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AMBULANCE ACTIVE

THE OFFICIAL JOURNAL OF THE AUSTRALASIAN COUNCIL OF AMBULANCE UNIONS

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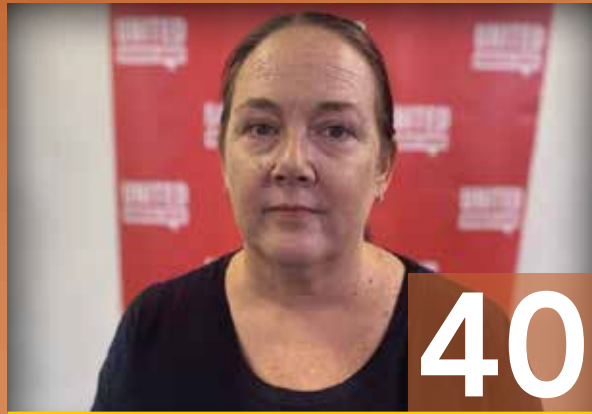
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FROM *the* PRESIDENT

THE HOUSING CRISIS IS HITTING HARD everywhere right now. That, with the increased cost of living and studying can start to make Tertiary Entry Professions accessible to only the privileged few. One of the reasons Paramedics are often voted as the most trusted profession, is our ability to relate to the patients and communities we respond to.

“One of the reasons Paramedics are often voted as the most trusted profession, is our ability to relate to the patients and communities we respond to.”

While the majority may not be vocationally trained anymore, we need to fight to keep the profession open to all regardless of socioeconomic background.

We have a great opportunity as the Australasian Council of Ambulance Unions, to advocate for our profession to remain inclusive through subsidised placements,

assisted accommodation for placements, and increased ‘work and study’ combined pathways. Placement poverty is now a real and serious concern for university students, often traveling long distances, living out of vehicles, doing placements and then still attending paid workplaces on little to no sleep and still having to also complete study tasks. This can no longer be ignored or accepted as part of the process of becoming a paramedic.

As we advocate for our university students, we are also building the foundations for our next generation of unionists in the workplace. Student unionism and activism needs to be encouraged and supported by the workforce they are planning on entering when what they are fighting for has an impact on the future of our profession.

Housing in the health services, across Australia and New Zealand, is an issue that can unite both paramedics and paramedic students to unite. We need to make the most of Government announcements for ‘affordable healthcare housing’ and ensure that Paramedics are included in this, and that we then also advocate for our students to also be accommodated.

We cannot allow ‘placement poverty’ to limit who our future paramedics are going to be. We need to take action, support their action and build on the union movement.



Tess Oxley
ACAU President

FROM *the* SECRETARY



HI EVERYONE,

TIME FOR A FRESH START

I've recently advised the executive that I've decided to step down as the Secretary of the ACAU and will not recontest the position at the AGM at the 2024 Conference in Auckland. I am getting close to the finish line of my career in ambulance and looking forward to transitioning to retirement. I think now is good time to hand over to a new leader with fresh ideas and the energy required to take our council forward.

When the unions that represented paramedics and ambulance workers met at Hobart's Salamanca Inn in 2008 to consider whether it would be feasible to form a national body to coordinate our mutual interests, I don't think any of us present there could have foreseen the positive outcomes of our decision.

The National Council of Ambulance Unions was formed by consent of the individual state and territory unions and had its inaugural meeting in Melbourne in 2008.

Besides yours truly, who was a NSW HSU delegate at that time, it's great to see three other inaugural delegates, Ben Sweaney

& Darren Neville from the ACT TWU and Tim Jacobson from HACSU Tassie are still involved with the now Australasian Council and current industrial issues affecting us all.

REGISTRATION OF PARAMEDICS AND RECOGNITION AS HEALTH PROFESSIONALS

In 2008, professional recognition of paramedics as health professionals was agreed as our primary goal. We also identified numerous other issues that impacted on our members that could and would benefit from a coordinated national approach, including mental health and wellbeing reform. History now reflects that NCAU played a pivotal role in the achievement of National Registration for paramedics, working closely with Paramedics Australasia, the forerunner of the Australasian College of Paramedicine to get this generational reform over the line. It was a 10-year campaign. Along the way we made high level submissions to federal agencies; we helped initiate (thank you to the then United Voice AEA QLD) and then presented to an Australian Senate Inquiry into why registration of paramedics

was needed. We participated and advocated for registration in forums in every state and territory. Registration arrived in 2018/19, with an number of key stakeholders acknowledging that it would not have eventuated except for the support and advocacy of the NCAU.

MENTAL HEALTH AND WELLBEING.

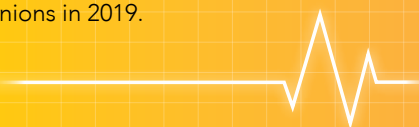
Concurrent with the registration push, we also began advocating in earnest for better support for our members experiencing mental health and wellbeing challenges. When I started in ambulance in the mid 1980's, there was no support for paramedics, or first responders generally, experiencing mental health crises. This was a blight on our industry. Many of us were touched by colleagues suicides and leaving the job with severe and ongoing symptoms of what we now recognise as PTSD and other psychological illnesses. Over time it has been terrific to see increasing acknowledgement of this as an issue and considerable movement towards de-stigmatising psychological injuries.

An NCAU delegate, Simone Haigh from HACSU Tasmania, was instrumental in initiating an Australian Senate Inquiry



ABOUT JIM:

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



into the *Mental Health and Wellbeing of Emergency Services Workers and First Responders*. The light shone by this inquiry on poor practices and lack of support structures opened a whole new discussion and recognition of the seriousness of this issue. Much of the testimony was profoundly sad and moving. NCAU and most of our unions presented in person and written submissions to the inquiry at hearings across Australia. The weight of evidence presented, often by very brave paramedics and other first responders with severe health challenges was heartbreaking. The full Senate report can be found here: https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Education_and_Employment/Mentalhealth/Report

In the end, 14 recommendations were made to address this issue. Unfortunately, successive federal governments have now dragged the chain on implementing these changes. Getting these over the line is an ongoing priority for the Council.

NCAU TO ACAU

In the last couple of years the Council has incorporated First Union (NZ) into our

family. We have also recently welcomed the Victorian Ambulance Union (VAU) into what is now the Australasian Council of Ambulance Unions. In recognition of our kiwi cousins contributions to the Council over many years, we are all heading across the ditch in September for our Annual Conference in Auckland.

LEGACY AND FUTURE CHALLENGES

Without a doubt, the greatest benefit we've all reaped from the Council has been our shared intelligence gathering and incorporating innovations across jurisdictions to prosecute shared industrial issues and ultimately improving our members remuneration and conditions. Actions such as chalking ambulances and exploiting social media to apply political pressure for change have all been initiated at a state or territory level then imported into actions far beyond there original jurisdictions with great success.

Our biggest challenge moving forward will be to maintain our relevancy in a fast-moving industrial landscape. Like all families, we have had our disagreements. The foundation on which our success

has been built has been a solidarity of purpose: to further the working conditions of our members. If we keep this as our focus we will continue to succeed. Now we have recognition as health professionals, I think ACAU is ideally placed to begin advocating for national standards on a host of issues that affect all members.

I have been blessed with support from numerous wonderful individuals throughout my career and also in my roles in NCAU/ACAU. I'd like to particularly single out Steve McGee and Phil Palmer and thank them for their mentoring and counsel over my time as NCAU/ACAU secretary. All of the remaining executive members I've served with over the past 17 years have been outstanding people, you are too numerous to name, thank you from the bottom of my heart for your support and good humour. You all committed to social justice and your members. Our future is in great hands.

Stay safe out there everyone!

Jim Arneman
ACAU Secretary

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INDUSTRIAL REPORTS



ACT

TWU DELEGATES ARE BACK AT THE negotiation table with the ACT Ambulance Service. Members are seeking increased and improvements in conditions and entitlements. Included for discussions are High Risk Pandemic Recognition and increasing the relief factor to better support rostering arrangements and access to professional development.

We are also seeking an overall to the WHS Framework to modernise and introduce ongoing incentives to manage occupational health and safety.

Furthermore, we will be seeking the introduction of a unit hour utilisation of emergency resources and the triggering of demand based funding to increase staff across the service and resources when levels are exceeded.

To assist with ongoing industrial relationships the TWU secured a Industrial Relations Liaison Officer, a full time pairs delegate position to better improve relations between the ACTAS and the TWU the position works with the Union to ensue members matters are progressed and management held to account.

To assist with ongoing industrial relationships the TWU secured a Industrial Relations Liaison Officer, a full time pairs delegate position to better improve relations between the ACTAS and the TWU the position works with the Union to ensue

members matters are progressed and management held to account.

The position is a watershed moment in industrial relations with the Employer valuing the important and critical role in consultation and members input into decision making.



NSW

DELEGATE TRAINING

HSU NSW ACT QLD have recognised the importance of delegates in an active, organising union. This includes effective training to be a workplace representative. Delegates were at the heart of the great campaign NSW paramedics had for a significant pay rise and a step forward on the road to true professional recognition.

The HSU has employed previous ACAU president and long-time union delegate Steve Fraser as the HSU delegate educator. Steve has been member of the union since 1981 and a delegate since 2006. He is a qualified trainer and has experience in many campaigns and negotiations.

Steve travels around the state and runs two-day courses for our delegates. This course has been developed by delegates for delegates and is a practical approach teaching our Union representatives how to do the best job possible for their members.

So far, he has trained over 250 HSU delegates in levels 1 training, with many representing the Ambulance Division. Level 2 training for Ambulance delegates is commencing at the end of July.

Areas that are covered in the training include the role of the delegate, reversing power imbalance, organising and mapping the workplace and communication skills and strategies. It also presents ways to represent members effectively.

Level 2 and 3 training further enhances the skills of delegates to recruit, communicate and campaign on a broader scale. The training has been extremely well received by our members with many returning to the workplace enthused and with knowledge of their rights and role as a leader in the workplace, and a significant increase in member involvement!

PATIENT TRANSPORT OFFICERS

Healthshare Patient Transport Members have kicked into their award negotiations. Members are fighting for the right to fair rostering practices, the costs involved in being eligible to work including relevant license and certificates to be covered, and most importantly, to be recognised for the incredible skills and services they provide to their patients. This includes having courses be made available to build their skills and knowledge to continue providing care to 'best practice' principles.

Due to NSW Industrial Relations Commission now having an option to arbitrate award negotiation processes, PTOs

were told that they either lift the bans or the IRC would order them to do so, on that basis members have agreed to lift the bans for now.

Separate to Award negotiations, members are fighting for improved safety measures including Fatigue management. Often, vulnerable patients are transported long distances, with there currently being no time mitigation strategies for safe driving practices. Members have voted that when driving, in line with current road safety awareness, they will take a break after 2 hours, until safe to continue driving again.

CONTROL

Non Clinical Dispatchers are also into the final stages of their award negotiations, with this being the first year they have negotiated their own award, separate to the NSW paramedic award.

ADHSU Dispatcher members are fighting for 'same job same pay' as clinical dispatchers. The Priority 1 Paramedic pay campaign has resulted in a significant pay disparity between non clinical and clinical dispatchers. Non-Clinical members are demanding that the pay difference return to being reflective of the skills and work both do in the demanding and intense Control Centre work environment, where job volume often outweighs available ambulance resourcing options. It really shouldn't be a big ask to be recognised



for the job they do, and should be noted they are willing and keen for the award to provide for them to upskill and continue increasing knowledge and practice to achieve this.

Dispatcher members are also negotiating for more equitable opportunities for break times – (Currently NSW dispatcher do not have breaks as an award provision.!!?) and enhanced leave provisions in line with their clinical colleagues, again creating an equitable workplace for the job they all do.

In order to make sure they are heard during negotiations, members have placed actions and bans on CAD and Crews, ensuring at all times, through their skill and knowledge, that there is no risk to patient safety. Members are appreciating the solidarity from clinical and on road colleagues and note that increased union solidarity is a great way to band two different sides of NSW Ambulance workers together!

PARAMEDICS

TAXPAYER FUNDED ROSTERS

Taxpayer Funded Rosters is our major on road campaign currently. With over 1850 new staff announced by Government over the last 18 months, we have been looking forward to better response times, more breaks and less forced end of shift overtime.

Unfortunately, NSW have created their own fine print and decided that many of these enhanced staff numbers would be considered 'additional relief' and therefore not maintained, and an available resource to be sent to any station vacancy instead of overtime. Members fought hard in lobbying the Government for these enhancements and are not willing to accept this cost cutting excuse to reign in a blown budget. Patients requiring emergency healthcare must always come before an expense report.

