

# Cash in transit

Code of Practice 2011

This Queensland code of practice was preserved as a code of practice under section 284 of the *Work Health and Safety Act 2011*.

This code was varied by the Minister for Education and Industrial Relations on 27 November 2011 and published in the Queensland Government Gazette on 2 December 2011.

This preserved code commenced on 1 January 2012.

This code was varied by the Minister for Education and Industrial Relations on 1 July 2018.

# Contents

1. Introduction.....	4
1.1 What sort of cash in transit work does this code cover? .....	5
1.2. Who does this code apply to?.....	5
1.3. Definitions .....	5
1.4. Legislative framework .....	6
1.5 Work health and safety duties.....	7
2. Planning and preparation.....	8
2.1 Planning by the designer.....	8
2.2 Planning by the client.....	8
2.3 Planning by the PCBU .....	8
3. Risk management process .....	9
3.1 Identify hazards.....	10
3.2 Assess risk.....	12
3.3 Decide on control measures .....	13
3.4 Implement control measures.....	15
3.5 Monitor and review.....	15
4. Training and supervision.....	16
4.1 Where does training fit into risk management?.....	16
4.2 Training as a control measure.....	16
4.3 Training program.....	16
4.4 Supervision .....	17
5. Incident/accident reporting.....	17
6. Post hold-up procedures.....	18
6.1. Post hold-up procedures (longer term issues).....	19
6.2 Post traumatic stress.....	19
7. Other issues.....	19
7.1 Amenities .....	19
7.2. First aid .....	20
7.3 Drugs/alcohol .....	20
7.4 Thermal comfort.....	21

# 1. Introduction

This *Cash in transit Code of Practice 2011* is an approved code of practice under section 274 of the *Work Health and Safety Act 2011* (the WHS Act).

An approved code of practice is a practical guide to achieving the standards of health, safety and welfare required under the WHS Act and the Work Health and Safety Regulation 2011 (the WHS Regulation).

From 1 July 2018 duty holders are required to comply either with an approved code of practice under the WHS Act or follow another method, such as a technical or an industry standard, if it provides an equivalent or higher standard of work health and safety to the standard required in the code.

A code of practice applies to anyone who has a duty of care in the circumstances described in the code. In most cases, following an approved code of practice would achieve compliance with the health and safety duties in the WHS Act, in relation to the subject matter of the code. Like a regulation, codes of practice deal with particular issues and do not cover all hazards or risks which may arise. The health and safety duties require duty holders to consider all risks associated with work, not only those for which a regulation and codes of practice exist.

Codes of practice are admissible in court proceedings under the WHS Act and WHS Regulation. Courts may regard a code of practice as evidence of what is known about a hazard, risk or control and may rely on the code in determining what is reasonably practicable in the circumstances to which the code relates.

An inspector may refer to an approved code of practice when issuing an improvement notice. This may include issuing an improvement notice for failure to comply with a code of practice where equivalent or higher standards of work health and safety have not been demonstrated.

## **How is the code organised?**

In providing guidance, the word 'should' is used in this Code to indicate a recommended course of action, while 'may' is used to indicate an optional course of action.

This Code also includes various references to provisions of the WHS Act and WHS Regulation which set out the legal requirements. These references are not exhaustive. The words 'must', 'requires' or 'mandatory' indicate that a legal requirement exists and must be complied with.

A **person conducting a business or undertaking** (PCBU) has the primary duty under the WHS Act to ensure, as far as reasonably practicable, that workers and other persons are not exposed to health and safety risks arising from the business or undertaking.

**Officers**, such as company directors, have a duty to exercise due diligence to ensure that the business or undertaking complies with the WHS Act and WHS Regulation. This includes taking reasonable steps to ensure that the business or undertaking has and uses appropriate resources and processes to provide and maintain a safe work environment.

**Workers** have a duty to take reasonable care for their own health and safety and that they do not adversely affect the health and safety of other persons. Workers must comply with any reasonable instruction and cooperate with any reasonable policy or procedure relating to health and safety at the workplace.

## **Consulting workers**

Consultation involves sharing of information, giving workers a reasonable opportunity to express views and taking those views into account before making decisions on health and safety matters.

The WHS Act requires that you consult, so far as is reasonably practicable, with workers who carry out work for you who are (or are likely to be) directly affected by a work health and safety matter.

If the workers are represented by a health and safety representative, the consultation must involve that representative.

You must consult your workers when proposing any changes to the work that may affect their health and safety.

### **Consulting, cooperating and coordinating activities with other duty holders**

The WHS Act requires that you consult, cooperate and coordinate activities with all other persons who have a work health or safety duty in relation to the same matter, so far as is reasonably practicable.

Sometimes you may share responsibility for a health and safety matter with other business operators who are involved in the same activities or who share the same workplace. In these situations, you should exchange information to find out who is doing what and work together in a cooperative and coordinated way so that all risks are eliminated or minimised as far as reasonably practicable.

Further guidance on consultation is available in the [Work health and safety consultation, co-ordination and co-operation Code of Practice](#).

## 1.1 What sort of cash in transit work does this code cover?

The *Cash in transit (CIT) Code of Practice* (the Code) provides practical advice for companies, businesses and people who carry valuables for reward in any of the following situations:

- armoured vehicle operations
- soft skin vehicle operations.

