** Joint agreements that are developed and ratified by individual health services with their local police should support and guide decision making about the return of non-firearm weapons to owners who have a legitimate reason for having such an item.

#### 4. Specific principles relating to Group C: Dangerous articles (non-firearm)

##### **Group C: Dangerous articles (non-firearm)**

Dangerous articles are dealt with separately in this guide as they are objects that may potentially be used as weapons, and may, due to their design or the intention of the individual carrying them, be classified as weapons when taken out of the everyday situation in which they are intended to be used.

- Principle 4.1** Health services need to recognise and manage the potential for everyday items such as furniture and crockery, as well as items used specifically in health care such as syringes and scissors, to be used as weapons. Assessing risk associated with dangerous articles and applying a risk management methodology requires a systematic, proactive approach that includes an awareness of and recognition that different contexts, settings and clients (or groups of clients) and their clinical needs will require different approaches to ensure a safe workplace.

# Appendix 1: Summary of firearms and non-firearm weapons

Weapon type	Definition/examples	Legislation	Authorisation
Firearms	<p>'Firearm' is defined in section 3 of the <i>Firearms Act 1996</i> as any device:</p> <ul style="list-style-type: none"> <li>• whether assembled or in parts;</li> <li>• whether or not temporarily or permanently inoperable or incomplete; <b>and</b></li> <li>• which is designed or adapted to discharge a bullet or other missile; <b>or</b></li> <li>• which has the appearance of an operable firearm.</li> </ul>	<i>Firearms Act 1996</i>	Any person wishing to possess, carry or use a firearm must obtain a permit for each firearm they possess and must hold a licence under this Act.
Non-firearm weapons	<p>The <i>Control of Weapons Act 1990</i> divides non-firearm weapons into three defined categories:</p> <ul style="list-style-type: none"> <li>• prohibited weapons,</li> <li>• controlled weapons, and</li> <li>• dangerous articles.</li> </ul> <p>Details of the specific weapons are set out in the <i>Control of Weapons Regulations 2000</i>.</p>	<i>Control of Weapons Act 1990</i> and <i>Control of Weapons Regulations 2000</i>	Dependent on category of non-firearm weapon.
Non-firearm weapons 1. Prohibited weapons	<p>Prohibited weapons are particularly dangerous and should not be available in the community, except to persons able to display a specific need for such weapons. The list of prohibited weapons consists of 47 different items including certain prescribed knives such as:</p> <ul style="list-style-type: none"> <li>• flick knives</li> <li>• butterfly knives</li> <li>• daggers</li> <li>• double ended knives.</li> </ul> <p>Other prescribed items such as:</p> <ul style="list-style-type: none"> <li>• swords</li> <li>• extendable batons</li> <li>• capicum spray</li> <li>• blow guns</li> <li>• crossbows</li> <li>• martial arts weapons</li> <li>• knuckledusters.</li> </ul>	<i>Control of Weapons Act 1990</i> and <i>Control of Weapons Regulations 2000</i>	Persons wishing to possess and use these weapons must obtain a Governor in Council Exemption or a Chief Commissioners Approval.

Weapon type	Definition/examples	Legislation	Authorisation
<p>Non-firearm weapons</p> <p>2. Controlled weapons</p>	<p>Controlled weapons are potentially very dangerous but more common weapons, which can only be possessed, carried or used with a lawful excuse. These weapons include:</p> <ul style="list-style-type: none"> <li>• knives (other than those prescribed as prohibited weapons)</li> </ul> <p>Other prescribed items including:</p> <ul style="list-style-type: none"> <li>• spear guns</li> <li>• bayonets</li> <li>• batons</li> <li>• cattle prods.</li> </ul>	<p><i>Control of Weapons Act 1990</i> and <i>Control of Weapons Regulations 2000</i></p>	<p>A person can only legally possess, carry or use a controlled weapon if he or she has a lawful excuse to do so. A lawful excuse would include employment related activities; sport, entertainment or recreational pursuits; and legitimate collection, display or exhibition. Lawful excuse does not include carrying weapons for the purpose of self-defence in case of attack.</p>
<p>Non-firearm weapons</p> <p>3. Dangerous articles</p>	<p>Dangerous articles are other items either adapted for use as a weapon or carried with the intention for being used as a weapon. These articles include, for example:</p> <ul style="list-style-type: none"> <li>• a baseball bat deliberately fitted with nails so that it can be used as a weapon</li> <li>• a pair of scissors or a syringe when carried for use as a weapon.</li> </ul>	<p><i>Control of Weapons Act 1990</i> and <i>Control of Weapons Regulations 2000</i></p>	<p>Dangerous articles can only be possessed or carried in a public place with a lawful excuse, including the use of the article for the purpose for which it was intended.</p>

