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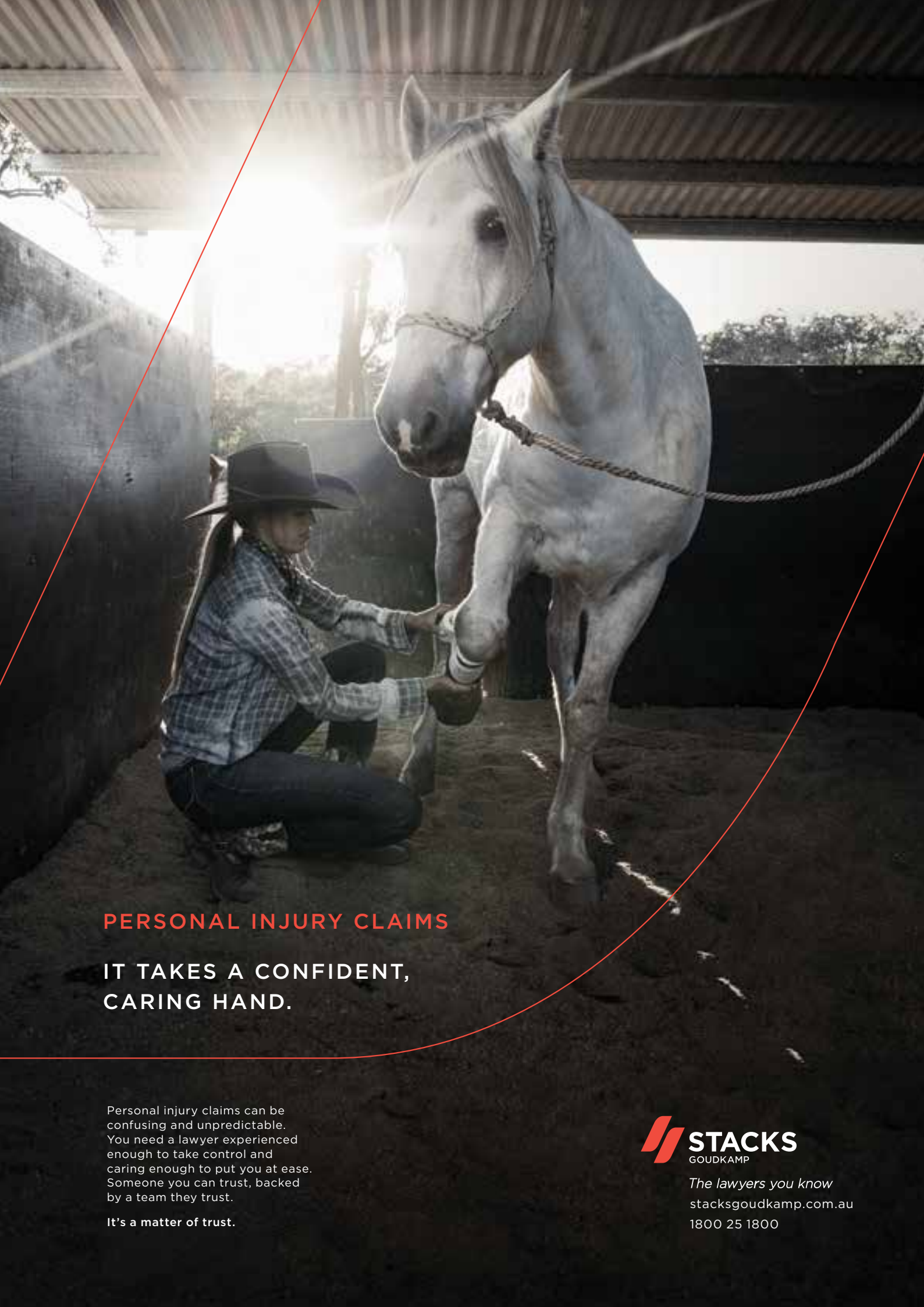
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VOLUME 13 ISSUE 3 2022

Australasian Council of Ambulance Unions Elected Office Holders 2022

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REGULARS

05 From the President

07 From the Secretary

09 Industrial Reports

FEATURES

20 ACAU Conference

22 ACAU Strategic Planning Day

25 New South Wales

28 New Zealand

30 Northern Territory

32 South Australia

34 Tasmania

35 Victoria

36 Western Australia

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09

ACT mass meeting.



15

Queensland EB 2022



17

Tasmania Industrial Action begins.



20

ACAU Conference 2022.



25

Paramedic body worn camera trial expanding to regional NSW.



35

Petition for more Mildura resources.

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

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

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

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

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

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

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

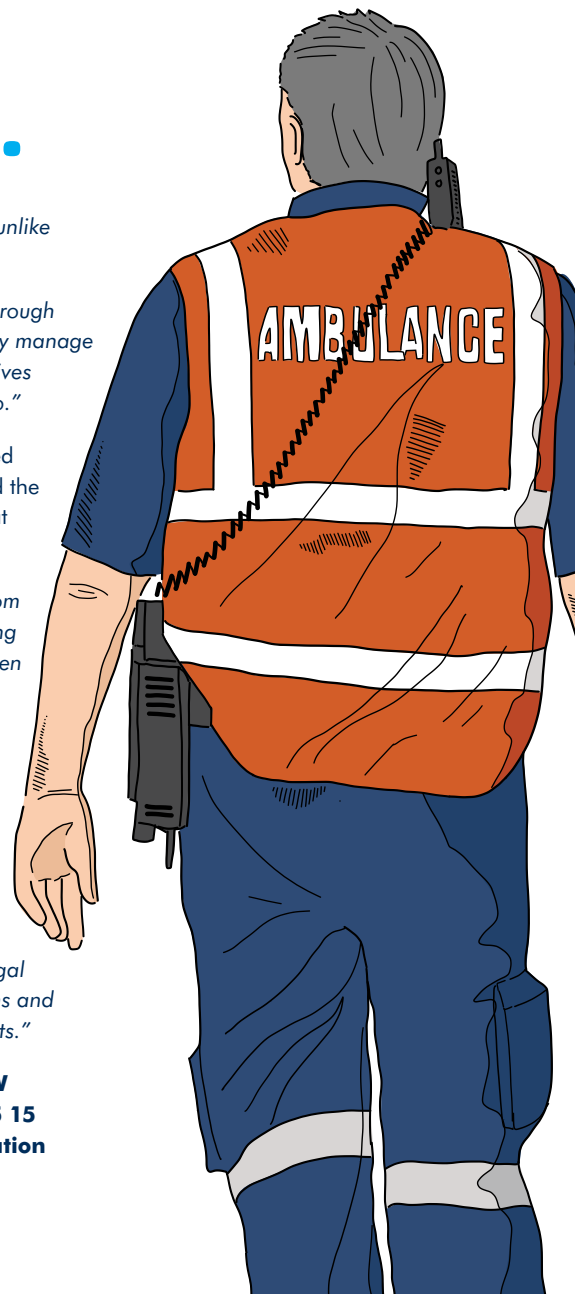
TPD and income protection which are unlike any other worker in NSW."

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

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

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

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



Chantille Khoury – Principal, Law Partners

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FROM *the* PRESIDENT

WITH THIS BEING MY FIRST

presidents report, I would take the opportunity to introduce myself and share some thoughts on what 2023 can look like for ACAU.

Firstly, a massive thankyou to Steve Fraser for his time as President, and on behalf of everyone, I wish him all the best in his retirement from paramedicine. Almost 15000 days as a paramedic is an amazing accomplishment, and just as long as a union activist. A couple thousand days more than I've been alive! Your dedication to community and paramedics has been second to none. I would also like to thank the outgoing executive for their time and dedication, especially throughout the pandemic and welcome the incoming and continuing as we move forward.

A little about me. I am a paramedic at Campbelltown in south West Sydney, NSW. I have spent the majority of my career in the area, but have also worked in regional towns including Condobolin and Gunnedah. I became a unionist to stand up for fairness in my workplace but I have developed a strong passion also, for using this as a voice for patient and community

advocacy. So many of those we attend don't have the voice that we are privileged to have.

I think two of the few positives that have come out of the past 3 years has been the recognition of paramedics and the professional role we can play within health, also the importance of unions. So many positives including pandemic leave and jobkeeper were as a direct result of the union movement. For the first time in a long time Governments turned to us to get things right.

I look forward to us working together to continue this trend. As members of the ACAU, we as unionists can shape the conversation and direction of where the paramedic profession is headed. With burnout and fatigue, keeping the fight up for welfare awareness in workplace policy, in making sure that shortcuts that may have been taken due to necessity during the pandemic are not only not continued, but are wound back.

I look forward to what we can achieve in 2023.

Tess Oxley
ACAU President



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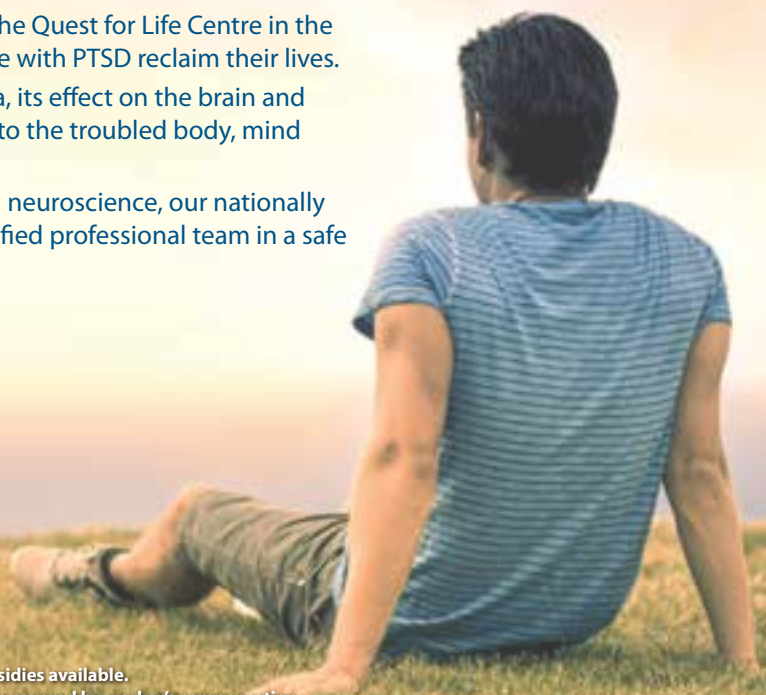
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FROM *the* SECRETARY

ACAU CONFERENCE BRISBANE 2022 - A TERRIFIC SUCCESS

After a two-year COVID enforced hiatus, the ACAU Annual Conference returned with a bang in Brisbane in October. Up front, a big shout out to Debbie Gillott, Fiona Scalon and the whole UWU QLD team for your Queensland hospitality, hosting the conference and making it such a success.

