

33 2024  
ISSN: 2982-0138

# AMBULANCE ACTIVE

THE OFFICIAL JOURNAL OF THE AUSTRALASIAN COUNCIL OF AMBULANCE UNIONS





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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,*

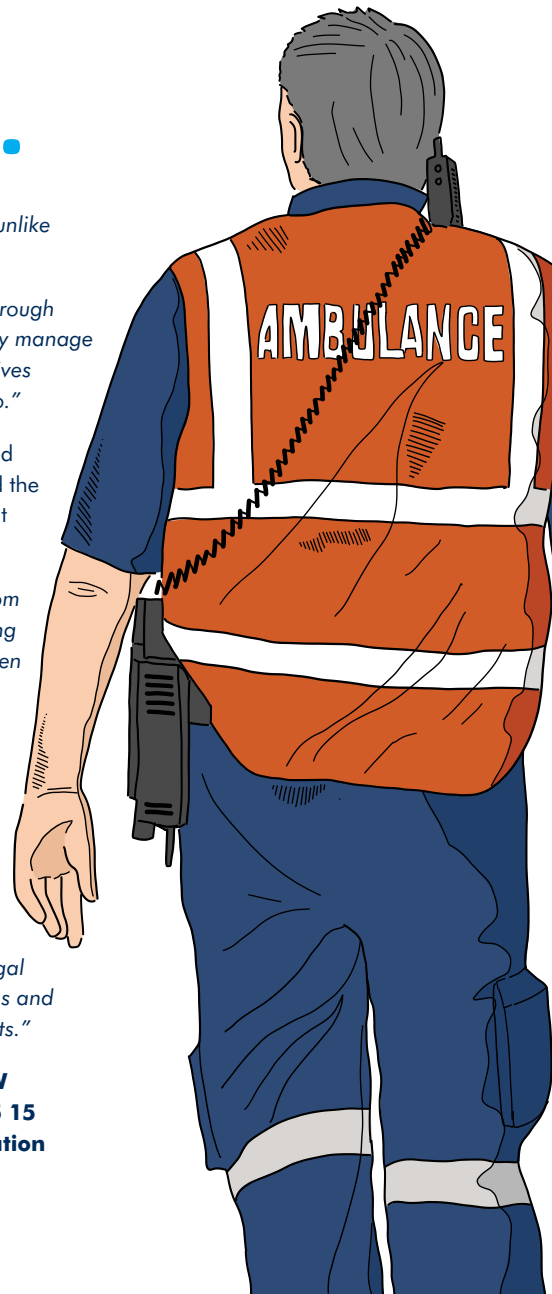
*TPD and income protection which are unlike any other worker in NSW."*

*"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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VOLUME 15 ISSUE 1 2024

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### Ambulance Active

Official Publication of Australasian  
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GPO Box 2466, Melbourne 3001  
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Should our ambulance service be government run?



Military qualifications in civilian paramedic degree



Ambulance Tasmania dispatch screen evidence of 'crisis'



Ambulance Service In Trentham Set For Upgrade

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GUIDES**



# ARE THEY TRIPLE OK?

Even the most resilient emergency services workers and volunteers can be affected by stress and trauma related to their work, or as a result of other life challenges. Are They Triple OK? resources provide practical tools and tips on how to start an R U OK? conversation with a workmate, friend or family member in the emergency services, to help them feel connected and supported, long before they're in crisis.



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[ruok.org.au/triple-ok](http://ruok.org.au/triple-ok)

**RU OK?**<sup>TM</sup>  
A conversation could change a life.

# FROM *the* PRESIDENT

# HAPPY NEW YEAR!

**WE ARE ALREADY A QUARTER OF THE** way through the year and what a start it has been. Congratulations to the Victorian members kicking off with their forced overtime campaign!

It's amazing looking on social media and seeing members being active in their union campaigns. This is why we are growing despite talk of the union movement declining. A recent report by the ACTU shows that the majority of workers see unions in a positive light, with over 80% of current union members saying they plan to remain union members. Over 25% of those interviewed had no idea what a union does, but we know that through visible action they will be inspired to join to

participate, and as members, understand and spread the message of what unions are, what we do and why it matters. The greatest way for unions to build trust and growth in membership is transparency. What can be more transparent than watching your colleagues, and joining them to fight for a better workplace?

As unionists we are getting great wins, but sometimes as health workers we are not good about shouting out those wins. We need to get better at being loud and proud about not only the job we do, but about being active union members winning outcomes to improve our workplaces and general healthcare for our communities.



**Tess Oxley**  
ACAU President

# We turn super difficult into super simple

It's important to understand how your fund works and all the available options, and that's where we can help. ESSSuper holds a range of complimentary education sessions, run by people who understand the complexity of your fund.

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# FROM the SECRETARY

## WORK-RELATED PSYCHOLOGICAL HEALTH AND SAFETY – WHO CARES FOR THE CARERS?

In July 2022, in the midst of the COVID 19 pandemic, Safe Work Australia published the *'Managing Psychosocial Hazards at Work Code of Practice'*. An approved Code of Practice is designed to provide practical guidance on how to achieve the standards of work health and safety required under the WHS Act and the Work Health and Safety Regulations, as well as effective ways to identify and manage risks. Codes of practice are admissible in court proceedings under the WHS Act and WHS Regulations. Courts may regard a code of practice as evidence of what is known about a hazard, risk, risk assessment or risk control and may rely on the code in determining what is reasonably practicable in the circumstances to which the code of practice relates.

The often-catastrophic impact of psychological injury on paramedics and ambulance workers, including communications staff, is now well documented. Evidence documented in Beyond Blues seminal *'Answering the Call'* study was confronting, with ambulance employees 3 times more likely to experience high or very high psychological distress levels than the general population. Even more worrying was the statistic that suicidal thoughts and ideation were twice as likely than in the general population and emergency services workers were 3 times more likely to have a suicide plan.

Psychosocial hazards are hazards that arise from or in relation to:

- the design or management of work
- the working environment
- plant at a workplace, or
- workplace interactions or behaviours that may cause psychological and physical harm.



Work Safe **Australia's National Guidance Material on Psychological Health and Safety (2019)** advocates a systematic approach to ensure organisations meet their duty of care in this area. This is founded on principles of preventing harm, intervening early and supporting recovery, as detailed in the adjacent diagram. They note that using a thorough and systematic approach can have significant benefits including:

- decreasing business disruption and costs from work-related psychological injury
- improving worker motivation, engagement and job satisfaction so increasing productivity, reducing absenteeism and turnover, and ultimately helping your organisation achieve its business goals, and
- enhancing your reputation as an employer of choice.

The following table summarises what Work Safe Australia considers fundamental psychosocial safety hazards that may arise at work:

Psychosocial hazards that may arise at work	Examples of psychosocial hazards that may arise at work
<ul style="list-style-type: none"> <li>• Job demands</li> <li>• Lack of job control</li> <li>• Poor support</li> <li>• Lack of role clarity</li> <li>• Poor organisational change management</li> <li>• Inadequate reward and recognition</li> <li>• Poor organisational justice</li> <li>• Traumatic events or material</li> </ul>	<ul style="list-style-type: none"> <li>• Remorse or isolated work</li> <li>• Poor physical environment</li> <li>• Violence and aggression</li> <li>• Bullying</li> <li>• Harassment including sexual harassment</li> <li>• Conflict or poor workplace relations and interactions</li> </ul>

Most ACAU members would concede that many, if not most of these hazards already exist and are currently live threats to members in most ambulance services we work in. Indeed, many are the prime motivators for recent and current industrial campaigns in many states and territories and in New Zealand.

The most telling finding of the *'Answering the Call'* study for me was that it unequivocally identified that poor workplace practices and culture were found to be as damaging to paramedics mental health as occupational trauma. These are risks and hazards that can be controlled, yet cultural reviews and a plethora of other external reports and studies just underline that these issues persist and continue to cause damage to our members. They can be turned around by good management and leadership.

It's about time most ambulance services and the wider health system starts walking the talk when it comes to the psychosocial safety of their employees. A genuine effort to implement Work Safe Australia's 'Systemic Approach' would be a great place to start. The time is ripe for ACAU to advocate a national approach to this problem. A **National First Responders Mental Health Commission** would be a great starting point. Perhaps it could oversee a **National First Responders Mental Health Strategic Plan**, one of the Senate Inquiry's key recommendations that is yet to be actioned. Wouldn't it be a great day if all ambulance services across Australasia were seen as 'employers of choice', as opposed to the state of play that exists in most Australian and New Zealand jurisdictions currently...

Stay safe out there everyone!

**Jim Arneman**  
ACAU Secretary



**About Jim:** 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.

# INDUSTRIAL REPORTS

## ACT

### AFTER THE USUAL "TO AND FRO"

(almost a bit too much "fro!" but we got there) phase one of the ACT Ambulance Service Enterprise Agreement have concluded with the official ballot receiving a resounding 97% "yes" vote. In addition to the new 44 hour roster, the new Agreement will introduce pay increases and the composite rate for Comms and NEPT workgroups which brings them in-line with Frontline ACTAS Paramedics from a pay calculation/structure perspective (one style of pay for all ACTAS shift working employees). The new 44 hour roster will be delivered without any loss of current entitlements or conditions and is due to commence on 11 April 2024. There are still processes that need to occur in the background to ensure a smooth transition to the new arrangements, such as modifications for staff on 12/12 style roster (mainly senior Paramedic positions such as DO's, Clinicians and Flight) and staff currently on Flexible agreements (FWA's). Other issues such as in-built personal development time will also be progressed to ensure the new roster is enacted in the way roster and all negotiations intended it to occur. Significant effort is being directed toward completing this work to meet the nominated date for roster implementation.

We then move into a secondary phase of negotiating our Enterprise Agreement



(such as being done in 2 phases so pay and roster could be implemented without the usual delays negotiations always inevitably create) where we will address many ongoing concerns for our members such as professional development (and appropriate time to do so), infrastructure issues for stations and vehicles (? the future re: electric vehicles), classifications points for staff as we continue to rapid growth and the usual ongoing operational issues that need constant support by an Enterprise agreement such as meal breaks, Transition to Retirement clauses for medically discharged and aging front line emergency staff, Fatigue Management, relief factors, interpreting Long Service leave for frontline emergency staff, attendance at training, end of shift management and using Unit Hour Utilisation and other appropriate processes to monitor and review issue to maintain appropriate operational welfare for staff.

2024 is also an election year in the ACT (we have set terms of 4 years of Government in the ACT) so with an election



in October 2024 we finalising development and release of our campaigns which will include not only funding as we grow but also major infrastructure upgrades to our Communications Centre, new stations and vehicles upgrades and appropriate staff career development to ensure appropriate future proofing of the ACTAS. Whilst we currently have a Labor Government in office, ACT Labor has been in power since 2001 with several leadership changes and may just need a little reminder about how to ensure it keeps it's Ambos's happy! ...watch this space. We look forward to seeing everyone at the 2024 ACAU Conference in NZ with hopefully a decent contingent from the ACT attending.

## NSW

### ADHSU PARAMEDICS WIN RECORD PAYRISE TO CATCH UP WITH OTHER STATES.

On December 13 ADHSU paramedics voted to accept a Government offer to raise their pay by up to 29%. NSW Paramedics have long been the lowest paid in the country and the highest injured. Unwilling to continue losing workmates to other states, and dealing with a Government resistive to come to the table, Paramedics pledged to not renew their AHPRA registration on November 30, with the NSW Government accusing them of leaving NSW essentially without an ambulance service on Jan 1, when they would no longer be able to practice as paramedics.



Union members stood strong, knowing their worth and value, with the community firmly behind them. Wearing highly visible red shirts instead of workshirts, they made sure the public were aware of the campaign

they were fighting, and with public support growing, achieved a great outcome of parity with QLD by 2025. This is one of the biggest public sector pay rises in NSW history, only achieved due to the power and

action of ADHSU members standing strong together. When pushed, members did not back down. In fact, they grew stronger with more paramedics joining the union daily to stand alongside their colleagues in being union strong.

This is just the first step in the campaign for professional recognition. With planned reforms for paramedics to integrate beyond the ambulance and into health, the push to be paid as health professionals and to be recognised for the unique skills, knowledge and autonomy the profession brings continues. The ADHSU membership is stronger than ever and knows that with union solidarity and action professional pay will be a reality. After the immense strength shown last year, the decision makers know this as well.

Congratulations to all ADHSU members who played their part in standing strong!



**SEXUAL ASSAULT WORKING GROUP**

A recent survey by the ADHSU Womens Committee found that over 70% of respondents had experienced sexual harassment in the workplace, and 10% had been sexually assaulted. Over 60% did not report this as they had little faith in NSW Ambulance managing the complaint adequately. 83% of those who did report felt that their complaint was not handled adequately.

ADHSU have approached NSW multiple times about our concerns about sexual assault and harassment in the workplace, however to no effect. With legislative changes to positive obligations, they were not able to continue to ignore this significant safety issue.

NSW agreed to a working group with ADHSU to make significant changes to policy and how complaints are handled, with an independent expert from Unions NSW to ensure that changes are effective in making NSW a safer place to work.

**HSU PTO AND CONTROL MEMBERS START THE FIGHT FOR AWARD REFORM**


ADHSU patient transport officers and control members have started the year ready to fight for award reform. Working within awards that have not had significant changes since before the Wages cap was implemented has left them behind other states in both pay and conditions. Members have started meeting to discuss strategies moving forward and have voted strongly in favour of member driven action to push their case forward. The role they play in not only NSW Ambulance but to all of health needs to be recognised and valued. They cannot afford to continue to be undervalued and refuse to stop until they get the wins they deserve!