Awesome ADHSU Paramedics from Rutherford refused to work a new roster that would allow new staff enhancements to be sent away leaving their town without the additional ambulance resources promised to them. Members notified NSW that they would be working an alternative roster that would keep resources local unless required to respond to a job nearby. When arriving to work to work this amended roster, NSW stood members down. All members at the station then stood down in Solidarity without pay to stand strong for their community. (It must be noted that they still responded unpaid to emergencies that were not able to be covered so as not to leave their community unprotected). All ADHSU members stood strong alongside Rutherford, knowing that their community and station could be next.

Members will shortly be holding community awareness town hall meetings to let their local areas know what NSW are doing with the ambulances their money is paying for. Meanwhile, posters are up in all stations to report shifts operating below the levels being paid for by taxpayers, with over 300 reports by members in the first month alone.

TRAINEES ON CALL

Congratulations to our more senior delegates for standing up for the safety and welfare of more junior staff. With an increasing junior workforce, NSW have begun rostering post Graduate interns to rural and regional locations that have a mandatory on call component to their rosters. Members began to hear of near miss situations, where paramedic and patient safety was put at extreme risk, including a member being responded single on their first day on road.

Delegates advocated strongly on their behalf to senior executives, resulting in a high level safety review, and a new work safety notification outlining strict rules for any trainee to be able to be rostered and responded on call.

This advocacy and outcome will no doubt save many paramedics from any number of career ending safety risks into the future and should be congratulated!

NZ

ST JOHN BARGAINING:

We have been in bargaining for over 6 months with St John and the best offer we have received is a small lump sum payment, no wage increase, no improved terms or conditions and nothing for casual staff. This proves the issue with the charity funding model with St John now running trucks down and reducing education in an effort to save funds and reduce the current 20 million deficit they find themselves in. While June is usually a big push for St John with their fundraising, instead of opting to fundraise to improve the conditions for their staff they have opted to fundraise for infrastructure adding to the feeling on the ground that staff are undervalued by the organisation. There are currently 9 strike actions in place and we will soon be looking to escalate these to a partial withdrawal of labour.

SINGLE CREWING:

Despite a push several years ago for all trucks to be double crewed, due to the cost cutting efforts of St John we are seeing crews increasingly single crewed. Although there is a policy that a single crewed ambulance shall not transport a patient there is increasing pressure from the public when they show up in an ambulance but are advising they are unable to transport. This is also having an impact on the abuse ambulance officers are receiving and is a growing concern with ambulance or police back up often quite some distance away.

REMOTE TELEHEALTH TRIAGE:

The job for an ambulance officer in rural areas of New Zealand is changing with the expectation that downtime on station is used to phone back

low acuity jobs, triage them and determine if there is an appropriate alternative pathway or if an ambulance is required, that the current coding is correct. This is being written in to new contracts and is seen by St John as the future way of working for ambulance in New Zealand.

WELLINGTON FREE AMBULANCE:

We have initiated bargaining with Wellington Free Ambulance but are yet to have any dates for bargaining confirmed. Members are looking forward to improving their working conditions and we are hopeful we can get further funding for both St John and Wellington Free Ambulance from the government so we can keep a career as an ambulance officer a feasible option for young New Zealanders.

TAS

TIM JACOBSON - AMBULANCE INDUSTRIAL OFFICER OVER RECENT MONTHS A PERFECT

storm seems to have hit. Despite additional staffing and promises of more, case load, vacancies and hospital inaction has created huge problem particularly in Southern Tasmania. It's shocking that we see vacant shifts unfilled and workload pressure on those remaining members growing exponentially. The ultimate effect is that members move closer to exhaustion. These circumstances aren't sustainable. We know these circumstances are affecting everyone, On road staff, Operational and Executive Managers, Communications and Admin Staff.

MANDATORY OFFLOAD PROCEDURE FINALLY INTRODUCED

In April the State Government introduced the mandatory 60 minute offload procedure across all Tasmanian Hospitals. It has made a massive difference in spite of some issues we are still experiencing. In the last report we told you about the opposition from both doctors and nurses however ultimately common sense prevailed and the procedure was introduced.

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.

However, we have experienced pushback in our largest hospital, the Royal

Hobart. Their systems and culture need to change and we, along with Ambulance Tasmania continue to push for that change.

And we now have the evidence. How can it be that once the Mandatory Offload escalation procedure is activated that magically beds can be found. We know that the Royal Hobart Hospital has been slow to respond to offload delays in the ED. There is a massive lack of appreciation for how difficult it is to manage ramped patients, how hard it is for Ambulance to manage its own resources and respond to emergencies when the hospital turn a blind eye to what's happening in the ED.

At the end of all of this is the patient who is languishing on the ramp and that other patient whose left waiting for an ambulance because of it.

We continue to engage with Ambulance Tasmania, the Tasmanian Health Service, the Department of Health and the Minister about these things.

This is no magic bullet as we still have growing demand and insufficient beds. These are things we continue to campaign around.

CPD AUDIT

In our last EBA members won an increase to CPD payments. Two separate payments of up to \$500 per year. Recently we received data from HR (after many delays) on a statewide audit of CPD payments to members. There appears to be a problem. We have met with Human Resources and are waiting for additional data but it is clear that many members may not have received their full entitlement.

HR SUPPORT

The above matter is symptomatic of the lack of dedicated HR staff exist in Ambulance Tasmania. We have recently won a specialist staff member for Ambulance. Whilst we believe we need more this is a good first step.

FLEET MANAGEMENT

We are seriously concerned about the safety of the AT fleet. Members in the South were made aware recently that a vehicle with significantly damaged (and unreported) vehicle was found to be in operation recently. The reporting of this to staff raised major concerns about the way vehicle safety and fleet management was being managed by AT and the Department. We are currently meeting with AT to get a handle on what's happening with the fleet and how vehicle maintenance and replacement is being managed. Stand by for more information on this.

COMMUNICATIONS

We are in the process of setting up a specific union working group in Communications.

Car Parking remain a major issue for Comms with available car parking spaces not being available. Recently members have made a claim for parking costs out of frustration. Let's see what AT's response is to the claim, a rejection is likely to be met with significant anger from members!

AT continue to fob us off in this space. They point the finger on others, relying on an internal blame game to deflect decision making away from them. These sorts of games become tiring and just increase anger. We are not asking for massive numbers of spaces for staff.

SA

ELECTRONIC PATIENT CARE RECORDS (EPCR)

The AEA has long since advocated to SA Ambulance Service to adopt ePCR as our members have remained in the dark ages of pen and paper based carbon copy patient care records. Until recently State Governments have not funded this proposal despite the benefits for our members, the service and the community. Unfortunately, the current paper based care records has led to difficulties in quality assurance, clinical governance and limitations on research. Prior to the 2024-2025 State Budget the AEA wrote to the Government calling on additional funding on a range of topics including ePCR.

Following the AEA's ongoing advocacy the State Government has allocated \$23.5 million over the next two years to roll out ePCR across the state including for both emergency and patient transport. The new systems will fully integrate with SA Health's Electronic Medical Records System which means crews will finally be able to make informed decisions about their patients care whilst on-scene.

The AEA and its members will commence consultation on the roll-out of this program shortly to ensure lessons are learned from our Australasian colleagues prior to implementation. Our members are greatly looking forward to moving to a proper fully integrated ePCR system and ditching the pen and paper for good, well at least until the next time Industrial Action is needed!

MENTAL HEALTH PARAMEDIC TELEHEALTH CLINICIAN

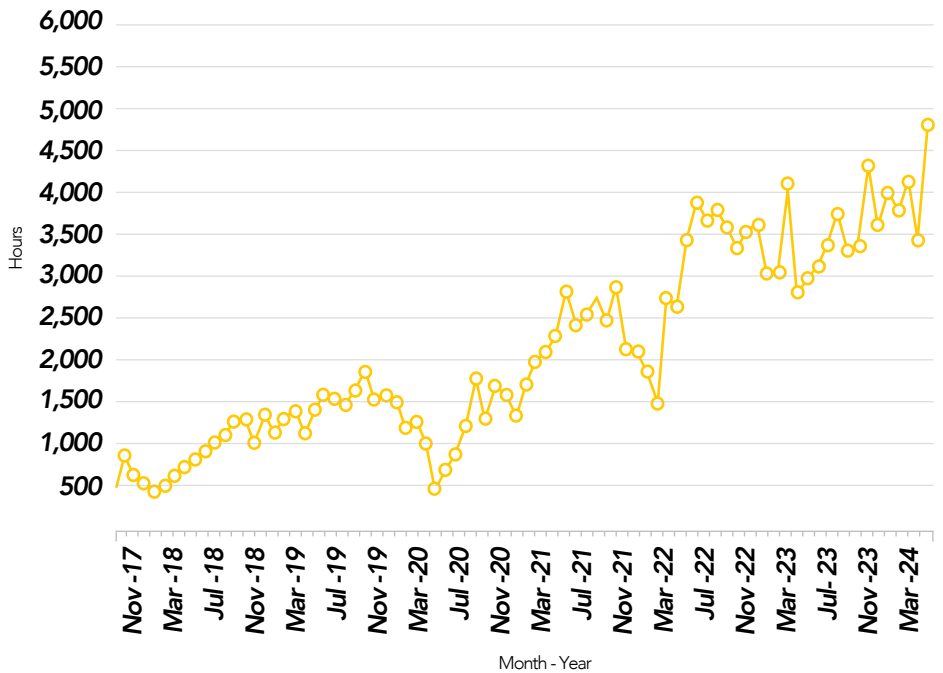
SA Ambulance has been trailing a dedicated Mental Health Paramedic Telehealth Clinician as part of the Emergency Operations Centre Clinical Hub. This program has been greatly received by our members and patients.

The role aims to proactively contact mental health patients in the community prior to an ambulance being sent. The Paramedic is aided with access to the State Mental Health specific Electronic Medical Records system which covers any interactions the patient has had with the Mental Health system.

The role requires the Paramedic be Merit Selected and trained in Clinical Telephone Assessment and have an interest, qualifications and or experience in Mental Health.

The role has shown a great ability to engage with and link in community-based services with consumers. The role is supported by three mental health co-

DELAYED TRANSFER OF CARE - ALL SITES



responder vehicles staffed by a Paramedic and Mental Health Nurse.

The AEA also advocated at the recent State Budget for this trial to be funded ongoing and made 24/7 – this was also accepted by the State Government with an additional \$10.7 million in funding to transition this role from trial to permanent and expand to 24/7, funding was also put aside to expand Clinical Telephone Assessment more generally.

RAMPING

Ramping in South Australia continues to escalate with the highest amount of ramping in a single month recorded in May this year with ambulances spending 4,773 hours on the ramp of our metropolitan hospitals. Concerningly though the trend-line for ramping continues in an upward trajectory.

This along with high hospital demand resulted in SA Health declaring a statewide Code Yellow and Health Incident Management Team to better manage patient flow and hospital capacity. This, whilst needed to maintain ambulance response times, should not be relied upon to manage seasonal winter workload.

Ambulance response times however have improved dramatically over the past 2 years with record investment into additional crews. Positively this trend is continuing in an upward trajectory and leading to reduced wait time for emergency cases. The AEA remains extremely concerned that if ramping is not

significantly reduced from its current levels, ambulance response times will again start to decline, as the majority of extra metropolitan crews have now commenced, with additional investment now focused on regional South Australia.

Bed capacity remains a key driver for ramping, the current Government have committed over 606 additional beds however these have yet to come online. The AEA and its members are eagerly awaiting the first of these 150 beds to open this year which are hoped to reduce pressure on the system. However, beds alone will not resolve our current issues.

The AEA has continued to advocate for better coordinated Interhospital Transfers and the expansion of transit ward at all major metropolitan hospitals. This is aimed at ensuring in-patient beds can be made available sooner to stream patients ready for discharge into such wards and ensure patient transfers avoid hospital ramps.

Our members continue to face ongoing issues with Inter-Hospital Transfers from Regional centres into metropolitan hospitals which often end up on hospital ramps. This is due to a multitude of factors including a lack of a mandated coordinated interhospital transfer system and unclear policies and procedures. Work is being done on a Statewide Inter Facility Transfer policy which aims to reduce this and increase direct admissions to wards, however this project is currently limited in scope which the AEA is seeking expansion.



