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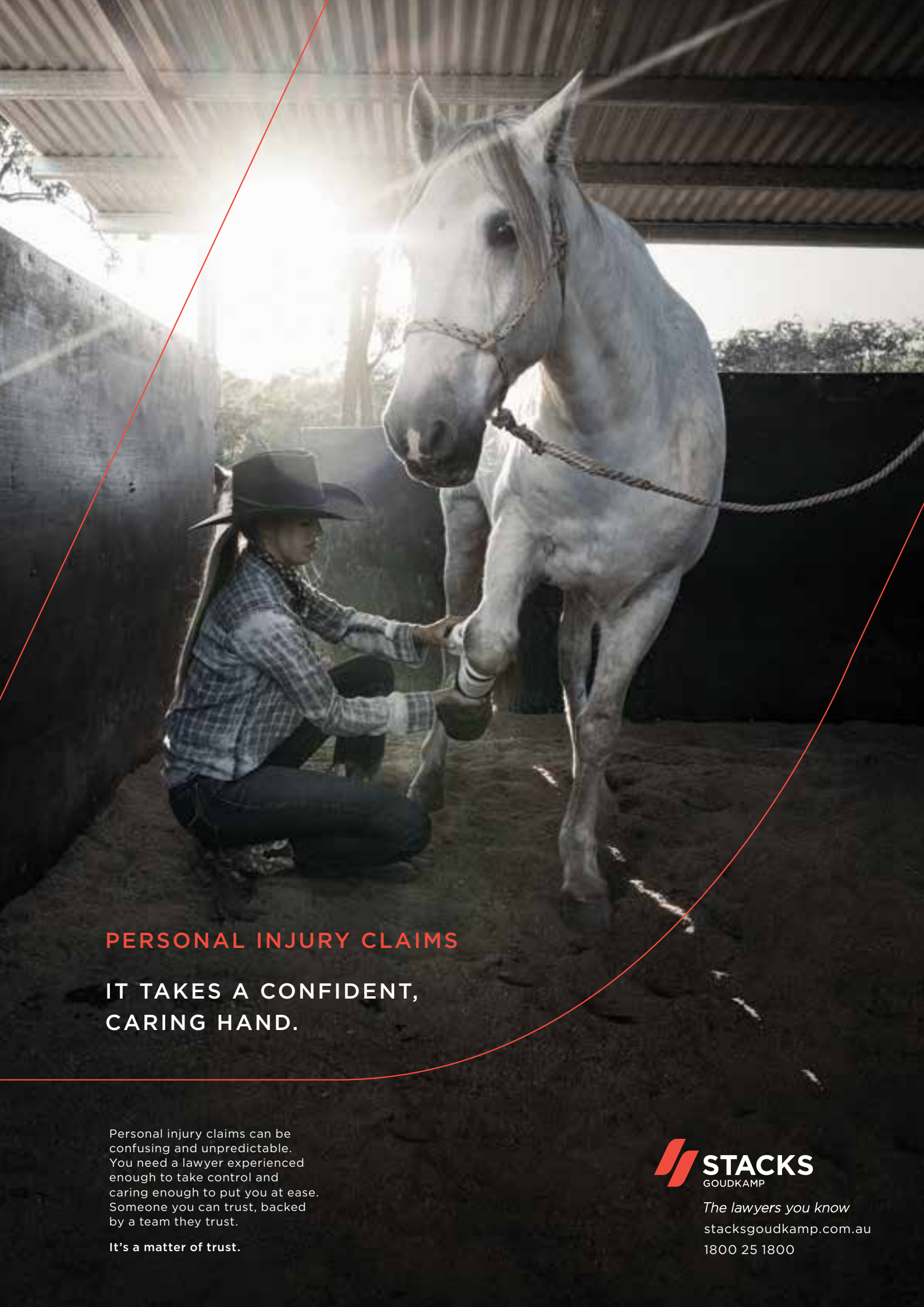
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# AMBULANCE ACTIVE

VOLUME 14 ISSUE 1 2023

## Australasian Council of Ambulance Unions Elected Office Holders 2023

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Ambulance Victoria enterprise bargaining



Violence pushing paramedics to the brink



Health spending 'mismanagement'