**TRIGGER WARNING**

ADHSU surveyed female members...

**73%** of survey respondents have experienced **sexual harassment** at NSW or by a NSW work colleague.





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# NZ

## ST JOHN

We are currently in collective bargaining with St John who have been told by the government that they are not able to receive any further funding despite the government coalition agreement stating the intention to further fund the ambulance service. This has meant no offer has been provided as of yet and to put a wage increase on the table would mean cuts in other areas. We have been pushing to urgently meet with the government to discuss this and try and get some movement in bargaining. Members are feeling undervalued during another round of bargaining which St John again seems unprepared for.

## FIRST UNION PARAMEDIC PROFESSION COUNCIL

First Union will be setting up an internal Paramedic Profession Council to involve the multiple paramedic sectors that are covered; ambulance, medical centres, hospitals, helicopters. This will be a great opportunity for all paramedics to discuss common issues in their workplaces and the future of paramedics. We are hoping this will allow us to be more proactive in the paramedic space when we are often faced with being reactive in an everchanging workplace.

## COMMS CENTRE

Comms centre staff are still dealing with short staffing and the rapidly increasing fatigue which comes hand in hand with this. Since August 2023 the comms centre has been on continuous "Emergency Rule", previously only used for emergency situations such as the Christchurch Earthquake, which means disconnecting before giving the level of care comms staff are passionate about.

# QLD

## QUEENSLAND CLIMATE – ONE EXTREME TO ANOTHER

2024 started with our members facing several extreme weather events.

Cyclone, flooding and heatwaves saw officers being deployed around the state to assist in the hardest-hit areas to support work in keeping communities safe.

Recent studies published by Griffith University has drawn correlations between extreme climate events and the demand for health and ambulance services.

UWU is committed to continued campaigning for members around climate impact on Ambulance workers. Members are being encouraged to get involved in future campaigns and activities.

## DELAYED RESPONSES AND LATE LOGON

Due to a recent rise in matters emerging around late logon or delayed responses, UWU delegates have been active in communicating with members and advising best practices and professional and industrial responsibilities.

QAS are currently referring Officers to the Office of the Health Ombudsman (OHO) and AHPRA for investigation where any inappropriate or unexplained delay has occurred.

Investigations are a lengthy and challenging position to be in.

UWU and delegates have been out talking to members providing support around what and what not to do. They have been working with QAS to ensure clear and consistent expectations and procedures are being applied to ensure members are being fairly treated.

## DO'S AND DON'T'S

As a professional, remember that the following is your responsibility and without appropriate communication, is very difficult to defend if not complied with:

- Log on to your vehicle at the start of your shift, not after your shift has started.
- This includes when your partner is running late, at which you would then be required to log on as a single officer.
- Ensure you are appropriately clothed at the start of your shift.
- Complete your vehicle and drug checks at your earliest convenience once your shift has started. You may do this before your shift only if you choose. You cannot be directed to perform any of this type of work outside of paid time.
- Respond immediately to any case dispatched to you, irrespective of the response coding.
- If you are unable to comply with any of the above, you must inform the Operations Centre as soon as practicable. Advising of delays relating to the use of facilities, interactions with Supervisors or other reasons provides you protection. You have a right to request that the delay be recorded appropriately.
- If you are advised to respond to a case and you have not yet checked your vehicle or signed out controlled drugs, - tell the Operations Centre immediately and ask for instructions.

- DO NOT advise if you are unable to respond in the first instance, except for vehicle or critical equipment failure. It would likely be poorly viewed by the public and your registration bodies should you delay responding to a patient for either of these to be completed without seeking authority.
- If you arrive at a scene and discover that you do not have the required equipment or drugs, another response will be provided to you and your patient to assist.

## FINISH ON TIME

United Workers Union members have reported increasing frustration with the apparent shrinking focus on the management of Finish on Time. Delegates know that nothing has changed since negotiating the outcomes of the 2022 Certified Agreement – Finish on Time remains for majority of members the main priority.

Along with the safety of patients, members want to see their safety and welfare prioritised by their employer.

There has been strain on the health system during Summer, particularly in the southeast corner of the state, and this has resulted in some significant impacts on the availability of ambulance resources in the community.

Unfortunately, in an all-too-common response, as the pending queues continue to grow, any sense of staff welfare regarding the ability to finish on time has been abandoned.

Communication from QAS around the requirement to dispatch and respond to code 1's immediately, while an understandable risk mitigation measure, has landed poorly alongside the lack of communication about any efforts to ensure the welfare and safety of staff to respond to the community.

United Workers Union delegates and officials have raised growing concern amongst members around the continuing inability to work sustainable hours, get home to family and life activities, as well as the longer-term health impacts of the uncontrolled environment being dealt with day in and day out, at the end of each shift.

Discussions continue with QAS to hold them to account that the Monitoring Finish on Time clauses of the 2022 Certified Agreement are being upheld.

At this point, United Workers Union delegates are not convinced that the focus required of QAS outlined in the certified agreement is being applied as negotiated.



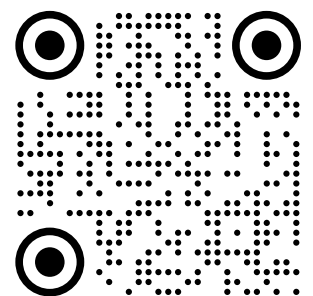
# Keeping Australia's emergency service workers mentally fit and strong.

## National Emergency Worker Support Service

Australia's emergency service workers and volunteers keep our communities safe, but stress and anxiety are often part of the job. Experiencing mental health challenges after a traumatic event is normal and very common – and it's treatable, too.

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- Access information and resources to help manage your symptoms.



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**Black Dog**  
Institute



## TAS

### STATE GOVERNMENT ATTEMPT TO SILENCE WORKERS

As our members continue to serve our communities with dedication and resilience, we were faced with a new obstacle: the threat of silencing our voices.

A paramedic member in Tasmania recently appeared in local media following an election announcement about additional resources for ambulance service. The very next day, the government and the Head of the State Service stated that they were considering taking action against the paramedic for speaking out about the current state of ambulance services and the impact on our community and ambulance workers.

Instead of addressing the pressing issues we have been facing for years, the government sought to deflect attention by targeting those brave enough to speak truth to power. This is not acceptable.

The HACSU Ambulance Employee Sub-branch Executive resolved to not tolerate an attempt to silence members. We advised the government that members were willing to take further and serious industrial action if they did not back down from targeting workers. This included authorising all members to speak directly to the media and organising rolling stop work meetings.

Workers have every right to talk to the community about the state of our services without fear of reprisal. In Tasmania, like elsewhere, we have critical issues like ramping and staffing shortages to address, and workers should not have to worry about being targeted by the government for speaking the truth.

We've made it clear to the government that all HACSU members were authorised to speak directly to the media until further notice.

### MANDATORY OFFLOAD PROCEDURE STILL NOT A REALITY

In the week before the 60-minute mandatory offload procedure was set to be introduced, the Nurses union lodged an application at the Industrial Commission and were successful at getting an injunction that has delayed the implementation of the procedure.

The Commission blocked the procedure's implementation two days before it was to come into effect at three hospitals, citing insufficient consultation with stakeholders. We'll be meeting with stakeholders and doing our best to get the procedure implemented as soon as possible.

The procedure sees a system where ambulance crews will have their patients admitted to the hospital within 60 minutes, which allows them to return to service and respond to emergency cases promptly. In a state where response times continue to blow out and paramedics are being used as a surge workforce for hospitals, change is needed to ensure timely ambulance responses – a matter of life and death in many cases.

In five years, up to 136 Tasmanians have tragically died while waiting to get into hospital. Studies also show that patients have a 10% greater chance of dying within seven days if they wait more than 30 minutes for admission.

We recognise that pressure placed on the hospital and ED systems as a result of the mandate would require solutions

to hospital bed block, the root cause of ambulance ramping.

The Tasmanian Liberal government have made a peculiar election promise to ban ramping, but we all know that it's far from that straightforward. Nonetheless, we need to see our members freed up from spending hours and hours on the ramp at hospitals across our state.

### COMMUNICATIONS MEMBERS RIPPED OFF BY PARKING CHANGE

HACSU members who work in the state communications centre are enraged by the sudden removal of parking access that they have long relied on, without any consultation or provision of alternative solutions. The Department of Health's decision to maintain a week-by-week lease arrangement with an unknown property developer for a vacant lot adjacent to the building where the communications centre is located has left many baffled.

Without any notice or a solution, workers were told they would have to make their own parking arrangements. Parking in Hobart is the same as any other capital city – rare and expensive and usually time-limited. This lack of transparency and accountability has only fuelled frustration among the hardworking individuals who operate in this nerve centre.

We recommended members use executive park spaces in the executive office carpark, but this was only a short-term fix.

This happened prior to Christmas last year and there still is no viable solution to date.

In an already under-resourced area, the added burden of finding parking spots and safety concerns when walking long distances to their cars late at night is the last thing Ambulance Tasmania workers need.

## SA

**PATIENT TRANSFER SERVICE – ROSTER TRIALS**

Recently SAAS's arm of Patient Transfer Services (PTS) underwent a significant review in order to improve on-time performance. A lot of attention was put on PTS as part of the State Government's Ramping Taskforce which acknowledged the integral part our members play in improving patient flow and their ability to influence ramping.

Being the state's primary patient transfer arm, SAAS is often notified with short notice for patient transfers. This means that when our members arrive to collect patients, they are often not ready and often wait for discharge or transfer paperwork and pharmacy. This also means that SAAS often cannot provide accurate ETAs and can result in excessive delays in transfer.

Significant work has gone into working with each Local Health Network to improve booking practices to give at least 2 hours' notice of bookings and SAAS to review roster models of crews to better align with transfer and discharge workload. These changes still leave the predominate amount of PTS crewing working Monday-Friday 8-hour shifts geared towards outpatient appointments and usual ward based discharges.

There has been a growing demand over the past several years for late afternoon discharges out of hospitals including both wards and ED's to improve flow and reduce the impacts of ramping. Therefore, as part of the trial the Government have funded two 24/7 PTS crews working a 3 on 3 off 10.5 hour day, afternoon, night roster. This alternative shift working roster has been popular for our members in Emergency complementing the traditional 4/4 rosters.

The move to 24/7 PTS has already show dramatic improvement in on-time performance and improved discharge times for LHNs. The trial is set to complete shortly which the AEA hopes will demonstrate an ongoing requirement for 24/7 PTS crewing to complement the existing traditional crewing to further give our PTS members the resources they need to do their jobs.

Coupled with these changes the major metropolitan hospitals have been actively working through the introduction of transit/discharge wards that would allow for patients to be discharged earlier from in-patient beds to help free up bed capacity and allow for a quicker and more direct ambulance pickup in a centralised location, a measure the AEA has been calling on for years.

## NEWS

**'No evidence' of doctor's ambulance ramping claims, review finds**

A state government-commissioned review has found there is "no evidence" to back up claims that health bureaucrats are prioritising treatment for ambulance arrivals over sicker patients in hospital waiting rooms.



Thomas Kelsall

Jan 11, 2024, updated Jan 11, 2024

SHARE

**RAMPING REVIEW REPORT**

Ramping in South Australia remains an ongoing significant issue while additional in-patient beds are built across the state. Since the 2022 State Election the Labor Government committed to 550 additional in-patient beds with the first lot of 150 beds due to come online this year with the aim to improve flow and reduce ramping.

Ramping peaked in November 2023 at 4,285 hours of ambulances ramped in that month, reducing to a still unacceptably high figure of 3,757 hours in February 2024.

However with the additional ambulance resourcing response times have steadily been improving since March 2022 for both Priority 1 and 2 Emergency cases despite the ongoing impacts of ramping.

In December 2023 allegations were made that patients in ramped ambulances were being prioritised over waiting room patients, to 'help improve ramping statistics'. A formal external review was commissioned by Professor Keith McNeil and Bill Griggs to investigate these claims.

Later that month a call to Triple Zero occurred for a patient in metropolitan Adelaide when there was high levels of ramping. This patient was triaged as Priority 5 with a target response time of 60 minutes. After 10 hours and several call-backs from SAAS the carer called back and the case was upgraded to Priority 1 as the patient had reported to deteriorate, an ambulance arrived within 4 minutes however the patient had passed away.

The AEA raised this case to the public as a tragic demonstration of the delays that can occur when ramping occurs and the impact this has on community ambulance

response times. We also highlighted the need for ambulances to be prioritised to be released from hospital ramps to respond to the community, especially in times of high demand. A separate review conducted by SAAS and SA Health's Chief Medical Officer was also lodged into this case with publicly released findings that ramping was the key contributing factor into the delay.

The Ramping review report was broadened in scope to include this case and consider the impacts that ambulance ramping has on the community. The report was publicly released on SA Health's Website 'Ambulance Ramping Review Report January 2024' with 5 recommendations. The report found there was no evidence that ambulance patients were seen quicker than waiting room patients, and in-fact found data to suggest the opposite, that waiting room patients are often seen quicker than an ambulance.

Some of the key recommendations included the importance of releasing ramped crews to attend outstanding community cases, that senior ED physicians should be made available to make early decisions about patient care both from the Waiting Room and Ramp and for the evaluation of risk to be considered across the urgent and emergency care continuum to ensure that patients both in hospital and in the community are considered in any decisions.

