

27 2022

# AMBULANCE ACTIVE

THE OFFICIAL JOURNAL OF THE AUSTRALASIAN COUNCIL OF AMBULANCE UNIONS



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# AMBULANCE ACTIVE

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Northern Territory EA



Auckland paramedics at breaking point



What has the Union done for us?



Exhausted Union gives Labor a hospital pass



Tasmania staff report depression in wellbeing survey



Another independent review

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# If you're hurt at work, you need specialist help.

**It's not just a matter of processing a workers comp claim. It's about claiming absolutely everything you're entitled to and with ambulance workers, that gets complicated.**

Did you know that the risk of serious injury among Australian paramedics was found to be more than seven times higher than the Australian national average?

When it comes to NSW ambulance workers compensation claims, it would be very hard to find a more experienced solicitor than Chantille Khoury. Chantille is a principal at Australia's largest specialist personal injury firm, Law Partners, where she specialises in emergency service worker claims.

*"When paramedics are injured at work, either physically or mentally, many are reluctant to seek compensation, or they don't know who to turn to."*

As a member of NSW Ambulance you put yourself at risk every day and injuries from aiding immobile patients, drug-affected patients, motor vehicle accidents and exposure to traumatic events are all too common. If you're hurt at work, it's important to get good advice on your options.

*"With ambulance workers, it's not just a matter of processing a workers comp claim. They have their own set of rules relating to workers comp,*

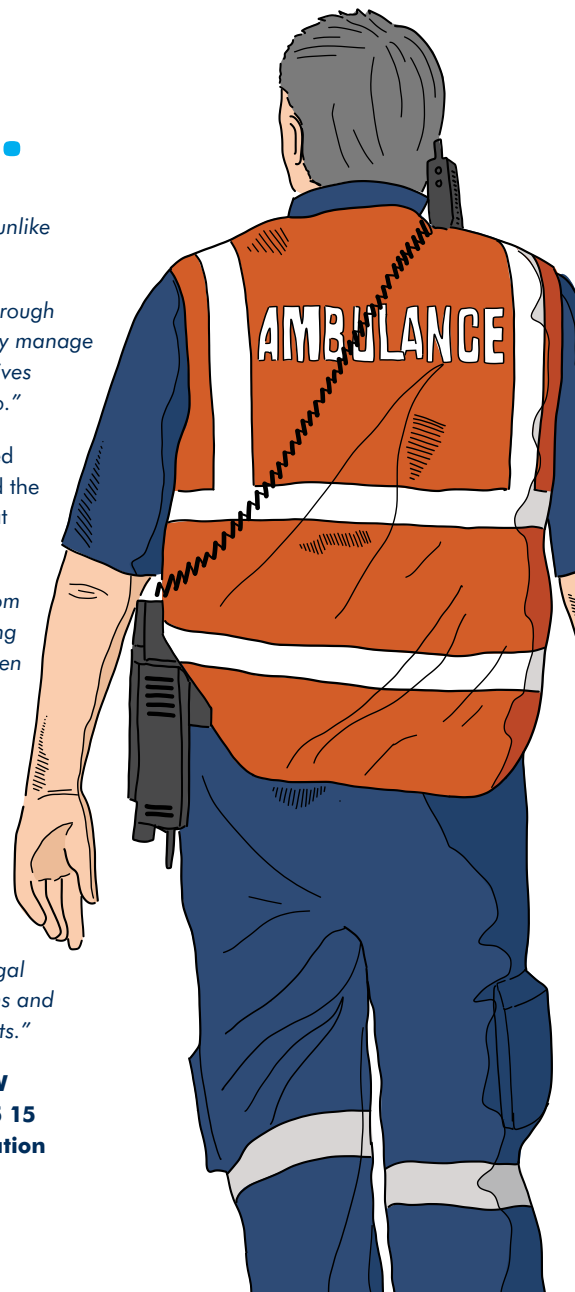
*TPD and income protection which are unlike any other worker in NSW."*

*"It takes extensive experience and a thorough understanding of the system to properly manage a claim and make sure the officer receives absolutely everything they're entitled to."*

Unfortunately claims are often processed as a standard workers comp claim, and the ambulance worker will never know what they missed out on.

*"In particular, PTSD claims can result from exposure to traumatic events over a long period of time, so care needs to be taken to build these cases thoroughly. Many PTSD paramedics come to me in their 40s and 50s and they're broken. They start their careers very optimistic about their future, but by the time I see them they're changed people. They can't continue doing the job they know and love and are at a loss, not knowing where to turn. I can at least provide them with a dedicated legal team, support them through their claims and make sure they get their full entitlements."*

**If you've been hurt at work in NSW you can call Law Partners on 13 15 15 to arrange a confidential conversation with Chantille.**



Chantille Khoury – Principal, Law Partners

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# FROM *the* PRESIDENT

## “THE MOST TRUSTED PROFESSION”.

This is a label that has been bestowed on paramedics for many years now.

It is a title that is well deserved.

Paramedics walk into strangers' homes and are handed their children with complete trust and the understanding that these professionals will provide care and support that is second to none. Paramedics continually commit themselves to care for their communities often at their own detriment and wellbeing and even their own safety.

Our profession continually works to improve our knowledge and skills to provide that care at the highest standard and with the best patient outcomes. We commit to the requirements of registration and continual professional development in order to ensure patient safety. We do this and more at our own cost and effort.

The question to be asked is – does that commitment get returned to us? The answer to that is ... absolutely not! Employers of paramedics everywhere, both government and private entities, continue to expect professional standards from their employees while paying factory floor wages.

These employers continually spruik thanks and accolades for our service and then vehemently oppose paying a fair wage that reflects this professionalism and dedication.



Paramedicine is a profession recognised nationally in Australia through the Australian Health Practitioner Regulation Agency. It is a profession that is continually held to those standards by that agency and the credentialing standards of the same employers that refuse to pay true professional rates that paramedics deserve.

We must now stand up and demand that the wages we are paid reflect the responsibility and accountability that we carry every time we do our job.

We are constantly advocates for our patients. It is time to also be advocates for ourselves and claim the professional and financial recognition that we earn and deserve.

In Solidarity

### **Steve Fraser**

B. HSc. (PreHosp. Care)  
ACAU President



**About Steven:** Steven is an operational paramedic in Northern New South Wales. He has been a paramedic since 1981 with the Ambulance Service of New South Wales. He qualified as an Intensive Care Paramedic in 1985 and has worked extensively in both metropolitan and rural settings across New South Wales. Steve was a member of the New South Wales Special Casualty Access Team and operated as a flight paramedic with the CareFlight helicopter out of Westmead Hospital. He spent time as an educator for New South Wales Ambulance before moving to rural New South Wales. Steve is also the Vice President of the Health Services Union NSW Branch.

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# FROM *the* SECRETARY

Hi everyone,

## **ONGOING COVID CHALLENGES**

As Omicron and now its sub-variants replace Delta as the dominant strain of COVID-19 we all continue to face challenges in our day-to-day work. Most jurisdictions, the ACT where I work included, are battling increasing COVID related caseloads as well as large numbers of staff off rosters and isolating. This is placing increasing stress and workloads on those who remain.

The ease of transmission of the Omicron variants is driving these pressures. For a while, many thought that the worst of the pandemic was over, however, the current strains are placing a new set of pressures on the system and those of us continuing to provide out of hospital care. Be kind to each other and look after your mental health, take time out when you need it and look to a good work/life balance to battle the inevitable fatigue that goes with the constant use of PPE and dealing with COVID.

## **SOUTH AUSTRALIAN ELECTION**

The South Australian Election was held on March 19th with the result seeing a comprehensive victory to the Labor opposition. The magnitude of the win took many observers by surprise. My congratulations to Leah Watkins and

all the team and members at the AEASA for mounting and sustaining a stunning campaign that undoubtedly contributed significantly to changing the government. Leah's impressive leadership as the newly elected Secretary of the AEASA has cemented her reputation and shown she is a force to be reckoned with.

Ramping and ambulance resourcing issues were highlighted with devastating effect throughout the campaign, with these becoming the focus of the campaign in the final weeks. To an outsider it seemed that by the time the government realised that this was biting as a serious campaign issue it was too late.

The AEASA's ability to plan and execute a really great industrial campaign and then sustain the rage over a long period was impressive to behold. The members mobilising to support the campaign was a vital part of its success. The unions media presence and interviews with officials and members highlighted the extent of the problem. All of those who participated underlined that this was a serious issue with real life human consequences, conducting themselves professionally, but sending a clear message.

The hard work now begins to hold the incoming government to their promises and ensure that the staffing levels and systems issues that led to the crisis are addressed.

## **CANARY IN THE COAL MINE?**

Are ambulance service issues such as ramping and delayed responses the 'canary in the coal mine' for health services? Over the past few years, significant ambulance union campaigns in Victoria, Queensland and now South Australia have seen sitting governments changed on the back of campaigns around staffing, delayed responses and ramping. As unions we are doing what we do best in these campaigns: fighting for improved conditions for our members, but also for better services for all. The campaigns run by the AEA Victoria, the UWU in Queensland and now the AEASA in South Australia show that voters are increasingly concerned with issues that impact on their access to health services and their votes are swayed by these campaigns. Perhaps the time has come for us to take a more coordinated national/trans-Tasman approach to these issues and capitalise on these concerns?