Our conferences have always been the highlight of the year for the ACAU and its predecessor, the NCAU. This year's event was no exception. A little over 60 delegates from unions across Australia and New Zealand came together to share information, listen to thought provoking presentations, talk about challenges they face, reveal their most successful industrial tactics and campaigns and engage with key stakeholders to discuss how we can mutually work to take our profession forward.

The keynote address was delivered by Adjunct Associate Professor Ray Bange. Ray has worked tirelessly with us and a range of stakeholders both within and outside of paramedicine for well over a decade now to help drive progress and reform. I think I can honestly say that he probably knows more about the state of play in paramedicine than any non-paramedic out there!

Ray's presentation, **Recalculating: The GPS of Paramedicine** was both engaging and thought provoking. Ray examined where we've come from in a short period of time; what the profession looks like now and where the challenges and opportunities are for us heading forward, especially in terms of our engagement with primary health care.

Our second guest presentation was from the **Australasian College of**

Paramedicine, Ryan Lovett, the chair of the ACP Board and their CEO John Brunning. In a presentation that reinforced much of what Ray Bange discussed their wide-ranging talk examined the initiatives the ACP are currently involved in to drive the profession forward, including work on national competencies and an innovative new proposal for banding paramedic professional classifications.

Our very engaged conference delegates then had an opportunity to ask questions when we conducted a panel discussion which involved our guest speakers and Leah Watkins, the Secretary of the AEASA. The panel talked about the professions increasing interactions in the Primary Health Care space; the need for Chief Paramedics across states, territories and nationally as well as what they saw as the 'low hanging fruit' when it came to changes that could be implemented sooner rather than later.

The conference showcased the important space that the ACAU occupies in the paramedicine landscape. We are all engaged as professionals in looking for ways and opportunities to advance our profession. The unique 'value add' we bring to these discussions is the political influence and at times pressure we can bring to bear to open doors to law makers to drive change and reform.

The Gala Dinner was a great social occasion as always with tall tales, camaraderie and great stories being shared deep into the evening.

NEW EXECUTIVE

The final and most important part of our gathering was the formal election of a new executive. Due to COVID, elections had not been held for the last two years. The sitting executive ratified a resolution

endorsing the continuation of the 2019 Executive until a formal election could be conducted. In an historic election, we now have our first majority female executive, including our first female President, **Tess Oxley, from HSU NSW**. Congratulations also to **Faye McCann (First Union NZ)** and **John Millwood (UWU QLD)** our new Vice Presidents; **Josh Karpowicz (AEASA)** our new Treasurer; **Erina Early (UWU NT)**, our new Assistant Treasurer and **Simone Haigh (HACSU TAS)**, our new Assistant Secretary. I was re-elected as the ACAU Secretary.

In September the previous executive met in Sydney for a Strategic Planning Day hosted by HSU. We've put together an ACAU Planning Day Outcomes and Positions Statement which was endorsed by the executive at our Business Session of the Council in Brisbane as our blueprint moving forward. These are discussed in more detail in a separate article in this edition of *Ambulance Active*.

FINAL SHOUT OUTS

Firstly, a big shout out to **Countrywide Austral** our publishers for their sponsorship of the Conference Dinner as well as their continuing great work in putting together our journal and putting up with us stretching deadlines. Finally, to all of our constituent unions and members. Keep doing the vital work you do to make our communities safe by ensuring paramedic wages and conditions attract the best and brightest to the profession.

Jim Arneman
ACAU Secretary



About Jim: Jim is a Registered Intensive Care Paramedic who works for the ACT Ambulance Service. He was the inaugural Secretary of the National Council of Ambulance Unions, a position he held for three years, before taking on Project Officer roles for NCAU covering National Registration and Paramedic Mental Health. He has worked as a paramedic for over three decades in metropolitan, rural, regional and remote settings in several ambulance services. He is currently the Secretary of the ACT TWU Ambulance Delegates Caucus and was elected unopposed as the inaugural Secretary of the Australasian Council of Ambulance Unions in 2019.

What if you could time travel?

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INDUSTRIAL REPORTS

ACT

In an unprecedented move ACT Paramedics commenced unprotected industrial action in early November, chalking ambulances to highlight members exasperation with the lack of action on a new roster, the removal of support services and a failed ComCen reform process, all of which are now endangering patient safety.

The proposed 10-12-12-10 roster has a single 10-hour nightshift and will revolutionise ambulance rostering nationally once it is implemented the 12-hour afternoon shift has 5 hours of off road professional development time built in which will underpin staff support moving forward.

Members were disappointed that the roster, which had been overwhelmingly voted for at a ballot conducted by the AEC in March has yet to progress. An extraordinary amount of bipartisan work had been carried out to get the roster to this point. The TWU was under the impression that this work was continuing, only to find out that the project had been unilaterally shelved with a view to consigning it to upcoming EA negotiations.

The second burning issue that has come to a head is the failed Communications Centre reform project. Known as the 'One ComCen' project, the process has now entered its 7th year with the only visible outcomes being the removal of ACTAS management from the command structure and a new uniform. Ambulance workload in the meantime is rising at a steady rate of 10% per annum. ACT ambulance 000 calls are now more than double ACT Police and ACT Fire combined, with a steadily increasing monthly average of 5000 calls. We now have the ludicrous situation where additional call takers, required for the increasing call numbers, don't have workstations to sit at and the Non-Emergency Patient Transport fleet is being dispatched from a breakout room.

The final major issue has been the running down of Ops Support staffing numbers and the eventual removal of this vital enabling service from direct line management control. In 2011 there were 5 staff members working in this important area. We now have less than half that number servicing more than double the number of FTE staff on road.



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Add to these issues the fact that a Composite Pay deal that was signed off for NEPT and ComCen staff nearly 18 months ago hasn't been paid, even though it's all but finalised, and we had a perfect storm for industrial action.

The governments and the Emergency Services Agency were informed of our intention to initiate unprotected action and failed to respond to the caucus's 7-day deadline for a reply. The impact of the chalking, undertaken for the first time in the ACT, was immediate, with media attention and public support materialising overnight. The ESA's initial response was a meeting in a fortnight. After an escalation a face-to-face conference was organised in two days. The outcomes of that meeting were disappointing to say the least with the lack of understanding of the importance of the issues as well as a dearth of preparation breathtaking.

An ultimatum was issued for a follow up meeting in two days' time where answers were expected. Some movement occurred, including a tentative date for the introduction of the proposed roster on 1 July 2022. The remaining issues were not addressed either satisfactorily or at all. The result was the convening of a Mass Meeting of members in seven days to discuss the responses and consider escalation.

The mass meeting held on Thursday November 24th was the biggest in ACT Ambulance/TWU history. 120 staff turned up in person at Dickson Station



with a further 30 plus online. This was a highly significant proportion of the total number (220) of operational paramedics in the ACT. Members heard the history of the dispute and our engagement in good faith and lack of response from management. A series of resolutions were passed, including one of No Confidence in the ESA Commissioner, Georgina Wheelan. All were carried unanimously.

The media coverage of the event was extensive with major news outlets in attendance. Stories have been posted on both the Territory and National news. The pressure on the government and the ESA is intense and at the time of writing, the ESA Commissioner's position is looking increasingly untenable.

United we stand, the engagement of members and the wider caucus in this 'OurACTAS' campaign has been outstanding. It is the first major campaign for many of the new caucus who are very quickly learning the ropes on how to mount campaigns, engage with members and the community and apply pressure.

TWU is hopeful that the objectives of the campaign will be achieved. There has already been a significant concession in the conceding of a starting date for the new roster. We will continue the fight re the reintegration of the ComCen, Ops Support and our Workforce Planning back under ACTAS Command and Control.

Jim Arneman

TWU Ambulance Caucus Secretary

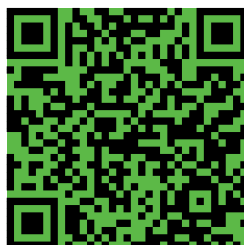


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New South Wales

MENTOR BURNOUT LEADS TO ABANDONED MENTEES

Delegates had been reporting hearing feedback from members with the common theme of mentor burnout and trainees struggling as a result of their burned-out mentors, combined with a lack of support and communication from NSW both throughout covid and continuing after.

Delegates were concerned that many of these members voices were not being heard due to fear of repercussion. They developed a mentor/mentee survey that was sent out to all ADHSU members and the results were staggering.

Less than 30% of qualified members felt they had received adequate training to be a p1t mentor, over 90% reported mentor fatigue. They reported having worked over 2 years as a qualified paramedics and not once in that time having worked with someone of their same qualification or higher.

50% of mentees reported not being prepared to return for in-service to be qualified, 97% had never been visited on road by a clinical training officer.

I feel that my p1 mentors are doing their best but I have received no support, training or assistance by the service itself during my p1t. To my knowledge, I will be receiving a trainee as soon as I finish my in-service and I know I won't be trained in how to train - only my positive experiences with mentors will help me. I feel for my peers who have not had positive mentor experiences because they will not only be disadvantaged themselves but their future p1ts will be too.'

Delegates have since been meeting with NSW to ensure that staff welfare and wellbeing, as well as education are priorities for the service moving forward and not just meeting roster outputs (Although we will hold them to this as well!!!). Disappointingly, the reply first received was that yes, these results were concerning, however there's not much that can be done.

We are now examining the course structure and rollout for trainees and pushing for more flexibility and support for qualified paramedics, especially important as we look at welcoming 1800 new paramedics over the next four years.

Through this fight and the fight for professional pay and recognition, it has been great to welcome more and more junior members of staff into the ADHSU as active and passionate delegates.



New Zealand

ST JOHN

We are currently in collective bargaining with St John, with the collective agreement expiring on the 30th of November, but do not yet have an update to provide. Our delegates have been doing a great job articulating the important issues our members are facing and how the conditions can be improved to continue to entice people to make the ambulance service their career.

ROSTERS

Both Wellington Free Ambulance and St John are continuing to explore alternative roster patterns to try and reduce fatigue and roster to demand.