The AEA welcomed the report which highlighted the importance of releasing crews from hospital ramps for community attendance and additional measures that would help to alleviate ramping.



## VIC

### AMBULANCE VICTORIA 2024 EBA CAMPAIGN – “AMBOS DESERVE TO HAVE A LIFE TOO”.

The VAU recently hired a creative production agency called Campaign Edge to assist with developing our industrial action campaign tools. The process began with developing a lead public slogan to define the campaign message. Campaign Edge then developed a script for a 30 second TV commercial targeted at the general public, to provide context for the message. Campaign Edge came to the VAU with a full film crew office to shoot the commercial. Also present was the agency's Creative Director – Dee Madigan – who oversaw the complete creative process. Stills from the commercial have been used for campaign images, and the finished product can be viewed on the VAU's Facebook page. Visit <https://www.facebook.com/vicambounion> to check out the finished product.



## WA

In Western Australia, we are winding up two bargains that have been on foot for some time – the Transport Officers Agreement and the Communications Officers Agreement. Some of the outcomes for both bargains are below.

### PATIENT TRANSPORT SERVICES ENTERPRISE AGREEMENT 2023

Over the three years of the agreement, we achieved a 5%, 5%, 4% pay and allowances increase. There will be back pay to the 1st of July 2023.

We have also achieved new pay points for Medics, and Mental Health Transport Officers at years 2, 3 and 5.

There are a number of specialist vehicles utilised by St John in the patient transport service, and the following vehicles will receive a \$20 per shift allowance:

- Newborn Emergency Transport Vehicle
- Complex Patient Ambulance Transport Vehicle

- Multi Patient Transport Vehicle
- Wheelchair Vehicle

In the last transport bargain, the employee association were not interested in supporting Medics to receive the same allowances in regional Western Australia. This time, St John have been keen to support UWU's claims in relation to those workers, and we have achieved the new country allowances below:

- Zone and Location Allowance
- Air-conditioning Allowance
- Removal Expenses Reimbursement
- On Call Phone Allowance
- On Call Roster Allowance
- Country Travel Reimbursement and Allowance
- Country Posting Rent Assistance
- Country Relief Employee Expenses Allowance
- Country Relief Accommodation Expenses Allowance

- Country Allowance – Remote Location Allowance
- Country Allowance - Country Training Travel Allowance

### COMMUNICATIONS OFFICERS ENTERPRISE AGREEMENT 2023

As with the Patient Transport agreement, we achieved a 5%, 5%, 4% wage and allowances increase over the course of the agreement, back paid to 1st of July 2023.

Our members dug in over a new pay point at year six for Communications Officers, and an extra 2 days personal leave will kick in at year three.

UWU has begun bargaining with St John for a new First Aid Trainers Enterprise Agreement, and we also will commence bargaining for the Ambulance Officer/Paramedics Agreement from the 25th of March.

# WHAT ARE YOUR VIEWS ON PROFESSIONAL REGISTRATION?

The National Regulation & Accreditation Scheme (NRAS) facilitates the regulation of registered health professions in Australia.

## THE MAIN OBJECTIVE OF THIS

regulation scheme is to protect the public by making sure only registered health practitioners who are suitably trained and qualified to practise in a suitable and ethical manner are registered. The effectiveness of regulation in achieving this objective may be affected by the extent to which health practitioners think this regulation is worthwhile and engage with its standards and systems.

It's been just over 5 years since paramedics were included in the health practitioner registration scheme. Over 24,000 paramedics are now registered with the Paramedicine Board of Australia supported by the Australian Health Practitioner Regulation Agency (Ahpra). This represents a good time to find out about the attitudes of paramedics to regulation.

Adjunct Associate Professor Alan Morrison is completing a PhD investigating the attitudes of registered health practitioners to registration from the professions of paramedicine and pharmacy. Alan has been a member of the paramedicine profession and the Health Services Union since 1996. In recent years he has had involvement with health practitioner regulation as a member of the Paramedicine Council of NSW and Paramedicine Accreditation Committee. This involvement has sparked his interest concerning the effectiveness of regulation from the perspective of practitioners.

To support this research Alan is conducting a national online survey of paramedics and pharmacists asking about their attitudes to regulation. This research is not being conducted for, or on behalf of any organisation or regulatory agency. It is a piece of independent research and the results will be made available through publication once completed. The information collected from the survey will provide a snapshot of health practitioner attitudes to registration and what, if any, influence it has on their level of engagement with regulation and regulators.



The survey takes no longer than 20 minutes to complete and is completely anonymous. No personal identifying details are collected that are connected to individual responses. In addition individual survey responses will not be presented as a single individual report or form the basis for a case study. The support of paramedics by taking the time to complete the survey and inform this research is greatly appreciated

To access the survey please click the link or scan the QR code below. If you would like further information on participating in this project please get in touch with Alan Morrison at Alan.J.Morrison@student.uts.edu.au

Go to this link to access the survey:  
<https://url.au.m.mimecastprotect.com/s/mrXoCMwG2Mtq6E6EmTw7X6T?domain=utsau.au1.qualtrics.com>

Alternatively scan the QR code to complete the survey on your mobile device:

This project is being conducted by Adjunct Associate Professor Alan Morrison, a PhD candidate at University of Technology Sydney, as part of a PhD investigating Health Practitioner Motivational Postures: The application of motivational posture theory to health practitioner regulation. Supervised by A/Professor Deborah DeBono and Dr Daniel Demant. Human Ethics Approval: ETH23-8337



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# MORE PARAMEDICS TO BE EMPLOYED IN CANBERRA

The new roster will mean the ACT Ambulance Service will be even better placed to meet community demands.

The ACT Government will increase the number of frontline paramedics employed by implementing a new ACT Ambulance Service (ACTAS) roster.

#### THESE CHANGES MEAN AN

additional 11 paramedic crews will be rostered on over a 24-hour period.

This will improve fatigue management practices and create a better work-life balance for paramedics. The change will also mean that ACTAS will be even better placed to meet community demands for ambulance services.

In addition, training and development requirements will be covered by rostered resources and operational resourcing flexibility will be increased. Meal breaks will also be accessed more regularly and

there would be less need for paramedics to work past their shift times.

As part of the 2023-24 Budget Review, the government is investing \$19.7 million over four years to enable the implementation of the new roster.

To achieve the new roster, changes need to be made to the ACTAS enterprise agreement. This agreement has been in negotiation for several months and is in the final stages of negotiation between the ACT Government and the Transport Workers Union.

Paramedics and the ambulance service perform a vital role in the

Canberra community, responding to those in need when and where they need help most. This improved roster will better enable paramedics to meet those needs – while also supporting their wellbeing and professional development.

“Investing in staffing will mean paramedics will continue to enjoy rewarding careers in the ACT Ambulance Service, with improved rostering leading to better outcomes for all,” ACTAS Chief Officer Howard Wren said.

[www.act.gov.au](http://www.act.gov.au)

# BUDGET TO DELIVER MORE FUNDING FOR AMBULANCE SERVICE

The ACT Ambulance Service (ACTAS) and local paramedics will receive \$27.6 million in the 2022–23 ACT Budget, so they can meet additional demand in the years ahead as Canberra’s population grows.

## THE FUNDING WILL PROCURE

additional intensive care paramedics, an intensive care paramedic program, and additional triple zero call centre positions.

“This investment into ACTAS will also help our paramedics maintain their excellent response times and support long-term staff wellbeing,” a government spokesperson said.

The ACTAS organisational structure will be reformed to improve operational performance and service delivery, enhance staff wellbeing, and provide professional development opportunities to foster a more resilient, adaptive, and capable workforce.

“This budget initiative will support our paramedics’ wellbeing and professional development so that we can continue to have a nation-leading ambulance service,” said Mick Gentleman, ACT Minister for Police and Emergency Services.

The Budget will also include additional funding for ongoing vehicle expenses, an updated fit-out to the Communications Centre, and modernised ICT infrastructure.

“The ACT Government is proud of the work of the ACTAS in supporting our community, particularly over the last few years through the COVID-19 pandemic,” Chief Minister Andrew Barr said.

“Our local paramedics are always there when Canberrans need them, and this investment will help ensure that they can continue to deliver a vital community service as our city grows.”

The ACT Government remains committed to working with ACT Ambulance Staff (ACTAS) staff, the Transport Workers Union, and the Emergency Services Agency to support paramedics and modernise the ambulance service, Mr Gentleman said.



Mick Gentleman, ACT Minister for Police and Emergency Services, and ambulance paramedics.

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# Thank you for all that you do.



**The Hon Sonia Horner MP** – State Member for Wallsend  
Deputy Speaker

Contact - Wallsend Electorate Office, 67 Nelson Street, Wallsend NSW 2287  
Telephone: (02) 4950 0955 Email: [wallsend@parliament.nsw.gov.au](mailto:wallsend@parliament.nsw.gov.au)

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- Bob

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# MORE PARAMEDICS AND CALL TAKERS JOIN NSW AMBULANCE 23 FEBRUARY

NSW Ambulance has welcomed 142 new trainee paramedic and emergency medical call takers after they were officially inducted into the service at a ceremony today.

**NSW AMBULANCE HAS WELCOMED** 142 new trainee paramedic and emergency medical call takers after they were officially inducted into the service at a ceremony today.

Minister for Health Ryan Park congratulated the 124 graduate paramedics and 18 trainee emergency medical call takers, who will start in their new roles from tomorrow.

"This is the first class of NSW Ambulance graduates this year to be joining the frontline of healthcare in NSW," Mr Park said.

"I congratulate these paramedics and call takers for reaching this significant milestone in their careers and thank them for their dedication to serving their community."

NSW Ambulance Chief Executive Dr Dominic Morgan welcomed the new starters, who were honoured at a ceremony at Sydney Olympic Park, attended by family and friends.

Dr Morgan said the new recruits would provide welcome reinforcements during a busy time for emergency health care.

"I know all who are graduating today have worked incredibly hard throughout their training," Dr Morgan said.

"I thank them for their commitment and warmly welcome them into NSW Ambulance.

"As demand for our services continues to grow, we remain committed to providing world-class care to our patients."

Member for Parramatta Donna Davis welcomed the new cohort.

"Rapidly growing communities like ours need expanded emergency services and these new personnel will provide invaluable support to the people of Parramatta and beyond."

The graduate paramedics will be posted across NSW to complete the on-road portion of their 12-month internships before taking permanent positions in metropolitan and regional areas.

The emergency medical call takers will be posted to Triple Zero (000) control centres in Sydney and Charlestown.

[miragenews.com](http://miragenews.com)

# NSW AMBULANCE FIRST IN THE WORLD TO TRIAL NEW STROKE CARE TECHNOLOGY

A world-first collaborative trial will see cutting-edge technology used by NSW Ambulance as part of the rapid assessment and triage of stroke patients as they are transported to hospital.

## A REVOLUTIONARY NEW BRAIN

scanner, the Medfield Diagnostics Strokefinder MD100 helmet, is currently being piloted by NSW Ambulance paramedics in the Hunter region, the first time the Strokefinder helmet technology is being utilised on the frontline and outside of hospital.

Minister for Regional Health Ryan Park said this innovative trial could enable even faster stroke diagnosis and treatment, meaning more patients stand to benefit from timely stroke interventions in the vital 'golden hour'.

"Stroke is a time critical emergency and is one of Australia's biggest killers, so the earlier our paramedics and neurologists can assess and treat patients, the better the outcome," Mr Park said.

"I am really proud our NSW Ambulance paramedics are the first in the world to use this device in the pre-hospital setting.

"This is a wonderful example of some of the truly collaborative projects taking place across the health system right now, where cutting-edge technology and our highly skilled hospital clinicians and frontline paramedics work together."

NSW Ambulance Commissioner Dr Dominic Morgan said the technology

is fast to operate and performs multiple brain measurements in 60 seconds.

"This exciting study brings together NSW Ambulance intensive care paramedics and John Hunter Hospital neurologists, and the Hunter Medical Research Institute, to evaluate the feasibility of the Strokefinder MD100 helmet in pre-hospital care," Dr Morgan said.

"When combined with an innovative telehealth app, our paramedics on the ground are able to consult with the neurology team in the hospital to optimise the care and overall outcome for the stroke patient."

Acute Stroke Services Neurologist at John Hunter Hospital and study lead, neurologist Professor Chris Levi, said clinicians and researchers will work together closely to evaluate and refine how the stroke detection system and telehealth app can optimise frontline care.

"When a stroke occurs, rapid and accurate diagnosis is vital to speed up the delivery of treatment interventions and improve clinical outcomes for the patient," Professor Levi said.

Preliminary data from the trial shows almost all patients were scanned within an hour of the Triple Zero call being made.

Minister for Medical Research David Harris said these results of the trial have been remarkable considering less than five per cent of stroke patients in Australia undergo a hospital CT scan within an hour of suffering a stroke.

"Although still in the research phase, this innovation allows paramedics to rapidly scan the brain, hopefully within what's known as the 'golden hour' after a stroke occurs which is when we can optimise treatment outcomes for the patient," Mr Harris said.

Jack Di Tommaso, a 27-year-old gym owner and personal trainer from Newcastle, recently completed a marathon when an ischaemic stroke gave him and his family the shock of their lives. Jack didn't know what to make of his sudden symptoms, which included slurred speech and reduced consciousness.

Thanks to this trial, the Strokefinder MD100 scan was performed on Jack within the 'golden hour' after suffering a stroke and his clinical information was captured in the telehealth app.

Jack said he felt lucky to be treated so quickly thanks in part to this ground-breaking trial.