QLD

FINISH ON TIME

QAS have continued to commit to a healthy and safe work environment for their staff, but in terms of delivering as per the 2022 agreement to monitor finish on time this has fallen very short of the mark.

United Workers Union representatives raised up via consultative forums at a regional and state level, what initially was an inconsistent approach to supporting staff to finish on time, to now this complete departure from all the commitments made negotiating the Finish on Time initiatives as contained in the Certified Agreement.

As a result, due to the absence of any genuine conversation and action, UWU had put the QAS on notice that if non-compliance continued, members have no other option than to notify the QIRC of a dispute around this matter.

The effect of this notification resulted in QAS calling for a meeting with all key decision makers. This was to call for at a minimum, the provisions in the Certified Agreement to be complied with, and progress "Other strategies around excessive shift extensions agreed by both parties".

One of the key issues identified was the inconsistent approach from region to region of the intent and implementation of the EB clauses. Messaging and communication filtered down from the supervisory level to operational staff was often conflicting and contradictory. This caused staff feeling unsupported, fatigued and discouraged.

On June 25 UWU State Councillors and QAS executives from each region met to discuss concerns raised regarding the

passage of information and work through strategic priorities and key focus areas.

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, noting work had already commenced on several activities including:

- Continuation of the reconvened enterprise bargaining implementation team to ensure the successful and timely roll out of agreed bargaining measures; and
 - Continuation of the program of joint QAS/UWU Regional Consultative Committee (RCC) appraisals.
 - Reviewing the QAS Mental Health and Wellbeing Strategy in conjunction with union partners.
 - Reviewing the QAS Workplace Health and Safety Strategy in conjunction with union partners.
- Following the day's discussions, 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; and
- Reconvening the Employee Wellbeing Strategic Governance group in November 2024 to evaluate progress of the above measures.

These discussions were received by State Council as a positive way forward for the welfare of our members and are looking forward to seeing where this has progressed when these measures are evaluated in November.

It is understood by members, that addressing this situation is complex, no one measure can be put in place, that doesn't compromise response to the community, but that staff safety isn't considered in any decision making around the end of shift period at the moment.

In order not to compromise the response to the community, QAS needs to be resourced differently. United Workers Union will continue to call on the government to fund QAS to deliver on the commitments in the EBA that are unable to be met.

Proper resourcing needs to ensure that any extra resources provided to QAS are quarantined to address the end-of-shift period and that they are on top of whatever is required to address forecast growth in demand or other planned activity.



QLD STATE BUDGET

In the recent Queensland State budget, it was announced that there will be 268 more ambulance officers and improvements to emergency healthcare services across the state.

These 268 more ambulance officers will assist QAS in keeping up with expected growth in demand and complement the response to acute cases with funding for innovation projects like the mental health co-responders, fall's co-responders and more staffing for the Clinical Hub.

We continue to work with QAS on how they are going to utilise a portion of these staffing enhancements to prioritise staff WHS particularly around the end of shift period.

INCREASE TO CERTAIN ALLOWANCES - 2023 WAGE CASE DECISION

Every year UWU contributes to submissions on behalf of Queensland Workers to the Queensland Industrial Relations Commission regarding wages and allowances as outlined in State Awards. UWU Ambulance members' wages and conditions are outlined in the Queensland Ambulance Certified Agreement 2022 and underpinned by provisions in the State Ambulance Award and Queensland Employment Standards. If the allowances in the underpinning Award increase, they are administratively applied until the Certified Agreement is amended (usually at negotiation and certification).

Certain allowances (e.g. meals, travel, etc) for QAS members increased following the outcome of the 2023 State Wage Case decision, released by the Queensland Industrial Relations Commission. The increases are effective from 1 September 2023.

QAS OPERATIONAL ALLOWANCES AS AT 4 APRIL 2024*

TYPE	RATE	SOURCE
Ambulance Service Employees Award - State 2026		
Mileage allowance - Motor vehicle	\$0.95	Clause 13.8
Mileage Allowance - Motor cycle	\$0.33	Clause 13.8
Community Education - Outside Rostered hours	\$62.64	Clause 13.3
First Aid Workbook review allowance	\$18.80	Clause 13.3
Aerial Ambulance Allowance	\$15.88	Clause 13.1
Meal - While attending Course of Instruction	\$16.10	Clause 13.7
Late Finish/Overtime Meal Allowance	\$16.10	Clause 13.9
Broken/Missed Meal Allowance	\$17.85	Clause 13.2
Queensland Ambulance Service Certified Agreement 2022		
Meal Away from Station	\$17.85	Clause 36.9
Breakfast	\$21.00	Clause 26.3.4 & Schedule 4
Lunch	\$23.18	Clause 26.3.4 & Schedule 4
Dinner - cooking facilities	\$31.58	Clause 26.3.4 & Schedule 4
Dinner - no cooking Facilities	\$44.24	Clause 26.3.4
Incidental Allowance	\$15.76	Clause 26.3.4 & Schedule 4
Mine Skills Allowance	\$31.46	Schedule 4
On-Site Allowance	\$62.12	Schedule 4
Industry Allowance	\$43.19	Schedule 4
Industrial Residential Allowance	\$75.60	Schedule 4

* The 2023 State Wage Case General Ruling was released by the Queensland Industrial Relations Commission on 28 March 2024. The allowances which are increased in connection with the 2023 State Wage Case are effective from 1 September 2023

SIGNIFICANT UNDERPAYMENT UNCOVERED FOR MEMBERS ON WORKCOVER PARTIAL/GRADUATED RETURN TO WORK ARRANGEMENT

Over several months, United Workers Union had been working with members on what appeared to be individual miscalculations of the income paid when on a partial return to work because of a Workcover injury.

Given multiple members were raising the same concern, it became apparent that there could be a systemic issue going on.

After multiple inquiries and providing evidence of repetitive miss calculations, the QAS acknowledged there was an issue with the formula used to calculate the total income paid to one member who rightfully refused to accept what they knew was wrong.

There is a formula that exists via legislation regarding total compensable wages that need to be applied when calculating income earned combined with a Work Cover payment to top up to 85% or 75% (dependant on the length of claim) of a person's wages each pay period.

QSS had not been applying this formula correctly. The incorrect application of the formula had resulted in underpayments ranging from small amounts to several hundred dollars per fortnight.

Exposing this error in the way QSS processes payment to those on a partial return to work arrangement, identified many members being impacted in the same way.

These members were already struggling to recover from a work-related injury and attempting to return to their substantive role. Being financial penalised during this already stressful time was indefensible.

Members who have attempted to work through what they knew were incorrect payments had been faced with what has been described as gaslighting from QSS, resulting in significant psychological distress, which as a result had the potential in delaying their return to their full-time roles.

United Workers Union representatives met with QAS representatives to address and work through rectification for members their underpayments that had accrued over many years.

It was identified approximately 45 people were currently impacted. Priority was given to these officers to have underpayments reconciled and paid.

Significant work had to be done in auditing records, reconciling monies owed, amending the formula and correcting the QAS FAQ sheets. It is thought that there may be many more members who have been underpaid.



Regional HR teams have been briefed and are now able to advise members on the process when inquiries are made.

QSS had not been able to provide QAS with projected timeframes to complete audits and reconciliations, which United Workers Union will add this to the long list of "not-good-enough services" impacted members endure by QSS mismanagement.

A huge shout out to the United Workers Union member who refused to let this go. Working through this has taken a significant toll and all impacted United Workers Union members owed them a debt of gratitude.

UNION WIN: NEW REPRODUCTIVE HEALTH LEAVE ENTITLEMENTS FOR PUBLIC SECTOR WORKERS!

United Workers Union along with other Union affiliates of the Queensland Council of Unions have been successful in securing 10 paid reproductive leave days for public sector workers.

Initially, improved entitlements for reproductive leave were part of the UWU Log of Claims for the last QLD Ambulance enterprise agreement negotiations. A claim which was not agreed to by QAS.

However, at this year's Labour Day celebrations, the Miles Labor Government responded to the call from unions across the state for better reproductive leave entitlements.

Reproductive leave entitlements will be life-changing for many public sector workers. That's why unions across the state



have supported the It's For Every Body campaign in the fight for workers' rights across the state.

While we have won reproductive leave entitlements for public sector workers in our state, the campaign will continue to fight to get every employer across the state on board to secure these entitlements for all workers.

LEADER AND MEMBERSHIP GROWTH

Membership in UWU Ambulance QLD continues to grow with so far recruitment of over 320 new members this year.

As we head towards preparing for the next EBA it is important to have active delegates leading members into action to fight for continued decent wages and conditions.

As a result, 2024 has welcomed in 12 new UWU delegates.

Just like our amazing and hardworking State Council delegates (pictured), they will be our future decision makers and drivers for a big strong and effective UWU Ambulance.



AMBULANCE VICTORIA

The VAU continues to bargain for a new agreement to replace the Ambulance Victoria Enterprise Agreement. We have had 105 meetings so far but we still haven't reached agreement.

There has been some positive movement on some conditions including:

- Improved access to individual Single Days of Off (SDOs)
 - Ability to lock in well ahead (eg. 6 months).
 - Cash out option.
 - AV will not unreasonably refuse requests.
- Creating a meal break provision for the on-call period (after 4 hrs).
- On-call protected first hour (crews on code 1 warning for first hour of call period).
- ACO meal breaks to be 30 minutes.
- All shifts 6 hours or more to get 30 minute meal break.
- Payment for ACO team leaders when doing approved team leader duties.
- If a paramedic shift is filled by an ACO, and a paramedic becomes available, the paramedic will be put into the shift, and ACO paid minimum 4 hour payment or reassigned.
- An improved process for allocation of Graduates and AP12 paramedics
 - Targeted rural recruitment.
 - Incentivising working in remote rural areas.

- Recognition of time in acting roles and secondments for the purpose of progression through wage bands, while acting and upon appointment.
 - Keeping in touch days able to be undertaken as observer shifts.
 - 10 days per 12 month period.
 - Paid at ordinary rate of pay.
 - Structured training for managers.
 - 4 days face to face as well as online components.
 - Total 50 hours of learning.
 - Increase to fuel allowance to \$0.85 per km for all engine sizes including electric vehicles.
- However, there are a number of key areas that are still outstanding including an improved rural shift allocation model that incentivises voluntary flexibility across rural Victoria, stronger end of shift management and wages and allowances which are yet to be confirmed.
- Members have been in industrial action since March. With actions including tshirts, talking to media, truck writing, VACIS bans, and refusing to collect billing details. One of the most effective bans has been activating the beacons on ambulances when the crews have been ramped for more than 40 minutes. It creates striking imagery which we have shared online, which then gets picked up by media. Its been a very good way to highlight ramping which is out of control at the moment.
- More than ever our call taking and dispatch system is sending crews under lights and sirens to low acuity cases. Crews are being sent to toothaches as chest pains,

hiccups as breathing difficulty and garlic breath as poisoning. This MICA paramedic was luck to walk away after striking an animal while driving Code 1 to a case that did not require an ambulance. We have been advocating for the Victorian Government to introduce performance measures to ensure that dispatch coding aligns to patient acuity. This is something we should also look at lobbying for at a national level as is done by the NHS in the UK.

000VIC ENTERPRISE BARGAINING

The VAU, the CWU, UFU and UWU reached in-principle agreement with 000VIC, following 18 months of negotiations and 7 months of union members taking protected industrial action. The Unions have achieved:

- 1 Increases of 3% each year, during the life of the agreement.
- 2 A sign-on bonus of \$5,546.
- 3 A new classification structure, which improves rates of pay for trainee Call-takers, improves multiskilling opportunities, and creates new positions of Senior Call Taker, Senior Dispatcher and Senior Team Leader to recognise experience.
- 4 Commitment by 000VIC to maintain rostering arrangements.
- 5 Increased accountable on 000VIC to staff to demand.
- 6 Increasing night shift penalties between Monday-Friday by 10%.

The Unions are finalising drafting with 000VIC, and once finalised, Employees will vote on whether to approve the Agreement.

WA

BARGAINING IS UNDERWAY FOR THE new St John Ambulance Western Australia Ltd Ambulance Officers' / Paramedics Enterprise Agreement. After dithering around for a number of weeks, St John has finally begun to bargain in earnest. Below are some of the most recent proposals from St John.

WAGES AND ALLOWANCES

St John have offered a wages and allowances increase of 5%, 5%, 4%. UWU Delegates do not think this is adequate, given the very small pay increases that members have endured over the last three years. Some of the calculations from other states did not demonstrate like for like scope of practice, St John have committed to do some more work on the comparison.