Stay safe out there everyone!

## **Jim Arneman**

ACAU Secretary



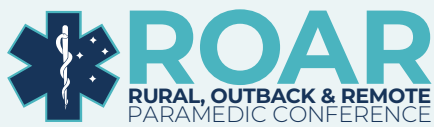
**About Jim:** Jim is a Registered Intensive Care Paramedic who works for the ACT Ambulance Service. He was the inaugural Secretary of the National Council of Ambulance Unions, a position he held for three years. He has worked as a paramedic for over three decades in metropolitan, rural, regional and remote settings in several ambulance services. He is a current ACT TWU Ambulance Executive Member and was elected unopposed as the inaugural Secretary of the Australasian Council of Ambulance Unions in 2019.

# 2022 College conferences



## Trauma on the Border

18 March 2022 – Face-to-face & online  
Twin Towns Services Club, Tweed Heads, NSW  
Find out more [paramedics.org/events/TotB2022](https://paramedics.org/events/TotB2022)



## Rural Outback and Remote Paramedic Conference

May 2022



## Student Conference

July 2022



## ACP Research Symposium

July 2022



## ACP International Conference 2022

September 2022

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# INDUSTRIAL REPORTS

## Australian Capital Territory

Following the 2022 Annual General meeting of members the TWU Caucus resolved to progress the Accord with the ACT Minister for Police and Emergency Services. (Photo to follow).

The TWU and the ACT Government are set to sign an Accord to address the issues raised in the independent 2015 review into the culture of the ACTAS (the Cultural Review) and the subsequent recommendations focusing on modernising the ACTAS, made in the Enhancing Professionalism: A Blueprint for Change report (the Blueprint).

The parties acknowledge that significant progress has been made in implementing changes that have impacted positively on the culture in ACTAS as well as the substantial investment in additional paramedic staff made by the ACT Government. However, consistently increasing annual caseloads in ACTAS and rapidly evolving demographic changes are now combining to undermine these advancements.

- This accord includes the parties agreed objective for the modernisation of the ACTAS.
- The agreed strategic priorities that are essential foundations on which sustainable reform must be built.
- The agreed short to medium term deliverables.
- The benefits that will accrue from this coordinated and strategic approach to modernisation of the ACTAS.
- Creation of an agreed new ACTAS service delivery model. The parties acknowledge that this is a key determination that will set the requirements for staffing, training, supervision and strategic planning for resourcing into the future.
- Immediate augmented funding to allow the appointment of an interim front line supervisory model of people and clinical leaders, to provide immediate clinical support to graduate paramedics as well as general health and wellbeing support of operational paramedics generally.

- Immediate supplemented funding to provide additional Duty Operations Officers/Shift Commanders to provide baseline tactical leadership capability in line with expanding staff numbers and case load.
- The immediate introduction of an additional Operations Manager to facilitate the day to management of ACTAS operations as well as providing redundancy for strategic planning and supervision of the introduction of innovative initiatives.

### AGREEMENT NEGOTIATIONS

TWU Delegates held a two day planning seminar in preparation of what is anticipated to be a significant Agreement negotiations. While preliminary discussions have commenced delegates have drafted a log of claims that include significant reform in entitlements and conditions including provisions around leave and rostering. Elections ACT will shortly undertake a ballot of new rosters to be rolled out in late 2022.

### ANNUAL GENERAL MEETING 2022

The postponed TWU ACTAS Caucus AGM was held on March 16th. It saw several changes to our Caucus Constitution debated and endorsed, a number of resolutions passed and a visit by the Minister for Police and Emergency services to listen to our concerns. The following resolutions were carried unanimously:

#### 1. Roster Reform:

*'Caucus resolves that any roster reform negotiated in ACTAS will not result in a loss of pay or leave and must include an Uncontrolled Environment Allowance to underpin the retention of current wages and leave'*

#### 2. Oversight of ACTAS Reform

*'Caucus endorses the ongoing conduct of an independently chaired oversight committee, with TWU representation, to oversee the continuing modernisation and reform agenda in ACTAS'*

#### 3. NEPT and COMCEN Rolled in/ Composite Rate

*'Caucus calls for the confirmation of a date for the implementation of the agreed Rolled in/Composite Rate of pay for NEPT and COMCEN staff by the 14/4/22. If this deadline isn't met, that this issue be referred to the membership for further action'*

#### 4. Ops Support

*'Caucus demands that a commitment is made by ESA and ACTAS to the permanent retention of Ops Support within ACTAS as an integral part of our operational capability. If this commitment isn't made, that this issue be referred to the membership for further action'*

#### 5. Minimum Crewing and Staffing Levels

*'Caucus calls for ACTAS to re-establish minimum crewing levels for operational staff and minimum staffing levels for other areas to underpin safe service delivery. We further call for the negotiated introduction of agreed Unit Hour Utilisation (UHU) rates for ACTAS to underpin safe staffing and rostering moving forward'*

#### 6. TWU/ACT Government Accord

*'Caucus calls for the signing of the TWU/MPES Accord by the Minister to clearly show the government's commitment to the ongoing modernisation and reform of ACTAS by the 14/4/22. If this deadline isn't met, that this issue be referred to the membership for further action'*

### CAUCUS TRAINING & PLANNING DAYS

The TWU ACTAS Caucus conducted two very successful development and planning days in late March where we discussed strategies for advancing our log of claims for the upcoming Enterprise Agreement Negotiations. A number of campaigns on issues of importance to members were planned for what will be one of the most significant negotiations in recent history.

### PROPOSED NEW ROSTER FOR AMBULANCE OPERATIONS.

Significant progress has been made towards progressing a new roster for emergency operations staff on the ACT. A number of options have been worked up. The common theme is a reduction to a single nightshift, away from the 10/14 model that has underpinned service delivery for over 30 years. The majority of the new roster options see a reduction from 48 hours to a 44-hour cycle. A vote will be conducted in April by the ACT Electoral Commission to gauge staff support for a preferred option. Once this is completed, negotiations will begin in earnest as part of the 2022 EA negotiations.

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## New South Wales

On the 7th of April, HSU members from all divisions across NSW, who have worked tirelessly throughout the pandemic held a series of simultaneous stop work meetings at hospitals around NSW and at Trades Hall in Sydney, with the aim of winning a 5.5% pay increase, well above the inadequate 2.5% yearly wages cap legislated by the state government's wages

policy. A 5.5% increase this year would ensure hard working health professionals in the public sector can keep up with record inflation and put food on the table. ADHSU members in NSW Ambulance joined this coordinated action by dialling into their own 7am zoom meeting and voting 100% in favour of seven bans that will assist in keeping the pressure on the

NSW government to give the pay rise workers deserve, whilst not compromising on patient care. NSW Ambulance members will continue to support their fellow members including HealthShare PTOs in securing this year's pay rise, whilst continuing the fight professional recognition and a permanent exemption from the draconian wages cap

## New Zealand

### HEALTH NZ

Last year the government announced the reform of the health and disability sector with the intention of fixing the public health system so it works for everyone. As part of the reform the 20 district health boards will become one organisation, Health New Zealand, but this reform has not looked at the ambulance sector. We believe now is the best time to look at bringing the ambulance sector in New Zealand into public ownership alongside Health NZ. Having the ambulance service run by a charity causes a vast range of challenges and the public should have an ambulance service they can rely on, not one that relies on their donations.

### STAFFING SHORTAGES

The ambulance service in New Zealand is still facing a staffing shortage. St John had received funding for additional ambulance but has been unable to fill these positions. As part of the solution St John has started a new residential emergency medical technician course

and have been recruiting students from Charles Sturt in Australia. The feeling from staff is that St John should also be looking in to the reasons they are experiencing these shortages, why paramedicine students are choosing to work overseas or go in to alternative careers. Now that paramedics are registered in New Zealand there have been a lot more employment opportunities with better conditions and pay and staff are choosing to move away from the service, both St John and Wellington Free Ambulance need to be looking at what they can do better to ensure they stay a desirable employer.

### GIVEAWAYS

Over the Christmas period we noticed that St John was participating in giveaways to the members of the public that employees weren't eligible to enter. As a charity and with staff working hard through covid this didn't sit well with us or our members, we know that ambulance officers are the people who give St John the great reputation they have. We were able to

arrange a giveaway of our own just in time for Christmas and two members were given a nights stay at Parkside Hotel and Apartments in Auckland. This was a great way to end what had been an incredibly tough year.

### HELI PROVIDERS

Last year St John indicated its intention to move away from providing staff to the helicopter providers throughout New Zealand. Staff had found the relationship between heli providers and St John beneficial with the ability to work both in the heli and on the road, a good mix of the unique challenges each role provides. Alongside this move St John also announced it would no longer be employing Intensive Care Paramedics and would instead have Critical Care Paramedics but no casual contracts would be available despite the staff shortages they are consistently facing. Staff are now facing the tough decision of which employer they will remain with.



**HEALTHY AMBOS**  
**SAVE LIVES**



Healthy Ambos Save Lives is a campaign promoting adequate funding and use of funds for the Ambulance Service operating across New Zealand. We believe in an effective public healthcare system that works in the interests of New Zealanders.



