

Aide-Mémoire

Health New Zealand
Te Whatu Ora

Update on Hospital Security

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To:	Hon Simeon Brown, Minister of Health		
From:	Fiona McCarthy, Interim Chief Human Resources Officer		
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Contact for further discussion (if required)

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Attachments

- Appendix 1: Violence and Aggression in the New Zealand Healthcare Sector
- Appendix 2: Year 1 ED Security Improvement Programme Evaluation
- Appendix 3: Year 2 ED Security Improvement Programme Update

Purpose

1. To provide the Minister of Health with information on hospital security, specifically addressing:
 - The roles hospital security staff currently fulfil within hospital settings, and the roles they do not or cannot perform.
 - The training provided to hospital security and clinical staff, including progress with rollout and uptake.
 - Relevant work programmes underway to strengthen hospital security nationally; and
 - An overview of delivery against the funding allocated in Budget 2024.
2. This aide memoire is provided in the context of increasing complexity and seriousness of violence and aggression in healthcare settings, and outlines how Health NZ is responding through a coordinated, risk-based approach to hospital security.

Background

3. Healthcare workers in New Zealand are up to five times more likely to experience violence at work than those in other sectors¹. This reflects a broader rise in disorder and violent crime across the country. While the causes are complex and largely societal, they are beyond the direct control of Health NZ (see Appendix 1).
4. Our hospitals (and other parts of the health sector) experience two types of violence: **involuntary** (patients lacking capacity to control behaviour) and **intentional**. Data from Waitematā and Te Toka Tumai Auckland show 90-96% of escalated behaviours are involuntary, for example, where patients are sometimes cognitively impaired, impacted by some form of substance or alcohol abuse, or coping with the initial impact of an acute injury. Our response therefore requires a trauma-informed, person centred, least restrictive and culturally informed multidisciplinary response, aligned with clinical care models and Ngā Paerewa - the Health and Disability Services Standard NZS 8134:2021.
5. Health NZ promotes a “Zero Harm” approach to our security policy settings. This aligns more closely with clinical values and is more achievable than a “Zero Tolerance” approach common in policing, which can conflict with clinical care models and disproportionately affect ethnic minorities.
6. Most violence in hospitals is patient-initiated and directed at staff, who face verbal, racial, and physical abuse. Patients may also be harmed if staff are not trained in safe de-escalation and restraint techniques. Training and teamwork are essential to reduce harm.
7. Incidents and severity of abuse, threats and physical violence are both frequent and increasing. Local security teams can be challenged to effectively protect themselves, other staff, patients and visitors. These pressures highlight the need for a more specialised and nationally supported security function, to ensure consistent, safe and

¹ 2011 NZ Workplace Violence Survey: [Massey University 2011: Workplace violence in New Zealand 2011 Report.pdf](#)

coordinated responses across the health system.

8.



Overview of the National Protective Services Function

9. Health NZ has invested in a small national Protective Services Team to set standards and guidelines focused on strengthening hospital security capability. The team provides strategic leadership and coordination but does not directly manage district-level security operations. The function is transitioning from a legacy “gates and guards” model to a proactive operating model and risk-based approach aligned with Protective Security Requirements and Enterprise Security Risk Management.
10. The Protective Services Team includes subject matter experts, who provide strategy advice and support to Executive Regional Directors, Group Directors of Operations and their teams on improving healthcare security in our hospitals.
11. The team also works closely with emergency services and government security agencies to stay informed about emerging threats and best practice approaches. This collaboration ensures our security planning remains current, coordinated, and proportionate to the healthcare environment.

Current Local Security Arrangements

12. Security arrangements across Health NZ hospitals vary significantly.

Arrangements	Description	Examples / Locations
Direct Employment	Security staff directly employed by Health NZ.	50% of the 800+ security workforce
Contracted Services	Security services outsourced to external providers.	Remaining 50% of the workforce
Healthcare-Aligned Security Models	Security models tailored to healthcare settings, with improved alignment to clinical environments and risks.	Auckland, Wellington, Counties Manukau, Waitematā (metropolitan districts)