WELLINGTON FREE AMBULANCE

We have ratified our collective agreement with Wellington Free Ambulance and are proud to announce that the 5% increase and increase in meal allowances and the ability to claim these will not only be passed on to our union members, but also those with other unions and those on individual agreements. It is great to be able to recognise the hard work all frontline officers have gone through during covid and the increasing cost of living they are all facing.

COLLECTIVE BARGAINING UPDATE.

On the morning of day 2 of bargaining last week St John presented a pay offer on

printed rates based on a two year term. This offer was conditional on obtaining funding from government to pay for the increase. The Union has rejected this stepped 2 year remuneration offer, as it fails to significantly close the pay gap measured against comparative remuneration in the public and private health sector, is below current CPI (7.2%) and in our view won't address the current recruitment and retention problem causing critical staff shortages.

In addition to the REM increase SJ offered some improved allowance payments. Those offers are mostly satisfactory but there is still a number of our outstanding claims St John rejected which we must continue to pursue.

All Union parties are speaking with a common voice in rejecting their latest REM offer and we also are aligned on wanting just a 12 month Agreement Term only at this stage.

Your bargaining team thanks you for your patience as we progress through bargaining. You can be assured that we will be coming back to report and update members on all aspects of the bargaining and how we have progressed with all of your claims.

We return to negotiations next week [29th & 30th] where we anticipate more progress will be made.

In solidarity.

Faye McCann
FIRST Union



WHY RUGGED DEVICES ARE ESSENTIAL FOR FIRST RESPONDERS

Frank Baldrighi,
Business Development Manager, Getac



Many industries are moving towards digital transformation over manual workflows and one industry that is gaining substantial benefits from new technology is emergency medical services (EMS).

Ambulance vehicles are being equipped with rugged, high-performance devices that play a major role in saving lives. Almost all situations first responders are in require constant, uninterrupted access to essential information to increase the effectiveness of the medical and administrative processes.

More than ever before, communities depend on immediate, data-fuelled emergency response to act immediately and improve the outcomes of life-threatening situations. Critical communication systems require cutting-edge equipment with mobile connectivity.

There are seven reasons first responders should use rugged devices instead of consumer-grade devices:

1. Improved connectivity

Rugged devices have connectivity options such as Wi-Fi, 4G LTE, built in GPS and more. These options are a stark contrast to consumer-grade devices that only offer public cellular networks for connectivity, which leaves EMS first responders experiencing longer wait times and call dropouts. The right solution supports external 4G and GPS antennas, which is usually a requirement for ambulances. Rugged devices let first responders send patient and accident information in real time, leading to faster information retrieval and quicker action to deliver the right care.

2. Data security

A major flaw with consumer devices is their low-level security, making it simple for hackers to penetrate. This is an issue for EMS workers as they carry especially sensitive patient data. Rugged devices have higher-level security such as Trusted Platform Module (TPM) 2.0, built-in multi-factor authentication, OPAL 2.0 SSD self-encryption technology, fingerprint scanning, and radio frequency identification (RFID) readers, protecting sensitive data both from hackers and if the device were to be physically stolen.

3. Built tough

Unlike consumer-grade devices, rugged devices can handle the unique challenges that first responders face. Emergency situations can expose these devices to water, drops, shocks, and extreme temperatures, all of which the rugged devices

need to withstand to help first responders perform their duties efficiently. Consumer devices often stop working in those circumstances, leaving first responders without the information and communication they need. Rugged devices can also be sanitised safely with hospital-grade wipes.

4. Better battery life

One of the most important features of a device is to have a high-capacity battery to handle heavy use and last the entire shift. Consumer-grade devices cannot offer this, and it isn't viable for first responders to wait for a device to recharge. Rugged devices have dual batteries and include charged, swappable batteries so workers are never left waiting.

5. Adaptable touchscreens

First responders are exposed to all types of situations and require devices that can handle environmental changes, such as glare and dampness, to continue working effectively. Rugged devices were built to withstand these types of challenging situations by incorporating advanced touchscreens. Some rugged devices can also be used with gloves, ranging from disposable nitrile examination gloves to hardwearing work gloves.

6. Lower cost

Rugged devices are generally more expensive than consumer-grade devices; however, due to being built tough, they are much less likely to fail and have a longer service life. The right solution also offers a warranty that covers accidental damage and extends the device and battery warranty to avoid uncertainty, which helps to lower the total cost of ownership.

7. Integration capabilities

Having a device that seamlessly integrates with electronic patient care reporting (ePCR) software is essential. This lets first responders access patient data on the way to an incident, saving valuable time. In addition, vehicle integration solutions, such as vehicle docking stations, help ambulances support different user scenarios including computer-aided dispatch.

Having the right purpose-built technology is critical for EMS workers as they are faced with life-threatening situations that require immediate action. Getac is a leading rugged computer provider, offering extensive rugged computing product lines and serving a wide range of vertical markets. Not only that, Getac already helps first responders with their rugged devices and ePCR software requirements.



For more information
about Getac, visit [Getac.com](https://www.getac.com)

Rugged Mobile Computing Solutions



Queensland

EB 2022

After the Log of Claims Member Endorsement process, it remained clear that the ability to Finish on Time and to be adequately resourced on shift are the major priorities for UWU Queensland members.

Options to address this was discussed in August and QAS committed to return to the negotiations with some modelling around protecting a period of time at the end of shift and what these suggested mechanisms would have regarding service-delivery-impacts.

UWU priority for these proposals is so each party can work towards a tangible solution to ensure moving forward, the safety of members and that these agreed mechanisms become enshrined in the certified agreement giving members a minimum standard in which to have the decision makers accountable.

The Negotiating Committee has been seeking discussions with the Health Minister to exhaust the remaining bargaining claims for Ambulance members.

They are seeking commitment and meaningful change to enhancements to how end of shift is managed this being linked proper resourcing.

At the time of this report, the Health Minister has finally agreed to meet with the Committee to consider outstanding claims.

Currently, several claims have been agreed to:

- Qld Public Sector Wages Policy - 4%, 4%, 3% +CPI top up
- Super increases & removal of employee contribution for higher SG contribution
- Super paid on shift penalties
- Removal of meal window expansion clause
- Enhancements to how EA is managed including ability for time at beginning of EA to eat and shower etc.
- Enhancements to how extended scope roles are defined and remunerated
- Enhancement of OT arrangements
- Improvements to definition of AT and workers right to access single day
- QAS mandatory training arrangements
- Remuneration for Operational Supervisors for out of hours work
- Maintenance of OT arrangements for part time staff
- Maintenance of OT arrangements for unsociable hours
- Maintenance of how AL and LSL are deducted
- Improvements to definition of AT and workers right to access single day
- QAS mandatory training to be delivered in paid time
- Union encouragement clauses around release for union work etc
- Enhancements to how OIC 23% flexibility annual review is managed, what is included in the 23%

South Australia

RAMPING

Ramping in SA remains at unacceptably high levels. For October there were 3,330 hours of ambulance ramping outside our public hospitals. This is a decrease from the height of 3,854 hours in June 2022. Ramping continues to have an impact on service delivery and our members rights to access timely crib breaks and ending their shift on-time.

The AEA has been included on the State Government's Ramping Taskforce. This taskforce is made up of CEO's from each Local Health Network and clinicians from across the system including urgent care, primary care, allied and mental health and is chaired by the Health Minister.

Slow progress is being made with exploring the core drivers for ramping and attempting to find solutions. Some of the focus has shifted to timely patient transport and highlighted the need for greater coverage of Patient Transfer Service Rosters to service late afternoons and evenings. This has led to a review of SA Ambulance's own Patient Transfer Service Rosters with a view to trial a more traditional shift working Ambulance roster, than that of one geared to provide for business hour OPD appointments.

The AEA has continued to call on three key areas to address ramping.

1. The Implementation of a Statewide Health Coordination Centre which manages all patient transfers and subsequent bed management. This is aimed to ensure that Interhospital Transfers bypass the ED and are accepted by hospitals with capacity, directly to the ward.
2. The implementation of transit wards at all major metropolitan public hospitals for both inbound and outbound patients.
3. Rapid Off Load procedures for when SAAS is experiencing high community demand.

With the March State Election and incoming Labor Government came substantial funding to increase sub-acute bed capacity across the system. This will undoubtedly help to resolve bed capacity issues that lead to ramping but will take time to build and not resolve all of the factors that result in ramping.

RESPONSE TIMES

SA Ambulance Service recently released their Annual Report for 2021/2022 which demonstrates they are not achieving any of their response time KPI's. Of concern is the KPI for P1 – Cardiac Arrest which was not met for the first time in the service's history. It was recorded for last financial year at only arriving in 8 minutes 59% of the time. The KPI is already a low-bar of 60% within 8 minutes. The AEA is aware this dropped to around 40% at the start of this year and members reported at the time multiple

incidents of delayed response and patient deaths. The numbers are concerning and supported by the latest ROGs which have Adelaide with the worst average response times across Australia.

This report highlights just how desperate and important our members campaign was for more ambulance resourcing leading to this years March State Election. There are small signs of improvement in response times with some of the additional crewing being implemented, with more 24/7 crews due by the end of the year. The AEA and it's members are for the first time in a long time hopeful that this massive investment of state wide ambulance resourcing will turn these horrendous response time around and return faith of both our members and the community in SAAS.

Due to the longstanding resourcing deficits left by the previous Government SAAS is having to manage times of high demand with inadequate crewing leading to multiple pending Priority events. SAAS are now trailing a 'Clinical Supervisor - Dispatch and Network Operations' which will work with Emergency Medical Dispatchers to flag certain Priority 2 (Lights and sirens) cases to be dispatched as a priority – over existing P2s. Their role will also be to liaise with local health networks to support rapid off load of crews on the ramp during times of high demand. A role that we argue should never have been needed if the ambulance service was funded years ago and crews on the ground now.

