

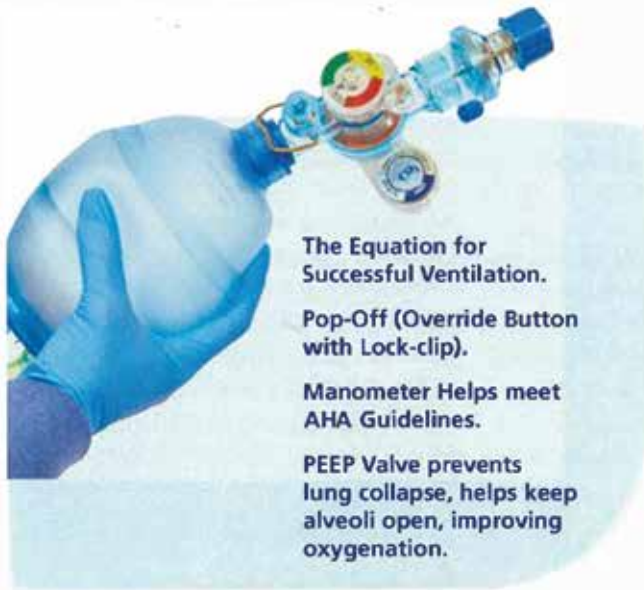
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AMBULANCE ACTIVE

THE OFFICIAL JOURNAL OF THE AUSTRALASIAN COUNCIL OF AMBULANCE UNIONS



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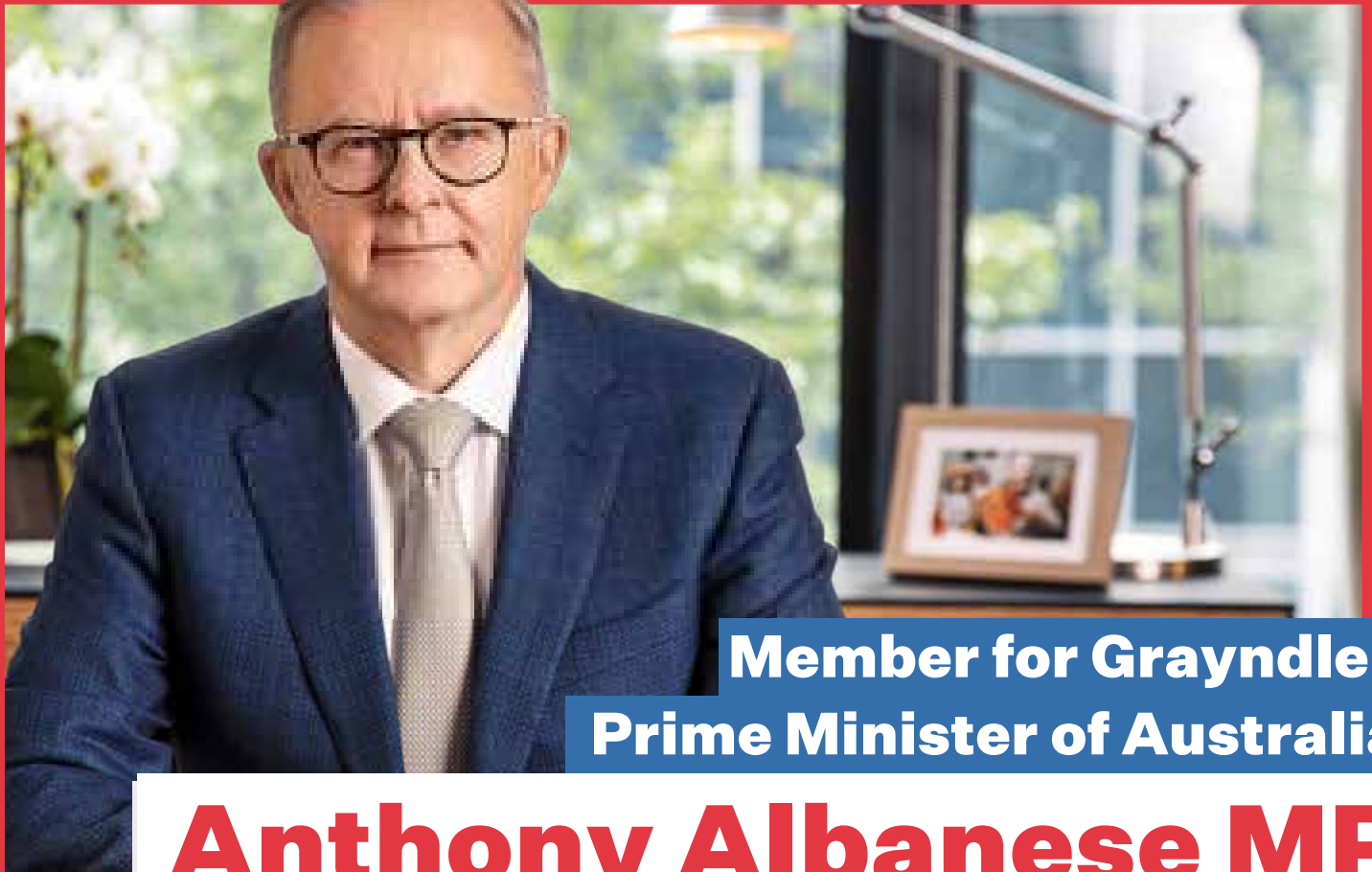
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Anthony Albanese MP

To our hardworking frontline heroes

Thank you to our paramedics and ambulance officers who work tirelessly for our communities. My Government will always support you and the important work you do.

Yours sincerely,



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AMBULANCE ACTIVE

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FROM the PRESIDENT

I WOULD LIKE TO START WITH A

congratulations and thank you to Jim Arneman our outgoing Secretary and to welcome Josh Karpowitz to the role. Jim was a founding member and Secretary of the NCAU back in 2008. He led the NCAU campaigns during the introduction of registration and in the Mental Health Enquiry into paramedics before retaking up the reigns of Secretary of the renamed ACAU from 2019. He is a great unionist and his contributions will continue to be lasting.

I write my report today during a two day meeting of our NSW ADHSU Women's Committee meeting. We have a room full of passionate, intelligent women from across the state discussing how we can advance our workplace for women in the ambulance industry.

I will say, as a strong union woman, it can be difficult to be positive about the future of women healthworkers when around the world, and in our own country at the moment, the future of women's health is in jeopardy. But this is when it is even more important for us as women unionists to stand strong and active. To be the voice for those without one.

We need to advocate not just for our workplaces, but for our communities. For the patients we attend that don't have the privilege of having a voice. Women active in their unions will not only champion change within their organisations but also serve as catalysts for broader social change in their communities. By advocating for fair policies, safety, and inclusivity in the workplace, we model progressive values that extend beyond the walls of ambulance services, impacting public health, community awareness, and gender equity.

We need to be promoting awareness of emergency health issues and healthcare needs. Fighting for union-

"Jim was a founding member and Secretary of the NCAU back in 2008. He led the NCAU campaigns during the introduction of Registration and in the Mental Health Enquiry into paramedics before retaking up the reigns of Secretary of the renamed ACAU from 2019. He is a great unionist and his contributions will continue to be lasting."

led initiatives, from mental health awareness campaigns to community health education, directly benefitting us as workers as well as the public.

The leadership skills and resilience demonstrated by us as women unionists will have a lasting impact on future generations. Women who take active roles in ambulance unions should be and are role models for young people, especially young women, in our communities, showing them that they too can aspire to positions of leadership and influence. This visibility is crucial for empowering the next generation of leaders who will continue to champion social justice and community health.

By championing equity, education, and social responsibility, we extend the impact of our union work, advocating for a society that values fairness, wellness, and opportunity for all. Our contributions strengthen not only the workforce but also the communities we serve, fostering a more equitable and resilient society.

I encourage us to use our union voices to champion change. One easy way? Learn about our HSU campaign for Reproductive Health Leave and help make a difference by signing the petition reproductivehealthleave.com.au



Tess Oxley
ACAU President



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FROM the SECRETARY

FIRSTLY I WOULD LIKE TO SAY A

massive thank you to Jim Arneman as ACAU's outgoing Secretary for everything you have done to improve members' conditions and tackling the key challenges our profession has faced through your unwavering advocacy and leadership. The time, effort and dedication you have put into both NCAU and to grow this Council to what stands today as ACAU has been measured by the countless achievements this Council has achieved with your leadership as Secretary.

Witnessing firsthand the 2024 Conference held on the soils of Aotearoa in Auckland was but one of these massive achievements. This was an incredible conference and would not have been possible without your dedication to grow the then NCAU to become a truly Australasian Council including our colleagues across the Tasman!

At the 2024 Conference I am proud to have had your support in my nomination as ACAU Secretary for which I was elected unopposed. This remains an honor and privilege that I do not take lightly and intend to continue your strong advocacy and leadership both now and into the future.

The conference saw a newly elected Executive including myself as **Secretary – Josh Karpowicz** (AEA SA), **President – Tess Oxley** (HSU NSW), **Vice Presidents – Faye McCann** (First Union NZ) and **Alistair Vagg** (UWU QLD). **Assistant Secretaries – Simone Haig** (HACSU TAS) and **June Congdon** (UWU WA). **Treasurer – Olga Bartesek** (VAU VIC) and **Assistant Treasurer – Darren Neville** (TWU ACT).

I am proud to welcome all of you onto ACAU's Executive Team and cannot wait to work with you all together to grow on our previous successes and refocus our efforts on our joint challenges.

This year's conference was a resounding success hosted by Faye McCann from First Union New Zealand. Thank you Faye for all of your organisation and for being such welcoming hosts.

There were incredible guest speakers from the NZ Council of Trade Unions, the NZ Paramedic Council and the Australasian College of Paramedicine. It was great to hear from each and every State and Territory each with their own individual successes and struggles. It is this element of networking and information sharing that has made ACAU such an important body to help support our members across all jurisdictions. The challenges we face individually can be difficult however when we work together and share ideas, strategies and our experience we will always be stronger.

My vision for ACAU is to build on the great work that has already occurred and focus our efforts on updating and actioning the outcomes from the strategic planning day held in Sydney in 2022. ACAU is perfectly placed to advocate for our broad issues including further expansion into Primary Health Care, Chief Paramedic Officers, National Ambulance Funding, a stronger focus on Mental Health and Wellbeing and a national focus on Ramping. My intention is to reconvene

early in the new year to hold an updated Strategic planning day to cover off what has already been accomplished and work towards implementation of our continued goals. I see the recruitment of a dedicated Executive Officer key to achieve these goals and intend to work with Executive to navigate the best way forward to progress this opportunity for ACAU.

My experience has directly come from our industry starting work with SA Ambulance Service (SAAS) 16 years ago. I have worked as a Paramedic across metropolitan Adelaide in frontline, clinical education and leadership roles.

I currently work as an Industrial Officer with the Ambulance Employees Association of South Australia (AEA SA) and remain a Registered Paramedic with SAAS. I have held various delegate roles over this time and am currently elected to an Executive position with the AEA. I have been fortunate to work closely with Phil Palmer (former AEA SA Secretary) over this time. Phil has been a great mentor and shared so much of his knowledge and experience which has helped grow me to the person I am today.

I look forward to working with all of you this coming year to tackle our common issues and best utilise ACAU to continue advancing our profession and expanding our member's conditions.

Ambos united will never be defeated.
In Solidarity



Josh Karpowicz, a Registered Paramedic with 16 years' experience, began his career with SA Ambulance Service in 2009. Now an Industrial Officer and Executive Member with AEA SA, Josh has also acted as Secretary, representing members in enterprise bargaining, employment tribunal matters, public campaigns, and policy negotiations. He combines his ongoing frontline paramedic work with strong union advocacy, advanced leadership training, and a drive to improving member conditions across the ambulance industry.

Josh Karpowicz
(AEASA)

INDUSTRIAL REPORTS

ACT

NEGOTIATIONS FOR THE INTERIM

Collective Agreement have been on hold with Territorians engaged in local elections. With a historic seventh term provide to the ALP and a new minister for Ambulance and Emergency Services members are working on delivering a service sustainability model for infrastructure and Southside station refurbishments and rebuilds.

Communication Centre members continue to work with the ESA Commissioner on redeveloping the Comms Centre including expanding

“Our Industrial Relations Liaison Officer continues to achieve significant outcomes.”

the current blueprint by expanding to occupy 99 percent of the existing floor space. Increased in accommodation is desperately needed to ensure a fit for purpose Comms for increases in officers including secondary triage.

Our NEPT team have transitioned to new temporary station with a larger,

more open accommodation while works are undertaken.

Our Industrial Relations Liaison Officer continues to achieve significant outcomes. A key component of the project has been to ensure issues are resolved before they are able to be addressed.