"I'm grateful my mate called Triple Zero straight away, the paramedics arrived





minutes later and were amazing from start to finish," Jack said.

"I was scanned by the Strokefinder helmet and examined on a video call direct to the neurologist at hospital. This collaboration and quick response was a major factor in making a full recovery."

Minister for the Hunter Yasmin Catley said regional Australians are 17 percent more likely to suffer a stroke than those in metropolitan areas.

"In the Hunter New England Health District, around 1,500 residents experience a stroke each year, so it makes sense a trial like this would take place here," Ms Catley said.

Member for Wallsend Sonia Hornery said she was proud clinicians from John Hunter Hospital are involved in the trial.

"Some of our best and brightest work at John Hunter Hospital, and for them to be involved this frontline research which is improving outcomes for people suffering a stroke is really fantastic," Ms Hornery said.

NSW Ambulance in partnership with Hunter New England Local Health District, Medfield Diagnostics, Hunter Medical Research Institute, and Titan Neuroscience Research Australia, anticipate reporting trial results later this year.





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Stryker's Dylan Warner demonstrating LUCAS, an automatic CPR machine, at Darwin Convention Centre. St John NT hope to grow their stockpile of LUCAS machines up from eight. Picture: Alex Treacy

# PURCHASE OF AUTOMATED CPR MACHINES ADDS AN EXTRA PAIR OF HANDS TO CREWS

St John NT says it hopes to emulate NSW in having this groundbreaking piece of technology in every ambulance. See LUCAS in action.

**IT'S AS CONSISTENT AS CLOCKWORK,** it doesn't fatigue, it's transportable and it means paramedics can do more with less resources.

Meet LUCAS, the hi-tech CPR machine that has quickly become a key item in the toolbox of St John NT paramedics, after the organisation purchased eight of the machines from manufacturer Stryker last year.

Stryker's Dylan Warner provided an overview of the technology and advised on its best use at a product demonstration for attendees including Charles Darwin University and St John NT at Darwin Convention Centre on Tuesday.

Stryker, which fits inside a large hard body backpack and contains 45 minutes of charge, features a piston capped with a suction cup that can provide metronomical CPR to those suffering heart failure.

"From start to finish, it doesn't fatigue," Mr Warner said.

It works at a constant rate of 100–120 compressions per minute, working to a

depth of five centimetres, and, on Stryker's measurements, "can achieve greater blood flow to a brain by up to 60 per cent in some circumstances".

It is suitable for use with 93 per cent of the population according to testing done in the United States, Mr Warner said.

Not only does Stryker believe LUCAS is safer for patients, but they also say it's far safer for paramedics.

"They are not having to do CPR in a catheterisation lab while exposed to radiation and they're also not having to stand in the back of a moving ambulance," Mr Warner said.

St John NT director of ambulance services Andrew Thomas said LUCAS "almost gives us an extra paramedic on the scene for a cardiac arrest".

"We aim to have four [paramedics on scene] at a cardiac arrest. You have to rotate the compressor every two minutes because of fatigue, and then there's someone for the airway, administering drugs, and scene monitoring," Mr Thomas said.

"And we know resources are limited across the Northern Territory."

Another factor was the physical strain on paramedics who are required to perform CPR compression, especially with the heat and humidity of the NT.

"As someone who has done CPR for a long time, I can definitely feel it in my lower back," Mr Thomas said.

St John NT is hoping to grow its fleet of eight LUCAS machines, which are understood to have cost about \$15,000 each, to eventually have one in every ambulance, as has been in the case in New South Wales since 2023.

The existing eight LUCAS machines are dispersed among St John NT's five operation areas: Darwin/Palmerston, Nhulunbuy, Tennant Creek, Alice Springs and Katherine.

**Alex Treacy**  
couriermail.com.au



# NT'S FIRST HOME-GROWN PARAMEDIC

The Class of 2023 graduates in the NT Flinders University is celebrating its first paramedicine graduates in the Northern Territory (NT), leading a cohort of 20 aspiring paramedics seeking to qualify over the next two years and provide a welcome boost to frontline ambulance services across the Territory.

**THE FOUR NEW PARAMEDICS ARE** among 33 students graduating from the Class of 2023, alongside 22 medical students and seven students who will graduate as social workers, midwives, child and family health nurses, diabetes nurses, educators, and public health professionals.

Flinders University Vice-Chancellor Professor Colin Stirling says the University's leadership in offering the paramedicine course reflects its deep commitment to rural and remote health.

"For more than 25 years, Flinders has been a part of the Territory, delivering courses developed in the NT, for the NT," Professor Stirling says.

"In partnership with communities, we've adapted and innovated to ensure our students have the opportunity to study in areas of demand. This is especially true of our paramedicine offering, which is proudly graduating NT's first homegrown paramedics.

"We know that students who study in a rural setting are more than three times as likely to choose to work in rural areas.

By graduating doctors, paramedics and health professionals in the Territory, we're empowering people to make a difference in their communities and contribute to healthier lives.

"It's why we're determined to remain a national leader in producing rural health professionals who are exceptionally prepared for the challenges and rewards of rural and remote practice," Professor Stirling says.

According to the latest data from the Australian Institute of Health and Welfare, the NT has the lowest number of paramedics per 100,000 population in Australia, with only 57.8 paramedics compared to the national average of 97.9. Flinders University's paramedicine course aims to address this gap by training local students who are familiar with the unique needs and context of the NT.

Professor Robyn Aitken, Flinders University's Dean of Rural and Remote Health says the University's healthcare graduates are not only skilled and knowledgeable but are also trained

specifically for NT context with an emphasis on cultural safety. They are well-equipped to meet the diverse and complex health needs of the people in the Territory and beyond.

"Taught from campuses in Darwin, Nhulunbuy, Katherine, Tennant Creek, Alice Springs and more remote sites and homelands, the internationally recognised Doctor of Medicine is enriched by collaboration with the traditional owners of these lands including Larrakia, Yolngu, Jawoyn, Wardaman, Dagoman, Warumungu land and Arrernte people. Priority entry is given to Northern Territory residents and Aboriginal and Torres Strait Islander people," she says.

"These graduates will mean that more than 200 students have graduated from the Northern Territory Medical Program, the majority continuing to live and work in the Territory, contributing to improve the health of all Northern Territorians.

"I congratulate our inaugural cohort of paramedicine graduates in the NT - who will be providing much needed



support for local health services and who should be very proud of their achievements," Professor Aitken says.

Graduating with a Bachelor of Paramedicine this year, Storm Young says the course was the first step in what she hopes will be a lifelong career in health.

"Growing up in a small rural town where volunteers, including my mum, played a vital role in community wellbeing instilled a deep respect and love for first responders. Paramedicine is exciting because it's a dynamic and ever-evolving profession that's vital for community health," says Ms Young.

"The hands-on, practical components of my studies have been particularly exciting. Clinical placements have been invaluable in bridging the gap between theory and real-world application. These experiences have allowed me to put into practice what I've learned in the classroom, further enhancing my skills and confidence," she says.

**[miragenews.com](http://miragenews.com)**



Emily Kowalewycz and Professor Robyn Aitken



Emily Kowalewycz and Professor Robyn Aitken



# R U OK?™

A conversation could change a life.

## JUGGLING WORK, FAMILY AND MENTAL HEALTH

**Janice, a paramedic with NSW Ambulance has shared her personal story to raise awareness of 'Are They Triple OK?'; an R U OK? initiative to increase levels of peer and social support for police and emergency services workers nationwide.**

*"Five years ago, I found myself in a position where it all built up, everything compounded and I wasn't OK," said Janice. "I will be forever grateful to the friend who noticed a change in me and asked what was going on. She took the time to listen. She nudged me into action by saying I should chat to someone properly.*

*"If I didn't have support and get the help I needed – I wouldn't be here."*

Janice began training as a paramedic when her daughter was young and has been an emergency service worker for more than thirteen years. She knows how difficult it can be to balance family and work life, and the impact of burn-out.

*"I think I first knew something wasn't right when I couldn't put my uniform on," she said. "I'd look at it, or know I had to wear it the next day at work, and all I could feel was crippling anxiety.*

*"On top of that I felt I wasn't hitting the mark as a Mum. I remember it getting to a point where it finally caught up and I wasn't sure how to fix it. The best way to describe it is that I felt 'off'."*

Thankfully the friend who noticed Janice wasn't herself, started a meaningful conversation and encouraged her to seek support.

Having sought support, Janice says her biggest learning has been recognising in herself when she needs to slow down. She is more protective about her health and her time, and more aware of when she needs extra help – whether that be self-care, peer or professional support.

Janice has since taken on a role as a peer support officer for NSW Ambulance and knows first-hand that friends, family, and peers are in a unique position to recognise when someone is going through a tough time.

*"Changes in character are the biggest indicators it's time to check in. For example, I notice colleagues aren't OK if they're more tired than usual, irritable, withdrawing, turning up late or even being less patient."*

Janice wants everyone to feel equipped to trust their gut and have an R U OK? conversation.

*"A conversation can absolutely change a life. It can help someone realise there are people*

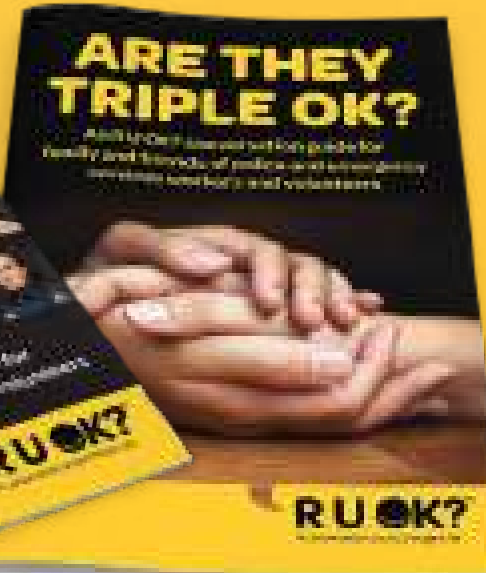
*out there going through the same thing and it can be the turning point in them getting the help they need."*

Janice' story can be found at [ruok.org.au](http://ruok.org.au) along with the free 'Are They Triple OK?' resources. These include a conversation guide and other personal stories from police and emergency services workers and volunteers that demonstrate the life changing impact of an R U OK? conversation.

'**Are They Triple OK?**' was developed in response to the Beyond Blue nationwide 'Answering the call' survey which found more than half of all police and emergency services employees indicated they had experienced a traumatic event that had deeply affected them during the course of their work.

If you're worried about someone and feel they need professional support, encourage them to contact their Employee Assistance Program (EAP), appropriate agency support service or connect with a trusted health professional, like their local doctor.

For 24/7 for crisis support call Lifeline on **13 11 14**. Text support is also available: **0477 13 11 14**.



**Janice's story can be found at [ruok.org.au](http://ruok.org.au) along with the free 'Are They Triple OK?' resources for police and emergency services workers and volunteers, as well as their family and friends. These include a conversation guide, a podcast and other personal stories.**



If you're worried about someone, encourage them to contact their Employee Assistance Program (EAP), agency support service or connect with their GP.

For 24/7 for crisis support call Lifeline on 13 11 14. Text support is also available: 0477 13 11 14.

# PART-FUNDED PARAMEDICS: SHOULD OUR AMBULANCE SERVICE BE GOVERNMENT RUN?

An emergency ambulance service is at the very core of essential healthcare services, yet New Zealand's isn't fully funded by the government and relies on donations and volunteers to operate. Is this a healthcare failure or an operating model that works well?

**JUST ONE QUICK GLANCE AT THE** numbers and there can be no doubt as to how indispensable a well-resourced emergency ambulance service is to New Zealand.

In the 2022-23 financial year, over 670,000 emergency calls were answered by Hato Hone St John's ambulance communication centres. A total of 526,457 people received emergency care, advice and treatment, and more than 80,000 received scheduled ambulance transport between health facilities or in the community.

Thousands of Kiwis depend on ambulances every year in times of crisis - it is literally a matter of life and death. And yet St John's vital services are not fully funded by the government and it relies on about 2500 volunteers to get the work done.

All over the world, St John organisations are involved with charitable activities in their communities, but St John in New Zealand is somewhat unique in that it runs the national ambulance service.

Chief executive Peter Bradley says this is perhaps "a quirk of history". The New Zealand Government has never run the country's ambulance service and there has never been a real need for it to do so. "What we've been doing for the past 100 years has worked well."

## FUNDING THE GAP

If the operating costs were fully met by Te Whatu Ora and ACC, St John would continue to fundraise for ambulances and necessary equipment. "We still recognise that the community wants to donate vital equipment and ambulances, so we feel that would be the right mix [of funding] for us."

In a joint statement, Te Whatu Ora living well national director Martin Hefford and ACC deputy chief executive for prevention and partnerships Tane Cassidy said the



Hato Hone St John CEO Peter Bradley says there is no benefit to the Government taking over the national ambulance service, since St John is doing an excellent job. (File photo)

latest four-year agreement between the trio, signed in 2022, "resulted in a significant uplift in government funding of emergency road ambulance services".

The statement noted St John had agreed to fundraise a fixed amount each year. "Hato Hone St John is responsible for operational matters, including decisions that impact its service costs."

Faye McCann, national ambulance coordinator at First Union, which represents ambulance workers, says their members want more transparency of how the ambulance service is run and how it is funded separate to other St John operations.

"The frontline ambulance service should be publicly owned," McCann says. "New Zealanders need an ambulance service they can rely on, not a service that relies on donations. There shouldn't be pressure for people to donate to ensure the ambulance service can be there for them when they need it."