This code is not directed at “in-house” transport where the relevant goods are transported by workers of the owner of the goods, or the owner himself or herself.

## 1.2. Who does this code apply to?

The code is aimed at everyone involved in the CIT industry to assist in the management of risk to workplace health and safety. It is particularly useful to:

- PCBU's
- self-employed persons
- designers of structures used as workplaces
- workers.

## 1.3. Definitions

In this code of practice:

**Armoured vehicle operations** means the transport of valuables in purpose-designed vehicles that offer resistance to armed attack, overtly display company signage and are staffed by armed, uniformed personnel.

**ATM** means automatic teller machine

**CIT** means the cash in transit industry

**CIT operator** means a PCBU engaged in the carrying of cash, bullion, jewellery and valuables for reward for CIT clients.

**Client** means any person, partnership or company that uses the services of a licensed CIT Operator.

**Covert** means the transport of valuables in an unmarked vehicle by non-uniformed, armed/unarmed personnel.

**Hazard** means a situation or thing that has the potential to harm a person. Hazards at work may include: noisy machinery, a moving forklift, chemicals, electricity, working at heights, a repetitive job, bullying and violence at the workplace.

**PCBU** means person conducting a business or undertaking. See section 5 of the *Work Health and Safety Act 2011* for full definition.

**Plant** includes:

- (a) any machinery, equipment, appliance, container, implement and tool; and
- (b) any component of any of those things; and
- (c) anything fitted or connected to any of those things.

**Risk** is the possibility that harm (death, injury or illness) might occur when exposed to a hazard.

**Risk control** means taking action to eliminate health and safety risks so far as is reasonably practicable, and if that is not possible, minimising the risks so far as is reasonably practicable. Eliminating a hazard will also eliminate any risks associated with that hazard.

**Safe area** refers to the location of ATMs where safe access and egress is available for those involved in CIT and to the members of the public using them.

**Serious injury or illness** of a person means an injury or illness requiring the person to have:

- (d) immediate treatment as an in-patient in a hospital
- (e) immediate treatment for:
  - i. the amputation of any part of his or her body
  - ii. a serious head injury
  - iii. a serious eye injury
  - iv. a serious burn
  - v. the separation of his or her skin from an underlying tissue (for example, degloving or scalping)
  - vi. a spinal injury; or
  - vii. the loss of a bodily function
  - viii. serious lacerations
  - ix. medical treatment within 48 hours of exposure to a substance

and includes any other injury or illness prescribed under a regulation but does not include an illness or injury of a prescribed kind.

**Soft skin vehicle operations** means the transport of valuables in a non-armoured vehicle.

**SOP** means standard operating procedure.

**Worker** - see section 7 of the *Work Health and Safety Act 2011* for full definition.

## 1.4. Legislative framework

Legislation that is relevant to the CIT industry:

- *Criminal Code Act 1899*
- *Transport Operations (Road Use Management) Act 1995*
- *Security Providers Act 1993* and the *Security Providers Regulation 2008* and the *Security Providers (Security Firm Code of Practice) Regulation 2008*. This act and associated regulation provides for the licensing of security providers which includes a security firm, a security officer, a private investigator or a crowd controller. The *Fair Training Inspectors Act 2014* enacts the provisions of the *Security Providers Act*.

- *Weapons Act 1990*. This legislation provides for the licensing of persons to possess and carry a weapon, as specified in the *Weapons Regulation 2016*.
- *Work Health and Safety Act 2011* (WHS Act) and *Work Health and Safety Regulation 2011* (WHS Regulation).

## 1.5 Work health and safety duties

Any business activity handling cash and valuables, whether large or small, is at risk from armed robbery. It is essential, therefore, that effective management systems are in place to minimise the risk and the potential threat to the safety and wellbeing of workers and members of the public.

Duties under the *Work Health and Safety Act 2011* (the WHS Act) require everyone in the workplace to be aware of the potential for armed robbery and take steps to prevent workplace accidents, injuries and illnesses.

Under the act, the following persons have duties:

- Persons conducting a business or undertaking (including employers and self-employed persons).
- Workers and other persons of a workplace.
- Designers of structures used as workplaces.

### **Person conducting a business or undertaking (PCBU)**

A PCBU has a duty to ensure the workplace health and safety of the person, each of the person's workers and any other persons is not affected by the conduct of the PCBU's business or undertaking.

### **Workers at a workplace**

While at work, a worker must:

- take reasonable care for his or her own health and safety
- take reasonable care that his or her acts or omissions do not adversely affect the health and safety of other persons
- comply, so far as the worker is reasonably able, with any reasonable instruction that is given by the person conducting the business or undertaking to allow the person to comply with this Act
- cooperate with any reasonable policy or procedure of the person conducting the business or undertaking relating to health or safety at the workplace that has been notified to workers.

### **Other persons at the workplace**

A person at a workplace, whether or not the person has another duty under this part, must:

- take reasonable care for his or her own health and safety
- take reasonable care that his or her acts or omissions do not adversely affect the health and safety of other persons
- comply, so far as the person is reasonably able, with any reasonable instruction that is given by the person conducting the business or undertaking to allow the person conducting the business or undertaking to comply with this Act.