## Appendix 2: Suggested key elements of a health service firearms and non-firearms policy

This guide to better management of weapons for Victorian public health care services will be supported by local policies and procedures that are customised to meet specific local conditions and resources and that are reviewed by the health service's own legal services. Robust and integrated local operational policy and procedures should articulate the following aspects of detecting, deterring and managing firearms and non-firearm weapons within the specific health service context:

1. Policy context and aims that:
  - apply to the whole health service community, that is, clients, visitors and staff
  - include a clear rationale for deterring and controlling weapons
  - ensure primacy of 'safety first'
  - promote establishment of a health service–police partnership
  - include clear proactive deterrent messages (such as entry with a weapon prohibited or refusal of entry - see point 4 below).
  - identify opportunities to inform the public and reinforce the messages using positive language (admission advice sheets, signage)
  - use clear and consistent language, terminology, and weapons definitions
  - include values of respect and dignity central to operational aspects.
2. Include in, or link to, the emergency procedures within existing Code Black responses for situations involving weapons.
3. Include specific procedures for **non-emergency management**:
  - Include procedures for contacting and arranging for collection of all firearms by police when a firearm is detected.
  - Include responses and interventions for when a non-firearm is detected or when staff, a visitor or client is identified as carrying a weapon.
4. Include refusal of entry or service to those people who possess a weapon or do not consent to being searched.
5. Include as a condition of entry that clients will consent to a search if required. A person who refuses to consent to a search can be asked to leave, and a subsequent refusal to leave upon request may amount to the summary offence of trespass. [Section 9(1)(d), *Summary Offences Act 1966* (Vic)].

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5 No-contact screening activities should be sufficient. Examples of no-contact screening include requesting a person to empty their pockets or open their bags for visual check, or temperature, X-ray and metal detection scanning (including the use of electronic wands). Health service policies will clearly state who can search and how the search will be conducted. 'Searching' can only occur **with consent**. In determining the need for a search and the type of search to be conducted, the level of intervention should be proportionate to the reason for the search and should ensure staff safety.

6. Include specific procedures (separate policy) for no-contact screening activities that may be employed, noting that this may only occur with consent<sup>5</sup>
7. Identify the specific processes for negotiating entry to health services by police and other officers authorised to carry and use firearms, and firearm control.
8. Identify standards and requirements for documentation, reporting and monitoring of local policy and procedures including client records, incident management and security records.
9. Identify the specific processes for recognising and managing dangerous articles in health services.

# Appendix 3: New weapons legislation: Implications for Victorian health services

## Background

Amendments to the *Firearms Act 1996* and the *Control of Weapons Act 1990* that came into effect on 1 November 2010 have implications for health services. This information provided here highlights what health services should consider when implementing these legislative changes. The information should be read in conjunction with *Deter, detect and manage. A guide to better management of weapons in health services*, available at: [www.health.vic.gov.au](http://www.health.vic.gov.au)

## Relevant legislation

The Firearms Act, Control of Weapons Act and other relevant Acts can be accessed at: [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)

Click on **Victoria Law Today**, select **Acts** and then use the alphabetical listing to find the Act you are seeking.

## To establish compliance with amendments to the *Firearms Act 1996* and the *Control of Weapons Act 1990*, all Victorian public health services will ensure that:

- their local weapons management policies and procedures are developed and/or reviewed in consultation with their local police and legal counsel to ensure joint agreement about how weapons will be managed within their specific environment, taking into consideration variables such as access to gun safes (or agreed alternatives) and proximity of police (particularly in rural environments)
- there are clear policies and procedures that identify which workers are specified as exempt in the Firearms Act and the Control of Weapons Act, including through contractual arrangements (for example, external security contracts or 'agency' staff), as well as the specific circumstances under which the exemptions apply
- relevant policies and procedures include information about what is meant by a 'prohibited person', as set out in section 3(1) of the Firearms Act
- employment processes are in place to keep the health service informed of any *current* or *potential* employees who are 'prohibited persons' (and therefore not exempt from the specific breaches of the Acts), and that these employees and their managers are aware that the exemptions do not apply to prohibited persons
- affected staff members are aware of their responsibilities under the Firearms Act and Control of Weapons Act and that policies and procedures reflect and support lawful actions

- these legislative changes are included on the agenda of the organisation's *Police and other key agencies collaborative committee* (however titled)
- joint agreements with local police are in place regarding the processes for safe storage of weapons while awaiting collection by the police and the safe disposal of weapons
- processes are in place for accurate reporting and reviewing of incidents where health care workers need to take possession of a firearm or other weapon in the course of carrying out their duties.

**Health services are encouraged to consult their local police and legal counsel when developing or reviewing policies and procedures that are affected by these legislative changes.**

## The changes and implications for health service employers and employees

### What are the new sections in the *Firearms Act 1996* and the *Control of Weapons Act 1990*?

A new section 54AA has been inserted into the Firearms Act and a new section 7A has been inserted into the Control of Weapons Act. These new sections should be read in conjunction with other relevant sections.