Blended Security/Orderly Roles	Staff perform both security and orderly duties.	Wellington, Hastings, Rotorua, Tairāwhiti, Nelson, Wairau
Multi-Function Roles (Phasing Out)	In rural settings, security/cleaner/attendant roles offer support or deliver security functions alongside their core duties.	Thames, Te Kuiti, Tokoroa, Taumarunui (being replaced by dedicated security staff)
Single-Function Security	Dedicated security staff with no other duties.	Many hospitals (though some lack specialist security leadership)

13. Many hospitals continue to operate under traditional security models and most face challenges due to limited overall resourcing numbers, appropriate skills and training, and aging security infrastructure. Inconsistent understanding of security risk management and underinvestment in local programmes mean there is work to do to ensure our hospitals can rapidly respond to major incidents or significant incidents of violence and aggression.
14. Local leadership teams are best placed to assess the risks and look at the balance of resources to address those risks. It will take time to move from current arrangements to a “best practice” model across the country, with the appropriate resourcing and operating model needing to have regard to a range of risk factors, for example number of incidents and severity of abuse and violence, geography, types of services offered and size of hospital.
15. The Protective Services team provides policy, advice and insights to local teams, promoting the development of data driven informed healthcare security that integrates clinically aligned security training and practices that are adaptable to local contexts and requirements. Each local team will continue to make risk, threat and vulnerability assessments of local conditions that inform their security resourcing, including staffing, needs. A network of local security leaders is active to help ensure the sharing of best practice.

Role and Limitation of Security Officers

16. Hospital Security Officers (HSOs) are responsible for maintaining a safe environment for all hospital users - staff, patients, whānau, and visitors. Their core duties include:
- Responding to incidents of violence, abuse, and other security threats such as theft.
 - Applying safe personal restraint under clinical leadership, and only when de-escalation efforts have failed. Safe personal restraint can be applied by HSOs when clinical leadership isn't available, but only when there is an imminent threat of serious harm.
 - Securing hospital property and information, responding to breaches, and escalating concerns appropriately.
17. HSOs often manage individuals exhibiting extreme behaviours, like those encountered

by Police and Corrections, but without enforcement powers, the ability to apply pain-based control and restraint techniques or tactical options (e.g. handcuffs, pepper spray, tasers). **Their legal authority is no greater than that of any member of the public.** Their role is to enable safety - not enforcement - and by extension, support the delivery of appropriate clinical care.

18. All interventions are guided by law, policy, and require clinical direction when available.

19. Security officers cannot:

- Manage major incidents involving weapons. In such cases, their role is to initiate lockdown procedures, guide people to safety, and assist emergency services upon arrival.
- Physically intervene alone, as they are trained to intervene as part of a team. They may only act alone if there is an imminent threat to life, and it is safe to do so.
- Conduct searches as they do not have legal powers of search.
- Trespass individuals as they do not have vested authority to do so, nor do they routinely have authority to refuse entry.

20. These limitations reflect the healthcare context in which security operates. A proportionate, clinically aligned approach is essential. For this reason, Health NZ maintains a strong and collaborative relationship with Police, who provide critical support in managing serious incidents and ensuring public safety.

Budget 2024 – ED Security Initiative Delivery

21. The Government has committed **\$30.848 million over four years (2024/25–2027/28)** to strengthen security in emergency departments (EDs) across New Zealand. This funding supports the **ED Security Improvement Programme**, which aims to deliver nationally designed, locally delivered best practices to make EDs safer for staff, patients, and visitors. The programme enhances Health NZ’s security framework and builds national capability to respond to evolving risks in the healthcare environment.

22. The ED Security Improvement Programme has three key deliverables, as outlined in the table below.

ED Security Improvement Programme – Key Deliverables

<p>1. ED Security Guards FY25/26 budget \$3.960m</p>	<p>The deployment of 44 FTE in eight priority EDs (5.5 FTE per hospital): Waitakere, North Shore, Auckland City, Middlemore, Waikato, Wellington, Christchurch and Dunedin Hospitals. This deliverable is complete, providing each ED with additional, permanent security guards 24/7/365.</p>
<p>2. Surge Guards FY25/26 budget \$1m</p>	<p>Funding for surge guards is available to all hospitals with EDs. In 2024/25, summer surge guards were deployed at the 21 hospitals that requested them, and summer surge funding was fully allocated.</p>