TRIAL DELN (DAY EARLY LATE NIGHT) ROSTER

St John have proposed a DELN Roster – and have provided the example is below.



Whilst it at first glance looks like what our members have overwhelmingly told us they wanted, there are a number of caveats that UWU Delegates are concerned about.

- 1 This will be trialled only. St John have advised that the trial will:
 - (a) Utilise 4 vehicles only.
 - (b) Involve only 16 officers per roster, four from each shift colour, further divided to make 4 new colours (one crew per new shift colour).
 - (c) 1 cohort at the new Cowcher Depot after July 1 2025, with potential to trial at Wangara Depot if resources can be funded and staff are willing to take up the positions.

- 2 Expansion:
 - (a) It will extend to MEP locations from January 2026 (or once resources available).
 - (b) If the MEP is funded and implemented as currently proposed to DOH.

Already, there is concern from UWU that there is no real imperative to seriously implement this roster. Everything seems to be based on external influences eg, funding by the Department of Health.

There are further considerations too (bear in mind these are St John's own concerns):

- 1 There is a risk of an officer choosing not to manage fatigue due to only having one night shift.
- 2 The implementation process will have a Roster team impact.
- 3 Not all stations will have space to support the roster operating across all crews.
- 4 While the proposed roster pattern Stand by Capacity (SBC) matches the current roster pattern, further improvement in SBC will require increased resources.
- 5 Start times for the early and late shift will need to vary at different locations to match the demand profile for that region.
- 6 Not easily deployed in some regional areas due to staffing required to make roster work.

St John have proposed that they will measure the trial via, "a series of surveys of the pilot cohort and of a control group [which] will be undertaken with questions that reconcile against the guiding principle of fatigue minimisation".

It is almost incredulous that St John have admitted that "Due to the cohort's small sample size, the impact, if any, on response performance metrics is unlikely to be measurable".

We think that St John have missed the mark with this offer of a DELN. UWU members' claim was specifically to reduce fatigue for the workforce, not for a group of 16, possibly starting a trial next year, maybe at WNG in 2026, but is further dependant on being funded by Health and of course there is no room at some stations.

Below are some of members broad claims in relation to alternative rostering:

ROSTERS

The majority of UWU members support the current 224 roster as the core roster, and further support St John ensuring that the 224 roster is filled. There is also a view that the workload (metro) be shared more evenly.

UWU members want to see shadow rostering that supports fatigue management, part time workers, job share workers, and those who require other flexible work arrangements.

UWU members support exploring an early, early, late, night shift pattern.

St John are not serious about this roster pattern.



12 HOUR 224 SHIFTS

At the beginning of bargaining, St John flagged that they wanted 12 hour shifts. They have also included their claim in relation to this in the package of potential roster changes. It is convenient to replicate their slide that was presented to us:

UWU greets this with some cynicism. The only fatigue claim to date that St John have almost said yes to, is the UWU claim for:

10 hours break between shifts.

This is contingent on St John getting the 224 (currently 11/13) roster reduced to 12/12. Where members have all identified that their claim for EELN will significantly assist with managing fatigue, St John have responded with lukewarm ideas of a "trial" and will not support an extra hour break between shifts unless they get what they want.

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From in-ground pools and concrete slabs to major mining infrastructure and main road culverts, BRC has the capability to tackle projects of any scope.

BRC is the only concrete supplier in North West Queensland that offers mobile batch-ing plants. In 2007, the

business started its first concrete batching plant in Cloncurry to supplement its day-to-day services and deliver concrete to clients in the local region. It now operates a second plant out of Richmond.

Batching plants can be quickly and easily established onsite, saving clients time and money as trucks don't need to travel long distances to get concrete where it is needed. Having a batching plant onsite is a valuable tool for any significant infrastructure project. This is particularly important in remote locations prone to high temperatures, which can impact the quality of concrete in transit. We are the only Company that has two Chiller plants to provide chilled water when required.

What sets BRC apart from other concrete suppliers is its four mobile batch-

ing plants, which are capable of batching 30 to 40 cubic metres of concrete per hour in any location required. As a result, concrete pumping or spraying for large infrastructure projects can be completed in a fraction of the time, delivering significant cost savings.

"Our mission is to supply high quality concrete services to remote and rural areas of Queensland," said BRC Director, Allen Bell.

"We pride ourselves on being timely, responsive and committed to working with clients to meet their unique needs, providing competitive pricing on all services. Thanks to our state-of-the-art mobile batch plants, we are able to batch concrete at remote locations for large-scale projects.

Another service unique to BRC is a spraying service, which can be used

to concrete hard-to-reach areas, such as angled batter slopes. The business has continued to re-fine this service through extensive experience in concreting culverts and batter slopes along the Flinders Highway.

Mr Bell added that all products are sourced from accredited suppliers, mix designs are approved by Cement Australia, and trial mixes are tested by a NATA accredited organisation.

"Our exceptional customer service and quality assurance has secured us 'preferred supplier' status for the Department of Transport and Main Roads, as well as RoadTek, and we adhere to strict EPA guidelines in all works undertaken."

For more information, visit <https://bellrural.com.au/AMR>



HEARTS SWELL FOR HARTWELL'S HUGE FUNDRAISING WALK

Gladstone paramedic Teresa Hartwell has trekked a gruelling 601 kilometres from Gladstone Station to Wynnum West to raise awareness and more than \$14,500 in donations for QAS Legacy Scheme (QASLS).

ACCORDING TO QASLS, TERESSA'S fundraising efforts make her QASLS's highest individual fundraiser so far.

After being on the frontline for more than 20 years, Teresa has seen colleagues and their loved ones supported by QAS Legacy Scheme during times of loss, grief, and crisis.

"I want to be part of assisting them as much as I can, and raise as much money as I can, just to take a little bit of that hurt away," Teresa said.

"I know I've got the physical and mental capacity, so why not get out and do it?"

Though certainly rewarding, Teresa admits some days on the two-week walk were tough.

Especially after seven months of training Teresa suffered a hamstring strain just three weeks before crossing her starting line.

"There have been lots of tears, stone kicking, laying on the ground wishing it was over, but you get yourself back up and you just keep going," Teresa said.

"Because that's what we must do in life; just get up and get on with it.

"What I'm going through is nothing in comparison to what these families are feeling.

"I can do 14 days for them when they've got sometimes a lifetime of pain."

Teresa said her Wide Bay Region colleagues were a particular source

of strength and support, providing accommodation, meals, and encouragement along the journey.

Family and friends cheered Teresa on as she walked her final few kilometres on Saturday 25 May.

Teresa raised more than \$14,000 – making her QAS Legacy's highest ever individual fundraiser.

QAS Legacy Scheme President Jamie Rhodes-Bates said Teresa's dedication to the cause was heartening.

"It's really humbling when people like Teresa go to such great lengths to raise money to support our organisation and their colleagues," Jamie said.

"Teresa has walked rain, hail, or shine, and made such an incredible effort.

"It is testament to the connection our colleagues share with each other, and with the organisation more broadly.

"People want to help where they can," he said.

From the start of this year, QAS's public servants and their families are now also included in the Legacy Scheme's support.

You can support QAS Legacy Scheme by making a one-off donation or set up fortnightly automatic deductions from your pay through Aurion.

"Life is about helping," Teresa said.

"As paramedics, we're out there helping Queenslanders every single day and our call-takers and broader staff ensure we can do this,

"So, to have Legacy Scheme funds behind this organisation and its people is so important.

"It's imperative for all Queensland Ambulance staff to know about the QAS Legacy Scheme because at the end of the day we matter as well and because of this charity, we'll be looked after too," Teresa said.



WHAT IS QAS LEGACY SCHEME?

QASLS is a charity which supports QAS workers and their families in their times of need. Public and staff donations fund the support QASLS provides.

WHO IS ELIGIBLE FOR THE QAS LEGACY SCHEME?

All Queensland Ambulance Service employees.

HOW CAN I GET INVOLVED?

Visit qaslegacy.org.au for more.



GLADSTONE DELEGATE'S WALK TO SUPPORT QAS LEGACY

GLADSTONE PARAMEDIC AND UNITED Workers Union Delegate and long-time member, Teresa Hartwell has trekked a gruelling 601 kilometres from Gladstone Station to Wynnum West to raise awareness and more than \$14,500 in donations for QAS Legacy Scheme (QASLS).

According to QASLS, Teresa's fundraising efforts make her QASLS's highest individual fundraiser so far.

After being on the frontline for more than 20 years, Teresa has seen colleagues and their loved ones supported by the QAS Legacy Scheme during times of loss, grief, and crisis.

"I want to be part of assisting them as much as I can and raise as much money as I can, just to take a little bit of that hurt away," Teresa said.

Teresa said her Wide Bay Region colleagues were a particular source of strength and support, providing accommodation, meals, and encouragement along the journey. Family and friends cheered Teresa on as she walked her final few kilometres on Saturday 25 May.

QAS Legacy Scheme President Jamie Rhodes-Bates said Teresa's dedication to the cause was heartening.

"It's really humbling when people like Teresa go to such great lengths to raise money to support our organisation and their colleagues," Jamie said.

United Workers Union has a proud history of supporting the work of the QAS Legacy Scheme with financial and in-kind support including donations to Theresa's recent fundraising efforts.



(L-R – QAS Legacy president Jamie Rhodes-Bates, Gladstone Paramedic Teresa Hartwell, UWU Qld Secretary Gary Bullock)



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AMBULANCE DEPLOYS 'ULTRACOMPACT' DEFIBRILLATORS

The ACT Ambulance Service is deploying CellaAED technology to enable remote access paramedics to carry life-saving defibrillators to inaccessible locations.

WEIGHING 450 G, THE AUSTRALIAN made and owned defibrillator is an ultracompact device small enough for first responders to carry in their first aid kit for quick accessibility in the event of a sudden cardiac arrest.

The ACT Ambulance Service has purchased 12 ultraportable CellaAED defibrillators as a part of the state government's investment into specialist capabilities.

Canberra Intensive Care Paramedic and Remote Access Paramedic Project Manager Joel Powell said, "It all comes down to weight — we need to reduce what the paramedics carry around because often their vehicles need to be left behind when traversing remote and dense bushland," Powell said.

"CellAED is the perfect weight and size — it helps our remote access paramedics be better equipped for any situation and ensures they have a broad spectrum of fit-for-purpose tools to save lives."

Approximately 30,000 Australians experience a sudden cardiac arrest each year, and of those, less than 5% survive. For each minute CPR and defibrillation are delayed, the chances of survival decrease by 10%. Using a defibrillator within the first minute of sudden cardiac arrest can potentially bring the chance of survival rate up to 70%.

"Our ultraportable technology means remote area first responders no longer need to leave defibrillators behind due to their size or weight when heading into remote areas on foot," said Mark Hillebrand, Chief Marketing Officer at CellaAED.

Other areas of the ACT Government, including the ACT State Emergency Service and the Australian Federal Police, are adopting this life-saving technology. But this technology is not restricted to emergency services.

"I live in a street where my neighbours are elderly, so I have purchased a device myself. In the time it takes an ambulance to arrive, CPR can be underway including the use of a defibrillator, giving a patient the best chance of surviving a sudden cardiac arrest," said Chris Bowyer, Senior Director Transformation and Capability at the ACT Ambulance Service.

hospitalhealth.com.au

THE REALITY OF WORKING AS A PARAMEDIC IN CANBERRA

Other workplaces like to joke that they're "not saving lives" on a daily basis.



BUT FOR DEBBIE AND XAIN, THAT'S exactly what they do. As paramedics for the ACT Ambulance Service, no two days are ever the same for the pair, whose shifts can encompass incidents ranging from life-threatening injuries to mental health crises, and elderly folk who have had a fall and can't get up.

For Xain, a previous career in the Australian military informed his move into paramedicine.

"I was looking for a career with purpose, direction and community service," he explains. "I love the team environment - I love that every day you're working with either a small team or in a big team across ambulance, police, fire, SES and community mental health—and the fact that every day is different."

Debbie says she'd always dreamed of working in her current career.

"I suppose it's the sort of job where everything is different every day. I think people are drawn to the career because they want to help people."

"Like every job there are good days and bad days, but I really enjoy my job. I like the team aspect—that you're always around different people—and I like that you have to be on your game the whole time. You just don't know what's next."

Naturally, however, a 'bad day' for a paramedic is worse than most.

Earlier this year, Debbie and Xain attended an early morning callout for a patient in distress. After transferring the

patient to the stretcher, Debbie went to secure the guard rails to safely transport the patient to the ambulance. In response, the patient punched her in the side of the head.