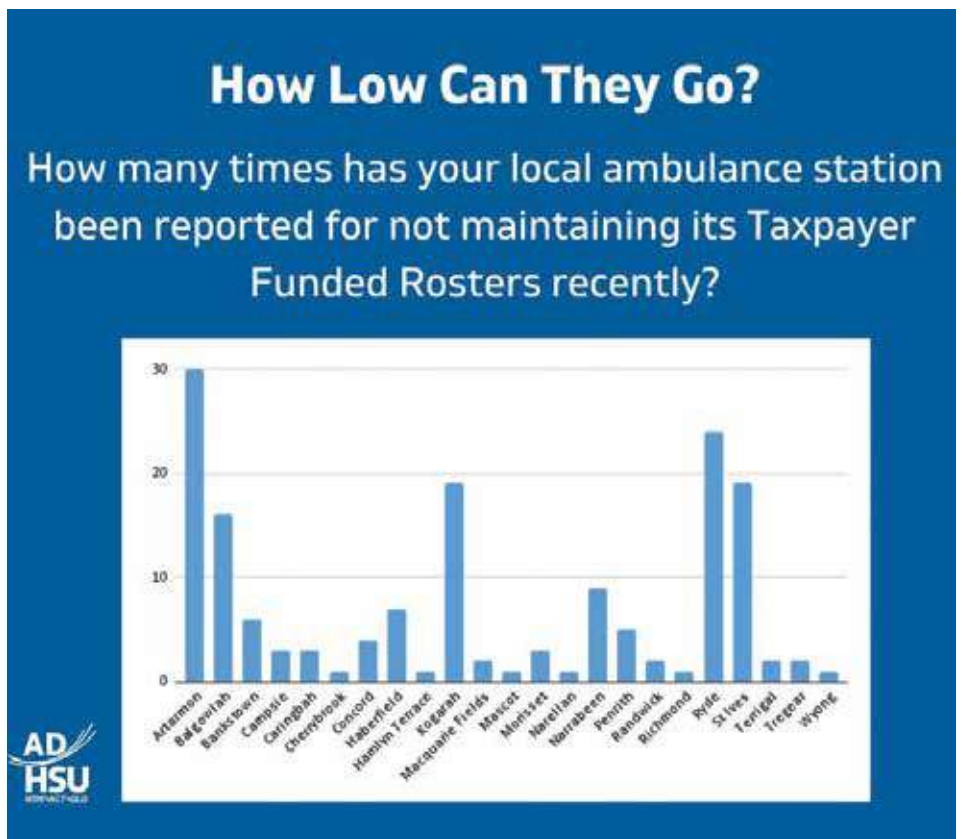
NSW

TAXPAYER FUNDED ROSTERS

ADHSU members continue to fight for Ambulance to maintain all the rosters they are currently being funded for. NSW appear to be having difficulty in managing their budgets, but instead of admitting they need help, they have decided to tighten their pursestrings at the expense of the NSW Community. Multiple ambulance stations running at half capacity rather than ambulance filling vacancies - whether they be long term leave, education, injury or sickness.

The Executive at Ambulance have decided to take the concept of being a fluid service to the extreme with crews from Sydney being sent to Goulburn to cover shortfalls - leaving Sydney areas depleted, rather than fill with Overtime.

Response times are blowing out and paramedics are working longer and longer shifts with crib breaks almost being a thing of the past. The community are showing us their support through the website link www.hsu.asn.au/our-latest/taxpayer-funded-rosters-tfr and through business cards they are receiving anytime members have a delayed arrival time to them.





FATIGUE

One of the biggest Safety issues facing NSW paramedics is the lack of a suitable fatigue policy. Super passionate and intelligent delegates have taken up the fight to hold NSWa to account, using both industrial and safety power.

It should not be at the discretion of NSWa management to determine if a worker gets their breaks or finishes on time.

It should not be at the discretion of NSWa management to send a worker home on their own sick leave despite them not being fatigued.

When working over 12 hour shifts, NSWa need to give staff more than 8 hours between shifts to reduce their fatigue. Especially when they are forcing the extension of shifts.

Despite Ambulance continuing to try and justify their reasons for not implementing best practice, our gun delegates have the lived experience, resources, and backing from experts to not back down until this fatigue policy keeps staff safe.

UNIFORM POLICY

Members are standing strong after one of our colleagues was stood down for coming to work with a new hair colour. This brought about a new interest in our uniform policy which still contains areas of deportment and discusses skylarking and racussness.

It would appear that its more important to wear your cummerband correctly and never have sunglasses on your head, than to be a highly skilled paramedic providing life saving care to the community.

The importance of natural hair colour is so important even our dispatchers have been reprimanded under this policy.

Members had a colourful hair day to show just how capable they are in 2024 to be able to do both the job and colour their hair with HSW secretary Gerard Hayes getting involved to show his support.





WELLINGTON FREE

We are currently in bargaining with Wellington Free Ambulance and are facing the same issues we have seen with St John, a lack of funding and a vital ambulance service trying to run as a charity.

MENTAL HEALTH

Police are now stepping back from responding to low acuity mental health calls and will be focusing again on their core role. While police will still be responding to any calls where there is a safety risk, we know that the government has not yet put anything in place to help deal with these low acuity calls and they are likely to fall back on to the ambulance service. There has also been a push for consideration of paramedics to be more clearly covered by legislation when it comes to the balance of appropriate force, safety and patient autonomy.

ST JOHN

We have concluded the St John Operations Collective Bargaining with the government announcing an extra \$21million to St John shortly after. As part of the agreement there will be a rem review comparing different health industries and the ambulance service in Australia against the current pay scale in New Zealand. We hope to use this information in bargaining early next year to push to get our ambos what they deserve.

HOLIDAY ACT COMPLIANCE

We recently raised an issue with St John about their compliance with the holiday act where they were underpaying staff who were working on a public holiday and completing overtime. Despite St John believing they had been paying this correctly since it was rectified in 2018 it was found that there were ongoing issues with their compliance and that several staff would need to be back paid to rectify the issue.

FATIGUE MANAGEMENT

We are still pushing to have the updated fatigue management policy released with the current policy having expired in 2019. While our breaks are a legislative requirement there needs to be improvement and clarity on the process when staff call "fatigue" to ensure they are properly supported to do so rather than this being seen as something that could result in disciplinary action.



TAS

Tim Jacobson

Ambulance Industrial Officer

CASELOAD REMAINS A MAJOR

problem in the apple isle. Tasmania, a pauper's paradise, with Tasmanians generally having higher rates of chronic disease, poor health and educational literacy. Lower socio-economic status than most other States coupled with a chronic GP shortages means that many roads continue to lead to our Emergency Departments.

We have seen some relief recently with several intakes of qualified staff from other Jurisdictions and overseas and some new Graduate intakes to occur over upcoming months, but on staffing we continue to chase demand.

Whilst on road demand and staff shortages has been a major feature of our activities in recent times our State Communications Centre is also struggling with staff shortages. So bad were things recently that HACSU Members foreshadowed Industrial Action unless the Service took immediate action to address major problems with vacancies and rostering.

Ambulance Tasmania responded providing some immediate relief through fast tracking some staff appointments and by recognising that pressure on remaining staff by paying overtime for short term roster changes (regularly required to fill skills gaps in the current roster). We anticipate that most positions will be filled early in the new year.

We are waiting for Ambulance to advise us what measures they will be implementing to take pressure of our Communications Centre staff arising from the (yet to be formally released) Operational Research in health Ltd report into future staffing in our Comm Centre.

MANDATORY OFFLOAD PROCEDURE – 60 MINUTE TRANSFER OF CARE

The State Government has announced that an (earlier than expected) review of the procedure will occur following representations from HACSU. We have seen success in implementing the procedure in Tasmanian Public Hospitals with a massive reduction of ramping since it was implemented in April this year. However, as is usually the case, there seems to be some resistance in certain areas against the procedure being implemented fully that's why we had asked for the review to be bought forward.

We have seen some great results across most of our hospitals with ramp times massively reduced for members. Great for paramedics and communications staff and great for patients.

FLEET

Over the last month we commenced discussions with Ambulance Tasmania on a way forward with the current fleet. As reported in the last edition, the current Tasmanian fleet isn't in the best shape.

Ambulance Tasmania recently sent us a draft of a Fleet Replacement Strategy. They confirmed, despite recent statements that they have no current fleet policy. The problem is that what they sent us is not a policy rather just a strategy for fleet replacement. We have advised AT that we are willing to work quickly on the development and implementation of a Fleet Management and Replacement Policy. A policy that has at its centre the safety of our Members and the community.

We have advised that any new policy should contain best practice fleet management principles established across other jurisdictions.

SAFETY

We are aware that recently several Provisional Improvement Notices (PIN) have been issued by health and Safety Reps across AT. PINs can be issued where an HSR reasonably believes that there has been a contravention of Work Health and Safety legislation. Some of these relate to psycho social hazards. We are aware that Worksafe has appointed an investigator in one particular case.



QLD

AS A FOLLOW UP TO INITIAL

discussions and commitments made in June this year, United Workers Union State Councillors and QAS Executive will be meeting in November to discuss and evaluate progress.

At the June meeting, QAS Commissioner Emery acknowledged that consultation with UWU is critical to the success of the QAS and welcomed the opportunity to talk to the group in detail about the strategic direction of the organisation.

Following the meeting, the commissioner committed to several actions

- Issuance of a new QAS Statement of Commitment regarding Workforce Safety and Wellbeing.
- Reframing the QAS Strategic Priorities with an emphasis on employee wellbeing.
- Identifying opportunities in the seven strategic focus areas to advance employee wellbeing.
- Utilising the reconvened enterprise bargaining implementation team to drive the implementation of agreed actions.
- Recasting the role of the State Consultative Committee to support and advance the productive working relationship between the QAS and UWU.
- Communicating with and supporting middle management cohorts, such as Operational and Senior Operations Supervisors and Officers-in-Charge, to understand and support the advancement of employee wellbeing.

Whilst some inroads and initiatives to these commitments have been made over the past few months, there is still quite a way to go for QAS to completely meet the obligations as agreed to in the 2022 Enterprise agreement



According to members, there remains a disconnect between the narrative from the Senior Executive to their supervisory cohort and what members experience out on the ground.

This meeting will give our State Council delegates the opportunity to describe and debate ongoing deficiencies.

COMMENCEMENT OF SHIFT

On the back of misinformation and comments made by supervisors, UWU once again had the need to remind members around entitlements and requirements at commencement of shift.

Members had been wrongly advised to have completed all vehicle and equipment checks prior to the commencement of their shift.

UWU made it clear to members that there is no requirement for any staff member to commence work activity prior to the start of shift. They may have a local arrangement that works between crews as a station cohort and if that suits individual personal circumstances, so be it.

However, Supervisors cannot require officers to perform work of this nature outside their rostered hours.

Members were reminded of obligations at commencement of shift:



- Log on to vehicle at the start of shift, not after shift has started.
- This includes when your partner is running late, at which the officer would then be required to log on as a single officer.
- Ensure appropriately clothed at the start of shift.
- Complete vehicle and drug checks at the earliest convenience once shift has commenced. Officers may do this prior to shift only if they choose to do so.
- Officers cannot be directed to perform any of this type of work outside of paid time.
- Respond immediately to any case dispatched, irrespective of the response coding.

If unable to comply with any of the above, it is imperative that officers inform the Operations Centre as soon as practicable.

Advising of delays relating to use of facilities, interactions with Supervisors or other reasons provides crews protection. Officers have a right to request that the delay is recorded appropriately.

If advised to respond to a case and officers have not yet checked their vehicle or signed out controlled drugs, - tell the Operations Centre immediately and ask for instructions.

DO NOT advise you are unable to respond in the first instance, except for vehicle or critical equipment failure. It would likely be poorly viewed by the public and your registration bodies should you delay responding to a patient for either of these to be completed without seeking authority.

Once arrived at a scene and discover not in possession of all the required equipment or drugs, another response will be provided to assist the crew and their patient.



REGIONAL ACCESS TO MDTs -UNION WIN!

Earlier this year UWU Delegates from Central Queensland advocated, via their local structures, for safety measures surrounding inability to activate Duress and other analogue radio congestion issues.

This was not the first time this issue has been raised in regional setting across the state. Each escalation to QAS had been met with barriers resulting in little to no change.

It was agreed by all parties at the SCC that there really needed to be a solution to this widespread issue, given the regional footprint of QAS services across the state and the safety risk not addressing this adequately, exposed the regional workforce to.

Finally, as a result of the advocacy of UWU delegates, QAS acknowledged the safety risk their regional workforce was being exposed to and agreed that access to Mobile Data Terminals (MDT's), where infrastructure supported their use.

This will reduce the radio traffic and manual transmissions being handled by Operation Centre staff, resulting in more bandwidth for crucial safety measures such as activation of Duress or urgent situation updates. This will result in greater safety for both Operation Centre members and on road officers.

A project is being developed to initiate the work required to set target dates and key deliverables for this ambitious undertaking.

There will remain some areas of the state where the telecommunication infrastructure can't support the utilisation of MDT's but where it can, the MDT's will provide greater access to patient and scene information while freeing up radio airtime for essential communications.

A WIN FOR CASUAL WORKERS

Recently a casual UWU member reached out regarding a potential issue relating to casual officers not being entitled to Double Time overtime.

This is where officers have worked a shift pattern which meets the definition of being a 'shift worker' i.e. the majority of your shifts in a fortnight attract an unsociable hour's penalty. Such as afternoon, night or weekend penalties. – Clause 29.1.2 of the Queensland Ambulance Certified Agreement 2022.