<p>3. Violence Reduction Training FY25/26 budget \$3.266m</p>	<p>The focus of the training programme is to provide guards, clinicians, doctors and other front-facing staff who work in EDs with knowledge and skills, appropriate to their roles and risk of exposure to abuse, threats and violence, to keep themselves and others safe and reduced the harms of violence at work.</p> <p>The violence reduction training was delivered to time and on budget at the eight priority hospitals in Year 1 FY24/25. These hospitals are Waitakere, North Shore, Auckland City, Middlemore, Waikato, Wellington, Christchurch and Dunedin. Training is scheduled to be delivered in 2025/26 to the remaining 30 EDs and acute care units and we expect to deliver against the full budget (see Appendix 3 for further details).</p>
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23. The violence reduction training consistently received overwhelmingly positive feedback². A team of eight security instructors and four violence reduction specialists deliver content designed for relevance to all groups of front-facing staff.
24. Year 1 training achievements are included in Appendix 2. We note that there is limited ability to provide reliable data to measure the impact of the training. We have some anecdotal feedback from district security leads who have reported significant reductions in the numbers of restraints since the training. Over time we will be better able to track impact of training on the severity of the harm.
25. The ED Security Improvement Programme (Budget 24/25) is entering its second year, funding FTE positions and training for clinicians and security teams nationwide. This intervention is seen as a critical change programme. Please see Appendix 3 for details.

Other initiatives to address the harms of violence to staff

26. Violence at Work is a 'wicked', or complex problem that requires stakeholders across the organisation to collaborate and partner internally and externally. There are multiple initiatives at national and local levels, including:
- **Prevention First eLearning:** This online module introduces staff to basic, practical de-escalation techniques and situational awareness for use when dealing with escalated individuals in a range of hospital settings. It gives participants the confidence and knowledge to call for assistance early. It is mandated for all front-facing staff and their direct people leaders and for staff who undertake Safety Intervention training. To date, just over 35,000 staff have been through the training.
 - **National Violence and Aggression Programme:** This is a key programme for Health NZ, violence and aggression is considered a critical health and safety risk for our organisation and this programme has workstreams to encourage staff to report violence and abuse and guidelines for staff in identifying and managing violence and aggression. Other examples of work across this programme include undertaking poster campaigns targeted at members of the public managing their behaviours and treating staff with respect. We are also working on extending an app for use by lone community workers.

² Appendix 2 – ED Security Improvement Programme Year 1 Evaluation

- **Local Violence and Aggression Committees:** Most districts have Violence and Aggression Committees which are multidisciplinary leadership bodies focussed on capturing data to inform decision making; reviewing incidents of violence and sharing learnings to guide better practice where appropriate; and reporting to local/district and regional decisionmakers on major incidents and developing issues and mitigations.
- **Mental Health/Police programme:** This is a key programme for Health NZ, led by Mental Health and Addictions as the organisation adapts to the changes in Police response and support for mental health. Following a comprehensive risk assessment, funding has been identified to enhance security resources in small to medium EDs in 2025/26. While final allocation of resources is still being confirmed, the current proposal would see the deployment of 12.5 FTE guards across locations such as the Bay of Islands and Kaitaia (Te Tai Tokerau), Thames (Waikato), Taupo (Lakes), Hawera (Taranaki), Wairoa (Hawke's Bay), Te Nikau (West Coast) and Lakes District hospital (Southern). This investment will also contribute to safer environments for both staff and patients.

Next steps

27. We will continue to progress work on strengthening hospital security, with a focus on training, staffing, national coordination, and the development of consistent standards and frameworks. This includes ongoing collaboration with clinical and union stakeholders and continued monitoring to guide improvements.

Appendix 1: Violence and Aggression in the NZ Healthcare Sector

International sources used to inform the greater exposure of staff in the health sector to violence and abuse.

<p>Workplace violence is the most significant security and safety risk in the healthcare sector and should be prioritised due to its prevalence and the seriousness of associated consequences.</p> <p>International statistics highlight that workplace violence is a shared, insidious and pervasive problem within the healthcare sector.</p>		
Country	Statistic	Source
USA	Healthcare workers are four times more likely to experience workplace violence than workers in other industries.	Occupational Safety and Health Administration (OSHA) report on Workplace Violence in Healthcare and Social Assistance (April 2021).
Canada	Healthcare workers were found to be five times more likely to experience violence than workers in other sectors.	Canadian Union on Public Employees (CUPE) report on Workplace Violence in the Health Sector (2019).
United Kingdom	In 2020, there were 95 report physical assaults on NHS staff every day in England alone. This equates to over 71,000 incidents of violence against healthcare workers over the course of the year and the NHS concluded that healthcare workers are at higher risk of experiencing workplace violence compared to workers in other industries.	UK's National Health Service (NHS) report (2020)
Australia	Healthcare and social assistance workers accounted for 42% of all serious claims for workplace violence in Australia in 2016-17. This suggests that healthcare workers in Australia are at a higher risk of experiencing workplace violence compared to workers in other industries.	Australian Institute of Health and Welfare report (2019).