Having been a paramedic for seven years, Debbie says she has developed a "pretty good sixth sense" about patients and how they will react to the arrival of paramedics, however in this incident, she was caught completely off guard.

"It was so unexpected and that's the part that's shaken me the most. Our situational awareness is so high, and I just didn't pick this. Sometimes a patient is resisting, and you get accidentally kicked or punched but...this felt very intentional."

Debbie's voice breaks as she recounts the incident. It's still a raw memory for her.

"Sometimes you think 'Is this just part of the job?'" but it shouldn't be."

After the assault, processes kicked in immediately to make sure Debbie was supported in her physical and mental recovery. She says she felt bolstered and well-supported by her team, but says the assault had other impacts too.

By the time Debbie and Xain finished the job, had Debbie checked out at the hospital and completed the necessary reporting, it was the end of their shift.

"That's another side of it—the fact that this happened meant it stopped us from being able to respond to someone else."

Xain says he too didn't expect the assault from this particular patient,

and says he feels "overwhelming guilt and frustration" about the incident.

"To be caught off guard and as a result your partner getting assaulted, I was gutted."

"It's pretty foul. You walk away from shifts like that with this pit in your stomach thinking 'Is this a normal day of work for me? Really?'"

"People have an expectation of us that is not always realistic," explains Debbie. "When it comes to occupational violence, people think that as an industry, we should 'take' a certain level of verbal abuse...but we shouldn't have to tolerate any of that."

"You get torn between trying to help people who have requested your services and protecting your colleagues."

"We're just normal people and these things affect us just like they would with anyone else. I know we sign up for a job and can see some terrible things, but that's different to being treated that way."

For Xain, it's as simple as flipping the situation to realise how absurd these kinds of expectations are.

"Should we accept the expectation that assault is just part and parcel of the job? Imagine turning up to your quintessential public service job at the Tax Office and being like 'Oh well, I might get punched in the head today but that's part of work'."

As for how the public can support paramedics to do their job, Xain says it's about being aware of the situation.

"Just give us some space," he says. "It's hard for us to work when people are



closing in on us, yelling at us or even trying to talk at us while we're trying to assess and ask the patient questions. It makes everything so much more difficult to manage both bystanders and patient. A bit of space is all we need to get anything done."

Luckily, Debbie says there are more positive interactions than negative in the job and that the core principle of helping people that got her interested in the role still rings true.

"There are awesome patients who are so lovely and genuinely grateful for your help. That makes you feel great about your job—it's the reason we're doing this job. People don't have to sing our praises, but they're the people we do the job for."

When asked what advice they'd give to someone considering a job as a paramedic, Debbie and Xain don't hesitate. "Do it," they both say, without skipping a beat.

"I couldn't recommend it enough," says Debbie. "Every job has its ups and downs, and this is no different, but it's a great job."

"It's like any job," adds Xain. "Sometimes you'll leave feeling frustrated, but many jobs you'll leave feeling like 'Wow, I have made a tangible difference in that person's day.'"

"It's not always a 'lifesaving' thing either. Sometimes it's just pointing someone in the right direction or getting Nanna up off the floor and making her a cup of tea. There are some jobs that make you push aside the frustration and say, 'That's definitely worth it.'"

act.gov.au





NSW ALLOCATES \$450 MILLION FOR MORE THAN 400 BUILD-TO-RENT HOMES FOR ESSENTIAL WORKERS

The Minns government will build apartment blocks for Sydney's essential workers, offering them cheap rent so they're not priced out of the city.

TUESDAY'S BUDGET WILL SET ASIDE

\$450 million to build more than 400 build-to-rent dwellings over the next three years.

The homes will be offered to workers like teachers, nurses, police officers and firefighters at a discount to the market rent.

Premier Chris Minns said the government was thinking "outside the square" to improve affordability.

"We're expecting big towers and they'll be exclusively for essential workers," Mr Minns said.

While the discounts haven't been decided, the premier suggested they would be close to 20 per cent.

"We can offer competitive rates because the government will own the land. It will be the builder of the project," he said.

"Any profits that come about as a result of the project will be reinvested so that we can potentially envisage stage two or stage three of this."

The government's development arm, Landcom, will acquire up to four sites for the apartment blocks.

The premier announced that an extensive audit is currently underway to identify suitable government-owned land for development. This initiative particularly targets areas in close proximity to the city, where housing affordability has reached critically low levels. "We're open to partnering with private landholders as well.

"It may be that we need to effectively enlarge our site ... to get the foothold that we need to put up a big tower."

FRONTLINE WORKERS TRAVELLING LONG DISTANCES

The announcement was welcomed by paramedic Michael Jobson, who lives on the Central Coast but works at Artarmon.

"To be able to live closer to work [would be] incredible," Mr Jobson said.

"Twelve hours of a night shift and then driving home up a freeway can be quite detrimental to the safety of the workforce.

"I'm very much looking forward to this actually becoming a reality."

Another paramedic, Alexander Allen, said he'd moved back home to keep up with the cost of living.

He said rental discounts would make it easier for essential workers to live close to work.

"Even though 20 per cent discount is not the world's biggest discount... every little bit counts."

He said he hoped the government could reinvest any profits in more affordable housing.

"I'm of a belief that if we can help the most amount of frontline workers then that would be the ideal thing to do."

The government has not yet established the specific eligibility criteria for the new homes, which are expected to be in very high demand. Given the interest surrounding these homes, it is anticipated that the final criteria will play a crucial role in determining who will have the opportunity to apply and benefit from this initiative. "We want to work with unions ... to ensure that we've got a scheme that's sustainable and fair," the premier said.

FROM HSU

Health Services Union (HSU) NSW secretary Gerard Hayes said the rental crisis was "the eye of the cost of living storm".

"It's very reassuring to see the Treasurer taking real action to provide health workers with homes they can actually afford," he said.



Thank you for all that you do.



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

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MELISSA McINTOSH MP
FEDERAL MEMBER FOR LINDSAY



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Paul Fletcher MP
Member for BRADFIELD





MORE PARAMEDICS AND CALL TAKERS TO JOIN NSW AMBULANCE

NSW Ambulance has welcomed 113 new paramedic interns and trainee emergency call takers after they were officially inducted into the service at a ceremony today.

THERE WERE 15 EXTENDED CARE paramedics (ECPs) who were also recognised, after completing their specialist qualifications.

Minister for Health Ryan Park congratulated the 96 paramedic interns and 17 trainee emergency medical call takers, who will start in their new roles from tomorrow.

Minister for Health Ryan Park said: "This is the third class of NSW Ambulance interns this year and I'm proud to see them ready to serve their communities.

"Our paramedics are on the frontline of healthcare in NSW, caring for people when they are unwell and at their most vulnerable.

"I congratulate these new paramedic interns and trainee call takers for reaching this significant milestone in their careers

and also extend my appreciation to the 15 extended care paramedics, who have completed a specialist course proving their dedication to serving our community."

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

NSW Ambulance Chief Executive Dr Dominic Morgan said:

"I know all who are graduating today have worked incredibly hard throughout their training and I thank them for their commitment and warmly welcome them into NSW Ambulance.

"The extended care paramedics recognised today completed the 25th ECP course conducted by NSW Ambulance, and also the first course conducted at the State Operations Centre. I'd like to extend

my congratulations to these specialist paramedics who are progressing their careers and playing a vital role in keeping the people of NSW safe and healthy."

ECPs have advanced skill sets to treat eligible patients with a range of non-emergency conditions out of hospital, helping patients avoid a trip to the emergency department, where clinically appropriate.

The paramedic interns will be posted across NSW to complete the on-road portion of their 12-month internships before taking permanent positions in metropolitan and regional areas. The trainee emergency medical call takers will all be posted to Triple Zero (000) control centres in Sydney.

health.nsw.gov.au



R U OK?™

A conversation could change a life.

JUGGLING WORK, FAMILY AND MENTAL HEALTH

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

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

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

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

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

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

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

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

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

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

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

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

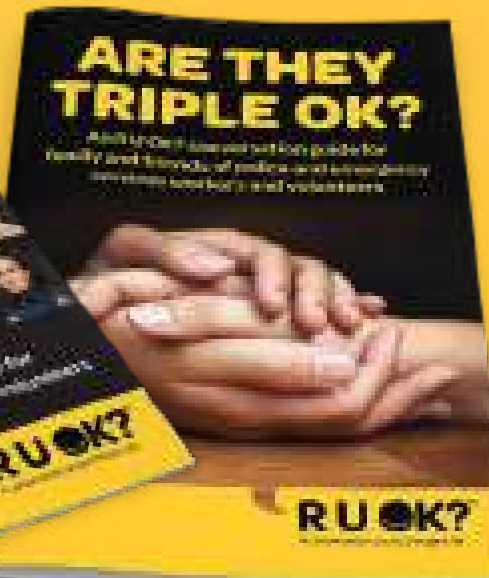
out there going through the same thing and it can be the turning point in them getting the help they need."

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

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

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

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



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



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

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



ST JOHN AMBULANCE NT WARNS OF PARAMEDIC PAY DELAY; UNION CITES FINANCIAL STRESS

Mortgages, rents, school fees and bills put in danger after paramedics were told their pay would be frozen for 24-hours due to financial issues at the Territory's ambulance service.

TERRITORY PARAMEDICS ARE PUSHING for an emergency Fair Work Commission hearing after being told their salary would be frozen for 24-hours due to financial issues at St Johns Ambulance service.

Legal documents seen by the NT News show that the United Workers Union has commenced action with the ombudsman after paramedics and other staff were told on Thursday that they would not be paid on time for the last fortnight of work.

"We wish to advise that unfortunately today's payroll run has been delayed to tomorrow due to a delay in receiving payment from the NT government for our ambulance services," an all-staff email from St John People and Culture department said.

"We apologise for the inconvenience and understand that this may have an impact on personal financial needs for each of you."

"The government payment has been made to St John NT but not in enough time to clear and pass on salary payments to our staff."

The St John Ambulance service email said the delayed payments were expected on Friday, depending on each staff member's "individual banks".

The United Workers Union, which represents the ambulance service workers, said this jeopardised their member's automatic mortgage payment, endangering them to default on rental

payments and not meet their school fees or medical bills.

With 10 days left until the end of the financial year, some members have also raised concerns about their planned payments into their superannuation.

UWU Northern Territory branch secretary Erina Early said the delayed payment with no notice was "completely unacceptable" and further evidence that the ambulance service "is in crisis".

"We have been inundated by calls from our members that St John NT are not in a financial position to pay their staff today," Ms Early said on Thursday.

"There is a legal right to pay your employees.



UWU Northern Territory branch secretary Erina Early said the delayed payment to paramedics with no notice was "completely unacceptable". Picture: Floss Adams



St John's NT Operations Manager Andrew Thomas. Picture: Adnan Reza

"St John NT cannot notify your employees on the day of payment that they are not in the position to do so without any notice."

Ms Early said even if there was a delayed payment from the Territory government, the nationwide service could have temporarily pulled funding from elsewhere to ensure Territory workers were paid on time.

"Our paramedics should be prioritised," she said.

St John director of Ambulance Services Andrew Thomas apologised to staff for the inconvenience but said it was "due to a situation beyond St John NT's control".

"We deeply apologise to all of our staff and understand that any delay in salary payments can have a personal impact and cause distress," Mr Thomas said.

In the all-staff email St John Ambulance Service said the delayed payment was due to the NT government.

The government promised an additional \$7.8 million in the May budget, which Health Minister Selena Uibo said would allow the ambulance service to continue perform their life saving function amid increased demand pressures, before the \$45.9m investment for the 2024-25 budget period.

Mr Thomas said less than half of that agreed additional funding had actually been delivered.

This is despite a NT Health spokeswoman saying 75 per cent of the May funding boost has already been paid, with a \$5.9m top up over the past 29 days.

"While we understand that the government processed the payment yesterday, banking delays have not enabled us to pay our staff today," Mr Thomas said.

Mr Thomas said the service continues to negotiate the terms and conditions of the next six months of funding.

He stated that under the employment obligations they were required to pay staff by the Sunday of the pay cycle, but the service made the choice to pay workers three days earlier on a Thursday.

This is despite the UWU claiming that the St John's enterprise bargaining agreement clearly stated that payments were required on a Thursday

In an urgent application to the Fair Work Commission, the union has alleged the 24-hour delay was a breach of the agreement which states: "Pays will be processed on a Thursday in fortnightly instalments ... (unless it) is a public holiday".