OUR OPERATIONAL GROWTH PLAN – A SNAPSHOT

350 New Ambos

200 Paramedics 150 A&P

37 A&P 102 Clinical Leadership

315 Paramedics and Ambulance Officers

200 Metro Paramedics 115 Country Paramedics

30 Metro Ambulance Officers 33 Country Ambulance Officers

Infrastructure

4 New EOC 1 Metro Hubnet 3 Metro Loghubs 30 New

5 New Metro Hubsites 5 Country Hubsites 7 Country Loghubs Ambulance

RECRUITMENT

METROPOLITAN RECRUITMENT - PARAMEDICS			COUNTRY RECRUITMENT - PARAMEDICS		
Station	Staff recruited	Estimated start/finish	Station	Staff recruited	Estimated start/finish
Adelaide	30 Paramedics	July 2022	Geelong	30 Paramedics	December 2022
Elizabeth East	30 Paramedics	November 2022	Murray Bridge	30 Paramedics	March 2023
Melton	30 Paramedics	November 2022	Murray Loghubs	30 Paramedics	July 2023
Colony Centre	20 Paramedics	March 2023	Whyalla	30 Paramedics	July 2023
Clonahy	30 Paramedics	July 2023	Victor Harbor	30 Paramedics	November 2023
Woodside	30 Paramedics	November 2022	Whyalla	27 Paramedics and 3 Community Paramedics	July 2023
Adelaide-EOC	30 Paramedics	July 2023	Yorke/Peninsula	30 Paramedics	November 2023
Adelaide-EOC	30 Paramedics	July 2023	Coonawarra	30 Paramedics	November 2023
			Murray	30 Paramedics	November 2023

METROPOLITAN RECRUITMENT - SPECIALIST SUPPORT SERVICES (EOC)			COUNTRY RECRUITMENT - REGIONAL MEDICAL TRANSFER SERVICES (EOC)		
Station	Staff recruited	Estimated start/finish	Station	Staff recruited	Estimated start/finish
Adelaide	10 EOC Ambulance Officer	July 2022	Geelong	6 EOC TS (3 Param/3 A&P)	November 2022
Colony Centre	10 EOC Ambulance Officer	July 2022	Murray Bridge	6 EOC TS (3 Param/3 A&P)	March 2023
Melton - (Completion)	10 EOC Ambulance Officer	July 2023	Yarr	6 EOC TS (3 Param/3 A&P)	July 2023

EMERGENCY OPERATIONS CENTRE - DISPATCH		
Station	Staff recruited	Estimated start/finish
Emergency Operations Centre	22 Emergency Medical Dispatchers	July 2022
Emergency Operations Centre	5 Emergency Medical Dispatchers	July 2023

INFRASTRUCTURE

NEW BUILDS - PRIORITY BIDS	
Station	Priority Bid
Pennington & Elizabeth	Priority Bid
Adelaide & Colony Centre	Priority Bid
Emergency Operations Centre	Priority Bid
Adelaide-EOC	Priority Bid

EXISTING BUILDS - PRIORITY BIDS	
Station	Priority Bid
Murray Bridge & Geelong	Priority Bid
Victor Harbor & Whyalla	Priority Bid

EXISTING IMPROVES - PRIORITY BIDS	
Station	Priority Bid
Pennington & Elizabeth	Priority Bid
Adelaide & Murray Bridge	Priority Bid
Melton	Priority Bid
Whyalla	Priority Bid
Geelong	Priority Bid
Adelaide & Whyalla	Priority Bid
Yarr	Priority Bid

RECRUITMENT & REGIONAL INCENTIVES

The AEA has been working with SAAS on our operational growth plan which will see 350 additional Paramedics, Ambulance Officers and Emergency Medical Dispatchers employed over the coming years. Recruitment is primarily occurring through Paramedic Internships which run with approximately 100 Interns each year however this alone is not enough to meet ongoing attrition and the additional crewing needs over the coming years.

Therefore, SAAS are actively recruiting Experienced Paramedics from across Australia to work in both Metropolitan and Regional settings. With the finalisation of the SAAS 2022 Enterprise Agreement South Australia has returned as a competitive service to work for however there remains inadequate Regional Incentive Payments to attract and retain Ambos in regional communities.

The AEA negotiated in for a review of the Regional Incentive Payments in the EA. A working group of both SAAS and the AEA are nearing completion of this review, and it is hoped this project will re-prioritise and increase payments across the board, but especially to those locations with high unfilled vacancies.

Part two of the project will be for SAAS to access Rental Subsidies and/or Government Housing as the service is currently excluded from the scheme that both Teachers and Police can utilise. Paramedics often report that even if they wanted to work regionally it is almost impossible to find suitable housing – a national problem.

Tasmania

INDUSTRIAL ACTION BEGINS

Tasmanian paramedics commenced industrial action as of 3 November, starting with low level bans including:

- inter-facility transfers between 12am and 6am (where the patient doesn't need higher level clinical care)
- chalk writing on trucks
- a stoppage of low acuity jobs (P3/P4) between 1pm and 4pm on Wednesday 9 November

There were also large scale stop work meetings across Tasmania with Ambulance Tasmania staff taking part in the afternoon on Wednesday 9 November. Ambos parked their ambulances on the side of the strikes and stayed ready for emergency jobs.



This continuing action is due to a resounding lack of progress in EBA negotiations. The government's extraordinary move to split negotiations into two parts, conditions and wages, has seen both discussed in isolation.

This of course is not negotiating in good faith.

At the time of writing, all discussions in the conditions negotiations are off the table. The final offer made by the government will come from the wages negotiations component. This isn't a good outcome for the ambulance service or HACSU members. Conditions matter and they aren't being considered.

CHANGES

The only constant in these times as we know is change – new equipment and technology, new policies, new procedures, new stations, new classifications, and new roles.

New roles are likely to be progressively introduced in many services. Community paramedicine for instance, is likely to become a large growth area, moving away from the traditional emergency care response model.

We've also seen secondary triage introduced in Tasmania, with extended care paramedics, mental health paramedics, PACER (police, ambulance, and clinician early response), and community paramedics utilised in the Tasmanian Service.

We expect that paramedic practitioners will also appear soon, either employed in the service or in private businesses (including sole trading).

Recent government decisions have changed the role of some country stations. New Norfolk, Sorell and Huonville stations are becoming career stations (double crewed 24/7 ambulance), as opposed to being a double branch, where country paramedics used to work with volunteers over 2 shifts a day.

These decisions were forced upon country stations by the government, and without consultation. The government also appears not to have funded these changes correctly, meaning leave must come from the greater pool of urban resources, leaving more overtime to cover things like annual leave.

RAMPING

Ramping remains massively problematic in Tasmania, with the LGH (Launceston) and RHH (Hobart) among the worst bed blocked hospitals in the nation (ranked 1 and 2 as per ACEM data).

The impact of this means poor outcomes for response times, and an increasingly frustrated public who must wait 14 minutes on average for a high priority case. Tasmanian HACSU members are reporting an increase in occupational violence (normally verbal) as a result of these delays, which is clearly beyond the control of the individual crews.



RE-ENTRY TO PRACTICE (PARAMEDICINE)

This course is for you if you graduated more than two years ago and have not practiced, if your registration has lapsed, if you're still registered but had a break from the workforce, or if you're shifting from one area of practice to another.

OVERVIEW

To prepare for practice, this eight-week course enables you to build your knowledge, skills, experience and may help you prepare to meet the requirements of registration as a paramedic in Australia. This course will include a combination of online and on-campus learning including practical skills, simulations, and assessments.

The course will cover the following eight modules: Foundations, Cardiology, Respiratory, Trauma, Medical, Paediatrics and Obstetrics, Transition to Practice, SWOTVAC (Study Without Teaching Vacation) and Final Assessments.

PREREQUISITES

All applicants must hold a Bachelor of Paramedicine or Bachelor of Nursing/Paramedicine or equivalent.

ASSESSMENTS

Formative and summative multiple-choice question (MCQ), and short answer assessments. Clinical competency of psychomotor skills, tasks and safe competent practice of clinical simulations. Theoretical assessment will be undertaken online, while all practical skills and clinical scenarios will be undertaken face-to-face.

DATES

Course 1: 20 March 2023

Course 2: 17 July 2023

Course 3: 9 October 2023

REGISTRATION

monash.edu/medicine/spahc/paramcourses

COST

\$2650

Completing the Re-entry to Practice (Paramedicine) course may help prepare you to meet the registration requirements and practice as a paramedic in Australia.

Disclaimer: Please note that the information within this factsheet is current at the time of publication. Registration requirements are subject to change and individuals should check with the Paramedicine Board about their individual circumstances.

CONTACT US

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Ph: 03 9904 4283

Victoria

ESTA – UNSOCIABLE HOURS PENALTIES

AEAV members have been raising concerns regarding the organisation's failure to honour the agreed conditions stated in the Memorandum of Understanding (MOU) negotiations between ESTA and the Union. ESTA had promised to pay the 10% extra penalties for the full shift on Friday, Saturday and Sunday nights.

After several AEAU members raised this issue, Delegates emailed the Executive Director ECS seeking clarification around the cause of the delay and a timeline for implementation. While Executive advised there were problems in the payroll system accommodating the penalties, and that a resolution was a priority, no timeframe was able to be advised.

Almost 4 weeks later, neither Delegates, nor AEAU as an organisation, had been provided any further update on the matter.

This is a significant issue for AEAU members who are working those unsociable shift times. AEAU is pushing for more transparency from management by requesting ESTA invite an appropriate representative from Payroll to be present at The MOU ESTA Union meeting scheduled for October. Members want to hear precisely what is preventing Payroll from paying the full entitlement.

At this meeting ESTA finally came with a proposal for payment and a timeframe which they can be held account to. The persistence of the AEAU representatives in this matter is the only reason this issues has been brought to a head. Great outcome for union members.

UTILISATION OF "SPARE'S" TRIAL

Discussions continue with Ambulance Victoria around the specific set of matters that were discussed during bargaining but did not result in an agreed resolution to the matter. Of particular importance to AEAU members is the outstanding trail into the utilisation of Spare's. There is much work being done to ensure that the scope and terms of the trail which is an outcome of bargaining actually meets the needs of the impacted staff.

Conversations continue with AEAU ensuring that when all options have been exhausted to fill vacant shifts and a paramedic is required to work single or with an ACO that the safety of those staff is prioritised. This is a scenario that no one ever wishes to see happen in the first place, but the reality is due to the constant resourcing strain on the service happens all too often. When it does there needs to be mechanisms in place to mitigate the risk of working in these environments as much as possible.



PEOPLE BASED ROSTERING (PBR) FOR VICTORIA

While the premise of PBR is to afford Ambulance staff better work life balance and reduce the fatigue associated with lengthy night shifts, the success of any such model will be dependant upon appropriate resourcing.

AEAV has provided feedback in the consultation process around PBR as follows:

The demand profiles for each branch, individually and in combination with an Ambulance Service Area be provided to staff as part of the consultation around roster formulation.

That an MOU be reached between parties around PBR including detail of the goals of the PBR and agreed parameters such as but not limited to:

- Maximum shift length,
- Maximum number of consecutive night shifts,
- Minimum number of consecutive days off.