The data shows a steady increase in reported incidents of violence and aggression across Health NZ facilities. This trend likely reflects the positive impact of staff training and a stronger organisational focus on supporting staff to report incidents. Encouragingly, while incident reporting has risen, the number of injuries and lost time injuries has remained relatively stable. This suggests that our interventions—particularly training in de-escalation

and early intervention—are helping to manage incidents more effectively and reduce harm to staff.

Workplace Violence Report by Health Work Group, Massey University

A 2011 Workplace Violence Report by the Health Work Group, at Massey University ³found that the **health sector experiences the highest rate of workplace violence** in New Zealand. This includes:

- Physical assault and attempted assault reported by 28.9% of health sector employees.
- Overall violence reported by 55.3% of health sector employees.

Compared to other industries, the health sector's physical assault rate was approximately five times higher than the next highest sector (agriculture), excluding sectors where most incidents involved property-related violence.

Key risk factors contributing to violence in healthcare settings include:

- patients affected by alcohol and drug use
- prejudice, harassment, and mental distress
- high workloads and time pressures, which heighten perceived risk.

The report also highlighted significant underreporting, especially in emergency departments, which limits organisational awareness and the ability to develop effective policy responses.

³ 2011 NZ Workplace Violence Survey: [Massey University 2011: Workplace violence in New Zealand 2011 Report.pdf](#)

Appendix 2: Year 1 ED Security Improvement Programme Evaluation

ED Security Improvement Programme Violence Reduction Training Progress to date.

Training delivery is on track and within budget, with all eight priority EDs completed in year one. Training for the remaining 30 EDs and acute care units is scheduled to start in the current year (see Appendix 3).

The collaborative approach, partnering training with local security and clinical teams, has been effective, with consistently positive feedback from staff.

Security officers report increased confidence, especially in their ability to engage effectively and safely with patients and whānau and supporting clinical staff. The training has addressed key gaps in physical intervention skills through the programme's problem-solving strategies, physical techniques, and simulation-based training.

The legislative education component has filled longstanding knowledge gaps and improved trust and collaboration, especially with the participating of management and leadership teams alongside security and other front-facing staff.

Clinical and front-facing staff have reported a shift in safety culture, including staff requesting security support during early levels of escalation, increased incident reporting and successful use of clinically aligned de-escalation techniques.

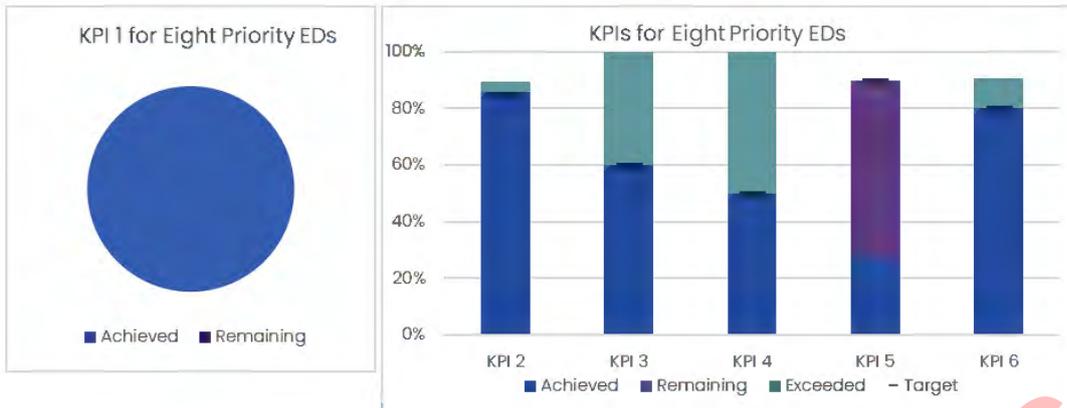
Violence Reduction Specialists have adapted training delivery to suit varied rosters, ensuring broad staff participation. Staff are applying learnings immediately and value the ongoing support and education from the programme going forward.

