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8 September 2026

By Email Only:

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RE: Occupational violence. What you told us you were doing, and what happened in the Princess Alexandra Hospital ICU

Dear Minister Nicholls, Dr Rosengren, Ms Cridland, Ms Campbell, Commissioner Pointing and Acting Commissioner Peach,

This letter asks six questions. Every one of them is about a commitment one of you has already given me in writing. I am not asking for a review, an acknowledgement, or a further period of consideration. I am asking what happened to the things we were told were happening.

I attach our letter of 26 August 2026 to the Premier and five Ministers, which sets out a 21 item reform package and, at Appendix A, the testimony of hundreds of Queensland nurses in their own words. It remains unanswered. I ask that it be read alongside this letter. On the same day we wrote separately to the Commonwealth Ministers for Health and Ageing, Aged Care and Seniors, and the NDIS about the part of this problem that is theirs. A copy is available on request.

The incident

Only a few days ago a man in police custody following a stabbing was being treated in the intensive care unit at the Princess Alexandra Hospital, guarded by two Queensland Police officers.

We are informed that he was sedated but repeatedly roused and became aggressive; that a clinical decision was made that sedation removed the need for handcuffs, so he was left in soft restraints; and that he pulled out his endotracheal tube and lines, got free of the restraints and assaulted one of the officers, coming close to gaining control of her firearm.

A patient extubating himself is a life threatening emergency on its own. A struggle over a loaded firearm in an intensive care unit puts every person in that unit at risk. ICU patients are ventilated, sedated and immobile. They cannot get up, move away or take cover. Neither can the nurses at their bedsides. This could have been a catastrophe beyond comprehension.

This is not one bad night

Occupational violence against nurses in Queensland is at crisis point, and the working assumption across the system seems to be that nurses will absorb it.

The drivers are not a mystery. Wards are holding long stay NDIS participants waiting months for a package or a placement, older people with dementia and responsive behaviours whom residential aged care will not take, mental health patients waiting for a bed, and people affected by drugs and alcohol, are some of the key issues we have raised repeatedly. A four or six bed open ward is the wrong place for every one of them. It is also the wrong place for the three other patients in the room, and for the nurse standing between them.

Two separate surveys of thousands of nurses reach the same conclusion. In August 2026 the QNMU heard from approximately 8,750 Queensland nurses and midwives. Around 80 per cent had experienced violence at work in the previous twelve months, and almost one in four said it had become normalised. Our own survey, The Real Emergency: Violence in Our Queensland Hospitals, returned hundreds of accounts saying the same thing in members' own words. It is normalised. It is

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expected. There is no consequence for the person who does it, and there is no real protection for the nurse it is done to.

When two organisations produce the same finding from separate surveys of thousands of nurses, this stops being an advocacy position. It is a workforce telling you, in unison, that it is not safe.

This is not confined to Brisbane. On 3 September the Cairns Post reported on Atherton hospital, where our members describe violence from patients with complex behavioural and cognitive needs as a near daily occurrence. A patient with dementia and a known history of aggression, whose access to cutlery had already been restricted, obtained a knife and attempted to attack staff. Multiple risk assessments on that patient had already been logged. A decision to transfer him to a secure setting in Cairns was made, and then put on hold. An Atherton nurse told the paper that "most of the duress alarms don't work". We wrote to the Cairns and Hinterland chief executive about staff safety, occupational violence and staffing at Atherton on 11 August 2026.

What we were told

- **13 June 2025, Dr Rosengren.** Occupational violence is complex and multi-factorial. $36 million over four years for security officers and ambassadors. A central Workforce Security team established, which would soon begin a state-wide review of security across Queensland Health.
- **11 June 2025, Minister Purdie (ref C1445).** Our request for a Hospital-Based Police Officer pilot was noted. Instead, hospitals were to be included in Operation Marshall from 1 July 2025, delivering high visibility police patrols in and around public infrastructure.
- **27 June 2025, Ms Cridland (ref K-CF25/1755).** Duress alarm installation was underway in areas outside the emergency department at the PA. PAH security works collaboratively with the onsite police beat, who are equipped to provide urgent assistance where there is an immediate threat.
- **21 November 2025, the Attorney-General.** It was troubling to read of assaults on nurses and midwives, and totally unacceptable that such violence is normalised. She had instructed her department to prepare policy options for her consideration.

Fifteen months on from the first three and nine months on from the fourth, no review has been published, no policy options have been released, no Bill has been introduced, and an armed police officer was overpowered by a patient in a Queensland ICU. On Queensland Health's own reported rate, our members and their colleagues have absorbed in the order of fifteen thousand further incidents of violence in that time.

What PA staff told us, before this happened

In the first week of September we surveyed our members at the PA about prisoner and forensic patients. Most respondents said they usually feel safe, and several said an intoxicated patient from the community worries them more than a guarded prisoner. However, prisoner patients are regularly being placed in shared and multi bed rooms, with other patients present, because SECU is regularly full. One member described it plainly: "Secure is always full. It is a 12 bed unit and almost half of the inpatients are long term that can't go back."

On the ICU, written days before last weekend, a member told us prisoner patients are given a normal ICU bed space directly alongside other patients with two guards. Another described guards "leaving

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the unit or sitting on stools on their phones, completely disengaged". Our members are asking for professionalism and someone to be at the bedside.

Six questions

1. **Dr Rosengren.** Has the state-wide security review been completed? What did it find, when will it be published, and with what implementation timetable and budget? The same question applies to the PPE review commenced after a security officer was stabbed at Townsville University Hospital, which missed its stated completion date.
2. **Minister Nicholls.** We ask for a date on which nurses and midwives will see a Bill before the House, expressly recognising health workers in section 340 of the Criminal Code, legislating address protection, and resolving custodial responsibility in authorised mental health services. A date, not a commitment to consider.
3. **Ms Cridland.** Is the duress alarm installation you described to me in June 2025 complete? Which clinical areas are covered, is the ICU one of them, and did a duress alarm form any part of the response to this incident? Nurses in the far north have now said publicly that their duress alarms do not work. I do not assume the PA is the same, which is why I am asking.
4. **Ms Campbell.** What part did PAH security and the onsite police beat play in this incident, who authorised the removal of mechanical restraint and how was it documented, and was the incident notified to Workplace Health and Safety Queensland?
5. **Acting Commissioner Pointing.** Fifteen months after hospitals were added to Operation Marshall, what has it delivered inside hospital buildings, as distinct from patrols around them? And what is QPS policy on firearm retention and secure storage when an officer guards a person in custody in an intensive care unit?
6. **Acting Commissioner Peach.** What is the QCS policy on guarding prisoner patients placed outside SECU, and will you require officers to remain at the bedside whenever clinical staff are with the patient? Corrective services officers have no jurisdiction in Queensland's public hospital psychiatric wards, so that guarding falls to nurses. We ask QCS to state its position on amending the Mental Health Act 2016 to fix it.

Finally

An officer trained in restraint, wearing a vest, with a partner in the room, was almost overpowered by this patient. That is the standard Queensland Health often expects a nurse to meet alone. Zero tolerance, as one of our members put it this week, is total tolerance.

Our nurses are not human shields. They have the right to go to work and to come home safely.

We request a written response to each of the six questions within 14 days. Care for the carers.

Yours sincerely,

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Attachment: NPAQ correspondence to the Premier, the Minister for Health and Ambulance Services and the Director-General of Queensland Health, 26 August 2026, including Appendix A.