The legal documents, seen by the NT News, call on the Fair Work Commission to arbitrate the dispute "as soon as possible", pushing for the ambulance service to admit to breaching the enterprise bargaining agreement.

"The Applicant has been advised by members that the breach of the Agreement will result in inabilities for many to make due repayments and necessary purchases," the union said.

"The Applicant's members have advised that they have entered into financial arrangements on the expectation of being paid as per the agreement."

In their application to the Fair Work Commission the UWU has said they had not yet received a response from the St John Ambulance chief executive.

"The Northern Territory is one of only two jurisdictions in Australia where ambulance services are contracted out to a non-government entity," the UWU said.

"The Respondent receives funding from the Northern Territory to provide ambulance services."

It comes amid an independent structural review of the Territory's ambulance services.

"The Northern Territory government will continue to work with St John Ambulance to ensure effective management of its finances and delivery of operational services," the NT Health spokeswoman said.

Zizi Averill
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NT GOVERNMENT LAUNCHES THIRD REVIEW OF ST JOHN AMBULANCE

The Northern Territory chief minister says the structure of the NT's ambulance services will be reviewed, as the paramedics union continues to call for the system to be brought under direct government control.

THE NT IS ONE OF ONLY TWO

jurisdictions in Australia where ambulance services are contracted out to a non-government entity — St John Ambulance — instead of being run by the government.

The review will be the NT Labor government's third into the performance of the ambulance service in recent years, and its recommendations will be handed down after the territory election in August.

Chief Minister Eva Lawler said the earlier reviews had demonstrated a need for a wider investigation into whether the current ambulance service model was appropriate for the territory.

She flagged that the St John contract was up for renewal in 2026.

"It's important for government to be able to have a good look at what we need for our ambulance services, and how we can actually get the right amount of funding," she said.

"That report, and those recommendations, should inform whoever is in government in 2025-26 to be able to make sound decisions for the Northern Territory."

The prior reviews into St John looked into its clinical and financial performance, with one handed to the government in April — but yet to be publicly released — and the other nearing completion.

Announcing the review, Ms Lawler also said the NT government would provide an extra \$7.8 million to St John's existing \$45.9 million budget before June 30, to alleviate demand.

"An extra \$7 million going in today is not insignificant, so as the treasurer of the Northern Territory, we need to make sure that money is being well-spent," she said.

Ms Lawler said all states had been struggling to cope with demand for ambulance and wider health services.

The paramedics' union has long called for the government to bring the operation of ambulance services in the territory in-house, and it's understood they have been pushing for that move to be an election commitment from Territory Labor.

United Workers Union secretary Erina Early said members had been calling on the NT government to take over responsibility for ambulance services for decades.

"There's no accountability for St John because they're a contractor," she said.

"They do what they need to do to run their business, because it is a business — it's not an ambulance service."

Ms Early also said paramedics at St John had reported feeling "burnt out" and frustrated by a lack of career development.

"The morale is so low at St John and it keeps spiralling and spiralling," she said.

St John NT chief executive Andrew Tombs welcomed the extra funding and said the organisation looked forward to the new review.

"We welcome any review outcome the NT government wants to pursue," he said.

"We are a service provider, we'll be held to account for everything that we do, and we don't have any concerns about where the service might end up in the future."

The announcement of the review comes after Ms Lawler, in handing down the NT budget last week, placed management of the territory's health department on notice over a \$200 million budget blowout.

CHECK OUT NEW ZEALAND'S FIRST ELECTRIC AMBULANCE

New Zealand's first electric ambulance has arrived in Hamilton, as part of a trial that should help with the health of the planet as well as patients.

AFTER TWO YEARS OF PLANNING, designing, and assembling, the EV was given to Hato Hone St John at a blessing ceremony in Ngāruawāhia in April.

The EV will undergo a year-long trial in Hamilton to understand the full range and reliability of the vehicle.

Hato Hone St John's head of service and sustainability Dr Colin Tan, said a sustainable fleet of vehicles has been in motion since 2021.

"Our initial focus was moving non-emergency vehicles towards hybrid and electric models," Tan said.

"We know that transitioning non-emergency vehicles makes sense.

The trial will tell us whether it's also viable and affordable for emergency vehicles. Not only are we keen to analyse the cost benefits of fuel savings, and carbon emissions reductions, we will also closely analyse the clinical experience for our people and our patients."

Hato Hone St John is confident the EV's range of 250km would cope with the 180km ambulances covered on an average shift. A backup vehicle would always be available.

It goes from 0-100km/h in about nine seconds and ambulance officers would undergo driver training before working shifts on the EV emergency ambulance.

Hato Hone St John deputy chief executive of corporate operations Cameron Brill, said with nearly 1400 vehicles, half of which are ambulances, reducing emissions from their fleet is where the organisation could make the biggest impact.

"It's the biggest focus for us in how we can provide an efficient world-class health service to our communities, but in a more environmentally friendly and sustainable way."

ASB head of sustainability Carrie Gage said they were proud to support Hato Hone St John with this initiative.



"Building a sustainable future for all New Zealanders is a core focus for us," Gage said.

"We see potential for this project to have a rippling effect through other industries on the same path and are extremely excited to be able to pave the way for future work in this space."

ASB helped with funding the build and trial of the first EV emergency ambulance in New Zealand. Siemens, a global technology powerhouse, and YHI, a leading distributor of automotive and energy products donated two EV chargers.

The EV emergency ambulance would be based at the Hamilton Ambulance Station, on Seddon Rd.

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FIRST UNION:

BUDGET NEEDS TO FIX ISSUES WITH AMBULANCE RESOURCING

A union hopes Thursday's Budget will fix longstanding issues with St John's resourcing.

A CORONER SUGGESTS THE ambulance service lobby the Government for more funding after an Auckland man watched his wife die despite calling 111 five times.

First Union national organiser Faye McCann told Mike Hosking the crucial service should be fully funded by the Government — and not have to be a charity.

"Year on year we seem to find ourselves in the same situation where St John makes the agreement with the Government as to exactly what they're going to receive with the funding, and then we're in a situation where we're in financial strife again."



newstalkzb.co.nz

PARAMEDICS UNABLE TO WORK DUE TO MENTAL ILLNESS CALL FOR BETTER COMPENSATION

Peter Vinnicombe is now unable to work due to mental health issues resulting from his work as a first responder. (ABC News: Baz Ruddick)

It was a routine call-out for paramedic Peter Vinnicombe, which resulted in horrific trauma that ended his career.

IN THE EARLY HOURS OF A MORNING

in December 2022, he was attacked by a drug-affected patient in the isolated fishing community of Cungulla, south of Townsville.

"I feared for my life. I generally thought I was going to die that night and essentially what it did was open Pandora's box," he said.

Mr Vinnicombe was the officer-in-charge and a solo paramedic in the nearby town of Giru.

After 19 years in the Queensland Ambulance Service (QAS), his "cup overflowed" and he entered a state of deep depression and anxiety, eventually having to step away from the job.

He's on WorkCover and will soon be assessed for compensation, but Mr Vinnicombe is worried about how far the money will go and if it's fair compensation for the toll the job has taken on his life.

Under the WorkCover system, an independent medical tribunal will assess him and put forward a dollar figure for compensation based on how "permanently impaired" the tribunal finds him.

Based on the experience of others, he expects a potential payout would be about \$40,000.

If he decides to dispute the compensation amount, his only real option would be to sue his employer and prove that negligence contributed to his mental illness.

Mr Vinnicombe argues it would be extremely hard to show negligence when it was the accumulation of many traumas on the job which he attributes to mental injury and the fact the QAS offers a service which supports officers through trauma.

"I don't think anyone in any of the emergency services can be in [the industry] for a sustained period of time and not be affected with some sort of PTSD," he said.

"There is no stigma in the services anymore to ask for help, so I think many people are getting help, but I don't think that there is enough recognition that ... things can still go bad."

He wants to see support akin to the gold card — which is given to Australian Defence Force veterans to cover medical expenses for life — rolled out to help first responders.

"We don't make our veterans sue the defence force for going to war and being injured with PTSD. We accept it as the cost of looking after those that serve," he said.

"The vast majority of first responders will see much more trauma than the vast majority of veterans."

AGORAPHOBIC, UNABLE TO REGULATE EMOTION

Like Mr Vinnicombe, Peter Solomon finished his career with Post Traumatic Stress Disorder (PTSD) and anxiety.

Mr Solomon worked in Texas, on Queensland's southern border as a solo station officer.

When he was found medically unfit to work, he decided to take the QAS to court to try to prove the service contributed to his injury.

After a protracted process, he had to abandon the case, concerned that if he lost the legal costs would ruin him financially.

But, in doing so, he had already turned down the \$47,000 that was offered as compensation when the medical tribunal assessed him as being "eight per cent" permanently impaired.



Fiona Scalon is the National Ambulance Coordinator for the United Workers Union. (ABC News: Curtis Rodda)

He said he believes the subjective nature of how mental injury affects people means assessing the level of impairment, and putting a number and dollar figure on it, is difficult.

"If you lose a leg, [disability support] is very easy to quantify. Mental health is very different — it is so subjective," Mr Solomon said.

He now lives on JobSeeker payments and has been knocked back from disability support payments a number of times.

"I had to draw on my superannuation to pay off the house. I paid nearly \$100,000 in income tax because I accessed it early," he said.

"The taxation department, the superannuation fund, my employer and WorkCover all regard me as totally and permanently incapacitated but I don't qualify for disability.

"I am probably going to be forced to cancel my home insurance. I just can't survive."

Formerly an avid motorcycle rider, he's been selling off his bikes to pay the bills and is worried he'll soon have to sell his home if he can't access disability support.

For Mr Solomon, his PTSD manifested into agoraphobia — he can't focus for extended periods and has trouble regulating his emotions.

Some nights he doesn't sleep and other days, he can't get out of bed.

He finds triggers in everyday life. He avoids crowded supermarkets, noisy cafes, the entire town of Texas, and anywhere he has had to respond to traumatic jobs in the past.

Even the smell of barbecue has become a trigger.

"I had a very bad case involving a woman who was horrendously burnt. The smell of barbecue causes severe anxiety," he said.

"I don't have a normal life anymore."

'INTENSE THOUGHTS, INTRUSIVE FEELINGS'

Wendy Li, a psychology professor from James Cook University, says many people who suffer from PTSD experience intense thoughts and intrusive feelings, which impact many parts of their life.

"The symptoms often occur within a month after the event. It can last for weeks, months, even years," she said.

"It brings about a lot of negative impacts. For example psychological, emotional as well as behavioural, depression, anxiety and low self-esteem."

Dr Li said the condition can lead to panic attacks, suicidal thoughts and actions — left untreated, it can have a prolonged effect on people's lives.

"One thing we notice correlated to PTSD is 'moral injury'," she explained.

"For example, for military personnel, of course they need to kill the enemy but killing people may injure them morally. This may be a compounding factor and have a large impact on PTSD."

She said moral injury for paramedics could stem from situations where patients might have been saved with a faster response or more resources.

STRESSORS A SYMPTOM OF STRETCHED HEALTH SERVICE

United Workers Union's national ambulance coordinator, Fiona Scalon, said while a high proportion of paramedics suffer PTSD from the job, other stressors are compounding mental illness, leading to burnout and absenteeism.

"If you are in the last five minutes of your shift and you get sent out on a job — that's a three hour turnaround in a lot of cases, so you know you are not getting home on time and you can't make commitments to your family or yourself," she said.

"When you don't feel supported at work or you've had a really bad shift ... you're not well enough to go to work the next day. [First responder workplaces] are finding a higher level of absenteeism."

Ms Scalon said things have improved for paramedics suffering PTSD in recent years, but there's still more that could be changed to alleviate the stress of the job.

In 2022, the Queensland government introduced legislation which meant that any first responders who were suffering from PTSD were presumed to have developed the disorder as a result of the job.

"They don't have to jump through the same hoops proving it alongside the rest of their life events," Ms Scalon explained.

A Queensland Ambulance Service spokesperson said the psychological welfare and wellbeing of staff is a top priority.

"Assessments and payments relating to this process are completed in accordance with legislation and are made independently from the Queensland Ambulance Service," the spokesperson said.

The spokesman said the QAS operates a staff support service called 'Priority One' which is available to all staff and families, 24 hours a day.

"All staff are encouraged to access the service should they ever need support."

LONG LASTING AND EVER PRESENT

Mr Vinnicombe said he still feels PTSD triggers often, and it was his family who noticed how the condition was affecting him.