While the union has no expectation that a government-run service would come with unlimited funding, McCann believes it would allow healthcare services to be

more streamlined and for pressures to be addressed in a way that ensures the brunt doesn't always fall on ambulance workers.

"The ambulance service is the one service that people fall back on when other health systems have failed them. It is often talked about the ambulance being at the bottom of the cliff. It simply doesn't make sense to have them running as a charity."

## VITAL VOLUNTEERS

With about 2000 paid employees and 2500 volunteers working on St John ambulances, it might seem like the organisation depends largely on volunteers to do critical lifesaving work, but that is not the case, Bradley explains.

Volunteers mostly work in rural areas with towns so small it would not be justified to have paid ambulance staff based there.

The number of calls that come through from these sparsely populated areas are few - in fact, 90% of emergencies St John respond to are by paid ambulance staff.

St John volunteers undergo rigorous and ongoing training to be qualified as either first responders or emergency medical technicians, and need to pass St John's internal accreditation programme



to be able to respond to emergencies and treat patients, Bradley says.

There are challenges, such as people not being able to commit to a volunteering role due to the extensive training required, or employers not willing or able to release people to volunteer.

But to mitigate any risk, St John works closely with helicopter operators, local doctors and nurses, and Fire and Emergency New Zealand to ensure someone is available to respond if a St John volunteer is not available. "We've got an integrated system that provides a system of response to be able to do the right thing for our patients, and that works well."

Bradley, who boasts a 30-year career within the emergency ambulance sector, including as chief executive of the London Ambulance Service, says if there were any benefit to the New Zealand Government taking over, he would say so.

"Being government run is quite different to being fully funded. There is an important distinction between the two. Do we need to be fully funded? Yes. Do we need to be government run? No."

He says St John's unique model of volunteers, community support and fundraising, coupled with funding from government, worked well.

"Being government run doesn't mean you've suddenly got this big open cheque book. The benefit of our model is that we are accountable for delivering different performance measures, but we've got some internal flexibility to do what we think is right for our people."

As a charity, St John has to comply with the Charities Act, its paramedics are registered with the Paramedic Council, the organisation is bound by all the requirements set out in healthcare legislation, and it has to uphold all its contractual obligations to Te Whatu Ora and ACC.

Government run or not, St John seems to have secured its spot as a trusted part of New Zealand's health service. Last year, the organisation was voted New Zealand's most trusted charity for the 10th time, as well as the second most trusted brand in the Reader's Digest annual Trusted Brands awards.

"We are in every community in New Zealand, literally. We have a clear purpose and our purpose is to make a life-changing difference in communities, and we do that," Bradley says.

"People need us, they want us and we've got a huge amount of respect - and we treasure that; we know how important that is."

**Mariné Lourens**

thepress.co.nz

## SINCERE OR A STUNT? ST JOHN WORKERS REVISIT RETI'S PRE-ELECTION AMBULANCE RIDEALONGS

**A FIRST UNION MEMBER WHO** works for St John says ambulance officers are astounded by St John's revelations during pay negotiations that frontline services could be cut or wages frozen due to a lack of funding, and they say the service is already in a state of disarray "never seen before" that requires urgent action from Government.

"Shane Reti was desperate to ride along with ambulance crews before the election and we honestly believed that this was a guy who wanted to understand what we were dealing with every day because he intended to fix it if he became Minister of Health," said the St John ambulance officer, who has worked for the organisation for multiple decades but cannot be identified due to restrictive media clauses in the staff Collective Agreement.

"It seemed like he was genuinely listening to our concerns, and plenty of us were impressed by his sincerity, but he's gone to ground now that the question of funding has arrived during bargaining."

"We're wondering now if it was just a political stunt all along."

"It was strongly implied before the election that Reti intended to provide more funding for St John and reduce the dependence on donations to fund essential services like ambulances, emergency communications and fair wage rises for staff."

"We're in a state of disarray that I've never seen before - I've never heard them threaten to take services off the road, but honestly, it is already happening, and we're already at risk of collapse."

"Patients are waiting hours for emergency responses and ambulance officers are completely devastated to be turning up and trying to offer an explanation to someone who has literally been lying on the ground and writhing in pain for several hours, waiting for an ambulance."

"A pay rise is one thing but more important is that we can entice young people who are enthusiastic and

qualified to stay in New Zealand in the ambulance service rather than heading straight to Australia for better pay - it's a huge problem."

Faye McCann, FIRST Union national organiser for ambulance services, said collective bargaining with St John was due to resume in the next week but workers would be walking in with no new information about how St John and the Government intended to fund wage rises for ambulance officers.

She said this was surprising given the National-NZ First coalition agreement, which claimed that the Government was aiming to "renegotiate the Crown funding agreement with St John with a view to meet a greater portion of their budget."

"We urgently need to hear from the Ministers responsible that a solution is in the works, because the service can't tolerate further cuts and staff will not accept a wage freeze in one of the toughest public-facing roles imaginable while the cost of living continues to rise," said Ms McCann.

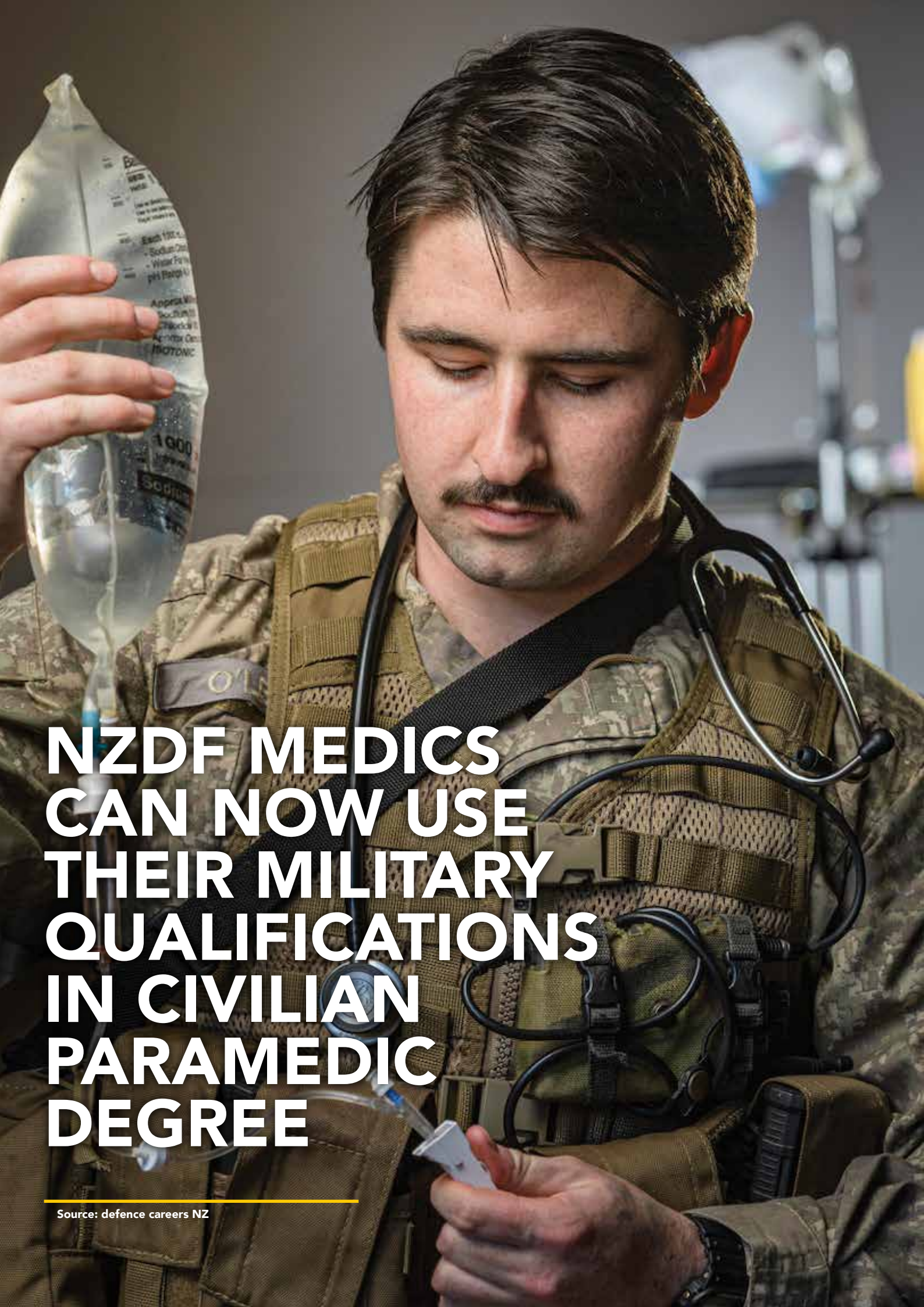
"No more doing more with less; no more reliance on handouts and goodwill from New Zealanders - the Government needs to get serious about fixing a critical health service that is rapidly approaching breaking point."

The St John worker, described above, said ambulance officers and emergency communications staff felt like they were often failing in their main priority of patient care, which was making the job even more difficult and stressful and driving resignations and staff shortages.

"I've heard that an average person will deal with five big, traumatic incidents like the death of close family, or major injury, during their lifetimes. Emergency service workers will encounter around 150 such incidents within the first five years of their career," they said.

"This is not a sustainable system, and New Zealanders should be worried for themselves and their loved ones if not for us."

**Source: First Union**



# NZDF MEDICS CAN NOW USE THEIR MILITARY QUALIFICATIONS IN CIVILIAN PARAMEDIC DEGREE

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Source: defence careers NZ



Medics in the New Zealand Defence Force (NZDF) can now opt to become fully qualified civilian paramedics, thanks to study pathways offered by the Auckland University of Technology (AUT).

Source: defence careers NZ

**THREE ROYAL NEW ZEALAND NAVY** medics - Leading Medic Laura Salmon, Leading Medic Courtney Davies and Petty Officer Medic Kesia Coutts – juggle part-time study around their Navy duties to achieve their Bachelor of Health Science in Paramedicine from AUT in December.

The trio completed their medic training in 2019 after three years at the Defence Health School at Burnham Military Camp near Christchurch. It's the longest trade course on offer in the NZDF, and the school has two intakes a year.

Leading Medic Laura Salmon said when they graduated they were military medics but with no civilian qualifications.

"But since then, the school has taken up a pathway with AUT, so we were able to get our training retrospectively recognised through recognition of prior learning."

They were able to get 14 of the 24 papers required for the Bachelor of Health Science Paramedicine cross credited. They had to complete the remaining 10 papers to get the civilian degree.

"We started studying part time in 2021, doing two papers a semester with the support of our units," Leading Medic Salmon said.

That had its challenges when they were posted to sea. Those serving as medics on HMNZS Taupo were slightly better off, as the Inshore Patrol Vessel stayed close to shore and got better reception.

"In our final semester we had to conduct various ambulance shifts. We were given days off as study leave so we did not have to use our annual leave for our studies. These ambulance shifts were a highlight as it gave us great exposure to many of the emergency medical conditions the Navy has trained us in, but aren't as common in the Navy environment."

Leading Medic Salmon said staff at AUT were very supportive.

"They understood we were in the military and sometimes the Navy had to come first. They extended deadlines if we were away, changed exam dates to suit and let us conduct some exams on base so we didn't have to travel out to campus."

She said while it was challenging to fit in their full-time roles as medics with part-time study, it was worth it.

"It has been great learning and professional development."

Staff Sergeant Kelly Whittle, Senior Instructor Defence Health School, said the new pathway with AUT now included 18 months of AUT study at Burnham, with AUT lecturers based at the school.

Medics can now obtain a Diploma in Paramedic Science, then a Graduate Certificate in Health Science. It means the training programme has been cut down from three years to two.

"They will have more than enough training and background to be an NZDF medic, but the degree is a great option if they are interested in further study. They have approximately five years to complete it once enrolled," Staff Sergeant Whittle said.

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



Gold Coast paramedics report being busier than ever. Picture: Brendan Radke.

# INCREDIBLE WORKLOAD OF GOLD COAST AMBOS REVEALED

Under-pressure ambulance paramedics are on life support and resorting to extreme measures to keep up with emergencies. Read about their plight in our special report.

## AMBULANCE STAFF ON THE GOLD

Coast say they are being stretched to the limit – working overtime on most shifts, unable to take meal breaks and sometimes struggling to even find time to use the toilet.

However bosses say everything possible is being done to support staff and help them to finish their shifts on time, while more paramedics than ever have been employed in the city.

Accounts from ambos and their representatives paint a picture of challenging working conditions on the Gold Coast as the service battles to replace hours lost waiting at emergency departments.

Queensland Ambulance Service (QAS) paramedics have reported being asked to do overtime on “the majority” of shifts

– already scheduled to last 10 to 12 hours – as they cope with an average of 355 call-outs a day and ramping of up to four and a half hours.

Fiona Scalon, who is National Ambulance Coordinator for the United Workers Union (UWU), said the workload of members on the Gold Coast was so high that ambulance officers were sometimes reduced to tears when their shifts were extended.

“Having a shift extension – that is, working past your rostered finish time – is happening more and more frequently on the Gold Coast,” Ms Scalon said.