There is **strong interest from medical staff who have made time in their in-service sessions to attend CBIL and legal training modules**. Some have also observed security Safety Intervention training, volunteering to experience the holds themselves to better understand their effectiveness and safety. The delivery schedule has been expanded to support this growing engagement.

ED Security Improvement Programme – Year 1 Training Data (FY24/25)

Staff Group	Number Trained	Training Hours Received
Security	347	16,921
Clinical / Front-Facing	1,291	3,133
Combined Total	1,638	20,054

ED Security Improvement Programme: Eight Priority EDs



1. Security training and violence reduction support and training, to be delivered to security and clinical staff at eight priority ED's.
2. At least 85% of available ED security staff at each hospital complete training and competency assessment.
3. At least 60% of available CBILs at each hospital complete training and competency assessment.
4. At least 50% of available ED clinical staff at each hospital engage with Violence Reduction Specialists.
5. At least 90% of ED, security, clinical and support staff at each hospital complete Prevention First eLearning training.
6. At least 80% of ED, security, clinical and support staff who have participated in the programme have self-reported via survey as having increased confidence and knowledge.

Examples of Feedback from Participants

Security	Clinical
<p><i>Don't let pride get in way of asking for support when managing an escalating patient or family member.</i></p> <p><i>You never know what trauma someone has until you ask. Thank you for creating a safe space for me to open up emotionally.</i></p> <p><i>We started as individuals then by the end of the 2 weeks we had become a team with our managers next to us.</i></p> <p><i>The way they showed the restraint was really good and very clear and the fact they have done these makes it much easier to understand them.</i></p> <p><i>Safe space to speak the truth and had an understanding where we would work and improve together as a team. Feeding off each other in a positive manner.</i></p> <p><i>Tutors were amazing and gave the training that suited my style.</i></p> <p><i>Everything went well during the training but what stood out for me was the delivery of the information from the trainers and how they broke each module down. The new improved skills of holds and de-escalation techniques. The new set of knowledge built within the officers, about legislation and law.</i></p>	<p><i>Honest conversations about what we should do in situations, the physical restraint moves were really helpful too, discussions about weapons and when to call police were helpful.</i></p> <p><i>Can't believe I have never been taught any disengagements previously. Very important and empowering.</i></p> <p><i>The importance of spending time to de-escalate early.</i></p> <p><i>I learnt the crossover between mental health acts and the law and how it can help with my decision making.</i></p> <p><i>Time to discuss real scenarios to help understand the time/level of abuse and what act/response I should have done. Also more confident in understanding a code now and knowing how to escalate this.</i></p> <p><i>The full course is fantastic with a very skilled, knowledgeable instructor</i></p> <p><i>Loved working with the security team. Fun and engaging, physical escalation exercises were basic but so helpful!</i></p> <p><i>This should be mandatory for ALL ED staff. Continue this training as this helps us especially in an area of high stress and busy environment.</i></p>

Appendix 3: Year 2 ED Security Improvement Programme Update

The additional security guards in the eight priority EDs and surge resourcing remain available in Year 2. The major component of delivery in Year 2 is taking the training to the hospitals listed below.

The training continues to focus on:

- support to clinical incident leadership
- support and training to ED clinicians, medical and front-facing staff
- training for security staff, and contractors, who work in EDs.

Training will be tailored to the different hospitals and local environment conditions. Below is the timetable for that training and delivery.

Month 2025/26	Hospital(s)
August	Southland Northland (Whangārei, Bay of Islands, Kaitia)
September	Tauranga and Whakatane Taupo and Rotorua (and Tokoroa*)
October	Hawke's Bay (Hastings, Wairoa) Timaru and Oamaru
November	Taranaki and Hawera Whanganui and Palmerston North
November/December	Thames
January/February	Gisborne, Hutt Valley and Wairarapa
February/March	Lakes District Te Kuiti, Taumarunui (Tokoroa*)
March/April	Kaikoura Nelson and Wairau
April	Greymouth and Buller Ashburton
May/June	Revisit sites as required.

*Tokoroa delivery dates TBC.