Members engaging with their local supervisors have had their timesheets disputed with a view that Casuals are not entitled to double time overtime due to the nature of their casual employment.

UWU delegates took this issue to QAS State ER and were successful in their challenge.

UWU can confirm that where a casual employee works a majority of their shifts in a fortnight with a shift penalty, they are entitled to double time overtime.

United Workers Union representatives are now liaising with State ER to work through a back pay process. As well as addressing the issue in providing appropriate advice to members and managers.

Another good win for UWU members.

EB 2025

The Queensland Ambulance Certified Agreement expires 31 August 2025.

Work is already under way engaging with members to 'Have Your Say' in what they want to see achieved out of the next round of bargaining.

Between October 2024 and February 2025, UWU Delegates and Officials will be out and about talking to members to get involved, participate in the UWU Survey and have a say in their next enterprise agreement.

With only having been a couple of weeks into the survey activity, already over 400 suggestions, potential claims, improvements and ideas have been submitted by United Workers Qld Ambulance members.

With the recent change of state government and already facing diminished commitments to appropriately resourcing the Queensland Ambulance Service, UWU members will be under no illusion that this next EBA will not be easily achieved without a fight.

Over the last 10 years, there have been significant increases in wages for Ambulance staff delivered by a bipartisan remuneration inquiry funded by the previous Labor Government and United Workers Union.

The first and only state in the country to provide professional development allowances for registered professionals in Ambulance.

Have seen extraordinary rural and remote incentives being offered to attract permanent staff across Health, including Ambulance, to regional Queensland.

Our members need to fight and maintain these conditions.

These next negotiations will require members to stand up, act and work collectively to keep current entitlements, build on fairer conditions and pursue a workplace that focuses on staff safety and wellbeing whilst continuing to deliver a world class frontline service to the community.

SA

Russell McQuade

Industrial Officer

RAMPING CRISIS: THE STRAIN ON AMBULANCE SERVICES

Ramping remains a critical issue in South Australia, with July 2024 marking an unprecedented 5,500 hours of ramped ambulances—a stark indication of a system under immense strain. This normalisation of ramping, especially on the back of SA Health attempting to roll out routine diagnostic procedures like blood tests and radiology for ramped patients, underscored a dangerous trend. The AEA has taken a firm stance, engaging with SA Health and the Health Minister to ensure that ramped patients receive priority care and to prevent such procedures from becoming commonplace.

SA Health is trialling a Rapid Assessment Team Model of Care to expedite patient management. This aims to have a patients' care fast-tracked with senior medical decision making occurring at triage. This model currently excludes ramped patients. The AEA continues to advocate for its expansion to include these patients, aiming to release ambulances back into the community more swiftly. We are continuing to work with SA Health to see this rolled out more broadly and consistently. Whilst the SA Government have opened and committed to open a significant number of in-patient beds at the 2022 state election, these have been taking time and when opened are quickly being fully utilised. The AEA have continued to advocate for additional beds, over and above those promised at the last state election. This has seen further fast-tracked beds open at major hospitals including a commitment to repurpose beds at a recently closed rehabilitation hospital.

This level of unsustainable ramping sparked a Statewide Code Yellow declared by SA Health in response to high demand, prolonged hospital stays and increasing complexity of patients due to the winter period.

The Code Yellow exposed several systemic flaws, including inadequate offload beds, insufficient mechanisms to free up crews for pending emergency cases, poor planning of inter-hospital transfers and the underutilization of paediatric and remote home monitoring options. The AEA continues to advocate for these essential improvements, pushing for expanded coordination and policy adherence to prevent prolonged ramping and delayed emergency responses. The Code Yellow has since ended but

NEWS

'Left to rot on the ramp': Ambos blast new SA ramping record

Ambulances spent a new record of more than 5500 hours ramped outside Adelaide hospitals in July, with the ambulance union challenging the Malinauskas Government over the "unacceptably dangerous" situation.

our members continue to face hurdles with these same issues.

One area of movement has been SA Health's commitment to implement Transit Wards for both incoming and outgoing patient transfers. These are in the initial stages of expansion which we believe will provide a much greater ability for hospitals to flow and reducing the impacts of inter hospital transfers being ramped in Emergency Departments when beds are not yet ready.

Since July ramping had dropped by over 2,000 hours to a still highly unacceptable level of 3,106 hours. This drop has coincided with many of the above initiatives, additional beds but also the end of the peak winter demand period. It remains unclear whether this improvement in ramping will be based on demand or true system change. The AEA and its members will be watching closely and continuing to advocate for improvements so our members can return to the much-needed community who awaits them.

MENTAL HEALTH INNOVATIONS: TELEHEALTH AND PSYCHIATRY IN-REACH

Mental health care for patients and paramedics alike is a top priority. The AEA's advocacy has helped secure ongoing funding for the Mental Health Paramedic Telehealth Clinician role, which has proven invaluable in supporting

mental health patients and reducing on-scene risks for paramedics. With access to patients' mental health records, clinicians can make informed decisions remotely, enhancing safety for both patients and paramedics.

The AEA also continues to push for telepsychiatry options that would reduce the need for patients in regional communities being sent by ambulance often under Inpatient Treatment Orders to crowded Emergency Departments or worse stuck on hospital ramps.

Discussions with the Chief Psychiatrist and SA Health aim to implement pathways where country mental health patients can receive the necessary care locally. This aligns with the AEA's vision of streamlined, accessible mental health services across the state.

ENTERPRISE BARGAINING PROGRESS: MEMBER ADVOCACY AT THE FOREFRONT

The AEA's Enterprise Bargaining (EB) negotiations with SA Ambulance Service and the South Australian Government have commenced. Marked by preliminary meetings and a cautious start from the employer's side, proposing a minimal change agreement with a 3% wage increase per annum over a three-year agreement. The AEA responded decisively, emphasising that this offer falls short in addressing current cost-of-living pressures

and does not address the AEA's strong concerns for our members current working conditions. The AEA rejected the Government's offer and instead provided them with our detailed list of our members Log of Claims which will strengthen and expand our members working conditions across the state.

ENHANCED CRIB BREAK AND SHIFT RELIEF PROCEDURES: A VICTORY FOR WORKER HEALTH AND SAFETY

Prolonged shifts and missed crib breaks have taken a toll on members' well-being. In response, SAAS introduced a revised Crib Break Procedure that now mandates a stand-down for crews who haven't had a break by the 7th hour of their shift, down from 9 hours previously. Additionally, the new End of Shift Relief Procedure aims to systematically relieve crews post-shift, prioritising them over all other non-critical taskings.

A key summary of this procedure separates relief management into three main categories;

"This is in addition to other already agreed to End of Shift management which ensures that crews cannot be tasked to a low acuity case in their last hour of shift."

- When there is an oncoming shift exchange crew the oncoming crew will be tasked at start of shift to the ramp, scene or RV at station to relieve the outgoing crew. A taxi will be sent to station at start of shift if no spare fleet is available to use, if there is a spare fleet the oncoming crew is not to login and only perform an essential check to ensure the ability to first respond to a Cardiac Arrest then proceed for relief.
- Where there is no oncoming shift exchange crew (e.g. Afternoon Crewing) an available crew will be tasked to relieve a crew who has ended their shift above all other pending community cases, other than a Cardiac Arrest. Crews who are in their 7th hour Crib-break stand-down may also be asked to relieve a crew if they feel safe to do so and there are no other crews to provide relief.
- Crews transporting a patient where the transport time will extend into post shift overtime where clinically appropriate and practicable can request relief via station RV through the Emergency Medical Dispatcher. This is in addition to other already agreed to End of Shift management which ensures that crews cannot be tasked to a low acuity case in their last hour of shift. Further, members should not be dispatched to low acuity cases that will likely not be able to be completed in the allocated shift length where there are alternative resources available.

This formalised approach addresses recurring health and safety concerns, standardises relief practices, and sets clear guidelines for when crews can and should request relief. This policy marks a significant advancement in preventing unreasonable overtime and protecting members health.

ABUSE SHOULDN'T BE PART OF THE JOB: PUBLIC CAMPAIGN TO REDUCE ASSAULTS ON OUR MEMBERS

Recently, the South Australian Government launched a public ad campaign to highlight the increasing abuse healthcare workers have been facing in recent years.

We have seen increasing reports from members facing violence at work. Sadly, we have also seen the devastating impact of violence on fellow Ambos in other jurisdictions across Australasia.

Based on this we reached out to the Health Minister directly, and advocated for a public campaign, including TV advertisement, to reduce the abuse.

We were heavily involved and consulted during the development of the campaign, and were able to ensure a strong focus on Ambos, and on the increasing incidents of violence they face in the workplace.

ABUSE SHOULDN'T BE PART OF THE JOB

Abusive and violent behaviour against healthcare workers increased by 43% last year.

Look after those who look after us

SA AMBULANCE
SAR MEDIC

Government of South Australia
SA Health



VIC

THE VAU HAS BEEN HEAVILY engaged in enterprise bargaining over the past 18 months.

We have recently signed off on an in-principle agreement with Ambulance Victoria and members have just voted up a new enterprise agreement for call-takers, dispatchers and team leaders at Triple Zero Victoria.

THE TZV DEAL INCLUDES:

- 3% annual wage and allowances increases for the life of the agreement.
- \$5,553 sign on payment for all permanent employees (pro-rata part-time).
- Improved career structure and higher increases for multiskilling, experience and training.
- 10% increase to penalty rates on weekend shifts.
- Increased night shift penalty for to 35% on Monday to Thursday nights and 60% on Friday nights.
- Overtime paid at double time on weekends from 6pm Friday to 7am Monday
- Doubling of the Mentor allowance to \$7.00 per hour
- Public holiday shift penalties will apply to "Early Knock Off" shifts and employees on non-standard rosters.
- Better access to planned leave.
- Additional leave entitlements outlined in the Leave policy, including Purchased leave, Reproductive leave, Secondary Caregiver leave, Blood donation leave, Cultural and Ceremonial leave and Defence Force leave.
- Career breaks and 80/20.
- Improved Staffing levels.



THE AMBULANCE VICTORIA DEAL IS STILL BEING DRAFTED AND WILL NEED TO BE VOTED ON BY MEMBERS. HOWEVER, IF VOTED UP MEMBERS WILL RECEIVE:

- Overall wage increases from approximately 17% to over 30% over four years.
- Base wage increases of 4% per year for all classifications.
- New increments to year 12.
- All MICA qualified positions receive additional \$12,500 relativity uplift.
- New MICA salary maintenance entitlement.
- New \$5 per hour Community Officer availability allowance.
- Improvement to rules of ACOs filling paramedic shifts. ACO will be replaced with paramedic if paramedic becomes available. Minimum 4 hour payment for ACOs rostered into paramedic shifts sent home if paramedic becomes available.
- ACO Team Leader able to claim up to 4 hours per week for approved admin duties.
- Increase to CI allowance.
- Increased unsociable shift allowances.
- Increased travel allowances

END OF SHIFT MANAGEMENT – PHASED IN OVER 12 MONTHS.

- No Code 2's or 3's in last hour of shift.
- Members will be marked out of service at the end of every shift.
- Further improvements to 'right to refuse' unreasonable overtime.
- 84 additional communications staff to assist with workload, end of shift management and to allow screen breaks to occur.
- Introduction of ALS clinicians to assist with case review for end of shift management/meal breaks.
- New three-tiered rural shift allocation model to reduce reliance on forced spare requiring AV to properly recruit to and exhaust RSRPs and volunteers. \$100 per day for flexible shifts, \$65 per day for flexible cycle, or refuse and start and finish at your home branch. RSRP travel arrangements apply.
 - Introduces the option of a flexible cycle allocation at one location
 - Introduces the right to reasonably refuse.
 - Metro increased payments from \$49 to \$65 per shift for flexible cycle and \$100 for flexible shifts (day to day reserve)
- Increase access to 'Single Days Off', ability to lock in 12 months ahead, cash out option, AV will not unreasonably refuse requests.
- Introduction of Timebank into the EBA to allow entitlement to become enforceable.
- Improvements to union representation and your rights to be represented in meetings with management.
- Improvements to performance management, disciplinary and procedural fairness clauses



- 30 mins meal breaks for all shifts 6 hours or more.
- New hour count clause with improved protections for claim overtime after roster changes.
- New OHS clause with major improvements to health and safety protections and ability of HSRs to perform their role.
- New workload clause to allow workplaces to raise concerns about workload and develop measures to deal with high workload.
- New bullying and harassment clause with improved protections for members
- New meal break provision for on-call crews.
- New transition to retirement clause.
- New ACO meal break entitlement from 20 to 30 minutes to align with their paramedic partner.
- Improved Flexible Working Arrangement clause.
- Wage progression when in an acting in a higher level position and ability to have time in acting positions taken into account when appointed.
- Improved employee engagement through new consultation clause.
- Better protections for people in fixed term employment.
- Improvements to casual conversion clause.
- Improvements to family and domestic violence leave clause
- New Organ Donor/Bone Marrow leave, Assisted Reproductive Leave, and gender affirmation leave.
- 10 Keeping in touch days able to be undertaken as observer shifts at ordinary rate of pay
- New Gender equality clause



- New right to disconnect clause protecting against contact after hours unless in a position paid for that commitment.
 - Improved Anti-discrimination clause
 - Improved Long Service Leave clause
 - Provide an all-weather jacket (Car Coat) to all operational employees (including casuals) as part of uniform.
 - Damaged, lost or stolen headphones to be reimbursed up to \$600
 - New 6-month career break clause
 - Screen intensive duties clause and additional staff to allow breaks for Triage Services, Flight Coordinators, DMs, CSPs and Clinicians.
 - Alongside the EBA will be:
 - A new working group to improve payslip readability.
 - Additional roster lines for MICA flight paramedics to allow more appointments
 - The VAU is also working with the Government on reforming a working group to review call-taking and dispatch and revisit the unfinished work from the APPCC around improving accuracy of call-taking (RAD) as well as ambulance ramping.
 - Outcome of NEPT review coming soon.
- Most importantly in both agreements all current EBA entitlements protected. No loss of current conditions.**





WA

NEAR COUNTRY RETRIEVAL SERVICE TRIAL

This proposed service is an initiative between the WA Country Health Service and St John. The objective of this service is to provide road-based patient transport services for patients of a higher acuity and increase access to appropriate and timely interhospital patient transfer on-road. It will also limit the draw on regional ambulance to transport patients into Perth, hence maintaining resources in Country areas.