### What are the exemptions?

Section 54AA of the Firearms Act exempts specified health service workers, in specific circumstances, from committing an offence when 'possessing' a firearm. Section 7A of the Control of Weapons Act exempts specified health service workers from committing an offence when 'possessing' a controlled weapon, prohibited weapon or dangerous item.

### What are the specific circumstances?

The specific circumstances under which the exemptions apply are that the health service worker, in the course of carrying out his or her duties, takes possession of a firearm or other weapon that is either:

- a) given to them by a patient; or
- b) removed from a patient; or
- c) found in the vicinity of the patient; or
- d) given to them by a health service worker who has taken possession of the firearm or weapon in one of the above circumstances.

## Which health service workers are exempt?

The exemptions only apply to the health service workers specified in the new sections of the Firearms Act and Control of Weapons Act. The specified health service workers are:

- health professionals (nurses and midwives, registered medical practitioners, registered psychologists)
- health service security guards (defined in the Firearms Act and Control of Weapons Act as ‘a security guard licensed under the *Private Security Act 2004* when working in a health service facility as a contractor or an employee’)
- ambulance workers (defined in the Firearms Act and Control of Weapons Act as ‘an operational staff member of the ambulance services as defined in the *Ambulance Services Act 1986*’).

**Note: The exemptions do not apply to a health service worker who is a ‘prohibited person’.**

## What is a ‘prohibited person’?

The definition of ‘prohibited person’ as set out in the ‘definitions’ section 3(1) of the Firearms Act includes (but is not limited to) a person who is convicted of an indictable offence or assault, or who is subject to a final order under the *Family Violence Protection Act 2008* or *Stalking Intervention Orders Act 2008*.

## In what areas do the exemptions apply?

For specified health professionals and health service security guards, these exemptions only apply within a health service facility. For ambulance workers, exemptions extend to public places. A health service facility is:

- a day procedure centre; or
- a denominational hospital; or
- a multi purpose service; or
- a private hospital; or
- a public health service; or
- a public hospital;

as defined in the *Health Services Act 1988*.

## What requirement is there to notify police?

Section 54AA (4) of the Firearms Act and section 7A (4) of the Control of Weapons Act require the police to be notified as soon as practicable after a health service worker has taken possession of a weapon. Joint agreements should be negotiated to ensure that weapons are then collected by Victoria Police, in accordance with agreed local procedures and timeframes. Principles 2.3 and 3.3 in the *Deter, detect and manage* guide continue to apply in relation to these requirements.

## References, resources and further reading

Australian Standards 1997, *Security for health care facilities - Procedure Guide*, AS4485.2 -1997, SAI Global, Sydney.

Department of Human Services 2005, *Victorian Taskforce on Violence in Nursing Final Report*, DHS Melbourne – available at <<http://www.health.vic.gov.au/nursing/promoting/noviolence>>.

Department of Human Services 2002, *Public Hospital Patient Charter*, DHS Melbourne – available at <<http://www.health.vic.gov.au/patientcharter>>.

Department of Human Services 2007, *Preventing occupational violence in Victorian health services: a policy framework and resource kit*, DHS Melbourne - available at <<http://www.health.vic.gov.au/nursing/promoting/noviolence>>.

Department of Human Services 2004, *Industry occupational health and safety interim standards for preventing and managing occupational violence and aggression in Victoria's mental health services*, DHS Melbourne – available at <<http://www.health.vic.gov.au/mentalhealth/atoz2.htm>>.

Department of Human Services 2005, *Department of Human Services-Public Hospital Sector Occupational Health and Safety Management Framework Model*, DHS Melbourne – available at <<http://www.health.vic.gov.au/ohs>>.

WorkSafe Victoria 2008, *Prevention and management of aggression in health services: A handbook for workplaces*, WorkSafe Victoria Melbourne – available at <<http://www.worksafe.vic.gov.au/wps/wcm/connect/WorkSafe>>.

### Related Victorian legislation

The following Victorian legislation has relevance to this guide as well as to how local weapons policies and operational procedures are developed and implemented. The legislation can be accessed at <<http://www.legislation.vic.gov.au>> via the 'Victorian Law Today' link in the top banner.

- *Occupational Health and Safety Act 2004*
- *Control of Weapons Act 1990*
- *Control of Weapons Regulations 2000*
- *Firearms Act 1996*
- *Firearms Regulations 1997*
- *Victims' Charter Act 2006*
- *Charter of Human Rights & Responsibilities Act 2006 (Vic)*
- *Crimes Act 1958*
- *Summary Offences Act 1966 (Vic)*



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