He started avoiding his friends and refusing offers to play golf and go fishing — things he used to love doing.

"I'd make up excuses. It didn't feel safe," he said.

"I was waking up at two o'clock in the morning, every morning, regardless of when I went to bed. Getting about two hours sleep."

Mr Vinnicombe struggles with specific geographic locations, reading distressing news, and watching certain movies.

When he attempted to watch a horror movie with his 16-year-old daughter, he was transported back to a particularly distressing job.

"I was straight back at a murder-suicide. You can taste it, you can smell it, you can feel it. Every thing, every part of it — you are in that situation. It's been really distressing," he said.

Despite the effect it has had on his life, when he reflects on his career Mr Vinnicombe feels proud of how he served the community.

"It is an honour to do what we do, but it has come at a cost," he said.

"I don't regret a single day of my career, but I regret the cost it is having on my family and I regret the cost it is having on myself personally."

A spokesperson from the Workers' Compensation Regulatory services said to determine the amount an injured worker is entitled to, the insurer must have the permanent impairment assessed by an independent Medical Assessment Tribunal.

"A tribunal consist of a panel of at least three eminent medical specialists who specialise in a worker's injury," the spokesperson said.

"They consider a worker's medical information as well as undertake a medical examination and interview with a worker."

The spokesperson said any lump sum payments are calculated based on the degree of assessed impairment under the Workers' Compensation and Rehabilitation Regulation 2014 and assessments must adhere to Queensland guidelines.

Health Minister Shannon Fentiman said Queensland's presumptive legislation, which means paramedics no longer have to prove it was trauma from the job which cause mental injury, is "world leading".

"We back them and we will continue to find ways to work with them to make the process as easy as possible," she said.

"The government brought back common law compensation for workplace injuries. We continually work with our frontline first responders to make sure they've got the support that they need."

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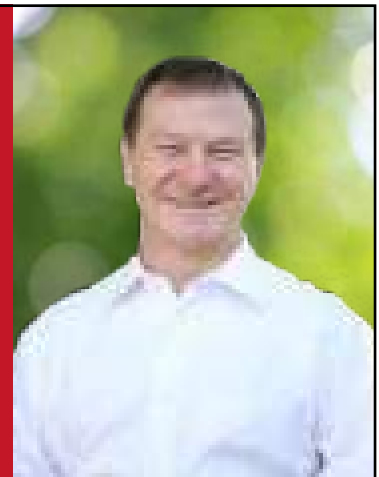

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SA AMBULANCE RAMPING NEAR RECORD LEVELS AMID 'EXTREME' SYSTEM PRESSURE

Ambulance ramping at South Australia's public hospitals reached near-record levels last month, with the state government citing "extreme" pressure on the health system.

PATIENTS SPENT 4,095 HOURS ON THE ramp in March, according to figures provided by the South Australian government.

Ramping reached record levels in November last year with 4,285 hours lost.

SA Health defines ramping as a patient waiting in an ambulance outside a metropolitan emergency department for more than 30 minutes.

The Royal Adelaide Hospital had its worst month of ramping on record in March, while the Queen Elizabeth Hospital, Flinders Medical Centre, Modbury Hospital and Noarlunga Hospital also recorded a jump.

The state government said the health system experienced a 17 per cent increase in Category 1 patients compared to the previous month.

Health Minister Chris Picton said fewer beds have been available because more patients were staying in hospital for longer.

He said delays in discharging people with dementia out of hospital and into aged care had been "difficult".

"We were very clear that this would take time that there's not one single thing that you can do which can flick the switch that can address this issue, you have to do 100 different things all at the same time," Mr Picton said.

"If you look at the stats that we have right now compared to the same time last year, we've got about 100 extra long-stay patients in our hospitals compared to the same time last year."

Opposition spokesperson Vincent Tarzia said more needed to be done by the Labor government to address "unacceptable levels" of ramping.

"Once again we see over 4,000 hours lost on the ramp in the last month alone — that is simply not good enough," Mr Tarzia said.

"Peter Malinauskas and Labor said they'd fix the ramping crisis. We are still seeing it at levels that are ... unacceptable."

Meanwhile, ramping at the Lyell McEwin Hospital in Adelaide's north decreased by

HOURS RAMPED AT ADELAIDE PUBLIC HOSPITAL EMERGENCY DEPARTMENTS



45 per cent for the fifth straight month in a row, according to the government.

Mr Picton said a team of doctors, nurses and health professionals had been tasked with speeding up patient discharges at the hospital on weekends, where backlogs have usually occurred.

The government said the team of clinicians was using artificial intelligence to identify patients who could be reviewed for discharge — a move which has seen a 34 per cent increase in weekend discharges since the program began.

It said the change saved clinicians time by avoiding lengthy patient record searches.

“Clinicians at Lyell McEwin Hospital are using clever strategies to help improve patient flow, reduce delays to patient discharge and bring down ramping,” Health Minister Chris Picton said.

He added the government was also increasing beds and expanding emergency departments in South Australian hospitals.

“We know we need more beds in our system and we are working tirelessly to build and open every bed that we can,” Mr Picton said.

“This year alone, we will open 150 new beds across our hospitals, with a further 130 beds next year — that’s the equivalent of a new Queen Elizabeth Hospital.”

The AEA continues to advocate for better coordinated Interhospital Transfers and the expansion of transit ward at all major metropolitan hospitals. This will ensure beds can be made available sooner when patients are ready for discharge and patient transfers avoid hospital ramps. The AEA and our members welcome these investments into the health system which will have a material impact on patient care, ambulance response times, patient flow and ramping.



Joshua Boscaini
abc.net.au



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FASTEST RESPONSE TIMES IN THREE YEARS

South Australians are benefiting from the fastest ambulance response times recorded in the past three years.

FOR "PRIORITY ONE" CASES, SA Ambulance must meet an eight-minute target time to reach patients.

In April, almost 72 per cent of these cases had their ambulance arrive on time - the best response rate since April 2020.

Irene, a 73-year-old woman, was trapped inside her car after a crash in North Adelaide in March.

She was a "priority two" patient, and paramedics arrived well within the 16-minute window.

Today she was reunited with the paramedic who was first on the scene, moments after her accident.

"I could not believe how quickly the ambulance was there and it was only

today I found out they were there in four minutes," she said today.

"Meeting Irene has just reinforced how meaningful what we do is," SA Ambulance paramedic Katie said.

South Australian Health Minister Chris Picton praised the results.

"This is why we have put such a significant level of resource into our ambulance service, with well over 200 extra ambos we've recruited," he said.

"The reason we focus on priority one and priority two cases is because these are the life-threatening potential emergencies in our community."

While progress has been made, the government's core election

commitment to fix the ambulance ramping crisis remains unfulfilled.

Last month's ramping hours were significantly higher than those in April of last year.

"There's one thing to get an ambulance rock up quick, quickly at your home when you call it, it's another to get into hospital, to get into an emergency department," South Australian Opposition Leader David Speirs said.

"There's still more work and more investment to come and we're not saying that the job is done, but we're certainly heading in the right direction," Picton said.

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ENDORSED BY SENATOR ANDREW MCLACHLAN (LIBERAL PARTY OF AUSTRALIA, SOUTH AUSTRALIA)



AMBULANCE TASMANIA: INJURED PRIMARY SCHOOL STUDENT WAITS HOURS FOR AMBULANCE TO ARRIVE

A primary school student in Southern Tasmania was forced to wait more than three hours for an ambulance after hurting themselves at recess last week – but the paramedics’ union says “these sorts of stories are pretty common”.

THE MERCURY UNDERSTANDS A student at Illawarra Primary School, at Blackmans Bay, suffered a non-life-threatening injury last Thursday, prompting staff to call an ambulance.

The Health and Community Services Union (HACSU) has confirmed the ambulance was not able to attend the scene for at least three hours.

A Department for Education, Children and Young People spokeswoman said the department was unable to comment on individual cases for “privacy reasons”.

“We can confirm that an ambulance was called to Illawarra Primary School yesterday after a student was injured playing sport during break, requiring medical treatment,” she said.

Ambulance Tasmania executive director operations Michelle Baxter also said it could not comment on the specific case due to “patient confidentiality” but noted there were triage processes to ensure urgent and life-threatening cases were prioritised for paramedics.

“We empathise with those who may have to wait for an ambulance for various reasons including when the number of higher emergency cases rise, when crews are on scene for longer periods of time due to changing circumstances, and when crews are required to travel further distances to respond,” she said.

HACSU state secretary Robbie Moore said Thursday was a “busy” day for ambos but that was nothing unusual.

“We’re having those [days] very regularly,” he said. “These sorts of stories are pretty common.”

“This is not what [paramedics] signed up for. They signed up to be getting to these situations urgently. And instead they’re now not just facing being ramped and all that – when they then do turn up to a case, they’re often dealing with people who are very frustrated and angry with how long it’s taken even though [paramedics] have no control of that.”

Rob Inglis
themercury.com.au

TASMANIAN HEALTH STAFF HONoured ON KING'S BIRTHDAY

Congratulations to the three Department of Health staff who have been recognised in the 2024 King's Birthday Honours:

LAURA BUTLER

Paramedic and Manager, Clinical Practice Emergency Medical Services – Ambulance Tasmania

PROFESSOR BRETT MCDERMOTT,

Director – Child and Adolescent Mental Health Service Tasmania

JORDAN EMERY

Chief Executive – Ambulance Tasmania

MINISTER FOR HEALTH, MENTAL HEALTH and Wellbeing, Guy Barnett, said the recipients of these awards are remarkable individuals who have been appropriately recognised for their immense service to our community.

"Recognition in the King's Birthday Honours List is one of the highest acknowledgments of community service an Australian citizen can receive," Minister Barnett said.

"I sincerely congratulate the three recipients for their well-deserved achievement and contribution to Tasmania's health system."

Professor McDermott will be presented with a Member of the Order of Australia (AM) in the General Division for significant service to medicine in the field of child and adolescent psychiatry.

Minister Barnett applauded Professor McDermott's research and immense body of work that have made a significant impact to the lives of young people across the whole country.

Mr Emery and Ms Butler are recipients of the Ambulance Service Medal (ASM).

Mr Emery was appointed Chief Executive of Ambulance Tasmania in 2023 after 15 years as a paramedic and undertaking various leadership roles and continues to champion industry-wide culture and leadership reform through heart-centred leadership.

Ms Butler has been a paramedic since 2013 and is a prehospital care leader, actively working to improve the quality of out of hospital care within Tasmania.

Her work has been integral in progressing numerous key changes and innovations at Ambulance Tasmania.

Minister Barnett said the ASM is a prestigious award that recognises distinguished service as a member of an Australian ambulance service, so this is a significant honour for Mr Emery and Ms Butler to receive and thanked them for their service.

"The incredible contribution of all three of these outstanding Tasmanians is deeply appreciated and greatly assists us in the delivery of our 2030 Strong Plan for Tasmania's Future."

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HACSU
Health & Community
Services Union

TASMANIA'S LARGEST AND STRONGEST UNION

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

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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'SHIFT FROM HELL': PARAMEDIC CRASHES AFTER 18-HOUR SHIFT

A paramedic who nearly lost his life after crashing down an embankment in the Hume region following an 18 hour shift has hit back at Ambulance Victoria for "discrediting" him.

A PARAMEDIC WHO NEARLY LOST HIS life after crashing down an embankment in the Hume region following an 18 hour shift has hit back at Ambulance Victoria for "discrediting" him.

Jim Avard, 56, had endured a "shift from hell" – having worked from 7am until 1.30am the following morning – when he fell asleep at the wheel on Thursday.

Mr Avard, who has worked as a paramedic for 23 years, said he felt "unsupported" by Ambulance Victoria who questioned whether he was on the clock at the time of the rollover.

In a statement to the Herald Sun on Monday afternoon, an Ambulance Victoria spokesperson said they were "reviewing the circumstances, including the movement of the ambulance between arriving back in Myrtleford at 12.39am on Thursday, until the rollover at 1.26am".

"There is no indication the paramedic was dispatched to a case at that time," they said.

"The safety of our people is paramount and we have offered support to our paramedic. As with any driving incident involving our crews, it is now being investigated by our driving standards and health and safety teams."

The spokesperson confirmed Mr Avard was not originally rostered to an 18-hour shift.

"They approved the 18 and a half-hour shift on my timesheet. They've got vehicle tracking data," Mr Avard said.

"And for them to come out and discredit me – I'm frustrated and annoyed after serving them and the community for that long."