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# Northern Territory

## EA 2019

After nearly two and half years, an EA offer is now being put out to a formal ballot. Members have been engaged in protected action for @2 years and lodged for an additional ballot with actions such as no mixed crewing, writing on ambulances, restrictions on case cards etc.

The EA offer includes members outstanding claims of backpay to 2019 and 2.5% for each of the EA from 2022 and payment of roster allowance on long service leave.

The EA offer will go out to vote to paramedics, patient transport and emergency medical dispatchers in the next week.

All protected industrial action has been paused during the EA ballot process.

## MIXED CREWING

St John has commenced discussions with the Union regarding mixed/integrated crewing. The Union is waiting on a proposal from St John NT so we can canvass members for their feedback. The Union supported the need for an integrated model during the pandemic, however we do not support it as a solution for ongoing resourcing issues. Union is very hesitant to support these mixed crews as it increases cognitive demand on paramedics and reduces the capacity for high-quality care.



## FATIGUE

Fatigue is a significant issue for all our members across the Northern Territory. Fatigue has serious consequences for our members- Paramedics, Patient Transport, and Emergency Medical Dispatchers. Fatigue is a complex phenomenon that has effects on physical characteristics, cognition, behaviours, and physical and mental health. Members are at breaking point and this comment sums up a lot of their frustrations.

"No support from management, the blame gets shifted to us saying we need to address our own fatigue. We are the problem according to management. They are very good are shifting the blame game"

Paramedics and ambulance officer fatigue are associated with burnout, attrition, sick leave, work disability, physical and mental health, lack of disconnect from work, and impaired performance. The Union are asking St John NT to listen to our members' concerns as none of their policies and/or current practices address how fatigue is understood by paramedics. This is a serious shortcoming, as if we do not explore the factors paramedics recognise as contributors to fatigue, we will not be able to identify and action appropriate measures to reduce the effects of fatigue on the wellbeing of the workforce and alleviate its effects on clinical performance and safety.

Every fatigue issue that is expressed/ reported by our members to St John NT management either in person, via Riskman or via the Union is a cry for assistance, support and mitigation.

Due to the severity of fatigue our members are experiencing, the Union is urging St John NT to work collaboratively to identify and action appropriate measures to reduce the effects of fatigue on the wellbeing of the workforce and mitigate its effects on clinical performance and safety. We need to focus on intervention and education to lessen the experience of paramedic fatigue and the negative and safety outcomes for paramedics and patients as a result.

We are still waiting to hear from St John NT.

## RED ALERT

The Union campaign to bring ambulance service to the Government continues as no emergency service should be privatized. The current St John NT contract with the Government is being rolled over as per the requirements of the contract. The contract will cease on 2025. NT Paramedics, patient transport, and emergency medical dispatchers deserve better – better wages, government conditions of employment, career pathways, promotions based on merit, accountability, transparency, more resources, more crews, training on rostered shifts, paid training, the list is exhaustive.

# Living with PTSD? We Can Help



Moving Beyond Trauma is an interactive online program designed to assist people with PTSD reclaim their lives.

The program draws on an understanding of trauma, its effect on the brain and teaches practical skills and tools which bring relief to the troubled body, mind and spirit.

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## 2022 Programs

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10-14 October                      7-11 November                      5-9 December

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## Queensland

Members working over the New Year and Christmas period faced many additional issues with the onset of the latest phase of COVID-19, the state borders opening, the impacts on direct testing and or isolation plus the incredibly high period of demand on the health system.

UWU acquired commitment from QAS as to where an employee is directed by the QAS to not attend their workplace and/or to be tested for COVID-19 and self-quarantine and health requirements do not permit them, or it is otherwise impractical for them to undertake flexible work arrangements or work at a reasonable alternative location, the employee will be paid regular remuneration without debit to any leave account.

We also acknowledge that as we move forward into 2022 the requirements for testing and quarantining have been subject to constant change.

There was also an issue around pay entitlements for the Christmas Day public holiday. UWU were able to resolve this issue with QAS which saw members receiving the extra 50% pay loading for the Christmas Day public holiday.

### STRAIN ON RESOURCES CONTINUES

UWU have and will remain to call for more resources on the ground.

We continue to lobby for more paramedics, PTO's and EMD's.

As well as the equipment needed for members to carry out their roles; rostering to ensure people can finish on time; not working as a single when normally part of a crew, and the ability to take a break during shifts.

We demand to see a significant boost to numbers of staff appointments across the state plus the resources and training to support.

Triple 000 calls are almost tipping 3000 calls per day and lost hours due to ramping and wait times is regularly reaching 400-500 hours daily.

This is a huge pressure on our members whose key priority is patient care and delivery of excellence in service to the community.

Yet each day they feel the pressure at being pulled in all directions facing unfilled shifts, unreasonable shift extensions, no breaks, fatigue, inconsistency around flexible work arrangements and security of employment.

### WORKFORCE CASUALISATION

Since the onset of COVID-19, as part of the surge response during the pandemic, QAS have employed a number, now in the hundreds, of new staff as casual employees.



United Workers Union members and delegates from Queensland, including public sector representatives.



Ambulance delegates showed solidarity with the Aged Care Crisis and also shared their stories.

UWU is vehemently opposed to the ongoing casualisation of the workforce.

These casuals have been employed through a variety of arrangements.

Some have had the benefit of periods of temporary appointments; some commitments to permanency after certain periods of casual work and many other variations in between depending on the circumstances in which these groups have been engaged.

Currently some of the existing public sector directives on casual/temporary conversion to full time employment do not legally apply under the Ambulance Services Act to staff employed by QAS.

On behalf of its members, United Workers Union has been advocating with government for change and to implement these directives.

We need for agencies such as QAS, Qld Health and Education to ensure that focus of employment is above all else, permanent, and secure.

Late last year Unions were successful in getting government to agree that all government agencies, including QAS, **should** recognise these Directives.

The legislation underpinning public sector employment is currently being amended.

After many discussions with UWU and QAS Executive in regard to the implementation of these employment directives, an agreement was reached that during the period between now and when the legislation is formalised, QAS will honour the intent of the employment directives.

As a sign of good faith and after sustained persistence from UWU lobbying on behalf of its members, QAS have recently given offers of permanency to almost 30 staff who met the criteria for casual to permanent conversion.

A good win for UWU members but the fight continues for more.

### 2022 EBA

As a result of the 2020 wage deferral process, the final pay increase of 2.5% became applicable as of 1st March 2022.

The next pay increase for QAS employees will be as a result of bargaining later this year.

As we head into bargaining and familiar with what government wage increases have been set, our State Council and delegates are preparing to negotiate an agreement that will see members better off around other enhancements rather than flat wage increases.

### INTERNATIONAL WOMEN'S DAY 2022 - WHAT A DAY IT WAS!

From protests at Amanda Stoker's Queensland office, to rallies in Adelaide and solidarity actions with aged care workers, IWD2022 was a massive celebration of Union women - their power and their passion!

**It was also great that so many public sector members were able to join in the celebrations.**

The take home message from IWD 2022 was clear - when women stand in solidarity and fight for the issues that matter in their workplaces, homes and community - we win!

# South Australia

## AEA BRINGS DOWN MARSHALL LIBERAL GOVERNMENT

When the Marshall Liberal Government were elected in 2018, the AEA suspected it would be a challenging four years ahead. It was only a matter of weeks before the newly-elected Marshall Liberal Government reneged on their pre-election commitment to honour the recommendations of a staffing review of the SA Ambulance Service. The review group was halted and the consultancy report that was meant to be informing the review group was locked down, citing 'cabinet in confidence'. Nothing further would happen in this space for the remainder of their electoral term.

Since this time, the AEA has fought a multi-pronged and sustained battle on the fundamental issue of the adverse impact on patients and members, as a result of under-resourcing of the Ambulance Service.

The AEA ran an arbitration case in the SA Employment Tribunal on the work environment that saw members working for vast periods without a break, the significant reliance on overtime to fill core shifts, on-call rosters in country areas, and the practice of ramping. Over two years on from submissions, we still await an outcome from the President Judge overseeing the case.

We provided input to a Coronial investigation into the deaths of two patients who passed away after a delayed ambulance response. We are aware there are several more cases waiting to be investigated.

We ran a Parliamentary Petition, collecting over 44,000 signatures of South Australians who supported our call for a sustainable long-term funding stream to provide resource capacity, and to eradicate the practice of ramping. This has been lodged in Parliament and is now the subject of review by a Legislative Review Committee.

The AEA ran a public Safe Staffing Campaign – posting stories, pictures and videos of ramped ambulances, poor patient experiences, adverse outcomes and heartfelt pleas from Ambos directly. We were on the radio and evening news on a weekly, at times a daily, basis. Incidents included the mother of an 18m old girl having a seizure waiting 30 minutes for an ambulance, a 6 day old baby short of breath in the CBD waiting 55 minutes, elderly patients waiting on the floor for 8+



hours, patients going into cardiac arrest in the back of the ambulance whilst ramped, and patients passing away after a delayed ambulance response. There are hundreds of these stories. The Government's feeble responses have included: 'it was a surge', 'there was an uptick', 'the ambulance service has a dynamic deployment model', 'all cases are prioritised', 'it was a very windy day' and 'condolences'.