### **Designers of structures used as workplaces**

A person who designs a structure (the designer), or a part of a structure, intended to be used at a workplace has a duty to ensure that, when the structure or part has been constructed and is being used at a workplace and for the purpose for which it was designed, relevant persons for the structure or part will not be exposed to risk to their health or safety arising out of the design of the structure or part.

For this duty, 'relevant persons' for a structure or a part of a structure, means the persons for whom the structure or part is a workplace, including persons who maintain or repair:

1. the structure or part
2. fixtures, fittings or plant included in the structure or part.

## 2. Planning and preparation

Careful planning and preparation is the first essential step in ensuring that work is done safely. Planning and preparation should involve consultation with suitably experienced and qualified personnel and include the risk assessment and control process.

### 2.1 Planning by the designer

When designing buildings, architects and designers should take into account the need to minimise the risk of armed robbery. Architects and designers should also collaborate with the CIT operator, supplier of equipment and the CIT client to reduce the risk of armed robbery. Reducing the risk of armed robbery can be achieved by designing the building so that:

- safe access and egress is offered to persons involved in CIT activities
- dedicated vehicle parking has been identified
- vehicle loading docks are considered
- security devices are located in a prominent area
- strong exterior and interior lighting is used in the building
- open glass fronts are used to allow clear visibility
- ATMs are positioned in safe areas
- public safety in the vicinity of CIT operations is considered.

### 2.2 Planning by the client

The CIT client should take into account the need to minimise the risk of armed robbery when deciding on the location of ATMs and the method by which cash collections or deliveries will be done on their premises. Client organisations should consult with the CIT operator with the view to introducing appropriate strategies to reduce the risk of armed robbery.

Reduction of the risk of armed robbery can be achieved by considering such factors as:

- the identification of the most secure access and egress routes to and from the premises and ATM locations
- vehicle parking and pedestrian access are identified with safety and security paramount
- the installation or position of other security features (e.g. closed circuit television (CCTV), security personnel, alarms)
- ensuring that there is adequate lighting near ATMs and throughout access/egress routes
- appropriate duress alarm devices are installed in or near cash collection and delivery points and ATM locations
- that ATMs, for safety and security purposes, are best positioned in bunkers and positioned otherwise only of extreme necessity.

### 2.3 Planning by the PCBU

When contracting out CIT work to self-employed persons, PCBUs should ensure the self-employed person is carrying out the work in a safe manner and in accordance with this code of practice.

To fulfil these duties the PCBU and/or self-employed person should plan for the work to be done safely.

When planning a safe system of work, which may also include standard operating procedures, the PCBU and/or self-employed person should prepare and document a health and safety management plan. This plan should be based on the consultation with the self-employed

persons and their workers or representatives and should describe how the work is to be done safely. Consultation is an important risk management strategy.

The PCBU and/or self-employed person should consider safe work issues such as:

- an assessment of the risks involved in carrying out the work
- having in place a system of site review to identify and document changes
- providing standard operating procedure/s (SOPs), where appropriate, which describe how the work is to be done safely. The SOPs should take into account an assessment of the risk involved in carrying out the work
- providing where appropriate suitable and safe access to and from the collection points
- providing appropriate training and instruction to all persons carrying out the work
- consideration of the level of experience of persons when allocating specific tasks to minimise the risks
- an assessment of hazardous manual tasks which could cause back strains and other injuries and providing systems of work which comply with the [Hazardous manual tasks Code of Practice](#), such as the weight of cash to be manually handled and the method of storage/stacking to reduce the amount of handling
- provision of general and/or specialised PPE as identified in health and safety management plan and site risk assessment.

### 3. Risk management process

This chapter should be read in conjunction with the [How to manage work health and safety risks Code of Practice](#).

PCBU's including self-employed persons involved in the CIT industry should have clear well-documented policies and procedures for dealing with health and safety issues, setting out who is accountable for each element of the work.

Safety issues relating to the threat of armed robbery involve everyone. It is the PCBU's responsibility to ensure that the right policies and procedures are in place and that everyone accepts responsibility for carrying them out.

A hazard identification and risk assessment process should be carried out at the planning stage by the PCBU doing the work in consultation with experienced staff to determine if persons are at risk. Safe systems of work must then be put in place to control the risk.

The five basic steps involved in the workplace health and safety risk management process are:

- Identify hazards.
- Assess risks that may result because of the hazards.
- Decide on control measures to prevent or minimise the risks.
- Implement control measures.
- Monitor and review the effectiveness of control measures.

Work health and safety risk management is an ongoing process and should be done at various times, including:

- **now**, if you have not done it before
- when a change to a work process or equipment occurs
- after an incident (and/or "near miss")
- at regular time intervals appropriate to the hazards and risks associated with your workplace.

Consultation between representatives of all parties involved with the workplace or work process should occur at each stage of the risk management process to help achieve better health and safety outcomes.

Adequate recording of the work health and safety risk management process will help demonstrate active involvement to ensuring workplace health and safety, should this need to be proved.

Keeping records will also help to keep track of what has been done and what is planned to be done to control any identified hazards.

### 3.1 Identify hazards

There are a number of methods that can be used to identify hazards. Simply, it is about looking for those things at your workplace or in your work processes that have the potential to cause harm.