The trial will comprise:

- A road-based crew comprising one Critical Care Paramedic (CCP) and one Paramedic (CCP Intern) to support interhospital patient transfers
- Activation of the service by the Acute Patient Transfer Coordination Service
- Transfers between 8:00am and 8:00pm, 7 days per week
- Transfers within approximately a 300km radius of Perth.

Paramedics working as part of an operational crew with a CCP will work in the capacity of a CCP Intern for the duration of the trial. The trial is for a period of six (6) months from the date of commencement, with a view to extend or consolidate if successful.

DRIVING POLICY

St John conducted a review into the Driving Policy and flagged that they would be reviewing the maximum speed allowance whilst driving under priority conditions, taking into consideration traffic congestion, potential environmental hazards as well as providing adequate time for officers to react accordingly in unforeseen circumstances.

Initially, St John proposed that ambulance can now travel under priority conditions of up to a maximum of 20km/hour over the gazetted speed limit, with a maximum speed of 120km/hour (Nb. the speed maximum prior to the proposed changes was travel up to 40km/hour over the gazetted speed limit, at a maximum of 130km/hour).

After consultation with members, St John revised their proposal and proposed that the maximum speed an operational emergency response vehicle may travel while on a P0 or P1 response is 20km/hr over the speed limit or 130km/hr, whatever is the lesser. Some other outcomes of the consultation were

- Removal of Event Health Services from the scope.
- Speed Limiter should not be activated during priority conditions.
- Amending the maximum speed a vehicle may enter an intersection from 5km/h to 10km/h.

MENTAL HEALTH CO-RESPONSE

St John, the WA Government and the Mental Health Commission will be piloting an Mental Health Ambulance Co-Response (ACR) model in the Perth metropolitan area. This aims to deliver a service that supports dedicated, responsive, safe and connected mental health services to people experiencing a mental health crisis in the community.

The ACR Service will operate as a function of the State Health Operations Centre (SHOC), alongside St John to form a contemporary mental health co-response model in the metropolitan areas.

The pilot Metropolitan model will consist of one non-medical vehicle, one paramedic and one Authorised Mental Health Practitioner (AMHP), covering one Perth metropolitan area.

The role has been created to respond promptly and efficiently to Mental Health prescribed ambulance calls and to provide co-response with a Mental Health Care provider in the pre-hospital environment.

At this stage, it is funded to operate 7 days a week, 10am to 10pm for 18 months and St John will be providing a total of four Paramedics (two Paramedics + leave covers) for the duration of trial.

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THE AUSTRALASIAN COUNCIL OF AMBULANCE UNIONS CONFERENCE 2024

Auckland New Zealand



Jason Learmonth

I HAVE WORKED FOR VICTORIAN STATE- based ambulance services since 2003. I am a passionate and long-standing delegate, and part of the VAU contingent ACAU. I have been a delegate since approximately 2009 and been a state councilor since 2013. I have also been a passionate health and safety representative since 2018, and the recipient of WorkSafe Victoria's HSR of the Year for 2023 award for my work on safety advocacy and uplifts in ambulance.

I am a long-standing union delegate from Victoria, Australia and it was great to be part of the Victorian Ambulance Union (VAU) contingent to attend the ACAU two-day conference in Auckland, NZ. It was the first time the ACAU conference was convened off the shores of Australia, so it was a special conference indeed. I found the ACAU conference to be very interesting and rewarding. The discussion and conversation of many ambulance-industry topics both at formal and informal settings across the two days was helpful, revealing, and gives an appreciation about different employment conditions across both Australia and New Zealand. It was a great experience to meet executive members of other ambulance unions, as well as the delegates that formed part of their contingents. I got an appreciation of the long-standing passion, advocacy, and representation the ACAU executive have had on the ambulance-industry across Australia and New Zealand.

I was impressed and intrigued with the update and overview provided by Australasian College of Paramedicine. The first published report from their workforce survey collected between September 2023 to January 2024 was discussed at length. A survey that looked at many areas such as wellbeing, assessing details on carer responsibilities, job demands, career satisfaction and turnover intention. I see and recognise the value in clinical research however I am glad there is a growing interest in conducting enquiries into the wellbeing and health of ambulance-industry workers.

There was a multitude of industrial reports from various jurisdictions. This was a stark reminder we are often not alone, with many of the challenges in the ambulance industry affecting us all, such as the increasing incidence of occupational violence, the ongoing and often worsening ramping issues, and rising agitation around poor end of shift management by the respective ambulance services. This was a reminder for me, the value an entity such as the ACAU can have on advocating for the ambulance industry in general, and for the individual union stakeholders within the ACAU to share their successes with each other. I was impressed to find out the ACAU holds quarterly meetings online to liaise together at multiple occasions throughout the year too.

I valued the opportunity to hear and ask questions regarding many of the challenges, developments and successes detailed within the various industrial reports presented at the ACAU conference:

- Intricate details of how the NSW enterprise bargaining campaign worked, and the strategy and technicalities of withholding paramedic registration;
- Roster review within the ACT has resulted in exploring the possibility to insert personal/professional development time within a roster, which I thought was a unique idea;
- The development and some success within the Wellington Free service of a ramping solution that helps to free up some crews from hospital to return to their area;
- Following the tragic death of a paramedic in WA, the implementation of driving policy changes more clearly defining permitted speeds during an emergency response;
- The unfortunate realisation that most if not all Northern Territory paramedics have experienced occupational violence, often multiple times, including a serious assault only shortly prior to the ACAU conference;
- Concerns within Queensland regarding crews being unable to finish on time, rest break inadequacies and the inequities of the disciplinary process;

- Growing coverage and response issues in the peripheries of Tasmania; and
- The general industrial issues and employment conditions faced by NZ ambulance workers.

From a Victorian perspective, it was a privilege to help Olga Bartasek, VAU Assistant Secretary, present an update including:

- Updates on the challenges and successes of our enterprise agreement negotiations and outcomes within public sector ambulance, private ambulance sector and the call-taking/dispatch entity now known as Triple Zero Victoria. Including what appears likely to be a favorable outcome soon of the Enterprise Agreement covering Ambulance Victoria (public sector) employees using protected industrial action. We outlined the success of our PIA with our members speaking to the media and local members of parliament and how this was a very important tool;
- Particularly following a fatigue-related incident resulting in an ambulance rollover, a vote of no confidence by the VAU membership resulted in significant pressure leading to the CEO of Ambulance Victoria stepping down;
- Issuance of several directions to cease work within OHS legislation, due to hospital staff inappropriately ejecting violent patients into hospital ambulance bays, an action which is low leading to improved and safer workflows; and
- Opportunity to articulate renewed energy by health and safety representatives to tackle workplace issues as psychosocial hazards.

Thank you to the New Zealand contingent for helping to host and make for an amazing and thoroughly enjoyable ACAU conference, and for showing us some great locations for a few social outings where we continued to talk with each other informally and network with others.

It is exciting to hear that the 2025 ACAU Conference will be held in Melbourne, Victoria.



Melissa Loverso

IT WAS A GREAT OPPORTUNITY TO attend the Australasian Council of Ambulance Unions (ACAU) Conference 2024, this year it was held in Auckland New Zealand on 10th and 11th of September. The ACAU is a group for all unions who represent ambulance industry workers throughout Australia and New Zealand. It was a unique opportunity to network and share knowledge, with unions highlighting what their year had entailed. There were many highlights during the ACAU conference, in my experience some standouts include:

The host union, First Union New Zealand began by explaining NZ ambulance consists of 2 ambulance services, St John Ambulance (fee based) and Wellington Free Ambulance. During their recent industrial action, the First Union NZ has had success with the use of 'strike badges' for members to wear on shift and they were able to successfully take strike action. An interesting health and safety rule NZ has is a 'no driving after 14 hours rule' whereby another crew comes to relieve a crew over 14 hours from hospital to safely drive them back to branch.

Following was the Transport Workers Union (TWU), representing ACT ambulance. The TWU explained what's been working well for them has been the increase in Facebook communication with members, enabling more engagement with young members. Also highlighting their '4 pillars system' including; reform and modernisation, communication center, operations support services and welfare. A popular addition soon to be rolled out in ACT is their roster reform, modernising

"It was a unique opportunity gaining knowledge and insight into other ambulance services within Australasia."

standard paramedic rosters most of us have been used to working for many years. ACT is looking to change to 10 hour day shifts and 10 hour night shifts with 2 x 12 hour afternoon shifts in between with alternating and overlapping times to aid in less overtime and fatigue.

The South Australian Ambulance Service, represented by the Ambulance Employees Association (AEA) has had success this year in passing the Presumptive PTSD Legislation, which was passed in the Upper House in April. They spoke of their concerns of diagnostics while ambulances are ramped at hospitals, currently strongly opposed by members. Another interesting topic point was their regional incentive payments, which are payments based on remoteness of locations as a way to entice paramedics to rural locations.

The Victorian Ambulance Union (VAU), have had recent success with their members' vote of no confidence in the Ambulance Victoria CEO, resulting in the CEO stepping down from her role. At the time of the ACAU the VAU members were taking Industrial Action with their EBA negotiations. Some standout actions were members wearing red T-shirts on shift, no VACIS use; instead using hand written paper PCRs and not including patients' billing information, members putting beacons on when ambulances have been ramped at hospitals, just to name a few. The VAU has also had great success with the addition of a full time

Health and Safety employee guiding member HSRs to increase their activity, resulting in 30+ pins on AV this year.

Representing Tasmania paramedics and volunteers is the Health and Community Services Union (HACSU). The HACSU spoke of their recent success of the addition of their 'PACER' car, Police Ambulance Clinician Emergency Response going a long way to improve the approach to mental health patients.

The United Workers Union (UWU), represents Queensland, Northern Territory and Western Australia (St Johns Ambulance). The UWU reported that WA ran a body worn cameras and stab vests trial which had mixed reviews by members.

The Health Services Union (HSU) representing NSW ambulance reported success on their pay increase negotiations. They achieved this a number of ways including using a QR code for members to pledge their paramedic registration boycott and by showing their strength in numbers by wearing red T-shirts on shift. The HSC used QR codes on various notices to members as a way to give and gather information, such as overtime and missed meal breaks.

It was a unique opportunity gaining knowledge and insight into other ambulance services within Australasia. I enjoyed my time spent at the 2024 ACAU conference immensely, thank you to our New Zealand hosts and looking forward to next year.



Peter Dowling

VAU STATE COUNCILLOR

THIS YEAR'S AUSTRALASIAN COUNCIL of Ambulance Unions (ACAU) conference, held in Auckland, New Zealand in mid September, the conference revolved around pressing themes of ramping, rostering, occupational violence, and protracted industrial bargaining. It was striking to observe how the challenges faced by ambulance staff in Victoria resonate with those across Australia and New Zealand.

DAY ONE HIGHLIGHTS

The conference began with a traditional Māori karakia whakatuwhera led by Faye from First Union NZ, setting a respectful tone for discussions on their current industrial campaign. Notably, New Zealand ambulance staff were poised to strike for the first time, highlighting serious issues surrounding working conditions and alarming underfunding from the government. It is disheartening to see a crucial service reliant on public goodwill and donations, especially in a developed nation like New Zealand. I sincerely hope that government representatives will recognise the necessity of adequately funding pre-hospital care for the benefit of the community. On a brighter note, we would be glad to welcome highly skilled New Zealand-trained paramedics to Australia if they decide to head across the ditch.

Next, we heard from the Transport Workers' Union (TWU) in the ACT, who shared their impressive achievements in roster reform, including shorter night shifts, longer rest periods, and the allocation of five hours on one shift for

professional development and health and wellbeing. This roster model is something I have circulated among various regions in Victoria, as it could pave the way and provide incentive for much-needed roster reforms here in Victoria with ideal conditions thrown in well done ACT.