Ambos chalked their ambulances with public safety messages – 'record ramping under Marshall' and 'worst response times under Marshall'. Ruled to be Industrial Action and Ordered to cease, we held public chalking days, with hundreds of members of the public coming to our office to get their cars chalked. We held 'Chalk My Ride' days at three locations across the State, with hundreds more turning out to have a chat, offer their support, and get their car chalked. The events were a huge success. We even had a member of the public make dog bandanas for us!

We engaged a marketing firm to develop ads for TV and radio, with the tag line 'SA IS DYING FOR MORE AMBOS' which can be seen at [www.moreambos.com.au](http://www.moreambos.com.au).

We received overwhelming public and political support for our cause. Parties and candidates including Labor, SA Best,

Greens, SA Nationals, and numerous Independents running in the upper and lower house were throwing their support behind our campaign for safe staffing. Labor committed to 350 more Ambos and over \$300 million worth of infrastructure investments including a new Emergency Operations Centre!

As we fought, and the Marshall Liberal Government resisted, the risk to patients and members grew. Ambulance response times for Priority 2 cases, achieved 85% of the time under the previous Labor Government, plummeted to just 32% of cases for the first week of 2022.

With every passing week and month as things went from bad to worse, when we couldn't fathom things getting any more critical – we reached a tragic new depth to the crisis. Five people in a matter of 8 days were found deceased after experiencing a significantly delayed ambulance response. This occurred a week out from the State Election. More 'condolences' from Premier Marshall.

The Marshall Liberal Government's persistent, callous disregard for patients' pain and suffering – even death - incensed our members. Ambos stood at early voting centres and on Election Day to speak with people about the ambulance crisis and encourage them to put the Liberal Party last.





At 8:15pm on Saturday, 19th March, just two hours after the polls closed, we received the news we had been working so hard for – Labor had won! And what a thrashing it was. The Liberal Party have so far lost 7 seats, currently sitting on 15, with Labor winning 27, and 4 to Independents. Some seats have had swings in the order of 20-25% against the Liberal Party. Previously safe Liberal held seats have been won by Labor, others only winning by a handful of votes. Ex-Premier Marshall is still in the fight of his life just to retain his seat, only leading by 400 votes.

The overwhelming sentiment from union colleagues and Labor campaigners has been that this massive swing in public sentiment against the Liberal Party has been in large part to the AEA's campaign.

Whilst we celebrate this momentous achievement, it is tinged with the sadness of knowing the pain and suffering that has occurred over the last four years. With a sigh of relief, we draw a close on the last four years, and now have hope for the future. We will work with the Government again, we will resolve a new EB, and we will rebuild the SA Ambulance Service.

United we Stand!

### Leah Watkins

General Secretary  
Ambulance Employees Association of SA



## Tasmania

### DISCIPLINARY EVENTS

Investigations for disciplinary events, Under the Tasmanian system this is called an ED-5 investigation, are still ongoing. Complaints from colleagues previously managed by a grievance process are put into the ED-5 system, patient complaints without substance are also being run under disciplinary processes. As a result, AHPRA has been included and is then weighing in on whether it should be a concern to the regulator.

Since our last update a few members have been terminated, related to covid vaccines. It appears that Ambulance Tasmania is taking a zero tolerance to any breach of policy or procedure, intended or otherwise.

### RAMPING/DELAYS

Ambulance ramping in Tasmania is continuing to be a significant problem.

We remain concerned that when there is an adverse event on the ramp, the employer will use broadly ignored off load delay policy to justify a disciplinary process due to an individual's noncompliance with it.

### CULTURE IN AT

Since July 2021, the new CEO Joe Acker, has taken our advice about cultural concerns and commissioned a survey about staff resilience – this is not enough our members are seeking that they be heard and that their opinions are valid; Resilience isn't an appropriate measure when systems and support mechanism are broken.

We understand the resilience score was of "-81". Where the previous worst score was "+13". We are concerned that there is a lack of actions associated with this outcome.

The survey provided AT ... "an opportunity to better understand the experiences of our people right across the organisation, and to do so in a way that was evidence-based, both quantitative and qualitative, and anonymous. The initial survey was supplemented by several facilitated workshops that we held right across the state. The Resilience Scan was in no way a substitute for the provision of psychological support services or models of care we provide to our team."

We await positive action, there is no evidence of involving staff in the planning to address these concerns identified.

### RESPONSE TIMES

There has been no substantive improvement to response times, since our borders were opened in December 2021 the problem associated with COVID in the workforce have significantly increased, this at ties has directly impacted on service delivery outcomes.

### EBA TIME

Our EBA is up for replacement, the current agreement expires in June 2022. The current Hobart CPI was 4.5% (Dec 2021) and with fuel prices and cost of living pressures very much impacted in Tasmania, it is likely the next quarter will see CPI push even higher.

This upcoming EBA we hope will be about significant structural changes, focusing on work life balance and flexibility where warranted.

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## Victoria

### **ESTA CRISIS (CONTINUED AGAIN)!**

Many would have recently seen the damning 60 Minutes segment highlighting the crisis in staffing levels at ESTA communications centres in Victoria. AGAIN, it must be acknowledged that this is not a new phenomenon, nor is it COVID 19 related. ESTA has chronically under-resourced this vital emergency services link for years.

Chronic baseline understaffing pre-covid was already affecting staff's physical and mental well-being. Combined with the added pressures associated with the increased demands for service during COVID, it is no wonder that the dedicated and highly motivated ESTA staff are saying they have had enough!

Staff cannot access uninterrupted meal breaks, training, mentoring, personal leave, and essential cross-service training. These are all hallmarks of a crumbling system leading to high attrition rates and staff burnout. COVID has not created these issues. It has only served to bring them into sharper focus.

The AEAV do welcome the injection of funds into ESTA by the Victorian government, but it comes as a crisis management injection for a short-term fix. Long-term proactive structural change within ESTA is long overdue. We urgently await the findings of yet another reactive independent review into an emergency service in Victoria.

### **RAMPING IS A SYMPTOM, NOT THE PROBLEM!**

Whilst not unique to Victoria, ramping remains a prevalent issue. COVID-19 is a convenient distraction from acknowledging the years of stretching the sector to its limits.

Ramping is a symptom of an underfunded broken health system. Patient flow through emergency departments cannot be expedited when there are physically no ward beds for patients to be admitted to.

The consequences of ramping are shift extensions, delayed response times, and a stressed, fatigued workforce. While expanding on-road paramedic numbers is essential as demand for service grows year on year, the health system remains broken; increasing paramedic numbers is part of the solution but broader reform of healthcare is needed.

Let us be clear, the word 'crisis' is not alarmist hyperbole. People are dying because ambulance resources are depleted by being ramped at hospitals. But the KPIs still roll on unchanged.

Paramedics are still disciplined for failing to meet non-people centric KPIs. You treat the root cause, not the symptoms, to cure a disease.

### **WINDING BACK SURGE**

As arrangements to wind back the COVID surge workforce in Victoria progress as we 'learn to live with the virus,' members are legitimately asking what Ambulance Victoria will look like in the future. Additionally, the country will enter its first winter season (flu season) without COVID restrictions.

COVID has proven a need to be more responsive to rapid rises in demand beyond utilising crisis management tools such as Codes Orange and Red. Whilst recent funding has boosted paramedic numbers on the ground through Graduate recruitment; there will be a lag in those resources being fully functional. Additional questions remain about how the increased staffing numbers will be applied to permanently boost branch resources and improve rostering to facilitate meal breaks and reduce incidental overtime. Ambulance Victoria relies so heavily on overtime to resource empty lines when their staff are already exhausted is a damning commentary on their business model.

### **THE NEPT SECTOR**

As some of the NEPT EBAs come up for renewal, the disparity between those employed in the private for-profit sector and those employed in the same roles within the public sector is staggering.

The terms of the public-private NEPT contracts, as they currently stand, serve to reinforce these disparities structurally. Fair contracts that allow for parity amongst public and private workers performing the same work on behalf of the government are overdue.

In the future, enterprise agreements in the NEPT sector must address these structural pay parity issues, increased employee responsibility due to regulation and outdated vehicles and equipment that continue to endanger and injure NEPT officers.

### **AV UNDERPAYMENT CASE**

AEAV members met recently to finalise a letter to the Health Minister regarding a potential "Wage Theft" case against Ambulance Victoria. AV have been refusing to pay the same entitlements to all employees and initial investigations suggest that some employees have been underpaid by over \$10,000. To date AV have been dismissive and appear to have intentionally delayed negotiations. The AEAV is calling on the minister to intervene as soon as possible.

## Western Australia

### **20 DAYS COVID LEAVE FOR ST JOHN FRONTLINE EMPLOYEES**

UWU had been pushing for more 'covid leave' for all public sector employees, and on the 9th of February, the State Government announced another 20 days 'covid leave' for all of their public sector employees, and that this leave could be accessed before personal leave.

We further understood that St John of God Health and Ramsay Health, had also agreed to match the government's covid leave policy. This was another great win for our members in the private sector.