Hazards may not always be obvious. Some hazards can result in long term health effects rather than in an immediate injury. For example, exposure to loud noise without adequate hearing protection over a long period can result in gradual hearing loss. Post-traumatic stress can be experienced by those directly or indirectly involved in a hold up. It may disrupt the functioning of everyday life and can interfere with the ability to cope or to perform the most basic of tasks. Its effects can be experienced immediately after an incident or not until months or years later.

A simple way to begin looking for hazards can be to divide your workplace into common groupings, such as:

- tasks (driving, transferring valuables, filling ATMs)
- locations (office, in traffic, client sites, ATMs)
- roles (driver, cash escort, cash carrier).

Activities that can be used to help identify hazards include:

- site assessment
- route assessment
- consulting with experienced staff on any problems that might have been encountered
- conducting safety audits
- testing vehicles, equipment and procedures
- consulting with industry associations, government bodies and occupational health and safety consultants
- acquiring information from designers, manufacturers and suppliers.

Completion of this step should result in a list of:

- hazard sources (a general health and safety checklist is provided below)
- possible risks
- areas of the workplace or work process
- workers likely to be exposed.

#### General health and safety checklist

The following example of a health and safety checklist should be used as a guide only to focus on the risk factors associated with the CIT industry. This list is not exclusive and can be adapted to suit individual company needs.

Client name:.....  
Client contract description: .....  
Employer:.....  
Site location:..... Date: .....  
Persons completing inspection:.....

Indicate in the following manner: Acceptable (✓) Not Acceptable (✗) Not Applicable. (N/A)

An indication of (\*) will require a corrective action to be implemented in the timeframe allocated.

**1. Health and safety management systems**

- (a) Health and safety management plan
- (b) Assigned responsibilities for WHS
- (c) Worker induction records
- (d) Documented safe work policies/ procedures covering armed hold ups
- (e) Review and monitor procedures at regular intervals
- (f) Operations manual for CIT workers
- (g) Individual client site survey records
- (h) Hazard audit records
- (i) Run scheduling and run design review records
- (j) Training/refresher records for management and workers
- (k) Incidents log records
- (l) Debriefing records

**2. Client site assessment**

- (a) Safe access provided
- (b) Dedicated parking provided
- (c) Security cameras in use
- (d) Strong exterior and interior lighting provided
- (e) Vehicle loading docks provided
- (f) Open glass frontage provided for clear visibility
- (g) Distress buttons connected to local police
- (h) ATMs positioned in safe areas(e.g. security bunker)
- (i) Public safety considered in the vicinity of CIT operations
- (j) The incidence of crimes in the area or district
- (k) Past history of robberies of that client's site or similar sites in the area

**3. Vehicles and equipment**

- (a) Vehicles maintained in good mechanical condition
- (b) Softskin vehicles fitted with vehicle safe
- (c) Alarms fitted
- (d) Weapons secured when not in use
- (e) Weapons maintained in a good mechanical condition

**4. CIT workforce**

- (a) Agreed competencies
- (b) Appropriately licensed
- (c) Induction

**5. Hazardous chemicals**

- (a) Stored appropriately
- (b) Containers labelled correctly
- (c) Adequate ventilation/exhaust systems
- (d) Protective clothing/equipment available/used
- (e) Personal hygiene - dermatitis control
- (f) Waste disposal procedures
- (g) Safety data sheets available
- (h) Chemical handling procedures followed
- (i) HazChem signage displayed

**6. Personal protection (general and specialised)**

- (a) PPE maintained
- (b) Workers provided with PPE
- (c) Instruction in the use of PPE
- (d) PPE being worn by workers

**7. Hazardous manual tasks**

- (a) Mechanical aids provided and used
- (b) Safe work procedures in place
- (c) Hazardous manual tasks risk assessment performed

**8. Public safety**

- (a) Use of armoured vehicles whenever possible
- (b) Use of disciplined and armed crews
- (c) Adherence to rigid safety procedures
- (d) Recognition and avoidance of dangerous situations

**9. First aid**

- (a) First aid kits provided in each work area and vehicle
- (b) Training of first aid for selected workers

**10. Amenities**

- (a) Washrooms clean
- (b) Toilets clean
- (c) Meal area clean and tidy

<ul style="list-style-type: none"> <li>(d) Initial education and training/refresher training on procedures and weapons handling</li> <li>(e) Initial education and training/refresher training on behaviour prior to, during and following a hold up</li> <li>(f) Health and Safety Representatives elected</li> <li>(g) WHS committee formed</li> <li>(h) Ratio of staffing levels to tasks</li> <li>(i) Armed hold ups prevention audits (review of practices)</li> <li>(j) Testing of armed hold ups prevention procedures</li> <li>(k) Maintenance of incidents log</li> <li>(l) Communication procedures audits</li> <li>(m) Debriefing sessions</li> <li>(n) Staff performance appraisals</li> <li>(o) Resources for post hold up support, (e.g. trauma counselling and return to work issues)</li> </ul>	
---	--

## 3.2 Assess risk

To assess risk you need to consider both the likelihood that death, injury or illness might result and the consequence, or severity of the risk happening.

When performing a risk assessment there are various methods and tools that can be used to help you. The following example method outlines the basic principles that should be considered when carrying out an assessment of a risk.

For each of the risks:

- determine the potential for an incident occurring at your workplace, remembering any existing control measures
- determine the consequences of an incident occurring at your workplace
- combine the likelihood and consequence estimates to rate the level of risk.

