

Via Email Only

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Cc:
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Dr Shirley Bowen
Director General, Department of Health
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Re: Occupational violence against midwives and nurses at King Edward Memorial Hospital

Dear Mr Williams, Minister Hammat and Dr Bowen,

We write on behalf of the midwives and nurses of King Edward Memorial Hospital (KEMH). They are being shouted at, threatened, spat on and assaulted at work, and they are being told, in practice, to put up with it. Nationally, hospitalisations of health workers due to assault have [doubled in a decade](#).

In September 2026 the Nurses Professional Association of Australia (NPAA) ran a statewide survey, The Real Emergency: Violence in WA Hospitals. Quite a large majority came from KEMH staff, more than any other site. I have since spoken with many of them directly.

What KEMH staff told us

- 100% experienced verbal abuse in the last 12 months. 73% were threatened, including threats to their family or home. 18% were physically assaulted and 18% were spat on, bitten or urinated on.
- 91% face it at least monthly. 27% face it every week.
- 91% reported it. Most said nothing happened next. Police were not called in 64% of cases, and 9% were discouraged from making a police complaint. None reported police attending.

- 55% have considered leaving, are actively looking to leave, or have already cut their hours or changed roles.
- 100% support hospital-based police or special constables with real powers to search, detain, restrain and move people on.

In their own words:

"I was threatened and spat on by a patient and then offered to go to the carpark to fight. She told me she would be there waiting when I leave my shift and will get my family."

"We have objects thrown at us, spat at, pushed... We would get penalised for refusing to care for an abusive patient."

"Constantly exposed to shouting and threats from patients and support people, but expected to continue caring for these patients and treating them with kindness and respect."

"Multiple verbal threats. Swearing for hours on end. One colleague so traumatised she has been off work."

Staff described one patient who triggered 13 Code Blacks in a single afternoon, with no security special provided overnight. They described a person posing as a visitor who repeatedly entered a locked ward over two weeks to find a patient she had threatened to kill, at night, with two security officers for the whole site. They described a bottle thrown through the nursing station window, behaviour agreements breached with no consequence, and frightened patients discharging themselves against medical advice due to fear of these patients. Staff told us the zero tolerance posters have been taken down. Zero tolerance has to mean more than a poster on the wall.

This is not what WA Health's own rules require. The [Preventing and Managing Workplace Violence and Aggression Policy](#) (MP 0159/21) requires health services to ensure an appropriate security presence in high risk areas, to encourage and support workers to report assaults and serious threats to WA Police, to record a patient's risk of aggression in their medical record, and to conduct risk assessments in consultation with workers. Our members' experience at KEMH suggests these requirements are not being met.

Why KEMH is different

KEMH is the state's tertiary maternity hospital. It cares for women withdrawing from drugs and alcohol, women with serious mental illness, and women from prison admitted before birth. Many stay for weeks. Midwives carry a duty of care to the mother and the unborn baby, so a violent but medically stable woman is rarely discharged. Staff are left to absorb the risk. That calls for a clear clinical and legal framework from WNHS and the Department, not goodwill from staff on the floor.

Members also told us babies are not counted in midwife workloads and that shift coordinators carry their own patient load. The violence form is long, there is no protected time to complete it, and staff report being told too few forms are lodged. When reporting is that hard, your incident data understates the problem.

A midwife caring for four women and their babies is caring for eight people. Yet WA's [Nurse/Midwife to Patient Ratios Policy](#) (MP 0187/24, updated 20 October 2026) is silent on whether babies count. At KEMH, ratios currently apply only in critical care, and the next stage of the rollout, due in September 2026, [was delayed with no new date](#).

What we are asking for

1. Security that matches the risk: minimum 24 hour security staffing at KEMH above the current two officers overnight, and an automatic one to one security special when a patient triggers repeat Code Blacks.
2. Real powers: a commitment from the Government to legislate or establish hospital-based police or special constables with powers to search, detain, restrain and move people on, as is now on the table in Victoria.
3. Reporting that works: a shorter incident form (or a swipe-card aggression log, as Caboolture Hospital in Queensland used, resulting in permanent security in ED), paid time to complete it where required, and a report from every staff member harmed, not one per event.
4. Consequences that hold: an enforceable behaviour agreement pathway, visitor bans and trespass notices, and a written policy on transfer or discharge of medically stable patients who are violent, with clinical safeguards for the baby.
5. Ward access control after hours, so a banned or threatening person cannot walk onto a locked ward.
6. Police and prosecution: an agreement with WA Police on response times to KEMH, with the hospital supporting staff to make complaints and pursue charges.
7. Safe staffing: babies counted in workload, coordinators free of a patient load, and mental health specials for aggressive patients, not only those with a diagnosis.

We request a written response please within 14 days of this letter. We will share your responses with our members. Thank you.

Yours sincerely,

Kara Thomas

President

Nurses Professional Association of Australia (NPAA)