We had been fighting for this leave for our St John Ambulance members, as St John were insisting that employees use their own sick leave if they had to isolate or quarantine. We again wrote to St John, but this time, we sent them a copy of our media release that would go out if St John refused to do the right thing.

It worked.

On the 21st of February, St John advised their workforce that they would be receiving 20 days covid leave, in line with public sector employees. This was a huge win for our members, and it goes to show that we can and will raise important matters publicly on behalf of our members.

### **PARLIAMENTARY INQUIRY INTO AMBULANCE SERVICES IN WA**

We understand that the report by the Administration Committee of the Parliament of WA, will not be tabled in Parliament until sometime in May.

### **PARAMEDIC BARGAINING**

St John applied to the Fair Work Commission (FWC) for assistance in relation to bargaining, as St John believed that the parties were at an impasse. UWU were not of this belief, as we were ready, willing, and able to continue bargaining, given there were only (in our view) four remaining issues, namely; pre start/emergency checks, reasonable shift extension overtime working with medics, and of course the quantum of a pay rise.

There have been 5 meetings in this new facilitated process. As there has been little movement from all parties on various issues we have welcomed the involvement of Deputy President Beaumont from the FWC to mediate discussions moving forward.

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**Maria Vamvakinou MP**  
FEDERAL MEMBER  
FOR CALWELL



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# ACT AMBULANCE PEER SUPPORT COURSE #3 COMPLETED

In February 2022 sixteen staff completed the third Peer Support Training Course conducted by ACT Ambulance.

**PEER SUPPORT TRAINING WAS RE-**introduced into ACTAS in 2018 as a result of the Blueprint for Change reforms as a staff support and wellbeing initiative. The course was created after extensive research was conducted across Australia and overseas to determine what best practice was in this vitally important area. The eventual content was based largely on the QAS Priority 1 Peer Support Course but was contextualised to address uniquely ACT requirements.

The provision of coordinated Peer Support was a major recommendation of the Beyond Blue Best Practice Framework for the mental health and wellbeing support for emergency service workers and first responders. The ACTAS program was designed and implemented to comply with this framework.

Getting Course Three up and running has been a major challenge, with the ACT Emergency Services Agency initially delaying the running of the course and then disappointingly attempting to water down the training by deleting the residential component. These attempts at



Back row: Jim Arneman, Lisa Jarman, Justine Reynolds, Hannah Stevens, Lisa McLeod, Megan Davis, (Rose -Converge), Liam Whyte, Kim Wiseman, Madison Nolan, Matthew Storey, Ann-Marie Jenkins.  
Front row: (Preeti -Converge), Anna Rutherford, Jack Dear, (Shannon -Converge), Karla Dakers, Allanah Marshall, Lauren Cuthbert, Sandra Nissen.

cost cutting to undermine the integrity of the program were fiercely opposed by the TWU who appealed directly to the Minister to ensure the integrity of this vitally important program was preserved.

The sixteen new PSO's come from a range of backgrounds across ACTAS including operations, comms, NEPT, management and support services. There was a great range of newer staff including graduate paramedics as well as

experienced staff. The week of training was intense, with all the participants getting a lot out of the sessions which were conducted by psychologists from Converge and coordinated by Ann-Marie Jenkins, the Manager of Wellbeing and Support.

The new PSO's have hit the ground running and are already contributing to the success of the network and supporting fellow staff members.



# NSW AMBULANCE HITS CRISIS LEVEL FOUR TIMES IN ONE FORTNIGHT

A continuing rise in coronavirus cases across New South Wales has led the state's ambulance service to reach crisis levels four times in the past fortnight.

## AMBULANCE NSW COMMISSIONER

Dominic Morgan told the media today: "We haven't known it this busy in our history".

Reaching the highest emergency response level — called status three — means workforce surge plans are enacted and off-road managers and educators are deployed to help.

Health Services Union secretary Gerard Hayes said status three was seldom declared but the system wasn't coping due to the lack of staff.

"Now it is happening on a reasonably regular basis... and this just means the supply and demand for paramedics is not equal," he said.

Mr Morgan said the fourth COVID wave was a major factor behind the demand.

He also said that without any restrictions, people were out and about more so there was increased triple-0 calls for incidents such as car crashes, assaults and falls.

However, when asked if more staff needed to be employed, he pointed to the 1,300 paramedics that joined the service in the past two years.

"There's not been a thing that I've asked the government for in the last two and a half years that hasn't been delivered," he said.

He said staff isolation was the service's biggest hurdle, with 4,669 health workers furloughed yesterday compared to 1,600 at the beginning of March.

On top of this, triple-0 calls are now consistently higher than what the service would experience on a normal New Year's Eve.

Mr Morgan urged people to "save triple-0 for saving lives" as too many were still using the service to simply ask questions that could be answered elsewhere.

The extremely high demand is not due to subside any time soon, with modelling indicating an upwards trend in COVID cases for the next two weeks, Mr Morgan said.



Ambulances were forced to "ramp" for hours at Sydney's Royal Prince Alfred Hospital this week.

In the 24 hours to 4pm yesterday, NSW recorded 13 more COVID-19 deaths and 20,389 cases.

NSW Health said there were now 1,302 people with COVID-19 in hospital, with 47 of them in intensive care.

About 60 per cent of cases in NSW are among people aged under 40 but cases among people 60 and over are flattening.

## INVESTIGATION INTO TWO DEATHS DURING PEAK PERIOD

Meanwhile, NSW Ambulance is carrying out a review of the circumstances surrounding two deaths in March at a time when triple-0 calls were soaring.

The NSW Ambulance service has expressed its condolences to the families of both patients.

"On 11 March, NSW Ambulance received a triple-0 call to a Sydney address. The patient was declared deceased by paramedics on arrival at the scene," a spokesman said.

"On 19 March, NSW Ambulance received a call to transfer a patient from the St George Private Hospital to St George Hospital Emergency Department. Sadly, the patient passed away from their medical condition at the hospital.

In a written statement, the ambulance service said March had been another challenging month.

"Triple Zero (000) call volume increased by about 27,000 compared to the previous month, similar to case numbers during the peak of the Omicron BA1 wave."

NSW Opposition Health Spokesman Ryan Park said paramedics were facing difficult situations every day.

"COVID-19 has certainly made it worse," he said.

"We know that our ambulance system was under strain before COVID, but COVID has really tipped it over the edge with the increasing number of people calling for help."

Mr Park said with cooler weather on the way, hospitals and paramedics would see even greater demand in coming weeks.

"We are likely to have another strain of COVID, we are likely to have a difficult flu season — that is certainly what medical experts are concerned about," he said.

"And that is why the New South Wales government needs to make sure we have adequate paramedics to deal with that."

NSW Health Minister Brad Hazzard has been contacted for comment.

**By Danuta Kozaki**

www.abc.net.au

# ST JOHN INVESTIGATING DEATHS AFTER AMBULANCE DELAYS DUE TO STAFF SHORTAGE

Lengthy delays in getting ambulances to people in need are being investigated by St John, as demand on its service and staff shortages begin to burn.

## ST JOHN IS INVESTIGATING 19

incidents in the past few weeks when an ambulance was delayed, and looking at the impact that had on the patient.

It comes as demand for ambulances reaches record levels, with unprecedented calls to 111 before the Omicron outbreak has even taken hold.

St John deputy chief executive of ambulance operations Dan Ohs said the charity had plans in place to deal with Omicron demand - including getting an additional 14 ambulances on the road; eight in Auckland and six around the rest of the country.

That would help cope with a surge in demand and be a buffer for any sickness amongst staff.

But finding enough staff is proving challenging - right now there are 150 frontline ambulance vacancies across the country, an 11 percent vacancy rate for the organisation.

Ohs said that was higher than the usual 7 percent vacancy rate, but St John was getting ambulances out the door to targeted levels 97 percent of the time.

A big recruitment campaign is underway and Ohs said the government was putting millions of dollars into helping St John cover those costs, including an intensive training course, which would see 64 new staff graduate in March.

Over the past week, hundreds of volunteers and staff from elsewhere in the organisation have been called on to help and discussions are underway with other commercial providers to step in too.

But Ohs said staff were already dealing with Covid-19 challenges.

"Going to Covid patients, wearing PPE for long periods, the back of the ambulance when you're in PPE is very hot, and so we're finding that our staff are getting very tired and they're needing their days off.

"And so that's contributing obviously to it being more challenging to get staff to come back and do recall."

Amid the staffing struggles are delays in getting to patients. St John is investigating whether slow ambulance responses contributed negatively to patient outcomes in the 19 incidents so far this year.

Two of those involved Auckland callouts where patients died before St John arrived.

Ohs said he was unaware of the volume of concern from staff in the past.

First Union ambulance coordinator Faye McCann was not convinced St John was ready to deal with the Omicron outbreak.

"There are big concerns about the state of the service, staff are already reporting that they're burnt out and this is before Omicron has even hit."

With paramedics recently becoming registered, she said many were finding work elsewhere in the health sector.

"The starting rate for an ambulance officer is below the living wage, you can be working 14 hours with only a 30-minute break, there's a lack of recognition for unsociable hours with the rate being significantly lower than others in the health care industry."