The following factors can affect the potential for an incident occurring:

- how often the situation occurs (e.g. regular client runs)
- how many people are exposed (e.g. crew levels or public activity)
- the maintenance of skills and relevant experience of workers
- adherence to security procedures
- lack of surveillance techniques
- the use of suitable vehicles and PPE
- condition of vehicles and equipment, and environmental conditions.

The following factors should be considered when determining the consequence of an incident occurring:

- potential for factors affecting public safety
- the time of the work
- the route taken
- surveillance techniques
- cash amount
- weights
- position of CIT workers and the public relative to the hazard.

Plot the estimates for the risks' potential and consequence on the 'Risk priority chart'.

Likelihood How likely is it to happen?	Consequences: How severely could it hurt someone?			
	Extreme Death, permanent disablement	Major Serious bodily injury	Moderate Casualty treatment	Minor First aid only, no lost time
<b>Very likely</b> Could happen frequently	1	2	3	4
<b>Likely</b> Could happen occasionally	2	3	4	5
<b>Unlikely</b> Could happen, but rare	3	4	5	6
<b>Very unlikely</b> Could happen, probably never will	4	5	6	7

This stage of the risk assessment gives a basis for ranking risks in their priority levels. That is, it helps to establish which risks should be controlled first.

### 3.3 Decide on control measures

The selection of suitable control measures to either eliminate or reduce the risk associated with the hazard should take into consideration:

- level of risk
- hierarchy of controls (see later section)
- practicability of implementation.

The control measures selected should:

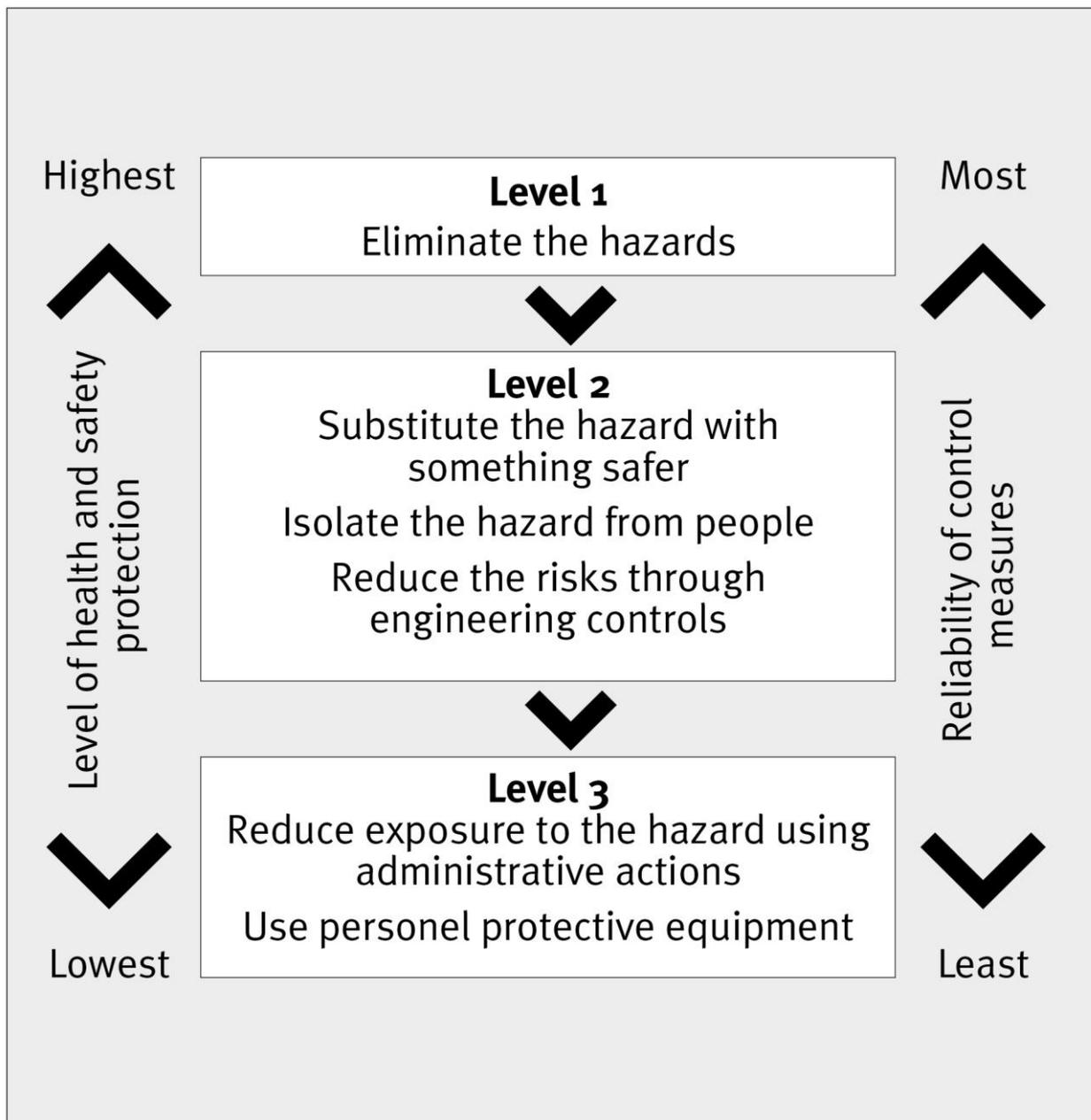
- adequately control exposure to the risk
- not create another hazard or new risk
- allow workers to do their work without too much discomfort or distress.