“Paramedics are frequently sent to cases within the last 15 minutes of their shift, or even after their rostered finish time, which results in over an hour of

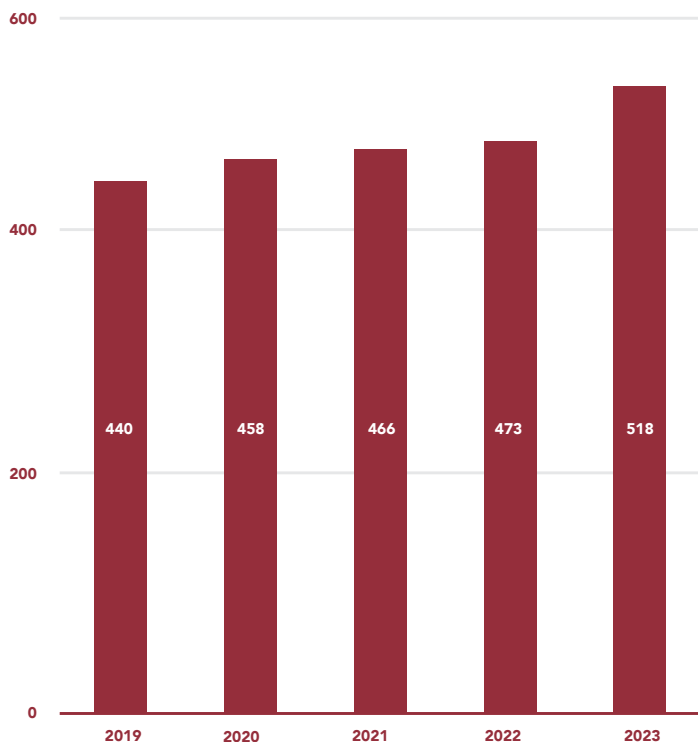
overtime, often without having either of their two 30-minute breaks during the shift.

“... UWU has a lot of members who say they no longer plan any kind of social or family event after work as they know they will most likely not make it.

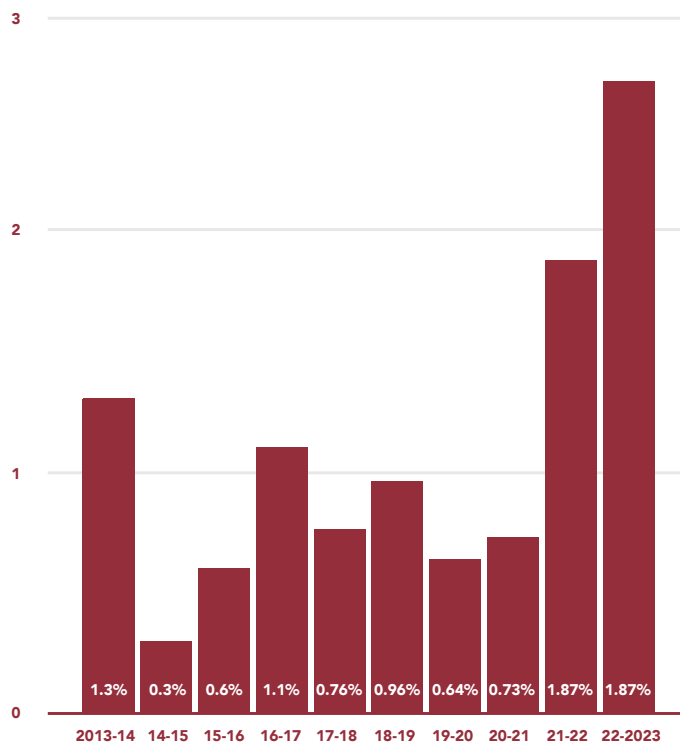
“The union has members who say that they can go a few days without seeing their kids because of shift extensions. This is the biggest contributor to burnout, fatigue and anxiety in our workforce.

“UWU has heard of members in tears at the thought of getting another job and resultant shift extension when they are mere minutes away from their rostered finish time, because they know a late job costs them their time between shifts to decompress.”

### QAS Frontline Staff, Gold Coast



### QAS Injury Downtime Rate, Gold Coast



The amount of overtime and missed meal breaks is reflected in the huge sums being paid out by taxpayers, with just over \$7 million paid in the 2021-22 financial year in allowances to Gold Coast paramedics triggered when a worker can't take a break.

"(Missed meal breaks) occurs almost every shift, and is far more common at night," Ms Scalon said.

"Our members are expected to drive and treat patients all night with fewer ambulances and paramedics without the ability to have an appropriate break from duty.

"It is not uncommon to hear over the radio at night a crew asking permission if they can pull over on the way to their next case to use a public toilet for relief or a servo coffee to manage their fatigue."

In the 2022-23 financial year QAS paramedics responded to an average of 355 incidents a day – about 50 per cent more than they were dealing with 10 years ago.

However there has been no significant increase in demand in the last three years, with Ms Scalon saying the real issue was ramping at hospitals.

"Demand hasn't actually increased in any significant way. The time lost at hospital waiting to transfer the care of patients is what has the greatest impact," Ms Scalon said.

"The Queensland Ambulance Service (QAS) loses 500 hours a day across Queensland to ambulance ramping which would otherwise be ambulances responding in the community."

#### DEMAND FOR JOBS

Despite the pressure on its workforce, the QAS is unable to offer permanent positions on the Gold Coast to many highly trained paramedics who want them.

In submissions to a recent Queensland Industrial Relations Commission (QIRC) hearing, QAS admitted that demand for permanent positions in the Gold Coast region was "extremely high", but many eligible candidates waited years to secure the roles.

"QAS says 39 employees have applied or have been identified as being eligible for consideration of casual conversion on the Gold Coast since 1 March 2023," a QIRC judgment delivered on August 28 stated.

"... Internal demand for permanent positions in the Gold Coast Region is extremely high".

The judgment also revealed that there was a "waiting list" of paramedics working in other parts of Queensland who were anxious to move to the city.

"At the time of writing the submissions, QAS says that there are 49 employees external to the region waiting for a

transfer to a permanent position within the Gold Coast Region and 10 of those employees have waited for five years or more after serving their agreed time in a regional position".

The revelations came after an experienced Gold Coast paramedic challenged a decision to deny her a permanent position in the city.

The paramedic had worked since March 2020 in a series of casual or temporary roles at stations in Mermaid Waters, Southport, Nerang and Pimpama stations.

Her request for a permanent position was denied, with QAS saying it could only offer her permanent roles in Townsville, Central Queensland and Mackay, or on "twilight rosters" in the Metro North and Metro South Districts.

That was despite what the QIRC heard was a "clear need" for more staff on the Gold Coast.

"(She) submits that the Gold Coast region 'clearly has an operational need for further staffing' and this can be seen in 'evident increases in overtime messages, single officer responses to jobs, excessive ramping at hospitals, missed meals on the majority of shifts, and overtime carried out on the majority of shifts'," the judgment stated.

The paramedic's appeal was denied.

**THE QAS RESPONSE**

The number of full-time frontline QAS staff on the Gold Coast – which includes paramedics, patient transport, emergency medical dispatchers and supervisors – has been steadily rising in the past five years, from 440 five years ago to 518 today. Of those just over eight per cent are temporary or casual positions.

Among them are 17 staff working at a new station which opened recently in Ormeau.

QAS Assistant Commissioner Drew Hebbbron, who heads the service on the Gold Coast, said his staff work “really hard” and “there are days when we ask a lot of them”.

However he denied that staff were struggling to the extent claimed.

“We do ask our staff to sometimes work a reasonable amount of overtime when required, but we do have a lot of strategies in place, particularly at the moment, to help them finish on time,” he said.

“We’ve placed extra supervision down at the ramps. That’s been very much in keeping with the feedback we’ve had from our staff, which is that they want to finish on time. So we’ve very much stepped up into that space to provide more support.

“... We’ve also had a push on trying to provide breaks for our staff as well. That’s done in a really consultative way with our staff.

“And they get access to bathroom facilities both at station and at hospitals and they access those when they need to.”

Asked about reports of staff going days without seeing their children, Mr Hebbbron said it “can happen in any profession”, and QAS did its “level best” to provide flexible work arrangements.

“We have to balance that with the fact that we’re a 24/7 emergency service delivery service agency and we’ve got an obligation to meet our commitment to provide an ambulance service to the community,” he said.

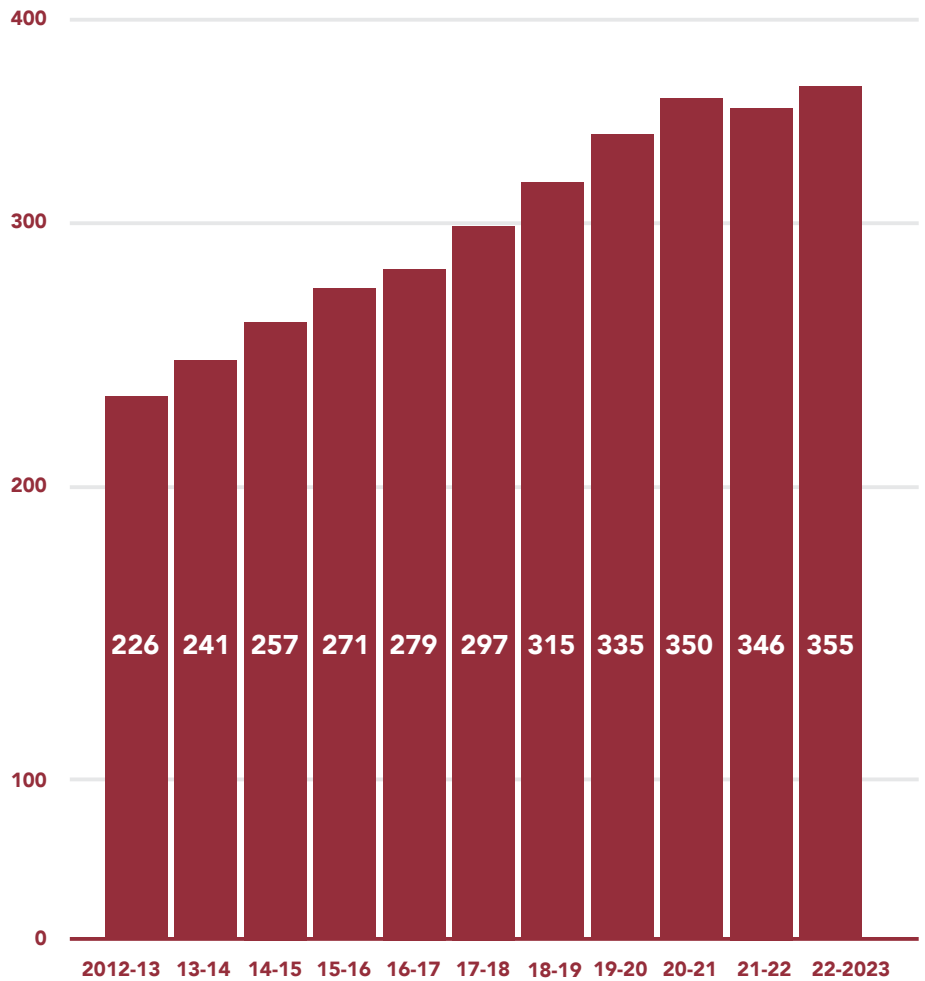
“It’s a balancing act. But we certainly try our hardest for them, because these are hard working men and women and we value them.”

He added that the Gold Coast “one of the most popular places to work in QAS”, but the organisation had an obligation to ensure the entire state was properly serviced.

“It’s a really complex situation,” he said. “The list of people wanting to transfer into the Gold Coast has been as high as 70 in recent times.

“When we are trying to bring people into the organisation and to staff our different stations we obviously don’t think in isolation of the Gold Coast. We’re a big service with stations everywhere.”

**QAS Average Daily Jobs, Gold Coast**



**TIME LOST**

Statistics for the first quarter of this year showed the average off stretcher wait time was 13 minutes at Robina and 17 minutes at Gold Coast University Hospital (GCUH).

However there were some occasions when the hold-ups were significantly longer, with the worst recorded in that period being a four hour, 33 minute wait at GCUH.

Mr Hebbbron said lost time at hospitals did “impact our service delivery and resource availability”, but said QAS had placed “extra supervision on the ramps” and praised the work of hospital staff to minimise the problem.

“We’ve got a really good relationship with the Gold Coast Hospital and Health Service. We’re in constant contact with them pretty much every day.

“... The GCUH actually does very well in their patient flow initiatives. We’ve got a very collaborative and very successful model set up with them.

“... Our lost time on the Gold Coast, compared to some other places, it’s actually very good.”

More time is also being lost to workplace injury – mental as well as physical – among QAS staff on the Gold Coast.

In just two years the percentage of hours lost has jumped from 0.73 to 2.61 per cent.

“We’ve had some really challenging jobs in the last 12 months,” Mr Hebbbron said. “... That really just takes it out of you.

“So that’s where we have some really good staff support mechanisms in place, to check in on our staff.

“... I go out and do ride-alongs every now and then and try and talk to staff as much as I can.

“They just do a phenomenal job every single day and the care that they show the community is something that I’m very proud of, I know that the organisation’s very proud of and I think the community should be very proud and grateful for.”

**Keith Woods**

goldcoastbulletin.com.au

# AMBULANCE CREWS ALLEGEDLY TARGETED BY HOONS

Paramedics were 'visibly shaken' by the incident.

**TWO QUEENSLAND PARAMEDICS** were allegedly targeted and harassed in a disturbing incident while on a callout to help a sick patient in Brisbane's south.

Queensland Ambulance Services (QAS) said an ambulance crew had been dispatched to help an unconscious woman who collapsed at a home in Ormiston about 7pm on Wednesday.