McCann said the range of issues all indicated the ambulance service needed to be taken over by the government.

"The ambulance service is run by charities, there's no other essential service which would be run by a charity, and I think that causes a lot of issues in itself," she said.

In a statement, Health Minister Andrew Little said officials had been working closely with St John, Wellington Free Ambulance and air ambulance providers to ensure that surge planning for Omicron was well supported.

He said he was happy to consider whether appropriate additional support could be provided.

**By Nita Blake-Persen**

[www.nz.co.nz](http://www.nz.co.nz)

# AUCKLAND PARAMEDICS AT 'BREAKING POINT', CITY FIVE AMBULANCES DOWN ON FRIDAY NIGHT

St John was unable to operate at least five of its Auckland ambulances on Friday night amid significant and ongoing staff shortages.

## STUFF CAN REVEAL ST JOHN

management on Saturday asked paramedics in the South Island if they could fly up to the super-city to help as it faced being eight ambulances down that evening.

Auckland Central territory manager Braden Stark said the weekend staff shortage in Auckland was partly caused by staff on sick leave or annual leave.

"A message was sent to ambulance officers across Aotearoa seeking support," he said.

"Several ambulance officers including from Auckland, the Hauraki Plains, Waikato and Otago, have offered to help cover the shift, and some of our newly qualified ambulance officers have been called in to help.

"In addition, St John Ambulance is bolstering staff numbers on the clinical desk to provide support to staff in the Auckland Ambulance Communications Centre."

First Union transport, logistics and manufacturing organiser Faye McCann said staff shortages were an ongoing issue in Auckland, and it was leaving staff burnt out.

Wearing PPE in the summer heat was tiring, especially given the high workload and short staffing, she said.

"Some staff have tried to apply for secondments in the past for a break, but have been denied due to the short



An Ambulance in Auckland's CBD

staffing which forces them to either leave Auckland or leave St John entirely for a break.

"Alternative leave is also often denied even when applied for well in advance with staff having to find their own cover.

"St John needs to address the short staffing before the issue becomes worse, many staff are already at breaking point."

McCann said the shortfall of eight ambulances expected on Saturday night was only averted by staff coming from other areas to help out.

"There were more than five ambulances down yesterday, and it is the same crew working tonight so another hard night ahead.

"There have been similar nights recently with three to five ambulances below establishment which is a great concern for the Auckland staff with no end in sight."

**By George Block**

[www.stuff.co.nz](http://www.stuff.co.nz)



# CONCERNS NEW ST JOHN CRITICAL CARE MODEL WILL INCREASE HEALTH INEQUITY IN SOME AREAS

A new “critical care model” being introduced by St John could result in health inequality issues as areas of the country will be left without some of the service’s most highly trained paramedics, it has been warned.

**ST JOHN WILL STOP USING INTENSIVE** care paramedics (ICPs) and introduce new critical care paramedics (CCP) who will be offered additional training and deployed by rapid response vehicles – rather than ride along in ambulances – over the next three years.

Under the new model, Taupō, Blenheim and Queenstown would not have CCPs, with ICPs remaining in place and eventually being replaced by paramedics over time and by attrition.

Ryan, a long-term ICP who *Stuff* has agreed to keep anonymous, said the changes would mean there was a lower chance of providing “more complicated care to people when they need it”.

“The health outcomes for people in places like Taupō are less viable now than for somebody in say Gisborne or Rotorua, which will have CCPs.”

“If there is a job where critical skills might have to be used, now you have to wait for someone to come from a long ways away; that is concerning.”

St John deputy clinical director Dr Craig Ellis said CCPs would be deployed in areas where the “workload justified their advanced skill set”.

“St John has analysed in depth the need for critical care paramedics across the country and the evidence has clearly identified the need to make some changes.”

In areas where the need for CCPs was “relatively low” current ICPs would remain in place, with their roles being replaced by paramedics over time, he said.

However, Ryan said it was wrong for St John to say ICPs in places like Taupō had a lower workload, with many of these paramedics doing “more serious work” than in other areas gaining CCPs.

“We are involved in more complex care of patients for a longer time before they are taken off our hands because of our lack of a big hospital.”

He said judging ICPs’ work on patient outcomes, rather than if they were sent to higher priority jobs, was a better indicator



An intensive care paramedic is concerned the new model will lead to an increase in health inequity in areas with no critical care paramedics.

as to how much work these paramedics were getting.

“For instance, we could go to a green job, which is low priority, get there and find the patient is status one, requiring lots of intensive care and input from an ICP.”

First Union ambulance co-ordinator Faye McCann said the changes would not improve the likelihood of people receiving the “right care, at the right time”.

“While they will be up-skilled, they are being taken away from communities who still need them, such as Taupō, who will then rely on a CCP coming from Rotorua if available or a helicopter which can only fly in certain conditions.”

Ellis said ICPs would become “even more highly skilled CCPs” by taking advantage of fully funded tertiary papers. Being able to intubate people was a key skill CCPs would gain over ICPs, he said.

Nationally, 192 ICP roles would be gradually replaced with 141 CCP and 166 general paramedics as ICPs retired or quit.

St John paramedics had been “up-skilled significantly in the past decade” and could meet the majority of patient needs in these areas, he said, adding CCPs

could be deployed from another location or via an air ambulance when more intensive levels of care were required.

He was confident the changes would both “enhance and improve care across Aotearoa” but also help take current ICPs to a higher level in their professional development.

New Zealand Ambulance Association chair Mark Quin, who is also an ICP, said his union fully supported the move and welcomed the changes.

The public did not need to fear that the changes would result in a “lack of skill” because paramedics and EMTs (emergency medical technicians) were working in place of ICPs, he said.

Quin added the new model would make highly trained paramedics “even more accessible” than before.

“We are pulling them out of the ambulances and putting them into cars so that they can then go support those crews and apply their skills and interventions.”

St John will review the model each year.

**By Adam Jacobson**

[www.stuff.co.nz](http://www.stuff.co.nz)

# PARAMEDICS ASSAULTED WHILE ASSISTING INJURED PERSON, POLICE SEEKING PUBLIC'S HELP WITH NO DESCRIPTION OF OFFENDER

## TWO ST JOHN AMBULANCE

paramedics treating an injured person were allegedly brutally assaulted Friday afternoon in Jingili by an unidentified female who punched and scratched them, NT Police said.

Other conflicting reports indicated there was more than one person who assaulted the paramedics.

Around 4pm, Police said St John Ambulance paramedics responded to a report of an injured person at the intersection of Rothdale Road and Sawyer Street.

NT Police said while the paramedics were providing treatment, a single female approached them and pulled off their personal protective equipment.

The female then allegedly punched and scratched the paramedics to the head and face.

Police said the paramedics sustained scratches and bruises.

However, a source familiar with the incident said there was more than one female who assaulted the paramedics.

It is unclear why the police are only reporting the one woman and seeking the public's help to locate her without a proper description.

Watch Commander Kaye Pemberton said inquiries are now underway to identify and locate the one female.

They did not provide any details on the physical traits of the female they were looking for or her estimated age.

Cdr Pemberton said assaulting emergency workers who are providing care and protection to the community is completely unacceptable.

NT Police urge anyone who may have witnessed the assault or have dash-cam footage of the incident to contact them on 131 444 and quote reference 9912374.

In February last year, a female paramedic responding to a patient ended up being the one requiring medical attention after she was allegedly kicked and punched to the head in the back of an ambulance

by an alleged teenage drug addict in Palmerston.

Physical assaults made to paramedics had a whopping 73 per cent increase from 2019 to 2020, according to data from St John NT. There were 71 reports of assaults made in 2020, while there were 41 incidents in 2019, including verbal assaults.

In October 2021, St John NT Ambulance Services director Andrew Thomas said abuse often went under reported in the Territory.

"It is often under reported because it happens so regularly," Mr Thomas said.

United Workers Union NT secretary Erina Early also said in 2021 that new paramedics in the NT were reporting more incidents of aggression, compared with their previous two years of work in southern states.

"We need to be aware that the figures do not reflect the true data, most paramedics and patient transport officers do not report their assaults," Ms Early said.

# ST JOHN NT: UNITED WORKERS UNION EXPRESSED CONCERN OVER MIXED CREWING MODEL

ST John Ambulance NT has raised discussions of an integrated crewing model if the Territory's Covid-19 situation worsens.

## BUT THE UNION REPRESENTING

Territory paramedics is worried about the impact it could have on ambos.

St John NT ambulance services director Andrew Thomas said in December 2021 the organisation raised with staff and the United Workers Union the option of deploying integrated crews of paramedics and patient transport officers as "one of the ways to manage increased demand on the ambulance service should it be required due to continued community transmission of Covid-19".

"In January this year however, St John NT received funding from the NT Department of Health for 45 additional positions to provide relief from the impact of Covid-19 on service delivery," Mr Thomas said.

"Recruitment has already commenced for paramedic positions across Darwin, Katherine and Alice Springs which will significantly bolster ambulance services."

Mr Thomas said if considered further, the model would not replace any emergency crews and deployment would be targeted at the lower acuity cases.

"Emergency ambulance crews would continue to consist of two paramedics," he said.