Some control measures could include:

- the appropriate selection of armoured vehicle or soft skin vehicle operations
- adherence to SOPs
- carrying of weapons, particularly firearms
- level of personnel
- change of route
- change of time of delivery/collection
- change of CIT crew
- use of surveillance techniques

- procedures in the event of hold ups
- use of PPE and other equipment.

**Outline of Hierarchy of Controls:**



### 3.4 Implement control measures

To allow control measures to function or operate effectively it may be necessary to look beyond the control measure itself.

Implementing control measures involves:

- developing work procedures
- communication between workers and others
- providing training and instruction
- ensuring effective supervision
- maintaining control measures and procedures.

A combination of any of the controls from the hierarchy can be used at the one time. For example, 'isolation' controls like providing a barrier between the vehicle cab and the vehicle body might be used while at the same time 'administrative' controls varying the route and providing 'personal protective equipment' controls might be used.

#### **Note: Personal protective equipment as a control measure**

If PPE needs to be worn, make sure that it:

- is permitted
- fits you
- suits the job
- is not modified.

The PCBU is responsible for ensuring:

- the provision of items of PPE which have been determined as being necessary
- the maintenance of PPE which is held by the PCBU for the use of their workers
- the use of PPE by all workers
- that workers are trained in the proper use of any items of PPE which have been determined as being required
- that PPE is stored in a clean and fully operational condition.

#### **Workers are responsible for:**

- using PPE which their PCBU has provided and for which the worker has been instructed in the correct use
- ensuring the PPE is maintained in a clean and useable condition and stored appropriately
- not interfering with or misusing any PPE provided.

PPE should be used to minimise exposure to workers while other controls are waiting to be implemented. For example, if it is going to take time to eliminate a noise hazard from vehicles, then hearing protectors should be worn while waiting for the noise to be eliminated or reduced, or the vehicles to be replaced.

### 3.5 Monitor and review

The final step in the risk management process is to monitor and review the effectiveness of any control measures implemented.

For this step, it can be useful to ask questions to determine if:

- chosen control measures have been implemented, as planned
  - Are chosen control measures in place?
  - Are these measures being used?
  - Are these measures being used correctly?
- chosen control measures are working

- Have the changes made to control exposure to the assessed risks resulted in what was intended?
- Has exposure to the assessed risks been eliminated or adequately reduced?
- there are any new hazards
  - Have implemented control measures resulted in the introduction of any new hazards?
  - Have implemented control measures resulted in the worsening of any existing hazards?

If any new hazards are identified, duty holders must review and, as necessary, revise control measures to ensure all risks have been adequately controlled.

Therefore, the process of adopting risk management principles is an ongoing cycle of identification, assessment, monitoring and review.

## 4. Training and supervision

### 4.1 Where does training fit into risk management?

Training is one example of an administrative control. As with the use of PPE, administrative controls are lowest on the list of control priorities and should only be used when risk cannot be minimised by other means.

The aim of training is to ensure that workers have the appropriate skills and knowledge to perform their work without risk to the health and safety of themselves and others.

### 4.2 Training as a control measure

Having decided to use training as a control measure:

- identify who should be trained
- identify what training is required
- determine how to deliver the training
- determine how to evaluate the training
- maintain records of all training.

All persons involved in the CIT industry should be trained to follow systems of work and work practices that enable them to perform their work in a manner that is safe and without risks to health. Only those persons who have received training and instruction should carry out the work.

The PCBU should monitor the systems of work and provide refresher training to ensure that safe systems and work practices are being followed, including the use of PPE and weapons.

The target groups requiring training are:

- workers who may be exposed to armed robbery at work
- managers and supervisors of workers considered at risk of injury or work caused illness from armed robbery
- work health and safety committees and HSRs
- staff responsible for the purchasing of plant, PPE and for designing, scheduling and organisation of work activities.

### 4.3 Training program

The needs of each target group are different, and the content and methods of presenting training material should be tailored to meet the specific needs of each group, including the need for confidentiality.

Topics that should be included in a training program aimed at prevention of injury and work caused illness from the threat of armed robbery include:

- the effects of armed robbery on affected workers
- the statutory responsibilities of PCBUs and workers
- an overview of the PCBU's CIT policy and program
- the nature and extent of hazards in the workplace associated with the work practices used by workers in the course of their work, including control measures, based on the risk assessment, to prevent injury
- the nature of general armed robbery control measures that are in use or are planned
- the specific control measures that are necessary in relation to each worker's own job (as appropriate, this should include instruction in the correct use of firearms and other measures that will minimise the risk of armed robbery)
- when and how to use PPE including selection, fitting, proper care and maintenance
- the arrangements for reporting defects in plant or the workplace that are likely to increase the risk of armed robbery
- the use of plant and associated equipment, including vehicles
- procedures to be adopted in the event of accident, injury or other emergency.

## 4.4 Supervision

Supervision should:

- ensure that only workers who have received training and instruction in relation to the work task are authorised to carry out the work
- ensure that adequate occupational health and safety management systems are in place and operating to ensure that the safe work practices that have been adopted are adhered to. This should include the use of PPE and firearms
- include the regular exercise of skills and training in procedures and simulated incidents.