The two experienced female paramedics were driving under lights and sirens for the code one job on Mount Cotton Rd in Capalaba when it is alleged a stolen Toyota Kluger swerved towards them.

The crew attempted to overtake the car but the driver allegedly began to race the ambulance, staying alongside it before attempting to sideswipe the emergency vehicle three times, according to QAS.

Paramedics also allege they saw a laser

pointer and a weapon, QAS Assistant Commissioner Tony Armstrong said.

The paramedics drove to Capalaba police station and were "visibly shaken" by the incident but not injured.

QAS said another crew was sent to help the unconscious woman.

"It could have been any one of our family members (they were sent to help)," Armstrong said, calling the incident a "senseless act of aggression".

"This alleged act of aggression towards our staff simply can't be tolerated and is disgusting," he said.

"Not only has it placed our staff's safety at risk but also the safety of the community in general."

Queensland police said a Kluger had first been reported to police driving dangerously along the Gateway Mwy at

Belmont about 6.30pm before it "allegedly drove dangerously at an emergency services vehicle".

## CHARGES LAID

Police said a man and a woman were arrested in Rochedale South a short time later, allegedly driving a stolen car.

A 34-year-old man was charged with dangerous operation of a motor vehicle, unlicensed driving, injuring a police dog, obstruct police, unlawful use of a motor vehicle and using false plates.

He was refused bail and is due to appear in Beenleigh Magistrates Court on Thursday.

The 29-year-old woman was charged with unlawful use of a motor vehicle.

She is due to appear in Beenleigh Magistrate's Court on March 27.



[www.salvos.org.au](http://www.salvos.org.au) **13 72 58**

  
Graham  
**Perrett** <sup>MP</sup>  
MEMBER FOR MORETON

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to our  
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# NEW \$120 MILLION SA AMBULANCE HQ AND ADELAIDE STATION DESIGNS UNVEILED

South Australia has been given a sneak peek at the cutting-edge designs for the state's upcoming \$120 million ambulance headquarters and co-located Adelaide station.

## THE AMBITIOUS PROJECT

encompasses a 6,700 square-meter, two-story ambulance Emergency Operations Centre, complete with a State Health Coordination Centre. Additionally, there will be a 1,500 square-meter Adelaide ambulance station and garage within the facility's premises.

Situated on Richmond Road at Mile End South, the city-fringe location offers more space compared to the aging Greenhill Road headquarters. This move was initially promised by the Labor party during last year's state election.

"Building a new SAAS HQ and Adelaide station was a key election commitment and we are delivering on that," Minister for Health & Wellbeing Chris Picton says.

"The call takers we rely on to answer Triple Zero calls and the dispatchers coordinating life-saving ambulance responses currently operate from a facility that is outdated, inadequate and not disaster-resilient. We're fixing that.

"We are also delivering a state-first health coordination centre equipped with a 24/7 overview of system demand for Local Health Networks and ambulances. This new headquarters is future-proof, with room to expand if necessary in years to come."

The cutting-edge designs prioritise several crucial features, such as ensuring secure 24/7 operations, post-disaster functionality, and seamless integration of Triple Zero emergency call and dispatch capabilities.

What makes this development even more significant is the establishment of the State Health Coordination Centre within the new headquarters. Currently operating temporarily at Tonsley, this center will provide a continuous system-wide overview of patient movements and hospital capacity.

The purpose-built headquarters will be home to 143 personnel responsible for responding to ambulance



Triple Zero activity. The facility has been designed to accommodate future staff and infrastructure expansion. It will also house dedicated rooms for training and managing major incidents, including natural disasters, large-scale accidents, and outbreaks.

As part of the effort to strengthen ambulance operations, the government has hired ten additional dispatchers, with plans to recruit five more by mid-2024. Furthermore, critical operational services will be incorporated into the design to support rostering for over 3,000 operational staff and volunteers and provide technical support for seamless 24/7 ambulance responses, whether by phone, road, or air.

The project also includes provisions for future expansion and adjustments in technology, functions, and operations while minimizing disruptions to ongoing activities.

Alongside the headquarters, a new Adelaide ambulance station is in the works. It will serve as the base for 16 paramedics scheduled to join in July 2024, another 16 in July 2025, as well as the 24-paramedic Ashford crews. The station will have the capacity to accommodate seven ambulances and two light fleet vehicles, ensuring additional coverage without impacting local crews.

The station will house a purpose-built training facility, designed to support the ongoing skills development of the state's paramedic interns.

Outside the facility, larger secured parking will be available for nearly 240 vehicles, complemented by landscaped areas and outdoor rest spaces.

Plans for this monumental project have been submitted to the State Commission Assessment Panel (SCAP), and public consultation is scheduled to commence shortly. The project will enter the tendering phase in January, with early construction activities anticipated to commence in late March.

The entire project is slated for completion by late 2025, marking a significant milestone in South Australia's emergency response capabilities.

"This will be the largest single project in our Operational Growth Plan, and this milestone is incredibly important," SAAS Acting Chief Executive Officer Paul Lemmer says.

"The submission to the state's planning authority, upon approval, marks an exciting milestone in this transformative service project."

**By Katelin Rice**  
glamelaide.com.au



# SA LEADS NATION IN AMBULANCE RESPONSE TIME IMPROVEMENTS

In a significant development, South Australia has emerged as the leader in improving ambulance response times across Australia.

## ACCORDING TO THE PRODUCTIVITY

Commission's latest national report card, the region has seen the most substantial advancements in this critical area over the past year.

The Report on Government Services 2022-2023, released recently, highlights a remarkable 22 per cent improvement in average ambulance response times in metropolitan Adelaide. Under the first year of Labor's governance, the SA Ambulance Service (SAAS) responded to 90 per cent of all incidents within 55.6 minutes, a substantial reduction from the previous 71.3 minutes.

Chris Picton, Minister for Health and Well-being, commented on these improvements.

'It's welcome to see improvements in ambulance response times in our first year, which we know are a direct result of our investments in our ambulance service. Now, thanks to the investments the Malinauskas Labor Government has made, there's a two in three chance the ambulance will arrive on time.'

This achievement is particularly noteworthy given that SAAS dealt with a 3.1 per cent increase in Triple Zero (000)

calls. Moreover, the rate of calls answered within 10 seconds rose to 95.5 per cent, marking the state's best performance in a decade.

The Malinauskas Labor Government has significantly invested in SAAS, contributing an additional \$109.9 million in 2022-23. This contrasts with the previous government's \$13 million cut in the first two years. The current administration has added over 170 new ambos and more than 550 front-line staff.

Even more recent data from December 2023 indicates continued improvement, with the highest percentage of Priority 1 and 2 cases seen on time in three years.

However, the report also sheds light on the ongoing national crisis in primary health care, exerting extra pressure on hospitals. South Australia experienced a high rate of people waiting over 24 hours for a GP appointment for urgent medical care, with 55.8 per cent in 2022-23, up from 45 per cent in the previous year.

Federal government expenditure on GPs in SA saw a decrease, contributing to an increased rate of people delaying or avoiding GP visits due to cost. This, in turn, has led to a rise in potentially avoidable

GP-type presentations in emergency departments, with South Australia being the only state to witness an increase.

'We also must continue our work with the Federal Government on national health reform given this report spells out clearly the impact of the shortage of GPs and aged care on the health system in South Australia', says Picton.

The state also faces the longest wait times in the country for aged care beds and home care packages, impacting hospital bed availability and contributing to bed blockages.

SAAS Chief Executive Officer Rob Elliott expressed pride in the staff's efforts.

'Every day, our staff strive to provide exceptional and timely emergency care to their communities. I am incredibly proud of their efforts and the hard work that they have put in to achieve such a significant turnaround.'

Picton also emphasised the ongoing efforts in rebuilding the health system, hiring additional health professionals, and developing critical infrastructure.

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# AMBULANCE TASMANIA DISPATCH SCREEN EVIDENCE OF 'CRISIS' IN HEALTH SYSTEM, UNION SAYS

Nine of southern Tasmania's 18-strong ambulance fleet was "ramped" on Monday afternoon, one was on a meal break, and the other eight were responding to incidents, according to a snapshot of Ambulance Tasmania's dispatch system published by the Health and Community Services Union (HACSU).

**THE UNION SAID THERE WERE NO** ambulances available to respond to further emergencies for most of Monday afternoon.

"Yesterday was absolute chaos for our ambulance service," HACSU state secretary Robbie Moore said.

"We had all vehicles that were available deployed, we had seven that had been ramped for a considerable amount of time.

"It was a very unsafe time for all southern Tasmanians."

Ambulance ramping happens when a patient taken to hospital by paramedics remains in the paramedics' care while they wait for a bed in the emergency department to become available.

"While they're being ramped they're unable to respond to other emergency situations, and unfortunately we know there were delays in response times as

a result of the crisis that was happening yesterday afternoon," Mr Moore said.

"The ultimate issue is that there is patient delays in the emergency department because we can't get patients onto the wards.

"Unfortunately yesterday's events are not a one-off.

"We're seeing this happen more and more where there are no ambulances available to respond to emergencies ... this is happening more than once a week both in Launceston and in Hobart."

The screenshot also shows three crews as available, but Mr Moore said none of those were regular ambulances.

He said one was the helicopter paramedic who is generally not available to respond to local incidents and the other two were single officer crews not set up to respond to emergency situations.

Ambulance ramping has long been an issue in Tasmania.

A parliamentary committee last year heard from patients, families and healthcare workers who gave harrowing accounts of the effects of ramping and bed block in Tasmania's public hospitals.

Mr Moore said an offload procedure, that would guarantee paramedics could leave the hospital within an hour of arriving, was needed immediately.

"If we can offload patients in a timely manner, that will mean that there will be ambulances available to respond to Tasmanians who need them in an emergency."

The Health Department said about 70 per cent of patients are transferred inside the one-hour window, and it's committed to achieving it for all patients.

Australian Medical Association treasurer Michael Lumsden-Steel said the one-hour



The image of southern Tasmania’s ambulance dispatch system on Monday afternoon, released by the Health and Community Services Union.(Supplied: Facebook/Health and Community Services Union)

transfer window is a good goal, but hard to achieve if emergency department beds are already full.

“Ideally, the paramedics and the ambulance crew should be able to rock up to the hospital, do the appropriate clinical handover, and then the care is taken over by the public hospital,” he said.

“The simple challenge we have at the moment is that when there’s no capacity to accept those patients effectively, you’re transferring that risk from the ambulance service to the public hospital as to how you provide that care.”

Dr Lumsden-Steel said the issues needed a whole of system fix, calling for “honest conversations” between the federal and state governments about what health services would be funded by the public health system going forward.

Mr Moore said more investment was needed in allied health professionals — physiotherapists, occupational therapists, and pharmacists — who can help prepare hospital patients for discharge sooner.

**HOLIDAY ‘INJURIES’ ADDING TO WORKLOAD, DEPARTMENT SAYS**

A Health Department spokesperson said the summer holidays had led to an increase in emergency department presentations



A minister says the Tasmania government was “taking action” to address ramping and bed block “at a hospital level”.(ABC News: Luke Bowden)

and ambulance call-outs due to “injuries and illnesses linked to seasonal activities”.

They said escalation protocols and procedures had helped to manage the surge in recent days, but urged Tasmanians to only present to emergency departments if they required urgent care.

Government minister Felix Ellis said the state government was “taking action” to address ramping and bed block “at a hospital level”.

“But we’re also significantly investing in our ambulance service right across Tasmania,” Mr Ellis said.

“The other thing that we really have been calling for as a state government is for the federal government to step up and properly fund GPs.

“People having access to primary health care in a timely manner is keeps them out of hospital when they don’t need to be there.”

**By Loretta Lohberger and state political reporter Adam Langenberg**

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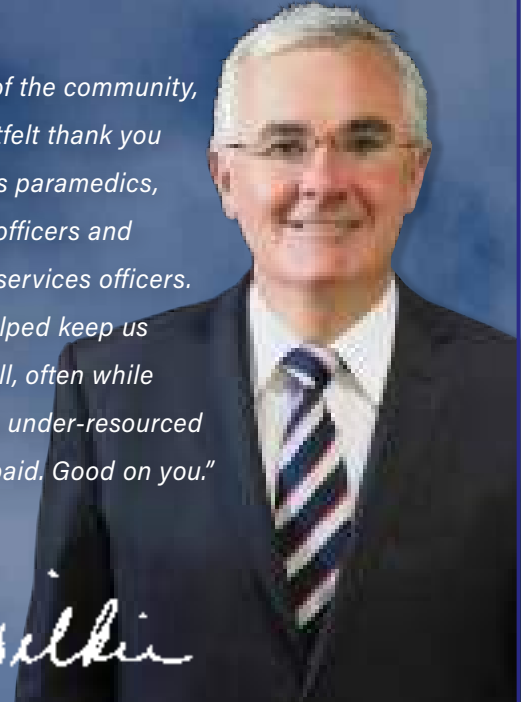


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# LIBERALS PLEDGE TO BAN AMBULANCE RAMPING WITH \$275M HEALTH BOOST

Tasmania's Liberal Government unveils a comprehensive strategy to address ambulance raming, promising enhanced emergency services through staffing and infrastructure investments.

## THE LIBERAL GOVERNMENT IN

Tasmania has taken a decisive step to address the persistent issue of ambulance raming, announcing a comprehensive plan that includes a significant increase in healthcare staffing and infrastructure investment. Guy Barnett, serving as Attorney General, Minister for Justice, Minister for Health, and Minister for Veterans' Affairs, has spearheaded the initiative, aiming to drastically reduce wait times for emergency services. The move has sparked a heated debate with the opposition, accusing them of lacking a viable alternative to tackle the health system's challenges.