In South Australia, ramping has reached extreme levels, with a current coronial inquest investigating three deaths attributed to this issue. It's troubling to learn that many ambulances are idling, exposing staff to diesel particulates while ramped. Like New Zealand, South Australia is facing significant industry challenges, and I will be closely monitoring their developments.

The day concluded with the ACAU conference dinner, a fitting tribute to outgoing Secretary Jim Arneman. Jim's contributions to both the ACT and ACAU exemplified true trade unionism, and his stories resonated deeply. Wishing him all the best in his retirement!

DAY TWO INSIGHTS

Day two commenced with an address from Ryan Lovett, Chair of the Australasian College of Paramedicine, who provided valuable insights into the evolution of paramedicine in Australasia. The data collected and themes discussed will undoubtedly guide the profession in the coming years - exciting times are ahead!

Following this, Queensland presented an industrial report focused on enterprise bargaining agreements (EBAs), funding shortfalls, staffing challenges, and ramping issues. Tasmania is following a similar path

to Victoria by expanding referral pathways and implementing paramedic practitioners in rural hospitals. It will be interesting to see how this initiative unfolds, given Victoria may be a few years behind.

New South Wales made a bold tactical move by not renewing registrations, a decision that evoked a strong reaction from the workforce against a stubborn government. This strategic maneuver deserves commendation. The delegates who coordinated this strategy with social media campaigns and QR code inclusion were instrumental in getting the deal done.

Western Australia continues to grapple with the challenges posed by its vast distances and resource limitations, while also addressing workforce retention and ramping concerns. The Northern Territory provided a snapshot of issues related to clinical governance and the ongoing struggle for a structural framework review, with hopes pinned on the new government.

CONCLUSION

Overall, this conference was a fantastic opportunity for networking with fellow unions across Australia and New Zealand. Having attended numerous conferences throughout my career, I always leave feeling inspired to drive positive change in the weeks and months that follow. The ACAU conference delivered that inspiration in spades, and I am optimistic that the ambulance union movement is in very capable hands. Thanks for the opportunity to represent the VAU at its first international conference.




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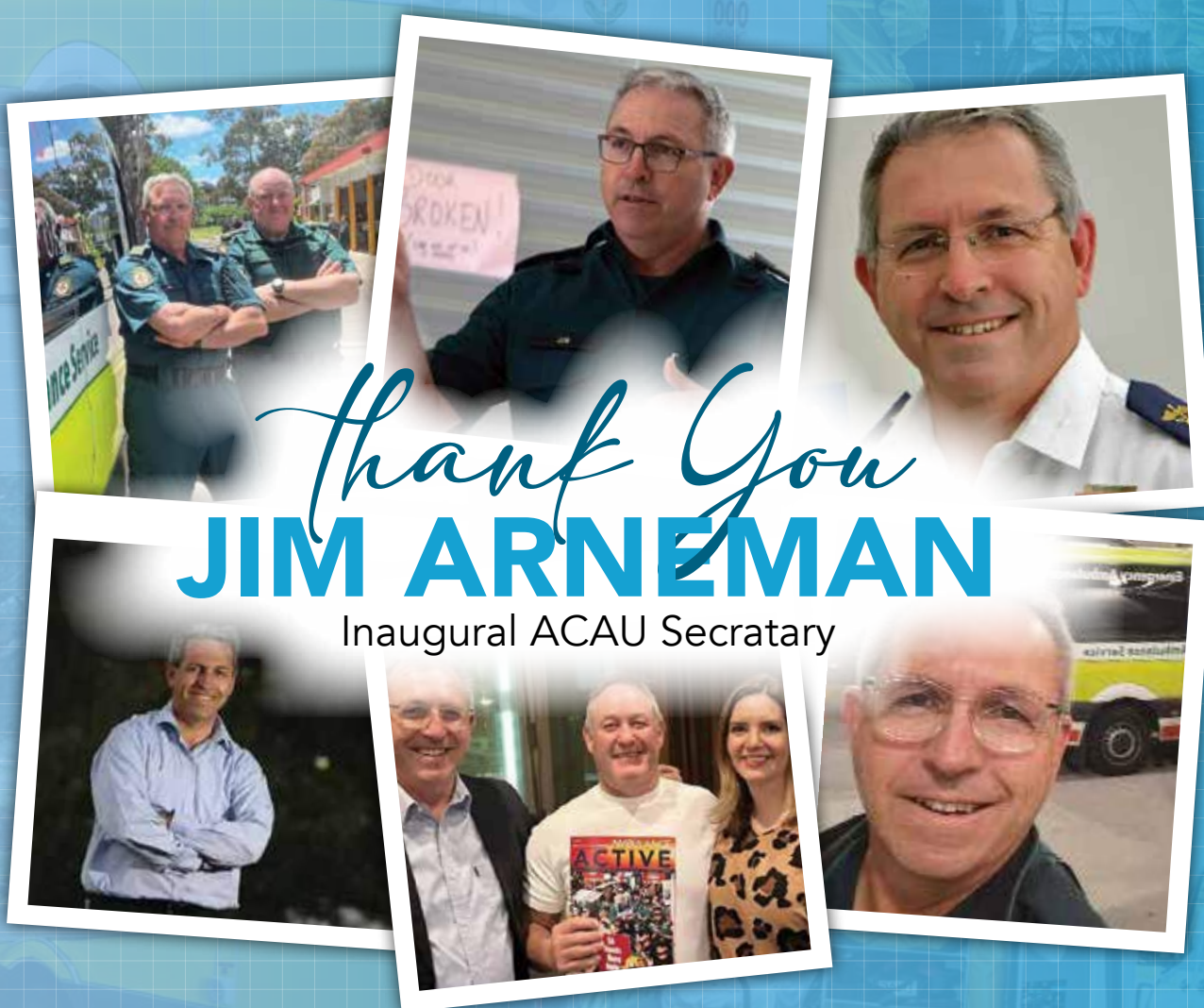



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Thank You
JIM ARNEMAN

Inaugural ACAU Secretary

From everyone at ACAU we want to say a massive thank you to Jim Arneman for his dedication to the organisation and his determination to fight for paramedics rights all across Australasia. Thank you Jim.





ADDRESSING THE CRISIS\$

Taxpayer-funded rosters and the struggle for better working conditions.

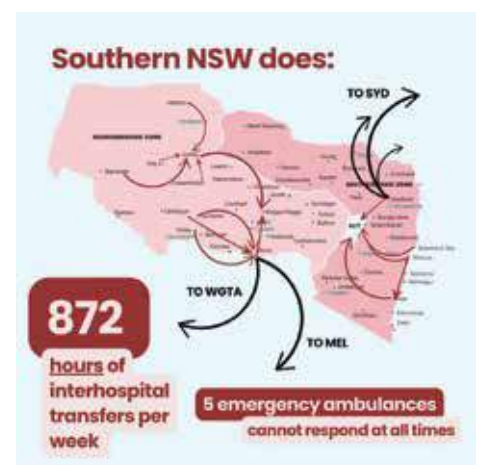
THE CHALLENGES FACING

paramedics and emergency workers have been thrust into the spotlight yet again, with recent discussions around taxpayer-funded rosters and the impact of prolonged shifts. These discussions highlight systemic issues within the sector, raising questions about worker welfare, patient safety, and the responsible use of public funds.

A recent article from the Health Services Union (HSU) has drawn attention to the implementation of taxpayer-funded rosters (TFR). This system is intended to ensure that paramedics are available to meet growing demands, but it has also sparked concerns regarding the sustainability of these rosters. Many paramedics are finding themselves stretched thin, working extended hours under intense pressure, with the HSU calling for a reevaluation of the system to better balance the needs of the workforce with those of the community.

The TFR system was designed with the intention of addressing the strain on emergency services. However, its implementation has brought to light significant drawbacks. One of the key issues is the challenge of maintaining a work-life balance for paramedics who are consistently working beyond their scheduled shifts. As a result, many frontline workers are experiencing burnout, leading to concerns about the overall quality of care provided to patients during these lengthy hours.

On social media, these discussions have sparked conversations among the public and paramedics alike. A recent Facebook post illustrated the reality of working long shifts, sharing a story about a paramedic who crashed after an 18-hour shift—a tragic example of the toll that these working conditions can take. This story is just one of many that underline the urgent need for reform in the way shifts are managed, particularly when taxpayer dollars are involved.



The HSU has been vocal in advocating for systemic changes, emphasising the need for transparency and fairness in rostering systems. They argue that without proper oversight, TFR can become a band-aid solution that ultimately leaves paramedics vulnerable to exhaustion and



unsafe conditions. Their call to action is clear: it's time for state governments to step up, ensuring that taxpayer dollars are used to build a sustainable emergency response system, rather than pushing workers beyond their limits.

For paramedics, this issue is more than just a political debate—it's a matter of safety for themselves and for the communities they serve. The stories shared on social media, alongside the HSU's advocacy, highlight a critical moment for the industry. Moving forward, the hope is that these voices will lead to meaningful change, creating a system where paramedics can perform their duties safely and effectively, while also respecting the hard work and dedication they bring to their essential roles.

In the end, the discussion around TFR is about more than just funding; it's about creating a healthier, more sustainable future for those on the frontline. With continued advocacy and awareness, there is hope that the necessary changes will be made, ensuring that both paramedics and the communities they serve are supported in the way they deserve.



Thank you for all that you do.



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

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A UNITED STAND FOR EQUALITY

ADHSU Members Lead the Fight Against Gender Pay Disparities.

IN A POWERFUL DEMONSTRATION OF collective action, ADHSU members, championed by the dedicated Women's Action Group, have secured a significant victory in the fight for fair wages. This success reflects a long-fought battle to address a major inequality: paramedics in New South Wales will now progress through pay grades based on years of service, irrespective of pro-rata hours. The move, achieved through the solidarity and persistence of union members, represents a decisive step towards addressing the gender pay gap within the paramedic workforce.

The struggle began as ADHSU members brought attention to the inequitable pay policies that penalized part-time or flexible working arrangements, disproportionately impacting female paramedics. This practice had long perpetuated wage disparities between male and female employees, especially for those balancing work with caregiving responsibilities. The union's pressure on the Ministry finally yielded a commitment to align pay grade progression with years of service alone, marking a long-awaited advancement toward pay equity.

Nevertheless, the victory comes with its challenges. In response, the Ministry has indicated plans to "fix the award" in the next negotiation cycle, aiming to bring paramedics in line with the broader NSW public sector. Union members are aware that this proposed alignment could risk unraveling some of the hard-won gains. Yet, ADHSU remains undeterred. Their collective resolve now extends beyond just the ambulance service, setting their sights on reforming wage standards across the entire public sector.

"We've proven that change is possible when we unite," said an ADHSU representative. "Our focus now is to ensure this doesn't just stop with ambulance services but benefits every worker in the public sector."

By expanding its campaign, ADHSU is working to dismantle systemic issues in pay practices that affect countless employees. This ongoing movement underscores the ADHSU's commitment to equity, fairness, and a better future for all public sector workers—proof that when individuals come together, they can achieve meaningful and lasting change.





NT ENTERPRISE AGREEMENT

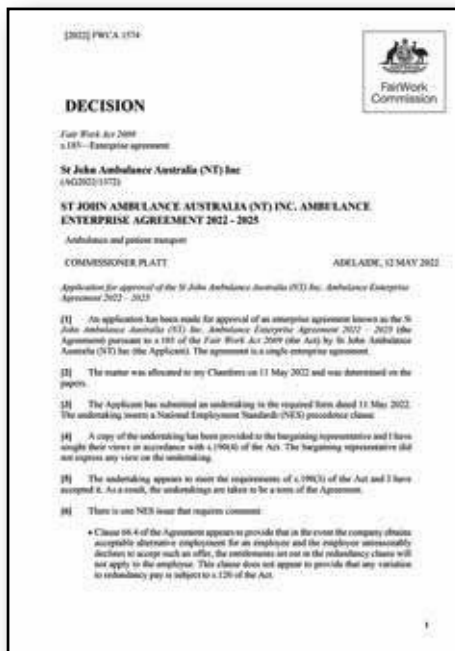
Reflecting on the St John Ambulance NT Enterprise Agreement (2022-2025).

AS THE 2022-2025 ENTERPRISE Agreement (EA) between St John Ambulance NT (SJA NT) and its workers reaches its midpoint, it's an opportune time to look back on the progress made and the challenges that remain. The agreement, negotiated between St John Ambulance and the United Workers Union (UWU), sought to address long-standing concerns over working conditions, job security, and fair remuneration for paramedics and emergency staff in the Northern Territory.

A HARD-FOUGHT AGREEMENT

The EA came about after extensive discussions between the union and SJA NT management, reflecting the broader struggles within the emergency services sector. The UWU entered negotiations with a clear mandate from members: they needed improved wages, more reasonable rostering practices, and better protections in the workplace. It wasn't just about money—it was about safety, respect, and recognition for the demanding roles performed by frontline workers.

Key victories included a commitment to regular wage increases, adjustments to



allowances, and improved consultation procedures. From the perspective of the union, these wins were crucial steps toward addressing the growing dissatisfaction among paramedics who often felt overworked and underappreciated.