Mr Avard had been ramped at Wangaratta hospital for several hours when he was called out to an incident in Corowa, just across the New South Wales border, at 9.30pm.

"I couldn't believe they were actually sending us to (Corowa). You're supposed to be taken out of service after 14 hours, but that doesn't apply to on-call paramedics," he said.

"I spoke to the duty manager and said do you realise we've already worked a 14.5h continuous shift.

"And they say well there's no resources in the area. So what do you do? Of course we went."

When Mr Avard eventually started to head home to Myrtleford, which was located 90km away, he attended another job nearby before heading back to the branch to restock the truck and drop off his colleague.

On his way home he drifted off, crashing down the embankment at 90km/h.

"I just remember being upside down and not being able to feel my legs due to the seat belt cutting off circulation," he said.

"I wasn't nodding off tired, but maybe more asleep with your eyes open tired. I knew I was very close to home and I couldn't wait to have a shower, get into bed and not be on call."

Mr Avard's colleagues from a private patient transport crew managed to free him before he was then flown to the Royal Melbourne Hospital.

The veteran paramedic said he had submitted multiple health and safety claims through Ambulance Victoria over the past 12 months, raising concerns over fatigue, but has seen "no action".

"Being dispatched and non urgent cases overnight while on call, it just creates more fatigue," he said.

"The way we work up here in the country, it's not sustainable from a fatigue management and workplace safety point of view."

Mr Avard said he is taking it "a day at a time".

"I don't know (if I'll return), I'm certainly taking time off and trying to get into a psychologist to help with my head noise."



Most paramedics work four days on, four days off, consisting of two 10 hour day shifts and two 14 hour night shifts.

Crews in rural towns often work "on call" rosters which are typically eight days on and six days off. Their shift is normally 8am to 6pm, but they are then on call overnight.

It is expected these workers only attend life threatening emergencies while on call. But in this case, due to stretched resources, the rural workers were "used just like any other crew".

Secretary of the Victorian Ambulance Union Danny Hill said Victorian crews are often called to towns in New South Wales, like Corowa, because there are scarce resources close to the border.

"They'll say there's a case down the road, you're the only crew that can go to it and plead with them to go," he said.

"And then they still have to make their way back home after the end of the shift. It puts them at enormous risk for distances that have to travel.

"You can't rely on a fatigued person to identify that they themselves are fatigued."

Mr Hill said paramedics often also work in the same towns that their patients live in, making them feel obligated to respond.

"Because if they don't, they might bump into those people in the supermarket the following day."

He said this wasn't an isolated case, with paramedics working "massive amounts" of overtime.

"Even in places like the metropolitan regions and the busier centres, they work 12 or 14 hour night shifts, but then they could do a case that takes them three or four or five hours over. So we do see paramedics working 17-18 hour shifts from time to time.

"Paramedics will tell you at the moment, almost every day, they're working past the end of their shift. It could be one hour, it could be three or four hours.

"They could be stuck in a hospital corridor and unable to get home, being made to look after a patient until hospital staff become available."

Mr Hill said crews have been calling for improvements to the call taking dispatch system for years with more and more paramedics being called to "trivial" incidents.

"So many of the silly cases you hear about people calling up ambulances for – crews are still being sent to those cases, often on the lights and sirens," he said.

"They'll say save triple-0 for emergencies but they're still sending our crews to them and it adds to their fatigue."

He said he expects an "exodus" of workers from the job if conditions don't improve.

"Paramedics love their job. But it's got to be a sustainable job that they can do," he said.

"We've got research that shows that one in five paramedics are planning to leave the job in the next year, mainly due to the unmanageable workload."

Acting Premier Ben Carroll said the government will await the findings of the Ambulance Victoria investigation.

Mr Carroll said it is unacceptable for anyone to work "exorbitant hours".

"This paramedic is someone who is obviously very committed to their job," he said.

"We thank them for their service but we want to make sure they feel supported through this process."

A WorkSafe spokesperson said: "WorkSafe inspectors responded and will determine whether further action is required."



AMBULANCE SERVICE DEMANDS REACH UNPRECEDENTED LEVELS

Demand for ambulances in Victoria has surpassed the height of the COVID-19 pandemic, with the parents of a young child forced to drive her to hospital because the nearest ambulance was too far away.

THE INCIDENT, INVOLVING A FOUR-year-old girl, unfolded in Melbourne in the early hours of Monday after a weekend when ambulance services were stretched to the limit.

Ambulance Victoria Executive Director, Regional Operations Danielle North said seasonal illnesses was further hindering the embattled service.

"It is a complex issue. The demand is very, very high. It's unprecedented the level that we're seeing at the moment," she said.

"Compared to this time last year, we're seeing about a five per cent increase in demand across the system.

"Last year was a record breaking year for demand so it continues to grow."

The lack of available ambulances on Monday prompted a code orange, which is triggered when just one per cent of ambulances are available.

Victorian Health Minister Mary-Anne Thomas said she was shocked to learn how the child was impacted by the mass shortages.

"Obviously when I read stories like that it's very concerning," she said on Wednesday.

"Unfortunately, we don't have any further information in relation to that young girl as her parents opted to drive her to hospital."

North said Ambulance Victoria had conflicting reports about how close an

ambulance was to the family, who reported it as 50km away, at the time of the call.

"My understanding is there was an ambulance closer than 50km," she said.

"We're trying to understand that detail, as to how that information was provided to them, because we don't believe that's correct."

Victorian Ambulance Union boss Danny Hill said the incident was a symptom of greater issues facing the system.

"It's terrifying because at that exact time (the parents called triple-zero), ambulances dropped to one per cent available," he told AAP.

"This is an example of the real life consequences of not having ambulances available.

"THIS IS AN EXAMPLE OF THE REAL LIFE CONSEQUENCES OF NOT HAVING AMBULANCES AVAILABLE."

- Danny Hill

"Paramedics are spending all of their time ramped at hospital or being sent to these low acuity cases."

North urged Victorians not in serious need of emergency care to avoid requesting an ambulance or calling triple-zero.

"One in five ambulance calls to triple-zero do not require an emergency ambulance," she said.

"What I would say to Victorians is just an acknowledgement that the system is under significant pressure."

The minister earlier rebuffed suggestions the call dispatch system needed overhauling amid reports paramedics were being sent to too many cases that weren't urgent.

"It is a system that is clinically governed in such a way to err on the side of caution," Thomas said.

"But I will say this, it is on all of us to ensure that our paramedics are there to respond to life threatening emergencies."

Holly Hales

thenewdaily.com.au



WA VIRTUAL ED TO EXPAND INTO MENTAL HEALTH



In a Western Australian first, the Cook Government will establish a new mental health co-response model as part of the WA Virtual Emergency Department (WAVED) located within the State Health Operations Centre.

THE MODEL, WHICH IS BASED ON

successful trials in the eastern states, will provide support to a person in crisis in their home through a combination of virtual care and a mobile crisis response team consisting of a paramedic and a mental health practitioner.

It will reduce avoidable emergency department attendances and hospital admissions and improve the experience and outcomes for mental health patients.

This model is part of the Cook Government's historic emergency department reforms to address the underlying causes of ambulance ramping, building on the \$672.5 million of reforms already underway.

The reforms already delivered have seen ambulance ramping in the six months to March 2024 reduce by 27 per cent compared with the same period last year.

The 2024-25 State Budget will include \$154.6 million of new and continuing initiatives to improve emergency access and reduce ambulance ramping.

This comes on top of recent measures included as part of the Mid-Year Review last year, including \$122.4 million for a program to provide step down aged care beds for people who are discharged from hospital and \$60.1 million for community mental health treatment.

In addition to allocating \$7.9 million for the Mental Health Co-Response model, the \$47 million WAVED expansion package also includes:

- \$28 million over four years for additional clinical full-time equivalent within WAVED, enabling it to significantly expand its staffing and patient numbers;
- \$8.6 million over two years to expand geriatric-led virtual care services through the Community Health in a Virtual Environment (CoHIVE) initiative;
- \$1.4 million to co-fund a 24-month pilot of Extended Care Paramedics with St John WA, with highly trained paramedics to assess and treat suitable patients at the scene; and
- \$1.1 million to extend nurse practitioner in-reach care through the Residential Care Line.

Other new and continuing initiatives funded in the 2024-25 State Budget to improve emergency access include:

- \$6.2 million for the Patient Transport Coordination Hub (PaTCH);
- \$10.2 million to expand nation-leading pilots that give hospital patients access to respite care and flexible packages to support their discharge into the community;
- \$22.2 million to continue the From Hospital to Home Disability Transition Care Program; and
- \$1.1 million to extend geriatric outreach services at North Metropolitan Health Service.

As stated by Premier Roger Cook:

"My Government is committed to introducing systemic reform to the health system and improving access to emergency care for all Western Australians.

"These reforms have already contributed to a significant reduction in ambulance ramping, with ramping in the six months to March 2024 reducing 27 per cent compared with the same period last year.

"This year's Budget is building on the work we have already started, including the expansion of WA Virtual ED to support more patients to receive the care they need in the community."

As stated by Health Minister Amber-Jade Sanderson:

"We are working hard to reduce ambulance ramping hours and this year's Budget delivers more than \$154 million in reforms to help continue the hard work we have started.

"This is on top of the suite of measures already working to improve access to emergency care and reform the health system.

"The new mental health co-response model will reduce avoidable emergency department attendances, hospital admissions and improve the experience for mental health patients in our health system."

SHONKY NDIS PROVIDERS CAUSING AMBULANCE RAMPING AT WA HOSPITALS

A surge in the number of hours that ambulances are being forced to “ramp” outside public hospitals is being hampered by shonky NDIS providers sending their vulnerable clients to WA hospitals.

HEALTH MINISTER AMBER-JADE

Sanderson labelled as “very concerning” the rate of NDIS providers putting their clients - who often do not have an urgent medical issue — in hospitals as a matter of “last resort”.

She made the comments in response to new figures showing how in the first six days of June, St John WA crews spent 1242 hours ramped outside hospital emergency departments because they were unable to accept patients.

If the disturbing trend continues, it could mean paramedics spend a staggering 6000 plus hours this month ramped outside hospitals.

Not since mid-2022 — shortly after WA experienced its peak of COVID cases — has ambulance ramping seen such high levels.

When quizzed about the ramping figures on Friday, Ms Sanderson said a lack of aged care beds — which effectively forced elderly residents to go into hospitals — was impacting ramping.

She said there was evidence to suggest some poorly managed NDIS providers who were running out of money were sending their clients to hospitals, which was also affecting ambulance ramping.

“This year we’re seeing something that is very concerning and that is NDIS participants whose plans have run out of funding and are then admitted to hospital as social admissions,” Ms Sanderson said.

“They are largely ... plans that are managed by NDIS providers that are not managed appropriately. They run out of funds and they put their clients in hospital.

“That is occurring and it’s completely unacceptable.”

Ms Sanderson said many of the NDIS patients being put in hospitals had “high” and “complex” needs.

“These are clients who should be under the NDIS at home, or in an appropriate care setting being supported by their approved plans,” she said.

“But because the providers are not managing those plans appropriately, they run out of money before the end of the financial year, and they take them (the client) to hospital as the last resort.

“We are not the last resort. Hospitals are not the last resort and we are not the most appropriate setting for people with complex long term disabilities.”

Australian Medical Association of WA President Michael Page said staffing shortages at WA’s major hospitals was still a huge issue that needed addressing, and was only one of the reasons why ramping was occurring.

He said more needed to be done to attract additional overseas based doctors and nurses to WA.

“As we know, ramping is not a problem with inadequate emergency department capacity generally speaking. It’s a problem

of the total hospital capacity and the ability of hospitals to treat the number of patients that get admitted,” Dr Page said.

“If there are no beds in the hospital and they can’t be admitted, the system just backs up onto the ramp effectively because the patients can’t get out of the ambulance and into the ED.

“A lot of the patients waiting to go onto the (hospital) ward is down to the fact we don’t enough medical staff and doctors and nurses to treat the patients in those beds.

“We need more doctors to address the issue of overall hospital capacity ... we have to make it easier for doctors to emigrate to Australia from other countries.”

In a statement issued on Friday, a St John WA spokesperson said the agency responded to 82.5 per cent of Priority 1 cases within 15 minutes yesterday.

“St John WA is in constant contact with the Department of Health to support patient flow and meet demand. It is busy on-road and ambulance crews are working hard to respond to emergency calls,” the spokesperson said.

“As always, St John WA reminds the public to save triple-0 for emergencies.”

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