The rules of engagement around this process need to be understood so that staff participating in localised roster discussions have a clear picture of the parameters in place.

In regard to the upcoming trial happening in some identified locations, a pre and post staff survey should be conducted to ensure the desired results of limiting fatigue and the actual impact on incidental overtime regularity, access to meal breaks, and the perceptions of general working conditions, pre and post trial.

Western Australia

Two Delegates from WA attended the ACAU National Conference held in Brisbane 12-14 October.

It was great to meet Delegates from around the country, and to participate in future planning for the direction ACAU is headed in.

Western Australia is in a lull at the moment – all bargaining has come to its conclusion, at the moment we are dealing with matters in relation to a flawed meal break clause, fallout from the national day of mourning etc.

There is a new medical director at St John in WA, who is currently an ED Consultant along with her position as Medical Director at St John. Delegates reached out to her, and are pleased to advise that she will be attending our regular Delegate's meeting with a view to strengthening the relationship between UWU Paramedic Delegates and SJA.

Single responders in regional WA is still a live issue for our members in the country – St John are insistent that it is fine to attend with police back up. Our members do not share that view. St John appear to be hiding behind "because of covid" line when in reality it is the lack of resourcing of country stations.

ACAU CONFERENCE

Brisbane October 12-14



Steve Fraser, Ryan Lovett, Jim Arneman and John Brunning.



Ray Bange.



Jim Arneman.



Steve Fraser.



ACAU Delegates Conference 2022.



ACT, NZ and SA Delegates.



Speakers panel.



Conference Dinner.



Jim Arneman, ACAU Secretary, Tony Cornish, Countrywide Austral Director and Leah Watkins, Ambulance Employees Association SA Secretary.

ACAU STRATEGIC PLANNING DAY

Sydney – September 2022

A very successful **Strategic Planning Day** was held in Sydney in late September to map out the priorities for the ACAU moving forward. The Outcomes & Position Statements that have been endorsed are as follows:

DRAFT ACAU STRATEGIC PLANNING DAY 2022 OUTCOMES AND POSITIONS

ACTION 1: Alter current ACAU Rules & Objectives to reflect agreed changes. Present at 2022 ACAU business session for ratification.

ACTION 2: Secretary to conduct an audit of the practical application of registration and regulatory enforcement in each jurisdiction, tabulate the results and make this information available to all members.

ACTION 3: Executive to liaise with HSU and seek their input based on their governance knowledge on what structures will best suit the corporate governance of the ACAU, strengthen its financial transparency moving forward and present these back to the executive for consideration.

ACTION 4: Noted that current interim financial arrangements, namely, funds being held in trust by AEASA on behalf of ACAU, be endorsed with an additional safeguard measure that the Treasurer obtains email verification/sign off by at least 2 executives for all expenditure of ACAU funds. This decision be presented at 2022 ACAU business session for ratification.

ACTION 5: That the ACAU endorses a vote of thanks to the Treasurer Leah Watkins for her stewardship of ACAU funds.

ACTION 6: Noted that, due to issues largely arising from the COVID 19 Pandemic, that the current terms of the executive have expired and that elections were not held due to the postponement of the last two ACAU Annual Conferences. It is agreed that the current executive terms be nominally extended to the next elections at the 2022 Conference and that this decision be presented at 2022 ACAU business session for ratification.

ACTION 7: It was agreed in principle that the employment of a paid executive officer for the ACAU be adopted as a key strategic objective and that this decision be presented at 2022 ACAU business session for ratification. It is noted that this item will need to be discussed further by each constituent union with their executives once a formal position is adopted.

ACTION 8: It was agreed that the development and adoption of a Vision and Mission Statements should be a priority

strategic objective and that this decision be presented at 2022 ACAU business session for ratification.

ACTION 9: Participants agreed that a stepped approach to integrating paramedicine into the national health policy debate, as detailed at the Strategic Planning Day, be endorsed as part of the ACAU Strategic Plan, with the exception of the recommendation to align paramedics as allied health professionals. We endorse this decision to be presented at 2022 ACAU business session for ratification.

ACTION 10: Participants agree that ACAU should determine what mechanism can be used to best underpin and inform robust workforce planning and staffing levels consistently across all jurisdictions. Once a suitable mechanism is identified, advocacy for these reforms should be endorsed as part of our Strategic Plan and be presented at 2022 ACAU business session for ratification.

ACTION 11: Participants agree that ACAU should formulate a best practice model Occupational Violence Framework. Once a suitable mechanism is identified, advocacy for a Trans-Tasman Standard and implementation should be endorsed as part of our Strategic Plan and be presented at 2022 ACAU business session for ratification.

ACTION 12: Participants agree that ACAU should recommence lobbying and applying pressure to governments and stakeholders to progress the outcomes of the Senate Inquiry into the Mental Health and Wellbeing of First Responders (Answering the Call Report) and its recommendations. This action to be endorsed as part of our Strategic Plan and be presented at 2022 ACAU business session for ratification.

ACTION 13: Participants agree that the TWU ACT take the lead in developing model best practice Presumptive Legislation for consideration for adoption by all jurisdictions. This action to be endorsed as part of our Strategic Plan and be presented at 2022 ACAU business session for ratification.

ACAU POSITION STATEMENT #1 – OPPORTUNITIES IN PRIMARY HEALTH CARE

“Whilst the ACAU acknowledges that urgent response to critical care cases will always be a core function of paramedics, especially those working in jurisdictional ambulance services, we recognise the increasing utilisation of

paramedics in primary health care related cases and initiatives. ACAU recognises that paramedics, with their skill sets that include dynamic incident management, teamwork, problem solving and critical thinking, are uniquely placed to value add to addressing the increasing primary health care burden. ACAU recognises further that jurisdictional ambulance services are often ideally placed to coordinate the responses to primary health care and, as secondary triage services become widespread, should play a unique coordinating role in primary health care provision and referral. ACAU is committed to advocating for these expanded roles and ensuring paramedics are trained and remunerated commensurate with their roles and responsibilities”.

ACAU POSITION STATEMENT #2 – CHIEF PARAMEDIC OFFICERS

“ACUA is committed to advocating for the establishment of Chief Paramedic positions as a matter of urgency in all Australasian jurisdictions. We believe Chief Paramedics should provide the professional link between Ministers, the Chief Executives of Health, Community and Emergency services and the paramedic workforce across jurisdictions. Chief Paramedics will have an important role providing high level advice and leadership on paramedic professional, workforce and policy matters. We believe the appointment of Chief Paramedics has the potential to champion the integration of paramedics into primary health care, help realise significant economies in health budgets and most importantly enhance the provision of patient centred care”.

ACAU POSITION STATEMENT #3 – FIT FOR PURPOSE NATIONAL AMBULANCE FUNDING AND AMBULANCE KPI'S

The ACAU strongly believes the current method of funding paramedicine and ambulance services is unfit for purpose. Participants agree that ACAU should advocate strongly for a more equitable and sustainable funding of paramedic practice and ambulance services. We also believe KPI's should differentiate metropolitan, rural and remote responses and be expanded to include WH&S, Staff Based Mental Health and Wellbeing and Clinical Outcomes and that KPI's be included in all jurisdictional ambulance services Service Level Agreements. Advocacy for these reforms should be endorsed as part of our Strategic Plan and be presented at 2022 ACAU business session for ratification.



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The ACAU would like to thank all of our members for their support during 2022 and would like to wish everyone a Merry Christmas and a safe and prosperous 2023.



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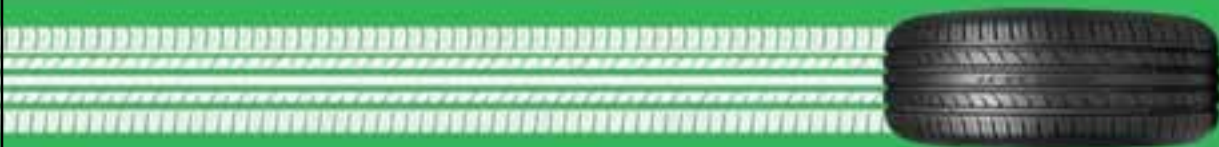
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PARAMEDIC BODY WORN CAMERA TRIAL EXPANDING TO REGIONAL NSW

Body worn cameras aiming to prevent occupational violence against paramedics will be trialled in the NSW Riverina as the program rolls out to regional centres.

THE TRIAL HAS BEEN OPERATING IN

three Sydney locations since 2019 but the latest expansion into Wagga will be rolled out in conjunction with a new Charles Sturt University (CSU) study.

The collected data could help create a pathway for the use of body worn cameras in NSW and across the rest of the country.

Ambulance NSW station officer Charles Milne, who was part of the previous Sydney trials, said he had seen a noticeable difference in people's behaviour around them.

"At times when we have explained to the person who's exhibiting [violent] behaviour that they are being recorded, we have seen de-escalation in some respects," Mr Milne said.

"And de-escalation of bystanders as well.

"It's all about defending the whole scene and making us and our patients safe."

Mr Milne said he had experienced several scenarios where body cameras could help both paramedics and the people they treated.

That was the case with an early morning call out to Sydney's Oxford Street treating a critical, unconscious patient that required immediate attention but who was surrounded by bystanders.

"We're always hampered by people who, maybe with good intention or maybe with bad intention, get in our way and limit our ability to provide that life saving care in that really immediate time," Mr Milne said.

The body cameras are now being trialled across six locations in NSW with Artarmon and Northmead joining Wagga in December and at least one camera being used per working crew on each shift in every location.

NSW Ambulance senior manager safety Michal Marszalek said privacy requirements for the use of body cameras were built into existing privacy legislation at a state level.

"So, it's very robust and the manner in which our paramedics can use the cameras is very tightly controlled and governed," Mr Marszalek said.

While the footage could be used in criminal proceedings, Mr Marszalek said the primary focus for introducing cameras



Paramedics Amy Barclay and Charles Milne wearing the new body worn cameras that are being trialled in the regional centre from December. Picture by Tim Piccione.

was to alter the behaviour of people interacting with front line staff.

The cameras do not film at all times but must be turned on by individual paramedics if they feel they are in a situation which poses significant risk.

Between November 2019 and June 2022, body worn cameras have been taken on call outs more than 13,000 times.

An Ambulance NSW spokesperson said the cameras had enabled paramedics to intentionally record and categorise 245 incidents in that time.

Seven per cent were categorised as assaults, 15 per cent as other forms of occupational violence and 78 per cent as potential threats.

Australia's peak union bodies representing paramedics has shown its support for the introduction of body cameras but were split on how quickly they should be up and running.