WAGES AND ALLOWANCES: PROGRESS AND GAPS

The wage increases secured in the 2022-2025 EA were a central focus of the union's campaign, aimed at bringing compensation in line with the national standards for paramedics. While the agreement delivered structured pay raises over the three-year period, many workers remain concerned that their wages have not kept pace with the rising cost of living in the Northern Territory. The union has emphasised that while significant gains have been made, further efforts are needed to ensure that wages remain competitive, fair, and reflective of the high-stakes and demanding nature of the work that paramedics undertake daily.

In addition to wage increases, adjustments to shift allowances and special duty payments were achieved. These changes aimed to better compensate paramedics for working unsociable hours, like night shifts and public holidays, recognising the significant personal sacrifices and challenges faced by those on the frontlines.



IMPROVING ROSTERS: A MIXED OUTCOME

One of the key points of negotiation was around rosters and the need for a more sustainable work-life balance. Paramedics and ambulance staff have consistently raised concerns about long shifts, fatigue, and the difficulty of managing personal commitments alongside their demanding schedules. The EA introduced measures to provide greater transparency around rostering and an opportunity for consultation on major changes.

However, feedback from union members strongly suggests that while there has been some progress, many are still struggling significantly with the practical implementation of these roster changes. Ongoing reports of last-minute shift changes and extended working hours continue to surface, highlighting the critical need for ongoing vigilance in enforcing the agreements made. The union remains firmly committed to ensuring that the spirit and intent of these rostering improvements are upheld, particularly as the agreement moves into its crucial latter half.

SAFETY AND WELLBEING: THE FIGHT CONTINUES

Beyond pay and rosters, the union has placed significant emphasis on improving workplace safety and mental health support. The nature of the job means that paramedics are frequently exposed to high-stress situations, and the union has advocated for better access to mental health services and debriefing sessions after traumatic incidents.

The EA acknowledged the importance of these issues, committing to initiatives aimed at supporting the wellbeing of staff. However, many union members feel that more concrete action is needed, particularly in terms of providing accessible support services. The UWU has called for further investment in mental health resources, arguing that the wellbeing of paramedics is essential to maintaining a robust emergency response service.

LOOKING AHEAD: THE UNION'S ROLE

As the end of the 2022-2025 agreement period approaches, the UWU is already looking ahead to the next round of negotiations. The current agreement represents progress, but it has also revealed

areas where more work is needed. The union remains steadfast in its commitment to advocating for fair wages, safe working conditions, and the respect that paramedics deserve.

The UWU views this as an ongoing effort, requiring active member engagement, clear communication with management, and a commitment to pursuing better outcomes. It urges paramedics and emergency workers to share their experiences and make their voices heard in future discussions.

CONCLUSION: BUILDING ON THE GAINS

The 2022-2025 EA between St John Ambulance NT and its workforce was a significant step forward, but it is far from the final word on the issues facing paramedics in the Northern Territory. From the union's perspective, the agreement has provided a foundation on which to build, addressing some key concerns while leaving room for further improvements. As discussions around emergency services continue, the UWU will remain at the forefront, pushing for a future where paramedics can carry out their vital work with the support and recognition they deserve.



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1. Ruediger K, Buzamara S, Schmidt MT, et al. Video Laryngoscopy vs Direct Laryngoscopy for Endotracheal Intubation in the Operating Room: A Cluster Randomized Clinical Trial. JAMA. 2024;331(15):1279-1286. doi:10.1001/jama.2024.4785
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NEW LINE OF DEFENSE

New Laws to Protect Paramedics After Rise in Attacks on Frontline Workers.

IN RESPONSE TO AN ALARMING surge in attacks on paramedics, new laws have been announced to enhance protections for frontline workers. The announcement follows a disturbing incident in Alice Springs, where a senior paramedic was violently assaulted upon returning home from her shift.

Over the past year, more than 140 paramedics in the Northern Territory have experienced severe physical or sexual violence. This most recent attack occurred as a female paramedic arrived at her home in a marked St John vehicle after her shift. According to Andrew Thomas, St John NT's director of ambulance services, the paramedic was assaulted as she exited her vehicle, suffering multiple blows to the head, resulting in concussion and soft-tissue injuries.

Mr. Thomas stated that the incident left the St John team in Central Australia "shaken." He plans to travel to Alice Springs to support the team. "As they got out of their vehicle, they were attacked by someone there," he explained. "The person activated their duress alarm, and police were called. They managed to

fight off the attacker, drove to the hospital, and stayed overnight for treatment."

"This level of violence toward frontline workers is unacceptable," he added. "This was someone just trying to get home after their shift, hoping to unwind after a long day. It's shocking that such behavior still occurs."

Mr. Thomas also highlighted the Hands Off campaign, an initiative by paramedics aimed at reducing assaults against workers. In the last year, there have been over 140 instances of serious physical or sexual violence against St John staff, averaging nearly one incident per operational paramedic in the Territory. He noted that about 20 of these incidents occurred in Alice Springs over the past three months alone.

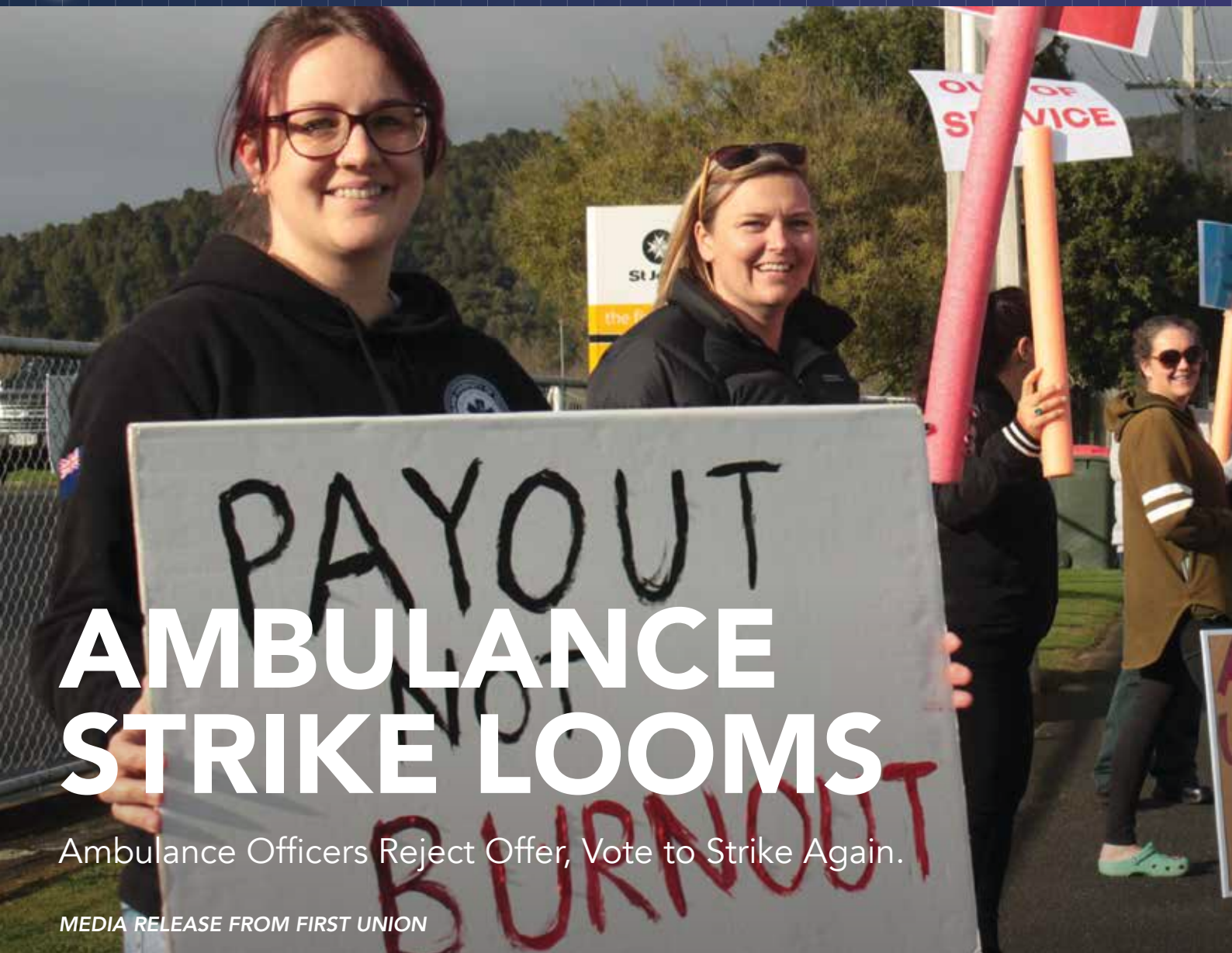
New provisions will mandate prison sentences for individuals convicted of spitting on emergency workers. For the first time, spitting at a worker will carry a minimum three-month sentence, acknowledging the distress and health concerns it causes for victims, who must undergo invasive testing for communicable diseases.

In the past 12 months



140

Paramedics in the Northern Territory have experienced severe physical or sexual violence



AMBULANCE STRIKE LOOMS

Ambulance Officers Reject Offer, Vote to Strike Again.

MEDIA RELEASE FROM FIRST UNION

AROUND 1,100 FIRST UNION

ambulance officers have voted for a second withdrawal of labour at Hato Hone St John, which will take place on the 27th and 30th of September for the first six hours of rostered shifts across the country. The strike action commences at 4am on both dates and continues for 24 hours each time.

Ambulance officers have this week voted to reject ratification of a pay offer from St John for 17 months, which included minimal pay increases below the rate of inflation (3.25% for 12 months and 3% for 7 months) and failed to address any other concerns around conditional parity with other health workers. Faye McCann, FIRST Union national ambulance organiser, said that the message from politicians and St John appeared to be that ambulance officers should take an effective pay cut while waiting until the expiry of the current 4-year funding agreement in 2026 before the Government would reassess funding needs.

"There is no way in hell that ambulance officers can wait til 2026 for a fair pay offer - a massive exodus to other health roles will continue and the service will be fundamentally crippled by then," said Ms McCann.

"FIRST Union rejected the offer by a large margin and have voted for a longer second unpaid withdrawal of labour that aims to communicate the urgent need for funding fair pay increases."

Ms McCann said ambulance officers were confused and disappointed by the political situation surrounding funding, with health Ministers Reti and Costello still absent from view and providing no leadership. She said that St John CEO Peter Bradley recently circulated an internal blog to all staff confirming that "This message has taken some getting through to politicians, despite sending at least four letters and having five face-to-face meetings with Cabinet Ministers and the Prime Minister in recent months.

As I said to a senior Health New Zealand official this week, hearing in the media that we do not want to be 100% funded for all our ambulance service operating costs is simply not correct!"

Ms McCann said the blog had frustrated ambulance officers.

"It's nice to say for St John but hard to hear for ambulance officers - Peter Bradley knows there's a major funding gap and critical need, but St John have been ineffective in persuading politicians of the urgency for fully funding ambulance service operational costs now," said Ms McCann.

"Prime Minister Chris Luxon is also clearly aware and comfortable with the fact that ambulance officers are at breaking point but will pursue an austerity strategy for health funding that will decimate our emergency response capacity."

On Wednesday and Thursday this week, FIRST Union delegates at St John hosted a conference with Australian ambulance officers from the Australasian Council of



Ambulance Unions to share knowledge and information about similar issues across the Tasman.

"Australian ambulance officers were appalled to hear that St John relies on charity funding in Aotearoa and noted that the worst management of the ambulance service in Australia tends to occur in the states where St John is the provider, like Western Australia and the Northern Territory," said Ms McCann.

"We cannot push the boat out to 2026 on funding for a failing health service that we all depend on during the most serious and severe events of our lives."

"There will be no experienced ambulance officers left to negotiate with by 2026."

Ms McCann confirmed that FIRST Union would again enter negotiations over a Life Preserving Services Agreement (LPS) with St John for the upcoming withdrawal of labour to ensure minimum emergency response capacity for serious incidents.

"To get a picture of how bad things are right now, the last LPS we negotiated with St John actually led to higher staffing levels on strike days than on many ordinary shifts," said Ms McCann.

"That implies that St John's regular staffing levels on ordinary workdays are not high enough to ensure a minimum life-saving capacity - until they vote to go on strike."

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FIRST UNION AMBULANCE OFFICERS BEGIN WALK-OFFS

First Union ambulance officers who work for Hato Hone St John will walk off the job for the first six hours of their shifts on Friday.

The industrial action will last for 24 hours, starting at 4am.

They are also planning to strike on Monday over pay and work conditions.

First Union spokesperson Faye McCann said ambulance services were too important to rely on charity funding.

She was disappointed that another union, the Ambulance Association, has ratified St John's latest pay offer.

Striking St John ambulance officers will be collecting signatures on Friday for a petition calling on the government to fully fund ambulance services.

Stu Cockburn, Hato Hone St John general manager ambulance operations, said in a statement on Wednesday the service's top priority was always the safety and wellbeing of patients.

"We are working to ensure that our contingency plans will effectively meet patient needs during the strike."