## 5. Incident/accident reporting

### Duties of PCBUs to notify and record

A PCBU is required under part 3 of the WHS Act to notify Workplace Health and Safety Queensland if a fatality, serious injury or illness, or dangerous incident happens at a CIT workplace. The PCBU also has a duty to record such information.

### Incidents at workplaces requiring notification to Workplace Health and Safety Queensland – definitions from the Act:

**Serious injury or illness** of a person means an injury or illness requiring the person to have:

- (a) immediate treatment as an in-patient in a hospital; or
- (b) immediate treatment for:
  - i. the amputation of any part of his or her body; or
  - ii. a serious head injury; or
  - iii. a serious eye injury; or
  - iv. a serious burn; or
  - v. the separation of his or her skin from an underlying tissue (for example, degloving or scalping); or
  - vi. a spinal injury; or
  - vii. the loss of a bodily function; or
  - viii. serious lacerations; or
  - ix. medical treatment within 48 hours of exposure to a substance;

and includes any other injury or illness prescribed under a regulation but does not include an illness or injury of a prescribed kind.

**Dangerous incident** means an incident in relation to a workplace that exposes a worker or any other person to a serious risk to a person's health or safety emanating from an immediate or imminent exposure to:

- (a) an uncontrolled escape, spillage or leakage of a substance; or
- (b) an uncontrolled implosion, explosion or fire; or
- (c) an uncontrolled escape of gas or steam; or
- (d) an uncontrolled escape of a pressurised substance; or
- (e) electric shock; or
- (f) the fall or release from a height of any plant, substance or thing; or
- (g) the collapse, overturning, failure or malfunction of, or damage to, any plant that is required to be authorised for use under a regulation; or
- (h) the collapse or partial collapse of a structure; or
- (i) the collapse or failure of an excavation or of any shoring supporting an excavation; or
- (j) the inrush of water, mud or gas in workings, in an underground excavation or tunnel; or
- (k) the interruption of the main system of ventilation in an underground excavation or tunnel; or
- (l) any other incident prescribed under a regulation;

but does not include an incident of a prescribed kind.

### **PCBU**

- Under section 38 of the WHS Act, you have reporting requirements to Workplace Health and Safety Queensland when an 'incident' requiring notification occurs at your workplace.
- You will need to keep a record of site incidents in your work diary and on an accident report form.
- You have to record the occurrence of an 'incident' requiring a record to be kept for 5 years after first recording it.

The PCBU is required to keep a record if a serious injury or illness or dangerous incident happens at a workplace.

### **Worker**

You should always contact your PCBU immediately if a serious incident occurs at the workplace. However, workers should be encouraged to report all incidents to their employer, even those resulting in very minor injuries. These reports will help to identify hazards in the workplace that may need to be addressed.

## **6. Post hold-up procedures**

Following a hold-up it is important to have procedures in place so that first aid can be administered, psychologically traumatised persons can be treated quickly and appropriately, and the relevant authorities contacted.

These procedures may include:

- the staff involved or supervisory staff calling the police and if necessary ambulance on the emergency number 000 as soon as it is safe to do so
- giving injured and/or traumatised workers first aid
- reassuring and comforting of traumatised persons
- leaving evidence undisturbed
- asking workers to note down a description of the robber(s) and what the offender may have said, as soon as practicable. First impressions are vital
- allowing workers to contact their families to advise them of the situation

- where required, providing a professional post trauma counselling service. Make sure that all workers who were present for the hold-up have access to this service
- informing all workers about what has occurred and update this as necessary, and
- returning to normal business operations as soon as practicable.

## 6.1. Post hold-up procedures (longer term issues)

These procedures may include:

- informing workers of their rights and duties in relation to worker's compensation and injury management, for any work caused illness or injury resulting from the hold-up
- making sure workers have the opportunity to receive follow-up post trauma counselling
- encouraging workers to resume normal duties as soon as possible once they have obtained medical clearance as being fit to return to work. Seek professional guidance to counsel workers who are reluctant to return to work. It is up to a doctor, psychiatrist or psychologist in conjunction with the worker to make a decision about returning to work, and
- contacting any worker who takes time off in the days following the hold-up, to ensure that they are receiving appropriate medical/ psychological help.

Inform them about the range of local medical/psychological services available.

Advise the worker the workers' compensation insurer may also be contacting them:

- offering workers the opportunity to return to work in another role if they are too traumatised to resume their previous role, and
- providing workers with support and guidance following the incident. Workers may have to attend Court as a witness, seek compensation through the crime victim's tribunal system or make a workers compensation claim.

## 6.2 Post traumatic stress

PCBUs, including managers, supervisors and colleagues should have an awareness of the complexity of reactions to armed hold-up. The short and long term psychological effects of being confronted with violence can be severe and in many cases debilitating.

Each person will react differently to a violent incident and may exhibit a range of symptoms, which can develop following a threat of physical violence and in some cases by working in an environment where there is a likelihood of violence. It is important to act promptly following a hold-up to provide either in-house or external post-traumatic stress counselling from professionals who are experienced in post trauma debriefing and counselling.