Health Services Union national president Gerard Hayes supported the body worn cameras for the volatile work environment but said they could not be considered as a "killer blow to resolve all violence".

"It's really important that any kind of deterrent can be utilised to ensure that they are safe," Mr Hayes said.

"And if this is going to deter 10 or 15 per cent of people from acting out, that's a step in the direction."

Mr Hayes said the cameras should be rolled out further than simply through trials.

"I've got no idea why this has taken so long," he said.

Australian Paramedics Association assistant secretary Brendan McIlveen said the cameras should not be rushed out to avoid unnecessary costs if they prove to be ineffective.

"At the moment, we've received no data as to whether they actually improve the decrease in occupational violence," Mr McIlveen said.

"We need to really see some research, some evidence to determine if it's the right thing to do."

Mr McIlveen said the national union was "optimistic" about the continued trials and the independent research from CSU on their efficacy.

"Paramedic safety is paramount," he said.

By Tim Piccione

St George & Sutherland Shire Leader

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*It's been a big two years,
thanks for everything you've done for NSW.*



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MEMBER FOR MARIBYRNONG

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MORE THAN 2000 EXTRA STAFF FOR NSW AMBULANCE

NSW Ambulance will recruit 2,128 new staff and open 30 more stations in a \$1.76 billion boost to frontline emergency care, as part of the NSW Government's 2022-23 Budget.

NSW PREMIER DOMINIC PERROTTET said the record investment means NSW Ambulance will have the largest paramedic workforce in Australia, now and well into the future.

"Ambulance services across Australia are experiencing unprecedented demand but this funding will ensure NSW is well placed for the challenges ahead," Mr Perrottet said.

"The investment will help increase capacity both in terms of available paramedics to respond to patients, and available staff to help answer the record volume of calls.

"Our strong economic management means we can deliver a brighter future for NSW families by giving them confidence emergency support will be there in their time of need."

The \$1.76 billion over four years will provide NSW with 1,858 extra paramedics,

210 ambulance support staff, 52 nurses and eight doctors.

Health Minister Brad Hazzard said the Government will continue its record spending on ambulance infrastructure, so the larger workforce has access to the best facilities.

"NSW Ambulance, the Health Services Union and the NSW Government have worked collaboratively ensuring we get the right number of paramedics, in the right places when and where needed. This massive boost to paramedics we believe will make a positive difference," Mr Hazzard said.

In this Budget, the NSW Government will deliver 30 new stations including at Warilla, Kincumber, Lisarow, Gateshead, Swansea, Cherrybrook, Raby and Narellan in the coming year, with 22 more stations to come over the following three years.

Minister for Regional Health Bronnie Taylor said the investment

in ambulance infrastructure and workforce is great news for those living in regional and rural areas.

"This funding will bring more jobs to the regions, provide a nicer working environment for local paramedics and most importantly, help us to save lives," Mrs Taylor said.

NSW Treasurer Matt Kean said the pandemic has made it clear continued investment in frontline healthcare workers is crucial.

"We are always thankful for the outstanding commitment, compassion and tireless efforts of our ambulance staff but especially throughout the pandemic," Mr Kean said.

"This announcement shows we are continuing to provide record levels of investment in these frontline healthcare workers and the critical services they provide."

THE NSW GOVERNMENT HAS AN AWESOME OPPORTUNITY TO LEAD THE WAY

ADHSU Paramedic delegates have just concluded 4 months of intensive work in the NSW Paramedicine (professional recognition) Taskforce.

THE GROUP, REQUESTED BY ADHSU paramedics and facilitated by the Premier and Health Minister has examined the changes in Paramedic practice and the move to true professionalism by paramedics across the country, but particularly in NSW.

Representatives from ADHSU, NSW Ambulance, the Australasian College of Paramedicine and officials from the Ministry of Health had open and positive

discussions about the rapid change of the paramedic profession and the increases in education requirements, scope of practice and responsibility taken on by paramedics in NSW.

Ideas for further integration of paramedicine in the health network that will lift the clinical ceiling for paramedics and provide better health care across all areas of NSW were discussed.

The members agreed that a community's

postcode should not dictate the level of care available.

While the task force prepares its formal report, ADHSU has written to the Premier requesting a meeting where our delegates can present our report from the task force. ADHSU delegates will be offering evidence of the value of paramedics as professionals to the community and the need to recognise us as professionals.



CHARITY AMBULANCE SERVICES CAUSING STAFF WOES

Widespread burnout and pay rates below the Living Wage are behind calls for charity ambulances to become government operated as staff begin to suffer. One paramedic labels the charitable model a “sinking ship” and says changes are needed to secure the services long into the future.

WHEN THE EMERGENCY TELEPHONE number 111 was first introduced, calls were diverted to volunteers, sometimes at their places of work. From 1985 to 1988 in Whangamatā this resulted in emergency calls being diverted to a fish ‘n’ chips shop, often causing some confusion whether the caller wanted an ambulance or some cheap takeaways.

While the way calls to ambulance operators are made has evolved over the years, what remains unchanged is how our ambulance service relies on charity to keep operating and saving lives. Charity only goes so far, with St John reporting its Emergency and Other Transportation Services running at a deficit of \$14.5 million. “It’s a sinking ship,” South Island paramedic says Ryan (not his real name). “Staff are leaving. It’s blatant people have died from how bad it’s got.”

The increasing demand for ambulance services has changed the way phone calls were handled. Today, paid triple-one operators handle calls for ambulances, and they are kept busy, with more than 454,000 emergency callouts in 2021 alone. That’s more than 50 calls an hour, every hour of the day.

Details of NASO’s arrangements are not publicly disclosed. NASO’s website only says that “a range of operational requirements [are] agreed by the funder and provider” and that “performance against KPIs is subject to ongoing monitoring and reporting”.

Ryan says the focus on KPIs is causing undue pressure and “misses the point” of patient care over speed of first responders.

The National Ambulance Service Office – now part of Te Whatu Ora – has terms and agreements with St John

and Wellington Free Ambulance to provide ambulance services. But this revenue is not enough to cover the costs of delivering the services, even with St John attracting the goodwill of clinical volunteers worth an estimated \$138 million in labour to its service.

“The Government’s most discernible KPI is how quickly we locate jobs. How quickly the address is verified, how quickly the ambulance is dispatched and then how quickly it arrives. But that measure is not necessarily an ambulance, but a unit. If I’m on my own in a jeep I might get to a job within 25 minutes, but I will have to wait around for 90 minutes for an actual ambulance unit to arrive that can take the patient to hospital.

“It looks good [on paper] as a KPI.”

Wait times for services and transfers gum up the KPIs, compounded by crowding in

hospitals. In June 2022 month-on-month record call outs saw media reports of people waiting 12 hours for an ambulance, and St John reported it spent 3,000 hours for the month before – the equivalent of 125 days – waiting to transfer patients into overcrowded hospitals.

The contracted-out model of ambulance care not only puts strain on paramedics like Ryan, it also still requires significant government top-ups. St John shops sell an impressive \$60 million worth of goods every year, but in 2019 the Government provided a \$21 million injection over two years to the ambulance sector to “relieve immediate pressures and provide certainty”.

The 2022 budget provided \$166 million over four years for 48 ambulances and 13 cars to be added to the road ambulance fleet and up to 248 additional full-time staff to be recruited.

“There’s no point having new ambulances if they’re just sitting in stock,” Ryan said.

“We [at his workplace] don’t have the staffing to crew more than one at a time.”

As late as 2017, New Zealand was an outlier in first-world ambulance services in allowing single-crewed ambulance responses. That year, 35,000 ambulance responses were attended by just the driver of the vehicle.

“I used to have the display of the monitors on the floor of the ambulance cab while I was driving with the cables dragging back into the back where the patient was. I could look down at the ground and keep an eye on what their heart rate and ECG were doing,” Ryan said. “While double-crewing ambulances with paramedics is quite expensive, would we be happy if only 70% of A&E clinics are going to have doctors?”

That year, the Government announced the \$15 million a year in extra funding to ensure full ‘double-crewing’, and over the next four years St John added 388 new roles, but they were not all for paramedics.

Of the 388 roles St John added, 8 were intensive care paramedics, 28 were paramedics, 28 were emergency medicine technicians and 302 were emergency medicine assistants. The Emergency Medical Assistant (EMA) qualification is a five-day course.

Staffing issues have taken their toll on those doing the work. This ongoing theme of health care employees overworking to protect patients continues its trend, and the charity-led model is creating significant disputes about pay.

In late 2020, FIRST Union members planned strike action when St John backed

out of an agreement to pay time and a quarter on weekend and night shifts due to lack of funds despite a \$29 million boost from government.

St John’s 2020–21 Annual Report states, “While St John’s ability to absorb some growth through innovation in service delivery will allow us to be sustainable in the short-term, this does not represent an acceptable medium- or long-term financial strategy. In particular, it is becoming increasingly challenging for community support to continue to grow in line with the future service requirements of St John.”

Ambulances have come a long way in New Zealand since St John set up its first ambulance brigade in Dunedin in 1892. Many owe their lives to the service provided by paramedics under difficult circumstances. As time has gone by, the need and demand of these services has changed along with the funding priorities. As the service has evolved away from having people call a fish ‘n’ chips shop in a life-or-death emergency, perhaps it is now time to evolve the funding model for vital ambulance services.