"St John NT has been keen to receive feedback from all ambulance staff on this concept but at this stage has not moved beyond discussing it as an option should additional capacity be required due to Covid-19."

United Workers Union NT branch secretary Erina Early said while the union understood the need for an integrated model during a pandemic, it did not support it as a solution for ongoing resourcing issues.

"St John have said that they will only use these mixed crews for Covid transfers or low acuity jobs," she said.

"However since inception, there have been countless instances of inappropriate resourcing sent to jobs due to lack of resources.

"(The union) has always been hesitant to support these mixed crews as it increases cognitive demand on paramedics and reduces the capacity for high-quality care."

Ms Early says a mixed crew can also cause increased stress for patient transport officers who are "outside of their scope of practice, on traumatic scenes and often without training and follow up."

Ambulance workforce attrition in the Northern Territory is the worst in the country, with 16.6 per cent of staff leaving in 2020/21. Last year there were also longer ambulance response times, with Territorians waiting 9.5 minutes compared to 9 minutes the previous year.



# WHAT HAS THE UNION DONE FOR US?

United Worker’s Union has a proud history representing Ambulance members in Queensland, Victoria, Western Australia, and the Northern Territory. We are often asked the question ‘what has the union done for us? Here is just a small snapshot of what the Queensland United Worker’s delegates and officials got up to in 2021.

## THE OFFICIAL ANSWER?

Unions stopped child labour, made workplaces safer, won health and safety, worker’s compensation, gained us paid holidays, introduced superannuation, penalty rates, long service leave, parental leave, paid sick leave, equal pay legislation, pensions, workplace anti-discrimination laws, PTSD presumptive legislation, Voluntary Assisted Dying legislation, introduced collective bargaining.

Unions fight for the right to work in a safe and fair environment, earn entitlements and wage growth for all working Australians.

## WHAT HAS THE UNION DONE IN 2021 FOR OUR AMBULANCE MEMBERS?

Our Member Rights Team (MRT) had a very busy year representing and supporting paramedics, EMD’s, PTOs, private paramedics, and rescue crew.

Some of their stats for 2021

- Responded to over 300 general member enquiries
- Closed 190 cases
- Currently 65 open cases across various misconduct, performance, or regulatory issues.
- Have written over 120 responses.
- 25 responses to AHPRA which all but 2 resulted in ‘no further action’.



- Have attended almost 70 virtual meetings of which a couple lasted 5 days.
- Average of 80 hours spent on each case depending on complexity.

Our field organisers were busy travelling the state in preparation for 2022 bargaining.

2021 was a busy year representing and supporting members.

- Conversations with over 3000 members
- Moved 2000 members to participate in an activity (surveys, petitions etc)
- Recruited 460 new and returning members
- Recruited 18 new delegates
- Supported over 300 members in face-to-face disciplinary meetings
- Supported 60 members via virtual meetings

- Travelled over 53,000 kms across the state
- Conducted over 1200 station meetings
- Received and made over 4700 phone calls
- Attended in person and/or virtually over 240 consultative meetings

During the year our membership continued to face down the media to emphasise and hold government and employers accountable. The UWU Ambulance sector has been represented in over 40 media stories this year highlighting ongoing issues with ramping, resourcing, occupational violence, and the impacts of a pandemic to our frontline workers.

The union is its members and none of this happens without everyone working collectively towards a common goal.

What has the union done for us? YOU have done an amazing lot!



# HEALTH AUTHORITIES CONFIRM QUEENSLAND AMBULANCE RAMPING CRISIS IS WORSENING

Queensland Health has confirmed ambulance wait times are worsening across the state as hundreds of patients are forced to wait for hospital beds.

## NATIONAL AMBULANCE

coordinator for the United Workers Union Fiona Scanlon said while ramping issues had been slowly improving, allowing paramedics to get back on the road to help sick patients faster, the state was once again facing a crisis.

"We had seen some improvement, that is true," Ms Scanlon said.

"But we're back to, in March, the levels where we see ambulances waste 500 hours a day."

Documents sourced by the opposition during a right to information process revealed some patients were waiting more than 10 hours for an ambulance to arrive, due to a lack of hospital beds creating delays for the Queensland Ambulance Service.

In the last year, some have died in their homes whilst waiting for help.

Opposition Leader David Crisafulli said more needed to be done by the state government.

"Queenslanders are not comfortable waiting ten hours for an ambo to come up," Mr Crisafulli said.

"That's the Queensland health crisis and it is biting every day."



Ambulance ramping report reveals scale of Queensland hospital crisis.

Concerns are rising that ramping issues will continue to worsen, as the number of patients requiring treatment for COVID-19 or the winter flu is set to increase.

"Is it where we want to be? No," Health Minister Yvette D'Ath said today.

"It's not just about paramedics it's also about opening up beds."

Ms D'Ath said an additional 26 hospital beds would soon be in use at Brisbane's Queen Elizabeth II Jubilee Hospital from June, part of a \$12.1 million

package to cope with increased hospital demand.

"Our staff our exhausted," she said.

"Every hospital and health service right now is working on a fatigue policy to help our staff take leave because it has been a very difficult two years."

**By Marina Trajkovich**

9News.com.au

March 23, 2022

## AMBULANCE DELEGATES REPRESENT UWU AT INQUIRY

**UNITED WORKERS UNION AMBULANCE DELEGATES AMY, Nick and Jamie** took time this month to present the union's submission to the Queensland Parliamentary Inquiry into provision of primary, allied and private health, aged and NDIS care services.

The inquiry is investigating the impact of these services on the Queensland public health system, including the impacts to Queensland Ambulance Service.



# EXHAUSTED UNION GIVES LABOR A HOSPITAL PASS

Hospital emergency departments across Adelaide were full on Monday night – but the state’s ambulance union will give the new state government it campaigned for a break.

## AMBULANCE EMPLOYEES

Association general secretary Leah Watkins, who led the campaign, on Tuesday conceded the union would not put Labor under the same daily pressure as former premier Steven Marshall.

Her comments came after a code white, indicating that all emergency beds were full at Lyell McEwin, Modbury, Noarlunga, Royal Adelaide and Queen Elizabeth hospitals, was called on Monday night – just hours after Peter Malinauskas was sworn in as Premier.

Speaking about the Labor victory on ABC Radio on Tuesday, an elated Ms Watkins said: “The overwhelming sentiment of members is just that they are just so relieved, there’s lightness in the air.

“You know, we can breathe again, knowing that help is on its way, but it takes time to recruit people and so we need some urgent action now.”

Ms Watkins said she would not put Mr Malinauskas’s government under the same daily pressure as the Liberals.

She said she was exhausted after her intense campaign against the Liberals and needed a break from daily lobbying.

But she called on the Labor government to take “urgent action” on its promises to address hospital ramping – and warned she would take action if they failed.

She said the government should start with freeing up bed capacity and increasing staff levels and consider tapping into emergency Covid-19 plans the Liberals put in place but did not use.

“A lot of the initiatives that they sort of put in the wings for Covid, if Covid was



AEA General Secretary Leah Watkins.

to become a serious problem, there’s potentially still some solutions there that have not been tapped into yet ... even though the hospitals are chockas and the ambulance can’t meet demands,” she said, adding that ramping would “not disappear overnight” and “the risk to patients, the risk to members, is still there”.

She said her members had been scared of a Liberal victory. “I have had so many people say that they had their resignation letters written and ready to hand in if the Liberal Party were re-elected, and they’ve

been able to tear those up,” she said.

In the lead-up to the election, five people died in nine days while waiting for an ambulance.

It comes as Mr Malinauskas said he would release ramping statistics “as soon as possible” each month to give the public an insight into his party’s promise to reduce waiting times.

## Patrick James

*The Advertiser*  
March 23, 2022

# AMBULANCE TASMANIA STAFF REPORT DEPRESSION, DRUG USE, DESPONDENCY IN WELLBEING SURVEY

An extraordinary number of Ambulance Tasmania staff are suffering from mental health conditions, and many are self-medicating with drugs and alcohol, documents obtained by the ABC reveal.

## AMBULANCE TASMANIA LAST YEAR

committed to overhauling its workplace culture in the face of “concerning” feedback from staff, but did not detail what the nature of the comments were.

The organisation sought staff input following a series of worrying staff testimonies given during the inquest into Damian Crump, who took his own life using drugs he had stolen from the ambulance service’s supply store in 2016.

The inquest is exploring Ambulance Tasmania’s mental health support and drug security.

Information obtained by the ABC under right to information (RTI) laws sheds light on the depth of the issues reported by Ambulance Tasmania’s workforce in a “resilience scan” undertaken last September.

More than a third of the 323 staff who responded, or 36 per cent, reported depression, anxiety, stress, or post traumatic stress disorder, and 17 per cent were medicated either for those issues or for lack of sleep.

Seventy per cent of ambulance staff who responded reported trouble sleeping as a result of their work, and 11 per cent were self-medicating with drugs and alcohol to get through the day.

According to the 2020-21 annual report, Tasmania’s ambulance services had 592 employees.

A draft document prepared by the company that did the scan, Frontline Mind, said those who did not respond “have often given up hoping for change or action based on feedback”.

The sentence was removed from the final version sent to staff, as was a quote from a worker who raised concerns about feeling that they “don’t matter” and that some in management showed a “lack of respect.”