Hato Hone St John expected the impact to be primarily in the Auckland region, and some parts of Waikato and the Bay of Plenty.

"We have been working to ensure we can continue to respond to patients with life-threatening and time-critical conditions and remain committed to keeping the public and our stakeholders informed as we navigate this next round of industrial action.

"As the New Zealand Ambulance Association division of the Amalgamated Workers' Union New Zealand - the larger of our two unions - has accepted the Hato Hone St John pay offer and is not participating in strike action, we expect this strike to cause less disruption for patients than the strikes that took place last month."



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ST JOHN PARAMEDICS STRIKE FOR FULL FUNDING

A Call for Change in New Zealand.

IN SEPTEMBER 2024, NEW ZEALAND witnessed a significant push for better funding of ambulance services, as St John paramedics initiated a national strike and launched a public petition for full government funding. This action marked an important moment in the ongoing conversation around the needs of emergency services workers and the essential role they play in the community.

The strike and petition were a response to concerns over chronic underfunding, which paramedics argued was placing undue strain on their services and compromising their ability to deliver high-quality care. Despite their critical role, St John ambulance services in New Zealand had traditionally operated under a mixed funding model, relying on a combination of government support, donations, and fees for service. Paramedics called for a shift to full government funding, arguing that it was necessary for ensuring the sustainability of their operations.

The strike saw paramedics from across the country come together to demand improvements, with the support of the public and healthcare advocates. As part of their efforts, they highlighted the challenges they face on a daily basis, from working long hours to dealing with outdated equipment and vehicles. The strike's organisers emphasised that

adequate funding would directly benefit the community by reducing response times and improving the overall quality of emergency care.

The public petition, launched alongside the strike, garnered widespread attention and support, becoming a platform for New Zealanders to voice their solidarity with paramedics. Many signed the petition, calling on the government to step in and ensure that emergency medical services were no longer subject to the uncertainties of partial funding. The movement underscored the growing recognition of the importance of well-funded ambulance services for public safety and health.

While the strikes and petition brought attention to the funding issues facing St John, the outcome of these efforts remains to be seen. The campaign served as a critical reminder of the challenges facing frontline workers and the importance of ensuring that emergency services receive the support they need to serve their communities effectively.

During the national strikes and the launch of the public petition for full government funding, St John paramedics highlighted their ongoing struggles and the critical need for better support. **Faye McCann, a dedicated St John paramedic and spokesperson for the movement, played a pivotal role in**

voicing the concerns of her colleagues and the broader community.

In her statements, McCann emphasised the urgency of the situation, stating, **"We cannot continue to rely on fundraising and donations for an essential public service."** Her words resonated with many, as she pointed out the disparity between the vital role that paramedics play in emergency care and the inconsistent funding they receive.

She also addressed the toll that the current funding model was taking on the workforce, saying, **"Our staff are burnt out, working long hours, and the pressure is mounting. It's time for the government to fully fund St John to ensure we can provide the best possible care to those who need it."** This highlighted the impact of underfunding on the physical and mental well-being of paramedics, stressing the necessity of structural changes to sustain the quality of their services.

McCann's calls for action helped bring public attention to the petition and the wider strike, galvanising support from across New Zealand. Her advocacy underscored the importance of full government funding as a way to ensure that paramedics could continue to perform their critical role without the added burden of financial instability.



FIRST LOOK INSIDE BURDELL'S \$12.4M NEW AMBULANCE STATION

Townsville's booming northern suburbs have a brand-new lifeline with the official opening of a \$12.4m ambulance station in Burdell, promised by Labor at the last state election. Have a look here.

LOCATED AT 8 GALAX ENTRANCE, THE station will offer 24/7 emergency services for the fast-growing area, which is expected to reach a population of about 30,000 by 2030.

Staffed by 26 paramedics, an officer-in-charge, and two First Nations cadets, residents can expect quicker response times during emergencies.

Previously, paramedics had to respond from that station in Black River, about 12km away.

In addition to emergency services, the new facility includes a Clinical Education Unit to keep paramedics up to date with the latest training.

It will also serve as the Queensland Ambulance Service's Northern Regional Office, featuring office spaces, recharge areas, locker rooms, and a clinical practice room.

The station was first pitched by Labor as a \$6m project but eventually saw its

budget blow out to \$12.4m, with the government attributing the increase to rising supply and labour costs.

Minister for Health and Ambulance Services Shannon Fentiman, who attended the official opening on Thursday, said the station will play a crucial role in saving lives.

"We know just how important our frontline staff are to their local communities – and Burdell is no different," she said.

Thuringowa MP Aaron Harper said the new station will help meet the rising demand for emergency services as the area continues to expand.

"It should give confidence to everyone that moves here to raise a family and build a house here that they've got an ambulance station just around the corner," he said.

"This is a high-growth area. If you threw a camera up in the air now and saw the amount of houses that have sprung up throughout the area, it's significant."





AMBULANCE ROLLOVER

Paramedics rushed to hospital after ambulance rollover at Bridgeman Downs.

THREE PEOPLE, INCLUDING paramedics, were injured after a crash at a busy intersection in Brisbane's north, where a car slammed into an ambulance, causing it to flip onto its side. Multiple paramedics were taken to the hospital following the collision, which rolled the ambulance in the middle of the intersection.

The Queensland Ambulance Service vehicle had been traveling to an urgent code one emergency around 7:36 a.m. when it was struck by a car at a Bridgeman

Downs intersection. The impact caused the ambulance to roll onto its side, blocking a lane at the Bridgeman and Graham Roads intersection.

Two paramedics experienced shoulder pain and were taken to St Andrew's War Memorial Hospital in stable condition. A patient from the other vehicle also sustained shoulder and knee pain and was transported to the same hospital in a stable condition. The crash led to some traffic issues, but the ambulance was later removed from the road.

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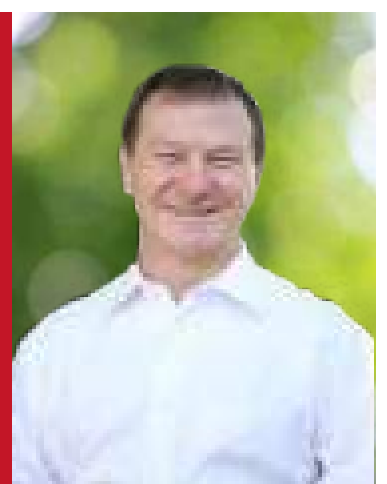
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THE AEA SOUNDS ALARM

The AEA has raised concerns over the growing ambulance ramping crisis in South Australia.

LEAH WATKINS, THE GENERAL

Secretary of the Ambulance Employees Association (AEA), has voiced serious concerns regarding the ongoing ambulance ramping crisis in South Australia, stating that the situation has reached "crisis levels." Her remarks came in the wake of an alarming incident where an 83-year-old woman was reportedly ramped for over 12 hours outside the Royal Adelaide Hospital (RAH). During an interview with ABC Radio Adelaide, **Watkins emphasised the distressing conditions faced by patients, noting, "This poor elderly woman was kept on an ambulance stretcher, which are not particularly comfortable," and called the situation "unbelievable."**

Watkins detailed the overwhelming pressures on the healthcare system,

particularly after a significant number of mental health patients were left waiting for beds at the RAH, leading to an emergency department that was at full capacity. She pointed out that the reality of ramping is not just a statistic but a deeply concerning issue affecting vulnerable individuals in dire need of medical attention.

Looking back at the government's performance since the last election, Watkins expressed her disappointment and skepticism about the potential for improvement before the upcoming 2026 state election. She reflected, "I felt like two years ago, we had four years to come at this and for the election commitments to start having an impact." Despite initially feeling hopeful about the government's commitments to increase hospital capacity, she stated, "I am now less confident"

that the issues surrounding ambulance ramping would be adequately addressed.

Watkins specifically highlighted the insufficient number of beds that have come online, remarking, "I do understand that the vast majority of beds that they have committed to have not come online yet, so I still hold out some hope, but there are hundreds of beds that still need to come online." Her comments underline a critical concern within the AEA regarding whether the proposed increase in bed capacity will be sufficient to meet the ongoing demand. "Our entire membership is very concerned that the extra beds ... are not going to be enough," she asserted, indicating a widespread sentiment of anxiety among paramedics and healthcare workers.

As the AEA reflects on its previous campaign that significantly contributed



to Labor's electoral victory, Watkins acknowledged the growing frustration among paramedics who feel let down by both the government and their union. She conveyed a sense of urgency, advocating for immediate measures to alleviate the mounting pressure on the healthcare system, especially in light of the distressing experiences of patients.

In conclusion, Leah Watkins' comments reveal the depth of the ambulance ramping crisis in South Australia, marked by long wait times and insufficient healthcare resources. Her calls for action reflect the AEA's commitment to advocating for improvements in patient care and the working conditions of paramedics, as they navigate an increasingly challenging landscape in the healthcare sector.





PAUL EKKELBOOM TAKES THE WHEEL

New Leadership for the Ambulance Employees Association.

NEW SA BOSS PAUL EKKELBOOM

elected for the Ambulance Employees Association

Ambulance officers have elected a new union state secretary against a backdrop of ongoing record ramping across the state.

The powerful Ambulance Employees Association has a new leader with Paul Ekkelboom easily defeating incumbent state secretary Leah Watkins in a union ballot.

The AEA ballot saw Mr Ekkelboom poll more than 800 votes, more than twice as many as Ms Watkins.

Mr Ekkelboom is a highly qualified extended care paramedic who has worked for SA Ambulance Service for the past 25 years.

He is a longstanding AEA member who has previously held positions on the AEA's executive, including twice as AEA President.

Fellow officials described him as a dedicated unionist and a strong and tireless advocate both for AEA members and for the broader South Australian community.

Mr Ekkelboom said he is honoured to have been elected by his colleagues.

"I would like to thank former secretary Leah Watkins for her many years of service and all outgoing AEA elected officials for their contributions to the AEA and its membership," he said.

"I look forward to working collaboratively with the AEA membership, representatives, union colleagues, and stakeholders to advance the interests of AEA members and the South Australian community."

Ms Watkins said "I am so honoured to have represented the Ambulance Employees Association (AEA) and its members for the past three years."

"I am proud of what we have achieved in that time, including increasing staff, securing funding for new ambulance stations, a new EOC, and ePCR, an Enterprise Agreement, drastically improved emergency ambulance response times and improved conditions and safety for members while they're at work," she said.

"We have a long history of fighting for the safety of members and the community. It is something that we as a union are incredibly proud of.

"I offer my congratulations to Paul Ekkelboom and wish him, the new State Council, and the membership, the very best for the future. I look forward to seeing the AEA go from strength to strength."

All AEA positions are declared vacant every three years for an election.

Ms Watkins was elected in September 2021, replacing Phil Palmer who retired after 30 years in the position.

The three week election was held amid record ramping and disquiet among some members that the union which had campaigned hard to defeat the former Liberal government due to ramping was not advocating with the same gusto against the Labor government.

The union campaign included daubing ambulances with graffiti — a tactic which disappeared after the election despite ramping rocketing.

There were 2711 hours lost to ramping in March 2022 when the election was held, and despite massive amounts being poured into the health system including more ambulances and paramedics, it hit a record 5539 hours in July then dipped slightly to 5284 hours in August.

After an improvement in Priority 1 response times, these also have been dropping for the past five months, to 66 per cent of calls being attended to within the target of eight minutes in metropolitan areas.

Mr Ekkelboom ran on a platform which included "re-establishing the AEA's political independence."

He called for a "stronger stance & advocacy on ramping" and to "increased transparency about union activities."



RAMPING NIGHTMARE

HACSU Concerned Over Ramping Transfer at Hobart Hospital.

MEDIA RELEASE – HEALTH AND COMMUNITY SERVICES UNION (HACSU)

Ambulance union rings alarm at progress to address ramping at the RHH

The Health and Community Services Union (HACSU) today raised serious concerns about the implementation of the ambulance offload (ramping) procedure at the state's largest public hospital, the Royal Hobart Hospital.

Over the coming months, the state government target is to have 100% of all ambulance cases offloaded within 60 minutes. Currently the overall target is set at 85%.

By way of explanation, the protocol has a staged % process over a period of time that has each hospital moving towards to 100% within a set number of days. The RHH implemented the procedure on 22 April 2024, therefore at the mandated 241-day mark (100%) the date will be 19 December 2024.

While it is accepted that during periods of increased demand or where there may be multi-casualty incidents these times may spike, HACSU is concerned at the progress with implementing procedures on a day-to-day basis at the RHH which, when compared with the other major Tasmanian hospitals, remains the poorest performer.



"Paramedics are continuously frustrated with delays in patient flow at the hospital. We are still seeing patients unnecessarily languishing in corridors at the RHH for hours on some occasions," HACSU State Secretary Robbie Moore said.

"But the evidence is in – when it is escalated properly and activated through the mandated escalation pathway, the offload procedure works and we see patients moving out of the emergency department almost immediately. This is good for patients, it creates flow in

the emergency department and gets our ambulances back into the community," he added.