By Andrew Chick
The Specialist



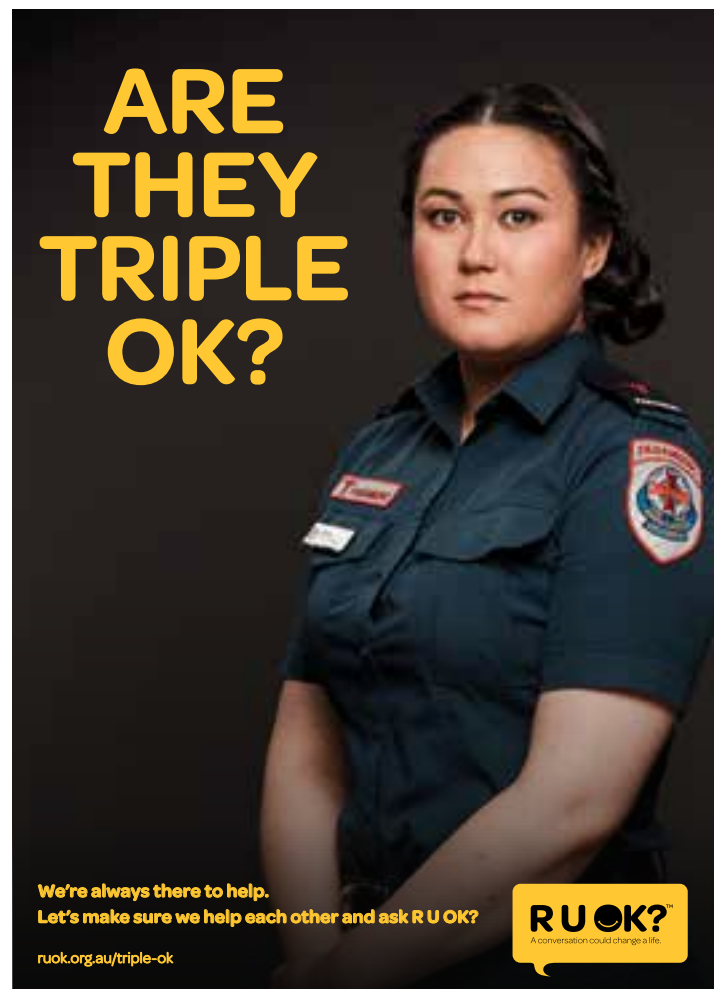
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AMBULANCE WHISTLEBLOWERS WARN DRIVERS RATHER THAN PARAMEDICS BEING SENT TO EMERGENCIES

St John Ambulance is sending ambulance drivers instead of paramedics to life-threatening emergencies every day, several staff turned whistleblowers have told the *NT Independent*, while staff fatigue levels reach critical levels, operational and safety related concerns raised by front-line staff are being ignored, and paramedic attrition rates hit the highest levels in the country.

SEVERAL ST JOHN AMBULANCE employees contacted the *NT Independent* to say they were speaking out because Territorians need to be made aware that their ambulance service is in crisis, with allegations the provider is also “misleading the public”.

SJANT operate ambulance services for the NT Government in Darwin, Palmerston, Katherine, Nhulunbuy, Tennant Creek, and Alice Springs.

“A large number of front-line paramedics hold grave concerns for the safety for the community and these fears

have long gone unanswered by SJANT,” they said.

“Despite concerns being well known within SJANT, the voices, concerns and the frustrations of front-line clinicians are not being heard, or are being ignored, by those who are responsible for the provision of safe ambulance services within the Territory,” they said. “All Territorians need to be made aware that SJANT are failing in their responsibility to deliver high quality healthcare on several fronts.”

St John Ambulance NT would not comment for this article, nor

would Chief Minister and Health Minister Natasha Fyles, but United Workers Union NT secretary Erina Early said even before COVID-19, the workload in the NT had been increasing significantly, with no extra resources being made available.

“Currently, crews will often work a 12-plus hour shift without a single effective break in that period,” she said.

“Our NT ambulance service is at crisis levels and government does not care as our ambulance service is not run by government.

"Our paramedics, patient transport and ambulance officers deserve better, it is time for government to intervene in the NT Ambulance service before it is too late."

In early May, the *NT Independent* reported that a UWU NT survey found more than three quarters of NT paramedics said St John Ambulance puts profits ahead of the welfare of workers and nearly half say they had been bullied and harassed by management for engaging in protected action during bargaining negotiations.

The survey also found that 86 per cent of paramedics feel that the "NT government and opposition does not care about the issues facing the NT Ambulance service and its employees".

It also revealed that 78 per cent of staff who responded feel their welfare is ignored in regional centres due to the current on-call rosters and the lack of fatigue management, while that 78 per cent also said they have not been provided training or professional development which they have been paying for over the last two years.

Nearly 150 staff members took part in the survey, the union said.

'NO CONFIDENCE' IN EXECUTIVE MANAGEMENT TEAM: AMBOS

In late June, the *NT Independent* reported the Ms Early had said student paramedics and ambulance volunteers had been used in St John ambulances to deal with critical patients, including a person who had hanged themselves, and those who were suffering seizures or needing resuscitation, without supervision of an experienced paramedic.

The students and volunteers known as "ambulance assist" staff were being used without professional paramedic backup or delayed backup, Ms Early said, and had a minimum advanced responder level (which is the same level as a patient transport officer). Most have advanced first aid training, and were supposed to have been moving COVID-19 positive patients and selected close contacts in Darwin, as funded by the NT Government.

At the time, St John director Andrew Thomas declined to comment but the whistleblowers said this practice had now stopped.

The group of ambulance workers said this week that no confidence in management remains a key issue.

"Similar to the NT Police, SJANT employees and volunteers speak freely of an increasing lack of confidence in the outgoing chief executive officer, director of ambulance services, and the

remainder of the executive leadership team, the majority of whom have recently resigned," they said.

"While there is a sense of uncertainty about the recent resignation of the CEO, there is also a sense of relief amongst many staff.

"The idea of a vote of no confidence is gaining rapid support."

'STOPPING THE CLOCK': AMBULANCE DRIVERS INSTEAD OF PARAMEDICS SENT TO EMERGENCIES

One of the stark examples of problems provided by the employees was the "every day" use of non-emergency patient transport officers, who hold a Certificate III in Ambulance Transport, being used as "clock stoppers" to meet key performance indicators on Triple-0 calls.

"This means that if your relative has a heart attack, they may not get a paramedic," they said.

"Many times, on the most serious of calls, the 'Priority 0' calls, no paramedic, critical response unit or duty manager are available to attend.

"Every day we still see the patient transport unit drive lights and sirens to emergency jobs where the community are expecting a paramedic.

"Paramedics have four years of training between university and then on the job training before getting their authority to practice. Patient transport officers have three weeks of training and are being sent to emergencies they do not have the education or tools to manage.

"Reports released by SJANT to government, may appear to indicate SJANT is meeting contractual requirements, but what Territorians are not told is that patient transport officers continue to be sent under lights and sirens to emergencies to impact statistics by stopping the clock."

Ms Early backed the employees' account that the "clock stopping" practice happened daily and said there was a lack of transparency around it.

"St John NT do not provide the stats on how many jobs patient transport officers go to, which should be high acuity jobs for first responders," she said.

"Our members tell us at least two to three per shift a day. St John is intentionally misleading the public."

AN ATTRITION RATE FAR LARGER THAN THE REST OF AUSTRALIA

The whistleblowers said the ambulance drivers being sent to emergencies could be caused by a "horrible attrition rate", an outdated and inefficient recruitment process, dropped paramedic shifts,

and paramedics being used to cover events who pay SJANT for the service at expense of the emergency ambulance service.

"We are burning out. We have been so tired for so long that a lot of people don't do overtime to cover vacant shifts anymore. It leaves the shifts busier and the next group of people fatigue too. It is a vicious circle," they said.

Mr Early said that according to a Federal Government Productivity Commission report published in February, NT ambulance services consistently reported the highest staff attrition rate of any service in Australia, and by a very significant margin.

For the 2020-21 financial year, that figure was 16.6 per cent, with the next highest being Western Australia at 5 per cent. In the 2019-20 financial year it was 20.2 per cent, with the next highest being the ACT at 4.3 per cent, and for the 2018-19 financial year it was 12.6 per cent, again compared to the ACT at 6.2 per cent.

"The current push to get more crews on the road has resulted in an extensive intern intake, and current situation is resulting in a very high number of supervised paramedics, under a strained environment, and with lack of clear guidance on the mentoring requirement placed on the supervising paramedics," Ms Early said.

The whistleblowers said another issue was SJANT failing in their duty of care to employees by not adequately managing welfare and fatigue.

They added that staff morale was at an all-time low, with frustration and unrest amongst paid employees, and even volunteers, rapidly increasing.

"Significant clinical, operational and safety related complaints and concerns raised by front-line staff are not being acknowledge or actioned. Feedback is never provided," they wrote.

Mr Early said SJANT fatigue management policies we basically unworkable.

"There is no slack in resourcing and the app they use to monitor fatigue is ignored by St John. It is just a smoke screen tool to be referred that St John care about their paramedics and ambulance staff," she said.

The government did not respond to questions.

By David Wood
NT Independent

REPORT FINDS ADELAIDE MAN WHO DIED WAITING FOR AN AMBULANCE 'MAY' HAVE BEEN SAVED, AS RAMPING SOARS IN SA

A 47-year-old man who died of a heart attack while waiting for an ambulance "may have been successfully resuscitated" had a paramedic crew been present, an independent report has found.

LAST MONTH THE MAN, KNOWN AS

Andrew, died in his car while pulled over on the side of the road, 41 minutes after he called triple-0 with jaw and chest pain.

He was initially listed as a "priority 2" case.

The incident is one of two that have been reviewed by South Australia's Chief Medical Officer, Michael Cusack, at the request of the state government.

The other review examined the response provided to a 77-year-old cancer patient, known as 'Mrs MJ', who waited more than two-and-a-half hours outside her Andrews Farm home for an ambulance after suffering a fall in June.

In that case, Dr Cusack found a combination of ramping at metropolitan hospitals, and ambulance staff shortages led to the delay.

'WE WILL NEVER KNOW' IF HE COULD HAVE BEEN SAVED

Dr Cusack's report found that the information Andrew provided during his triple-0 call "indicated he was at high risk" as he described his symptoms and said he had previously suffered a heart attack.

"Had a paramedic crew been with Mr AR at the time of his cardiac arrest, he may have been successfully resuscitated at the scene or en route to an emergency department," the report stated.

Paul Lemmer, executive director of operations at the SA Ambulance Service (SAAS) said he would personally meet with Andrew's family to offer his condolences.

"We will never know, if we had got there on time, could we have had another outcome. We'd love to go back, but we can't," he said.

"What the family are really keen to see is that there's change made to prevent this happening to someone else."

A key recommendation of Dr Cusack's report was that patients likely experiencing cardiac arrest should receive the first available ambulance.



Ambulance Employees Association SA Secretary Leah Watkins says the findings highlight the urgent need for ramping to end.



Paul Lemmer will offer condolences to Andrew's family.

It also recommended clinical support be given to help ambulance dispatch officers make decisions on patient priority, and suggested a review be undertaken of response prioritisation during periods of peak demand "to ensure remaining crews are focusing on those most in need".

Dr Cusack's report also emphasised the "urgent need to improve whole of hospital and system flows to reduce transfer of care delays".

RECOMMENDATIONS BEING IMPLEMENTED

The state government today accepted all the report's recommendations, with Health Minister Chris Picton reaffirming his party's pledge to "fix the state's ramping crisis".