## STRATEGIC INVESTMENTS AND STAFFING SOLUTIONS

To combat the long-standing problem of ambulance raming, the Liberals have committed to a phased approach, initially aiming to cut maximum wait times to 60 minutes, with a gradual reduction to 30 minutes. This ambitious target is backed by a pledge to recruit 44 new doctors and 25 new nurses, focusing on bolstering the capabilities of expanded Emergency Departments.

Additionally, the plan outlines a \$88 million investment over four years for staffing needs and a further \$187 million allocated over six years for critical capital upgrades, particularly at the Royal Hobart Hospital. This financial injection is part of a broader strategy to enhance the state's health system's resilience and efficiency, ensuring that Tasmanians have access to prompt and effective emergency health treatment.

## POLITICAL CONTROVERSY AND PUBLIC REACTION

The Liberal Government's announcement has not gone without criticism, particularly from the opposition. Labor has labeled the plan to ban raming as 'disrespectful,' arguing that it oversimplifies the complexities of healthcare management and fails to offer a holistic solution to the system's woes. In response, Barnett and his team have countered, accusing Labor of having 'no solution and no plan' and of giving up on addressing raming issues. This political skirmish highlights the deeply polarized views on how best to tackle the health system's challenges, with the Liberal's approach focusing on targeted

staffing and infrastructure enhancements as a means to improve emergency care access.

## LOOKING FORWARD: IMPLICATIONS AND EXPECTATIONS

The Liberal Government's plan to eradicate ambulance raming in Tasmania by increasing healthcare staffing and investing in hospital infrastructure is a bold move that sets high expectations for the state's health services. If successful, this initiative could serve as a model for other regions grappling with similar challenges. However, the execution of this plan and its impacts on emergency service wait times, patient care quality, and overall system efficiency will be closely watched by both supporters and critics. As Tasmania looks forward to these significant health system improvements, the broader implications for the state's political landscape and public satisfaction with healthcare services remain to be seen.

**By Geeta Pillai**  
bnnbreaking.com

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**Senator Anne Urquhart**  
Labor Senator for Tasmania  
Chief Government Whip in the Senate

**If I can assist with anything, please don't hesitate to get in touch.**



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## INDUSTRIAL ACTION ACROSS THE BOARD

They are dedicated to saving lives, but ambos deserve a life too.



**THE VICTORIAN AMBULANCE UNION** (VAU) has been up to our eyeballs in enterprise bargaining on behalf of our members at Ambulance Victoria (AV) and at Triple Zero Victoria (TZV).

Both processes have been completely glacial.

At TZV, we served a log of claims in January last year, with key claims being improvements to staffing levels, recognition of years of service, improved shift penalties, improved leave arrangements and improvements to training. This EBA sits across the Communication Workers Union, United Firefighters Union, United Workers Union and the VAU.

Having gained little ground, members voted in favour of industrial action which included sharing pictures of "call-taker wall boards" on social media that identified the lack of available staff and time that calls are delayed.

More recently we have made some ground in bargaining and hopefully will have a deal soon, but the IA continues until it does.

At AV, the VAU served a log of claims on AV on 1 February 2023, with a key focus on retaining the experienced workforce in the job and making ambulance a career for life, rather than a short-term job. More than half

of the AV paramedic workforce have been employed for under five years and results of an independent research conducted by Swinburne and RMIT show that one in five paramedics are planning to leave the job within a year.

Enterprise bargaining is the only opportunity to deliver genuine improvements to the working lives of the ambulance workforce. Yet we are poles apart from reaching agreement with AV and the Victorian Government, leaving members no alternative than to take industrial action.

This week, members of VAU eligible members have voted overwhelmingly in favour of taking industrial action. Actions include targeted stop work action so members can speak with media, campaign messages on ambulance vehicles, not collecting billing details, and crews that are ramped at hospitals for greater than 40 minutes will activate their beacons.

The key claims we are seeking are increased wages and allowances, uplifts for MICA, extended career structure, better access to single days off and significant improvements to end of shift management.

Our campaign slogan is Ambos deserve a life too.

## NO LIFE FOR US IN SICK SYSTEM

### PARAMEDICS ARE CURRENTLY

bargaining with Ambulance Victoria (AV) and the Allan government for a new enterprise agreement. We have claims for improvements to wages, conditions, valuing MICA, better rural resourcing, and incentivising longevity in the job.

But, for many members, the most important claim is simply the ability to get home after the shift ends. Our members are forced to work hours of involuntary overtime, either because they are ramped at hospital, or dispatched to a case minutes before the end of shift and sometimes after their rostered finish time. That may seem reasonable in an emergency and any ambo you ask will tell you they expect to work overtime when a patient urgently needs their skills. But our call-taking system categorises people who call triple-0 because they couldn't afford a GP as an emergency.

Since the scandal that saw the Victorian Equal Opportunity and Human Rights Commission review AV's workplace culture, they have trumpeted what an inclusive, family-friendly workplace it is. But our members work over 800 hours of forced overtime every single day. This means picking up kids, getting to a sporting game or parent-teacher interview is not a commitment an ambo can make.

Members are shut down when requesting an on-time finish.

We have offered solutions to AV's resourcing challenges, including restarting an excellent program of work called Revised Ambulance Dispatch (RAD) which had the support of AV, ESTA (now Triple-0 Victoria) and the union. AV and ESTA couldn't reach agreement and the work stopped.

It's not on their agenda, and the crushing workload continues to make work-life balance unsustainable for ambos.

Swinburne and RMIT recently surveyed our members and the number of ambos looking at leaving the job in the next year has climbed to one in five. Sadly, that's what happens when the job becomes less family friendly.

Senior management backslapping on social media, spending \$500,000 to have consultants create new workplace values, and lavish launch functions, are not tangible improvements.

Paramedics are likely to take industrial action if agreement cannot be reached, including stop work action.

Danny Hill is secretary of the Victorian Ambulance Union

**VAU MEDIA RELEASES**



# AMBULANCE SERVICE IN TRENTHAM SET FOR UPGRADE

The Allan Labor Government is boosting ambulance services in the Hepburn Shire with construction now underway to deliver an ambulance facility in Trentham.



## MINISTER FOR AMBULANCE SERVICES

Mary-Anne Thomas today visited the current Community Emergency Response Team (CERT) on Station Street. Upon completion of works later this year, it will transition into an Ambulance Community Officers (ACOs) facility.

Since 2020, the Trentham community has been served by dedicated local volunteer members of the CERT, but with increased demand across the region, the upgrade to an ACO branch will employ paid 'on call' first responders - making it easier to recruit more local members and expand the current team.

ACOs are locally based first responders trained to provide advanced first aid in small rural and remote communities where ambulance caseloads are generally lower.

These officers are dispatched at the same time as Ambulance Victoria's Advanced Life Support (ALS) or MICA

paramedics to a Triple Zero call - due to their location and proximity within the local community, they can generally always provide the fastest response.

Unlike CERT volunteers who use a four-wheel drive vehicle, the ACO branch will also be home to a new ambulance vehicle that can transport patients, in turn freeing up ambulance crews in the region.

Importantly, Trentham CERT volunteers will all be offered positions within the new ACO team to continue to play an important role in supporting their community when the new branch becomes operational later this year.

To help with the transition, the refurbishment will deliver a bigger and better facility, including a training room, rest and recline areas for crews to recuperate, space for a new ambulance vehicle, parking and security upgrades.

Since 2014, the Labor Government has invested more than \$2 billion into

Victoria's ambulance services, including a doubling of the on-road workforce with an additional 2,200 paramedics, and building or upgrading 51 ambulance stations.

As stated by Minister for Ambulance Services Mary-Anne Thomas

*"The dedicated volunteer Community Emergency Response Team have been providing locals with fast and immediate care over the past four years - this selfless work makes a real difference in small towns like Trentham."*

*"The new Ambulance Community Officers will help meet the growing demand for emergency care across the region, reducing pressure on our paramedics who often need to travel longer distances to reach patients in regional areas."*

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Authorised by Mark Dreyfus MP ALP, 566 Main Street Mordialloc VIC 3195.

# ST JOHN AMBULANCE INVESTIGATING AMBULANCE DELAY AFTER MAN DIES FROM BEE STING IN AUSTRALIND

Western Australia's main ambulance provider says it's investigating a delayed response to calls for help, after a man died from a bee sting in the state's South West.

The ambulance in Australind was not available to respond to a priority one call-out on Saturday. (ABC News: Keane Bourke)

## KEY POINTS:

- St John WA is investigating after a patient died from a bee sting in the state's South West
- The local Australind ambulance was not available to respond to the call-out
- An ambulance from Bunbury was sent and did not reach the patient for 19 minutes

**THE MAN, AGED IN HIS 40S, DIED ON Saturday in Australind, 200km south of Perth, after the bee sting sent him into anaphylactic shock.**

A triple-zero call was made just after 1pm on Saturday, but an ambulance didn't arrive until 19 minutes later.

The single ambulance crew serving the Australind area wasn't available for the priority one call-out, meaning staff from Bunbury had to be sent to the job.

St John Ambulance has confirmed all ambulances assigned to the area were fully crewed.

However, chief executive Kevin Brown wouldn't confirm the specifics of what job the local ambulance was attending during that time.

"The Australind ambulance was already on the road doing something else. If that had of been the closest ambulance then that's the ambulance that would have been sent."

"That's what the state operations centre do 24-7 is to make sure that there's the fastest response."

The ambulance service promises to arrive within 15 minutes for priority one jobs in the metropolitan area.

The ABC has contacted St John WA for confirmation of its commitment to regional WA.

Mr Brown said the incident, and whether a lack of available resources contributed to the man's death, was being investigated.

He said any findings would be shared with the man's family and the WA Health Department.

"There's an investigation which is my top priority at the moment," he said.

"It will be done properly, but it will be done as quick as possible. And if there are any learnings from that, then they will be shared."

## VOLUNTEER GAPS

The ABC has spoken to paramedics, who have raised concerns about St John WA's reliance on volunteers and a lack of paid and unpaid staff in country areas.

When there aren't enough crews available, towns in the South West share resources between them, leading to longer response times.

In the regional community of Morawa, 510 kilometres north of Australind, the stretch on ambulance workers is something





St John WA Chief Executive Kevin Brown confirmed an investigation into the man's death is underway. (Supplied: St John WA)

WA Local Government President Karen Chappel knows well.

"I live with this," she said.

*"We've actually got seven councillors and three of them are volunteer ambulance officers and it's not unusual for us to have councillors at our meeting and the phones go off."*

She said hundreds of extra volunteers and paid staff were needed across regional WA.

"There are so few of them. And then the surrounding towns and in many of country WA, their ambulance officers have died away. So the town that does have a team, their responsibility spreads further and further.

"These volunteers are simply legendary, and I feel sometimes they're taken for granted and [as for] a paid paramedic.

"They are very much needed in the large centres, but they're needed in the isolated communities more. That's where the need is."

On average, bees kill two Australians each year. However, stings from bees cause more hospitalisations than any other venomous creature, according to the University of Melbourne.



Karen Chappel says ambulance services in towns across the state need a significant boost. (Supplied: WALGA)



# 'THERE ARE NO WORDS TO EXPRESS OUR SADNESS': FAMILY, COLLEAGUES MOURN DEDICATED ST JOHN PARAMEDIC

Family members and colleagues of a 38-year-old St John WA paramedic who died when his vehicle crashed while responding to an emergency call in Perth's south early on Tuesday are devastated by the loss.

**POLICE WERE CALLED AFTER THE** specialist vehicle crashed at the intersection of Armadale and Anstey roads in Forrestdale about 1.35am. Tinesh Tamilkodi, a clinical support paramedic, had been on his way to a priority one call at the time.

He is the first paramedic to die on the job in Western Australia.

St John WA head of clinical Rudi Brits spoke through tears, telling media it had been a hard day and that Tamilkodi would be sorely missed.

"He always smiled. He just was always this positive light," Brits said.

"He was one of those people that was always willing to help."

Clinical operations manager Lauren Davids said she had spent time with Tamilkodi's family on Tuesday morning and that they, along with his family in green, were devastated.

In a statement, Tamilkodi's family said the 38-year-old had always dreamed of

being a paramedic and helping those who needed it most.

"We are distraught. We have lost a beloved family member and Western Australia has lost a dedicated servant who saved lives every day he went to work," it read.

"There are no words to express our sadness. Please hold your loved ones close in his memory today."

St John WA group chief executive Kevin Brown said Tamilkodi's death was an unprecedented and great loss.

"He has been a loyal server to the community in the service of humanity for over 10 years," he said.

"[He was a] caring individual, someone who just loved doing his job and serving the community. It's an unimaginable loss for his family ... it's a great loss to the broader community.

"I've got to thank our own crews who were very quickly on the scene to

support Tinesh, you can only imagine how harrowing that must be for them."

Flags at the ambulance provider's WA offices will fly at half-mast on Tuesday.

WA Premier Roger Cook offered his condolences.

"It's difficult to be a first responder to any of these sorts of accidents ... but when you find one of your own, as a victim of this particular road accident, it's obviously incredibly sad, and must be really tough for those colleagues," he said.

"As funders of the ambulance service, and obviously, hundreds of other first responder services, it's important that we stand by them so that they have the resources they need to keep their workplaces as safe as possible."

**By Cameron Myles and Holly Thompson**

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