Given the ongoing problems paramedics are experiencing with ramping at the RHH, HACSU has called on the Secretary of the Department of Health to convene a round table of all stakeholders to cooperatively address the barriers preventing patient flow at the RHH and address what is a safety issue for patients, paramedics and emergency department staff.



HACSU

Health & Community
Services Union

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The Health and Community Services Union – or HACSU for short – represents workers in public and private hospitals, paramedic workers, the aged care sector, disability care sector, and community services across Tasmania.

hacsu.org.au



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Authorised by B. Archer, Liberal Party of Australia, 100 St John St, Launceston TAS 7250.

THANK YOU

“ Thank you for all the tireless work you do to keep our communities safe, and connected. I will continue to support, and fight for our first responders.

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



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

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HACSU SAYS AMBULANCE VEHICLES NEED TO BE REPLACED EARLIER

A Tasmanian paramedic says it's not uncommon to see problems with ambulances, saying they should be replaced earlier.

A TASMANIAN PARAMEDIC SAYS HE often notices problems with emergency vehicles on his shifts, as the health union clashes with the government on exactly what point a vehicle should be replaced.

The Health and Community Services Union says it's always been the case that vehicles would be replaced when the odometer reached 210,000kms.

But the Department of Health disputes this figure, saying the vehicles are retired at 250,000kms.

Last week the union told the Mercury at least seven emergency ambulances were in urgent need of replacing, because they'd exceeded 210,000kms and had "a lot of faults".

It's a something Paramedic Jan Pur agrees with.

"It's very hard to be confident in the vehicles and provide an adequate service, when every second shift you're going to expect something will be broken on your vehicle," he said.

"This may be a lock, this may be a door.

"We're seeing vehicles break down, we're seeing issues with our fleet, and rather than replacing them in a scheduled, maintained regime, we really seem to be putting band-aids on everything."

HACSU state secretary Robbie Moore said the union had raised concerns about the fleet after "significant damage" was discovered on an ambulance in operation.

He said the point at which vehicles are retired should be 210,000kms.

"Ambulance Tasmania argue that the 250,000km limit is the same as most other jurisdictions, however, HACSU has held longstanding concerns that Ambulance Tasmania does not have sufficient internal fleet safety and management measures every other Australian ambulance service has," he said.

A Department of Health spokesman said Ambulance Tasmania was unaware of any ambulance in operation with significant damage.

"Damage to ambulances is repaired to industry standards by accredited repairers, and any ambulance with damage such that it is deemed unfit to drive is removed from service until the damage is repaired," he said.

"Twenty-one new ambulances have been progressively delivered to Ambulance Tasmania since December 2023. Fourteen of these are in operation and the remaining seven are in the final stages of commissioning, including installation of TasGRN (Tasmanian Government Radio Network) terminal and mobile data terminal installation."

Previously the department has said that Ambulance Tasmania followed the advice of manufacturers on all vehicle mechanical issues and if a vehicle was identified as unsafe, it would be retired at any time.



Ambulance Victoria strikes pay deal with union after more than a year of drawn-out negotiations.

THE VICTORIAN AMBULANCE UNION says the state's paramedics are set to be among the highest paid in the country under a new pay deal with the Allan government.

The union said it had reached an in-principle agreement with Ambulance Victoria and the government after more than 18 months of negotiations.

Under the agreement, paramedics will receive wage increases ranging from just under 17 per cent to 33 per cent over four years.

Paramedics have been negotiating a new enterprise bargaining agreement (EBA) since February 2023, with the government, the union and Ambulance Victoria meeting more than 100 times in the process.

The prolonged negotiations were also marked by paramedics taking industrial action in March, and a vote of no confidence in Ambulance Victoria chief executive Jane Miller.

Ms Miller resigned from the service just eight months into her stint as chief executive.

Increased pay and improved working conditions promised in new EBA

Victorian Ambulance Union secretary Danny Hill said senior paramedics would become some of the most well compensated in the country.

"This deal rewards longer serving ambos, it makes our elite MICA (Mobile Intensive Care Ambulance) paramedics the highest paid in Australia, it rewards Community Officers for the time they

contribute to their community, and most of all it will help our members finish their shift on time and get home to their families," Mr Hill said.

The new deal will see wage increases of 16.98 per cent for most positions, with increases of more than 20 per cent for experienced paramedics and further bonuses amounting to a 33 per cent pay increase for MICA paramedics.

In an effort to boost coverage in remote areas, rural Ambulance Community Officers will also be given a \$5 per hour allowance for volunteering in their home towns.

Mr Hill said the new deal also addresses working conditions, which came under the spotlight during negotiations amid reports of ambulance drivers being involved in accidents.



Concerns over Ms Miller's leadership were highlighted when a paramedic crashed an ambulance after claiming to work a shift lasting more than 18 hours.

Ambulance ramping and slow call-out times have remained a widespread issue since the pandemic in Victoria.

In a statement, the government said it was pleased an in-principle agreement has been reached that recognised the strain paramedics were currently under.

"Our paramedics want a career that is sustainable and a better work-life balance and this agreement delivers just that," a government spokesperson said.

"This is exactly what our paramedics have been calling for and we will always back them and the extraordinary work they do to provide Victorians with world-class care."

IT'S STILL TOO SLOW

New data shows Ambulance Victoria response times still too slow to help critically ill patients.

ONCE AGAIN, A DAMNING REPORT has shown Ambulance Victoria is still missing the mark in responding to critically ill Victorians on time.

Victorians still face delays for urgent ambulance call-outs, emergency department treatment and planned surgery after key waiting time benchmarks were again missed.

Ambulance Victoria again failed to meet agreed response times targets for critically ill patients with only two in three code one ambulances arriving on time.

Ambulances in Victoria are meant to reach 85 per cent of urgent "lights and sirens" cases within 15 minutes.

However, the latest Victorian Agency for Health Information data released on Wednesday showed just 65.4 per cent of patients received a response on time between July and September this year.

Hospitals struggled with delays over the same period, and emergency departments saw almost 498,000 patients – 25,000 more than the same time period year.

The Health Department said the data showed signs of ongoing post-pandemic recovery and response times were improving, with the surgical waitlist 10 per cent smaller year-on-year and emergency department patients seen seven minutes faster than the same quarter pre-pandemic.

But, even with improvements, treatments were still below crucial targets and 30 per cent of emergency department patients were not treated within the clinically recommended time.

A third of ambulance patients were ramped outside crowded emergency departments for more than 40 minutes.

More than 45 per cent of patients spent more than four hours in emergency, including the 55 per cent of adult mental health patients who waited more than eight hours in emergency for a mental health bed.

The number of patients stuck in emergency for more than 24 hours – typically an indicator of major bed shortages on the wards – was more than 3000, with an extra 944 patients delayed compared to the same period last year.

Planned surgery waitlists – while improving compared to previous quarters – still missed key targets, with the currently available data (information for multiple, major hospitals was unavailable) showing almost 30 per cent of semi-urgent patients were not treated in the recommended time. All urgent category one patients were treated in time.

Data on specialist clinic wait times was unavailable.

Victorian Ambulance Union General Secretary Danny Hill said the figures were not a surprise.

"Crews are either being sent to cases that don't need an ambulance, or they are ramped at hospital for half their shift. Either way it means crews can't respond to emergencies.

"Until that changes, we will never meet the response time target," Mr Hill said.

"There were almost 100,000 lights and sirens cases in the last quarter. But our members are telling us that a lot of these cases are not emergencies at all. The call is often from a person who needs some form of assistance like a GP appointment, a social worker or aged care support, but certainly not an emergency ambulance.

"We desperately need call-taking accuracy. Paramedics are spending too much time responding to cases they shouldn't be and that delays them responding to genuine emergency patients."

AV's metropolitan regional director Vanessa Gorman said: "We know there is more work to do. Ambulance Victoria continues to work with hospitals to transfer patients as quickly as possible and ensure all Victorians receive the right care at the right time," she said.

The Health Department said emergency departments once again faced unprecedented demand and despite this, the median waiting time remained steady at 15 minutes and more than 50,300 patients underwent planned surgery.

Acting Health and Ambulance Services Minister Ingrid Stitt said: "Despite significant ongoing demand our hardworking doctors, nurses and ambos are making sure patients continue to get the care they need".

In metropolitan Melbourne, paramedics attended 76.4 per cent of Code 1 patients within 15 minutes. The busiest LGAs with the highest percentage of total workload were Casey, Hume, Wyndham and Whittlesea.





St John not moving forward with stab vests after trial in WA.

ST JOHN AMBULANCE HAS REVEALED that stab-proof vests with body cameras are very uncomfortable and do little to improve the safety of paramedics.

The organisation announced it would trial the technology in the wake of the death of New South Wales paramedic Steven Tougher, who died after being stabbed on duty in 2023.

St John Ambulance chief executive Kevin Brown told Nadia Mitsopoulos on ABC Radio Perth that some staff wore the vests between November 2023 and April 2024.

"We had over 170 of our team across metro areas try them out in different weather conditions, different environments," Mr Brown said.

"We were very keen to understand — were they able to conduct their duties? What was the level of discomfort?"

"At the end of the trial the very strong consensus was that actually they did not act as a deterrent and they actually were making it more difficult for our team to go about their job."

He said he wore a vest while volunteering at events.

"It's quite a heavy, restrictive piece of equipment to wear and you sweat like goodness knows what in the warmer weather," Mr Brown said.

"It becomes very uncomfortable when somebody is working a long shift.

"They have got so much cognitive loading to deal with in their job and responding to people's urgent needs — I don't need to add to that discomfort."

"Good news for members"

~Fiona Scalon

National Ambulance Coordinator
United Workers Union

Would never want to wonder'

Mr Brown said the organisation had decided that conducting risk assessments at jobs and requesting support from police would be more effective ways to keep paramedics safe.

He said there were about 260 incidents of violence and aggression towards paramedics every year and that 326 staff members were injured in the last five years.

"A lot of our protocols — that we continue to enhance — are looking at the risk assessment of a situation before you go into it so that we're not putting our teams at undue risk and calling on other agencies, such as our colleagues in the police, to come and support us when we believe it's not a safe environment," Mr Brown said.

"To be honest, the enhancements in that work have been more valuable."

He said he thought the trial of the vests had gained valuable information.

"I would never want to wonder," Mr Brown said.

"It was sparked by, unfortunately, one of our colleagues over east, Steven Tougher, who died back in April 23, having been stabbed.

"We have had learning from this trial — it was worth doing."

'Stay back until it is safe to go in'

Mr Brown said other safety measures appeared to be showing more concrete results.

"We've had a lot more success from our de-escalation training that we've shared with all our front-line teams," he said.

"That's what's making the difference."

The organisation is also working closely with police to respond to high-risk call outs and to support staff who choose not to enter situations they do not believe are safe.

"We've spent a lot of time ... with our police colleagues and looking at protocols, and the police commissioner has given me a reassurance that if they're needed there to protect and support the teams, they will be there," Mr Brown said.

"But ultimately, we've given our teams the complete backing.

"If they approach a situation and it's not safe, they have my backing — do not go in.

"Stay back until it is safe to go in.

"If that means until the police arrive, then we will wait till the police arrive.

"If they don't, we will withdraw, because having injured paramedics does not help those individuals and it doesn't help the other individuals that we respond to."



GOVERNMENT INQUIRY HIGHLIGHTS SERIOUS FAILURES OF SERVICE AT ST JOHN

The United Workers Union (UWU) is urging the State Government to act immediately on the recommendations outlined in the Delivery of Ambulance Services in Western Australia report tabled in parliament today.

THE SITUATION IDENTIFIED BY THE

Standing Committee is so critical the Western Australian community cannot afford another five years of St John mismanagement.

UWU, which represents paramedics and other emergency services workers within the St John organisation, welcomed the Standing Committee on Public Administration's unanimous findings, which outline systemic failings in service provision which require immediate attention.

The report found that St John has failed to achieve the vast majority of its Key Performance Indicators around response times and that service delivery was subpar, particularly in regional WA.

Of major concern to the union were the issues around workplace culture: "There is

a lack of trust from frontline staff in senior management at St John Ambulance WA," according to one finding.

UWU National Ambulance Coordinator Fiona Scalon said the issue of trust comes as no surprise as members have been raising the cultural issues within the organisation for a long time.

"This report is very timely and has brought to light many of the issues raised by front-line workers over many years. The recommendations are comprehensive and I hope they will bring about change within St John but the five year deadline is way too lenient," Ms Scalon said.

"Workers are burned out now, people are dying now. The Western Australian community cannot afford another five years.

"The findings in the report are very damning and any contract with St John must address the issues raised in the Inquiry.

"The ambulance service is an essential government service and as such should be run as an essential government service, not one controlled by private interests and associated low levels of transparency and accountability."

The union has been campaigning for WA's ambulance service to be brought back into the public sector for more than five years.

The unions notes that the report's recommendations were unanimously endorsed by all members of the committee.



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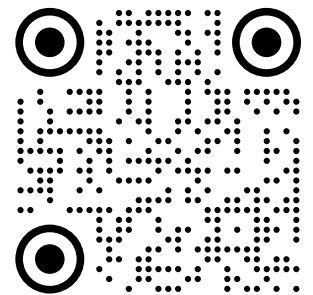
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