"This is now a call for action to every part of the health system, to address these problems and to make sure we don't see these situations continuing," he said.

"We'll implement these recommendations and we're now asking the boards, and chief executives [of the local health networks], to implement these recommendations to make a difference."

Mr Lemmer said some recommendations had been "immediately" implemented by SAAS.

"We've been able to put some putting additional clinicians in our emergency operations centre to support the call-taking process, and ensure that prioritisation of resources can happen," he said.

From November, the ambulance service will have two additional day and night crews in metropolitan Adelaide.

A separate taskforce has also been established to increase the capacity of the Metropolitan Fire Service (MFS) to respond to urgent cardiac cases, with an outcome expected in the coming month.

Ambulance Employees Association (AEA) SA secretary Leah Watkins said the report's findings were tragic but sadly, not unexpected.

"It's entirely expected and it's what our members have been telling us for years now — that this is the real impact of ramping at epic proportions," she said.

Ms Watkins said the impacts of ramping week after week are "incredibly distressing" for paramedics.

"It plays on the minds of ambos, whether they are the ones on the road responding or they are on the ramp not able to respond and hearing priority two cases that are waiting in the community," she said.

"They are constantly wondering is that the one that we are not going to make it to in time? Is that the one we are not going to make a difference for?"

EQUIVALENT OF FIVE MONTHS LOST TO RAMPING IN AUGUST

The reports come as South Australia recorded another horror month for ramping.

According to the latest data released today, 3,763 hours were lost to ramping in August– the equivalent of 156 days, or more than five months.

That's a slight drop from the all-time high of 3,854 hours lost to ramping in June, and a slight increase of July's ramping statics, which saw 3,647 hours lost to ramping.

Mr Picton said the state government was serious about fixing the problem.

"We have invested \$2.4 billion to build additional capacity in the health system, including more hospital beds," he said.

The government said it will "free up" an entire ward at the Flinders Medical Centre, by relocating NDIS patients to the Griffith Rehabilitation Hospital at Hove.

A total of 30 beds will be opened at Griffith Rehabilitation Hospital.

At the request of his family, the ABC is not using Andrew's last name.

By Sara Tomevska

www.abc.net.au



Dr Mike Cusack led independent reviews into two recent incidents of patients waiting too long for an ambulance to arrive.

SA AMBULANCE ENTERPRISE AGREEMENT 2022 – SAET APPROVAL

South Australian Ambos will finally receive a salary increase for the first time in over 4 years.

THE PREVIOUS ENTERPRISE

Agreement expired in 2018 with Ambos last salary increase occurring at the end of 2017. On the 9th August 2022, the new agreement was ratified by the South Australian Employment Tribunal.

South Australian Paramedics, Ambulance Officers, Triple Zero call takers, and Emergency Medical Dispatchers will finally be recognised for their hard work and dedication over these past few years in providing exceptional pre-hospital healthcare to the South Australian community in such challenging times.

With the current plan to recruit 350 Ambos over the coming years, South Australia will return as among the best remunerated ambulance services in Australia being able to both attract and retain Paramedics both nationally and internationally.

The road to achieving this was difficult leading to our frontline Ambos left feeling devalued and demoralised. Negotiations throughout the entire term of the previous Liberal State Government were focused on attacking our Ambos workplace

conditions such as meal breaks and general entitlements. The previous Liberal Government refused to provide a single offer in their four years of Government and instead sought to dismiss the Enterprise Agreement and Ambos working conditions all together, applying for an Award to be arbitrated in the Employment Tribunal.

With the election of a new State Labor Government negotiations recommenced in good faith, the application for an arbitrated Award withdrawn and the attack on members conditions ceased. After just 4 months an offer was put to Ambos of South Australia which was accepted with over 97% acceptance.

- 2.5% yearly salary increases backdated to 31 December 2018, 2019, 2020 and 2021. Resulting in a 10% increase to current Ambos base salary.
- 2.5% future yearly salary increases to take effect on 31 Dec 2022, 2023 and 2024.
- Rolled in Rate now paid on all types of approved leave Annual, Sick, ADO, Long Service, Maternity, Surrogacy and Adoption Leave.

- Urgent review in Regional Incentive Payments.
- Changes to Crib Break Clause to allow for 10.5 hour shifts in addition to current 8, 10, 12 and 14 hour shifts.
- Reviews into Team Leader\Operations Manager Reports, Position Titles\Work Level Definitions and SAAS's Service Delivery Model.
- Afternoon shift redefined to shifts \geq 1100, finishing \geq 1900 but before \leq 2400.
- Emergency Operations Centre members reinstated to claim ISTO allowances when training.
- Current 5% 'Crib Anywhere' allowance now codified which compensates members for flexible crib break arrangements. This also sets the standard of crib breaks to be taken at home stations for crews not in receipt of this allowance. This includes Emergency Crews ensuring they are returned to their local communities and for both physical and mental respite.
- Current 10% Patient Transfer Service Allowance, 15% Metro Emergency Spare Allowance and 100% Excess On-Call allowances now codified into the EA.



GOVERNMENT OFFER STILL A DUD

Let's be clear: the government's overall position so far is a dud.

BY NOW YOU'VE PROBABLY SEEN the government representatives' latest bargaining update.

The update is misleading. It does not include the comments that HACSU made, or the issues we raised. It also claims that we've agreed to things that we have not agreed on.

We are continually frustrated that government negotiators claim that we've agreed to things without providing any of the detail about what we've supposedly agreed to, particularly when many of the issues are contentious at best.

Let's be clear: the government's overall position so far is a dud. They haven't taken on board the improvements you wanted to make in your log of claims and your bargaining team will not be seeking endorsement on it. We'll be rejecting the offer outright if it remains as is.

The pay offer is also still paltry. They've proposed a sign on and then wage "increases" of 3.25% in the first year then 3% in each of the second and third years. This is not good enough when we consider

significant rises to cost of living. The sign on amount still won't bridge that gap and it's only a one-off payment.

We've got a lot to talk about at our membership meetings this week, which start today in Devonport.

Unless the government make significant improvements to their offer, we'll need to discuss taking further industrial action to force them to play ball.

If you've got any more questions or need further information, get in touch with us via HACSUassist.

AMBULANCE WOMEN'S WORKSHOP

AEAV Women Leaders with Michele O'Neil at the Ambulance Women's Workshop!

A fantastic day talking all things ambulance and how women in unity can improve the ambulance service for all ambulance workers and the community.



RIP BRUCE

AEAV members sadly note the passing of Bruce the Peer Dog. Bruce was the first of the peer animals introduced into Ambulance Victoria and he had a profound positive impact on many. He will be missed.

RIP Bruce and thank you.



PETITION FOR MORE MILDURA RESOURCES



AEAV officials attended the Sunraysia Football Netball League Grand Final in Mildura. The purpose was to get as many signatures as possible supporting the campaign for more ambulances in Mildura.

Assisting us at the games were UWU officials from Adelaide and Farms members from the Mildura region.

The day was an outstanding success with over 1000 locals signing the petition in support of Mildura region paramedics.

ST JOHN WA SAYS LACK OF VOLUNTEERS MAY FORCE REMOVAL OF AMBULANCES FROM REGIONAL COMMUNITIES

Robert Dummermuth spends his shifts racing the clock.

FOUR MINUTES FOR A HEART ATTACK. Half an hour for major bleeding.

The quicker, the better, even if all that is required is a bandaid and a cup of tea.

But the 77-year-old volunteer ambulance driver fears hitting those targets will soon become impossible.

His rural community of Condingup, on WA's south coast, may soon lose its ambulance because there are not enough fellow volunteers to staff it.

St John WA community paramedic Paul Gaughan said "unfortunately" they were close to moving the vehicle to Esperance.

"We'll probably have to bring the ambulance back into town," he said.

"So that it can be used here until we can revive it at Condingup again."

The move will add at least an hour to the region's emergency response times.

The area is big on farming and tourism, resulting in everything from surfing accidents, to motorbike crashes, to heavy machinery incidents and at least one triple zero call for the local ambulance a month.

However, Mr Gaughan said Condingup was not alone in its struggle.

He said Munglinup, about an hour to the west of Esperance, also faced critical shortages, as did countless small communities throughout the state.

"It's very concerning," Mr Gaughan said.

"Unfortunately, with the system, we do rely on volunteers in remote and rural locations.

"And we really do need people to put up their hand at the moment and consider it, it may not be a job for everyone, but we give you full support for training.

"And it would be helping out your community."

CURRENT MODEL 'NOT SUSTAINABLE'

But Fiona Scalon, the national ambulance coordinator for the United Workers Union, said WA's heavy reliance on volunteers to respond to emergencies was unique to the state and needed to change.

An inquiry into the delivery of ambulance services in Western Australia earlier this year echoed her thoughts and found the current model was not sustainable.



Robert Dummermuth says having an ambulance in Condingup is important to many residents, including himself.

The final report stated that volunteer numbers were decreasing, emergencies were increasing, and response times were getting slower.

It recommended the WA Department of Health investigate rolling out more hybrid models — which would mean paying for more staff to work alongside volunteers.

But Ms Scalon said while there was a place for volunteers, they should be supported by a safety net of paid professionals.

Currently, Mr Gaughan is the only paramedic employed across the entire Esperance region.

"There are some places [around the country] where there are career paramedics located in those kinds of [regional] environments," Ms Scalon said.

"And those governments have determined that, yeah, it is an expensive model, but they have an obligation to the community, and they provide it.

"It shouldn't matter where you live. You should be provided with the kind of pre-hospital emergency care that you would enjoy if you live in a major metropolitan area as well."



St John WA community paramedic Paul Gaughan is urging volunteers to get involved.

WA Health Minister Amber-Jade Sanderson has been contacted for comment.

'WONDERFUL FEELING' TO SAVE A LIFE

Mr Dummermuth said the loss of an ambulance service in Condingup would certainly raise questions for residents.

"I'm 78 in a couple of weeks' times. There's every chance I'm going to need an ambulance," he said.

"And I hope somebody's around to drive it for me when I do need it."

But Mr Dummermuth said he did not see the work as a chore and urged others to get involved.

"It is quite a wonderful feeling, particularly if you have a successful outcome and you really know you've saved someone's life," he said.

"That gives you a really good feeling inside — it will keep you going a couple of weeks."

By Emily JB Smith

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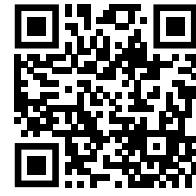
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