PCBUs may consider the establishment of a formal peer support group within the organisation, as a method of assisting workers who are the victims of an armed robbery.

# 7. Other issues

## 7.1 Amenities

### **Responsibilities**

Under section 41 of the WHS Regulation, a PCBU must ensure the provision of adequate facilities for workers.

A PCBU needs to provide the necessary information about workplace amenities to workers according to the arrangements developed for that workplace or organisation. The [Managing the work environment and facilities Code of Practice](#) provides specific details about workplace amenities.

## 7.2. First aid

Under section 42 of the WHS Regulation, a PCBU is required to provide adequate first-aid equipment and facilities which are readily available and an adequate number of trained workers to administer first aid. The [First aid in the workplace Code of Practice](#) provides specific details of first aid requirements.

Workers should be advised of matters including:

- location of work site to inform any emergency services
- availability of first aid facilities and services
- infection control procedures.

### **Infection control**

Safe work practices should be in place to minimise exposure to blood and bodily substances that can cause infection.

Infectious diseases that may be transmitted by blood and bodily substances include:

- Hepatitis B
- Hepatitis C
- Human Immunodeficiency Virus (HIV), the virus that causes the disease known as AIDS.

### **Standard precautions**

It is a standard precaution to assume that all blood and body substances are potentially infectious.

If you feel you are at risk of a serious infection through contact with blood or bodily substances and sewerage you should consult your doctor about getting vaccinated against Hepatitis B, Hepatitis C etc.

### **Hygiene**

If you come in contact with blood or bodily fluids make sure you wash the area. Using water alone is not enough, you will need to use soap or an alcoholic chlorhexidine hand wash (available from pharmacies).

Appropriate gloves should be worn when handling and or treating an injured worker.

### **Waste disposal**

Single use disposable sterile items should be used to minimise the risk of cross infection.

**Note.** Disposable items used for first aid **should not** be reused.

Any waste should be placed in a leak proof bag or container and sealed. Waste should be handled with care, to avoid contact with blood and or bodily substances. Gloves should be worn when handling contaminated waste bags and containers.

## 7.3 Drugs/alcohol

### **Legislative requirements:**

- Queensland *Transport Operations (Road Use Management) Act 1995*. It is a breach of the Act to drive whilst under the influence of liquor or drugs or with prescribed amounts of alcohol in the blood.
- Queensland *Weapons Act 1990*. It is a breach of the Act to be under the influence of alcohol or drugs while in physical possession of a firearm.

Using drugs and alcohol while at work can affect your health and safety as well as your co-workers.

As a CIT worker you have a duty to make sure that you do not place at risk the health and safety of any person at the workplace, this includes your own and the public's health and safety.

It is up to you to make sure that you will not be working on the job under the effects of drugs and alcohol.

The effects that drugs and alcohol have on you can include:

- poor physical and hand-eye coordination
- impaired judgement
- decreased alertness, concentration and vision
- decreased energy levels, creating tiredness.

Any one of these effects will most certainly contribute to workplace accidents and injuries. If you work under the influence of drugs and/or alcohol it will be hard to carry out your usual tasks correctly or accurately and you will not be able to react quickly if something goes wrong. A feeling of euphoria (excitement) can result from the use of illegal and recreational drugs resulting in you feeling indestructible and taking unnecessary risks on the job site.

The use of drugs and alcohol will limit your ability to carry out work tasks and operate machinery effectively.

### **Prescribed medication**

Medication prescribed for you by your doctor may cause decreased mental or physical functioning of the body and drowsiness. For example anti-depressants, sleeping pills or blood pressure medication.

Taking prescribed medication that has possible side effects with other drugs (i.e. alcohol) will increase the effects on the body.

If you are involved with high-risk jobs and you are on medication that has possible side effects, you should consider letting your PCBU and work mates know, and stop carrying out work activities that could hurt others if not operated properly (e.g. weapons handling or driving).

## **7.4 Thermal comfort**

### **Excessive heat:**

The effects of excessive heat range from mild discomfort to life threatening illnesses such as heat stroke. Some effects of excessive heat exposure include:

- fever
- loss of concentration
- confusion
- rapid pulse
- nausea/vomiting
- slurred speech
- tiredness/weakness
- heat stress

- clammy, hot skin.

Some ill effects of excessive heat:

- A worker's capacity to perform physically demanding work (including hazardous manual tasks and repetitive upper limb work such as carrying coin bags etc.) is reduced by hot conditions.
- Alertness and mental capacity may also be affected.
- The effect of heat can increase the risk of incidents occurring.
- The most common health problems are fainting, fatigue and heat rash. However, with excessive exposure to heat, more serious health illnesses such as heat cramps, heat exhaustion and heat stroke may occur.

To reduce the impact of extreme heat conditions, control strategies listed that should be adopted include:

- increase air movement using fans
- perform demanding work in the coolest part of the day
- design work to minimise physical exertion (e.g. minimise the need for manual handling and supply mechanical aids)
- provide regular rest breaks away from heat sources, preferably in the shade
- slow the work pace when working in hot conditions
- allow time for new workers or those returning from illness or holidays to adapt to hot conditions
- provide information and training to workers on the risks of working in thermal environments
- wear loose fitting, lightweight clothes to allow air to circulate, and
- heavy clothes unless required for protective purposes, should be avoided since they limit the body's ability to lose heat.