That paragraph was replaced in the final version with a different quote expressing pride after a project progressed forward.

The RTI documents include an email chain between Ambulance Tasmania chief executive Joe Acker and Frontline Mind



A final report on ambulance staff wellbeing had a sentence about employees “[giving up on] hoping for change” removed. (ABC News: Luke Bowden)

staff discussing tweaks to the report before it was finalised.

The documents also include a briefing note to Health Secretary Kathrine Morgan-Wicks in October, which said “overall, the results indicated a workplace which is described as a ‘traffic jam,’ with managers considered to be non-responsive, authoritative and threatening”.

The briefing note said most responses reflected poorly on Ambulance Tasmania’s reputation.

One staff member wrote they had experienced a “complete lack of professionalism” from managers towards staff.

“I have had difficulty mentoring new staff members to a clinical role due to lack of direction, planning and blatant disregard for professional standards,” they said.

“I’m extremely passionate about my career, however, it does not seem to be valued in this organisation.”

Swathes of the right-to-information documents have been redacted.

## ‘WE HAVE LISTENED’, SAYS CEO

In a statement, Mr Acker said Ambulance Tasmania was “up front about the [survey]

findings, fully briefing our staff and making a public statement in early January”.

“Since that time, we have worked to implement a range of measures designed to improve workplace culture and provide additional support for employees.”

He said as a result of a “series of 14 workshops around the state for employees to provide feedback and suggestions to AT’s executive team”, a “significant number of action items have been identified, with feedback continuing to be refined to determine priorities”.

“Our staff do an amazing job each and every day and night and are dedicated to saving lives and serving the Tasmanian community, and I want every employee of AT to feel that they are fully supported in their role,” Mr Acker said in the statement.

“That’s why I and the entire executive team have listened to the valuable feedback of staff through the resilience scan and have committed to improve workplace culture and to better support our employees.”

**By state political reporter  
Alexandra Humphries**



# ANOTHER INDEPENDENT REVIEW – ANOTHER LINE IN THE SAND

## I RECENTLY RESIGNED AS A

paramedic after 28 years of full-time professional service. In those 28 years, every Australian state and territory ambulance service has had multiple independent reviews into service delivery and culture. Without exception, each of those reviews has found that respective service wanting in how they treat their staff.

The latest of those reviews in Victoria took the form of a review into the culture by no less than the state's Human Rights Commission. The Commission's damning findings were that bullying, harassment, and discrimination were structurally endemic within Ambulance Victoria.

Structurally endemic!

"For too many, the impacts have been profound and long-lasting. Those experiences, detailed in this report, make for difficult reading." – Ro Allen (Victorian Human Rights Commissioner).

"This Report is both painful and confronting.

It has laid bare a significant part of Ambulance Victoria that many might not believe existed, but it does. The breadth and depth of issues of incivility, disrespect, discrimination, sexual harassment, bullying and victimisation in our workplace are deeply disturbing." Ken Lay (Board Chair Ambulance Victoria).

Ambulance Victoria's official response to staff... let's draw a line in the sand here and move forward. This is a line I have heard many times over 28 years. The result invariably is tinkering around the edges, papering over the cracks, and ultimately a business-as-usual approach. No meaningful, lasting structural change has ever been affected by any ambulance service. Those working in the ambulance sector inevitably continue to be damaged and treated as numbers and bums on seats. Despite the rhetoric, there continues to be little recognition of the human faces behind those FTE numbers.

Victorian paramedics must deal with the well-documented issues of workplace violence, PTSD, burnout. Other mental health issues the highest risk of workplace injuries (7 times greater than the general population) and chronically poor rostering practices that create significantly poorer sleep. Now it is finally publicly acknowledged that they must further contend with a toxic, hostile workplace.



It is now more apparent than ever that Ambulance Victoria is no more than a brand. Their dedicated frontline workers who willingly serve the public are treated no better than cogs in the machine that prop up that brand image.

These structurally endemic issues, identified by the Human Rights Commission, were buried, perpetuated, covered up and left unchecked until the brand was publicly challenged and tarnished. It wasn't until the AEA and a small group of brave paramedics stood up and publicly blackened the brand's eye that these well kept but still open secrets were laid bare for all to see.

However, like all good corporate juggernauts, a public mea culpa was proffered by Ambulance Victoria, the obligatory line in the sand was drawn, we will do better speech was given, and metaphorical and literal warm fuzzies were passed around.

More importantly, there was a deafening collective "pew" from the management team that oversaw, participated in, and perpetuated this toxic workplace culture. The AEA has lobbied for a restructure of the AV Executive since the release of the review and we were relieved to see recent announcements by AV.

No real, meaningful, and lasting change can or will be affected while the perpetrators, in this case, the assailants (or should that be defendants) that allowed this noxious pervasive culture that harmed and damaged so many good people are left to go about the business of the brand unsanctioned.

Ambulance Victoria has never flinched at bringing to heel those paramedics they have considered to have tarnished the brand image. They have put them through the dehumanising, damaging investigatory process of the Professional Conduct Unit (PCU). However, what is abundantly clear is that these same "integrity processes" don't apply to those in a position of power within the organisation. Those with different epaulettes to the rank and file that have seemingly endorsed, perpetuated and even inflicted the identified structural bullying, harassment, and discrimination are not and will not be subjected to the same integrity process of the PCU. That would damage the brand, even today. Mr Lay talks about laying bare the disrespect, incivility, sexual harassment, bullying and discrimination; however, that seemingly only applies to the rank and file, not the senior brand managers who author and affect the policy and procedures that underscore the business-as-usual approach.

There is a mountain of work with 43 recommendations from VEOHRC across the two volumes. Some of which go right to the heart of the AV Board and Executive. However, cosmetic tinkering around the edges will not suffice. Generational change at the top is required. The boys club must go. It is time to stop treating the provision of a life-saving frontline emergency service as a brand opportunity. A mea culpa and a line in the sand is not good enough. Victorian ambulance workers demand and deserve more! Structural change means **STRUCTURAL CHANGE!**

# WA AMBULANCES SENT ON JOBS WITHOUT PARAMEDICS AS COVID CAUSES STAFF CRISIS

St John WA has begun sending out ambulances in Perth without paramedics as it grapples with depleted staff numbers due to COVID.

## EMERGENCY RESPONSE CREWS AT

St John usually consist of two ambulance paramedics trained in advanced life support, or one paramedic paired with an ambulance officer.

But COVID infections and close contact rules have forced about 10 per cent of the SJA workforce off the road in recent weeks as WA's Omicron wave peaks.

SJA has now triggered its "business continuity plan", which from April 1 includes deploying crews comprising two ambulance officers, who are less qualified than paramedics.

A St John WA spokeswoman said these crews would respond to non-urgent priority three and urgent priority two cases where "appropriate", but not emergency category one call-outs.

At least one ambulance officer in these crews would need to be registered with the Australian Health Practitioner Regulation Agency (AHPRA).

Under the next stage of the plan, a pool of "rapid ambulance support officers" are being trained to join the emergency response crews.

This back-up group includes volunteers who give up 60 hours of their time each year as event health service officers.

A dozen volunteers have completed the training and St John said their "out-of-pocket expenses" would be covered for their emergency ambulance service.

Another 20 St John staff who work as patient transfer service personnel are also being trained in case they need to be called up.

"If activated, RASO officers will be deployed in a crew with an ambulance paramedic," the St John WA spokeswoman said.

"Activation of AO/AO and mixed crews is part of St John's response to the COVID-19 pandemic and will be discontinued as soon as possible."

On its website, the Ambulance Employees Association of WA said it was against the introduction of



St John WA has begun sending out ambulances in Perth without paramedics as it grapples with depleted staff numbers due to COVID. Credit: Jackson Flindell/The West Australian



Shadow health minister Libby Mettam pinned the blame for the change in ambulance staffing on the McGowan Government. Credit: Daniel Wilkins/The West Australian

"unskilled workers". The association didn't respond to requests for a comment.

United Workers Union national ambulance coordinator Fiona Scalon said the union had warned St John throughout the pandemic it was operating too leanly and any extra pressure would be "catastrophic".

"Rather than putting their hand in their pocket to fund surge capacity St John are relying on free labour in the form of volunteers putting patients, road users and the wider community at risk," she said.

"St John is funded in a way that they should be able to meet demand. It was a part of the contract renewal in 2020,

therefore it is really difficult to understand how they have managed to be in the position they are in."

March was the second worst month recorded for ambulance ramping and the worst for response times, with only 70 per cent of emergency call-outs responded to within 15 minutes.

Shadow health minister Libby Mettam pinned the blame for the change in ambulance staffing on the McGowan Government.

"To have crews filled with lesser qualified ambulance officers is obviously less than ideal but is a result of years of chronic underfunding by the McGowan Government and it is now falling to services such as St John to pick up the slack," she said.

A spokeswoman for Health Minister Amber-Jade Sanderson added: "The Minister expects St John Ambulance to take all reasonable steps to ensure it delivers a timely and high quality service to the West Australian community.

"St John Ambulance has indicated its business continuity plan is a short-term measure that will be discontinued as soon as possible."

**Peter Law**

The West Australian

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