Feeling 'invincible' on International Women's Day



Loss of state's top ambo a blow, says staff Union



Triple time in bid to tackle ambulance crew shortages

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

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

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

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

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

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

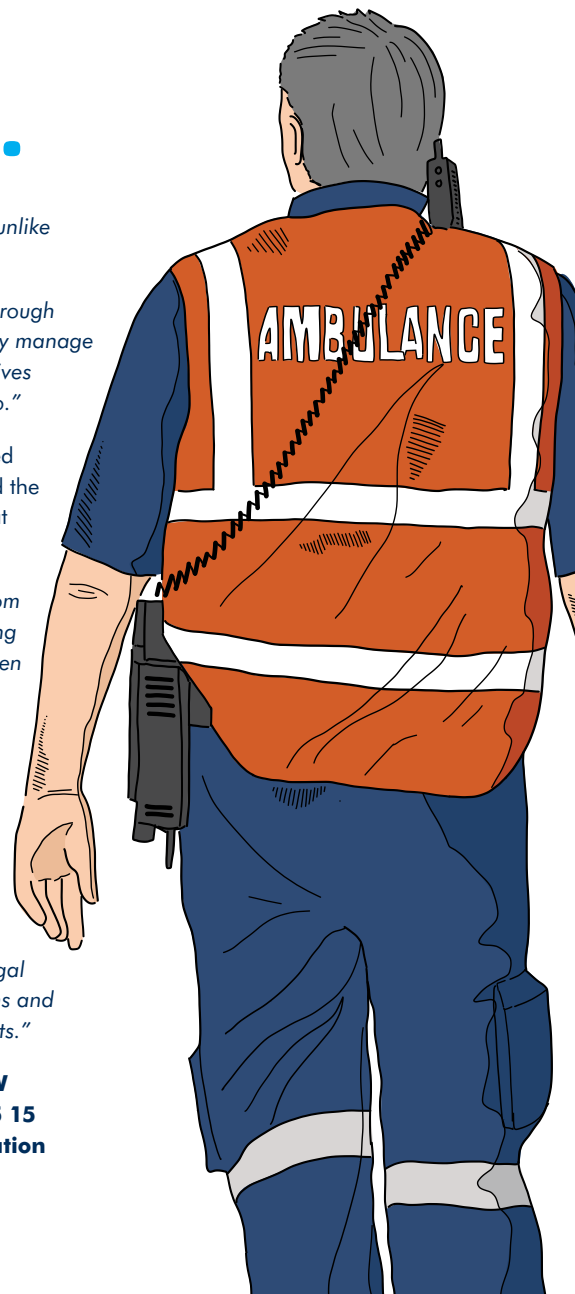
*TPD and income protection which are unlike any other worker in NSW."*

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

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

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

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



Chantille Khoury – Principal, Law Partners

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# FROM *the* PRESIDENT

**THE YEAR HAS DEFINITELY STARTED AT** a running pace. What a difference a federal Labor government makes. Unionism is no longer a bad word. Instead, we are making inroads for making work places safer and more fair for workers, and being recognised for that! Congratulations to all members who have been getting active and playing their part in these changes.

I wrote last quarter about the significant role paramedics were going to play in health in 2023 and this has certainly been the case. Not only in State based policy but federally. Paramedics are leading the conversation and showing just how significantly our scope of practice and skill set have expanded since we were ambulance officers.

I congratulate all union members for their advocacy for our profession. The support we are seeing from the community is something I've not seen in other industrial

fight. But even better than the support from community is seeing us be proud of who we are. Being proud of what we do. The difference we as paramedics, control officers, and support staff make not only to health but to the individuals who need us cannot and should not be underestimated again.

I started writing this before the NSW state election voting day and am finishing it on the Monday after, where it looks like NSW will have a Labor majority Government. Another state Labor Government that was voted in on a strong Health Mandate. It's now our job around the country to hold them to this. To be union strong and active. To be advocates for our colleagues and patients. I look forward to our fights continuing but hopefully now on not so deaf ears.

**Tess Oxley**  
ACAU President



A smiling man with short dark hair, wearing a blue long-sleeved shirt, holding a blue mug. The background is a blurred indoor setting.

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# FROM the SECRETARY

## NSW STATE ELECTION RESULT

On Saturday the 25th of March NSW voters elected a Labor Government for the first time in 12 years. Public sector unions, including the Ambulance Division of the Health Services Union (ADHSU), campaigned heavily for the removal of the Liberal-National imposed Public Sector 3% Wages Cap which had artificially limited the Industrial Relations Commissions ability to award increases above this cut-off, regardless of the merits of the case. This was effectively the NSW version of **WorkChoices**. It has resulted in a massive drain of paramedics, nurses, teachers and other front line workers to other states and territories with pay rates far in excess of what was available in NSW. The brain drain has become more pronounced as cost-of-living increases bite.

ADHSU successfully campaigned on the unfairness of this policy and how it disrespected the contribution made by paramedics and other frontline workers to the health, education and wellbeing of the NSW public throughout the COVID Pandemic over nearly three years.

The Liberal-National Coalition government had been plagued by ongoing integrity issues with two former Premiers, O'Farrell and Berijikian, resigning in disgrace following ICAC investigations and the former Deputy Premier, Nationals Leader John Barrilaro also under investigation for his

appointment to a plum \$500K a year trade job in New York over the top of the preferred candidate.

## AMBULANCE UNION INFLUENCE

The win by the Chris Minn's led NSW ALP was substantially influenced by the ADHSU campaign. Governments in Victoria, South Australia, Western Australia, Queensland and now NSW have all been ousted in recent elections after significant and successful campaigns by the ambulance unions in these states.

Occasionally some union members remark to me that as we become more professional, they are a little uncomfortable with paramedic unions becoming involved in politics and aligning to one party or another. I acknowledge we live in a pluralistic society where respect for each other's opinions is foundational to civil debate. Reality is though that most ambulance services are government run and there is a significant pressure on most government's budgets. Campaigning and lobbying are essential to the profession achieving the resources we need to provide the best standards of safe care. The Liberal-National Coalition in NSW had deliberately let the appropriate level of resourcing and support for ambulance services and paramedics, including a fair wage, decrease over their 12 years in office. The ADHSU campaign highlighted this and was extremely successful in achieving its objective.

## VICTORIAN AMBULANCE UNION WELCOMED INTO ACAU

At an Extraordinary General Meeting of the ACAU held in December 2022 a majority of ACAU member unions voted to alter and update the ACAU's Rules and Objectives and invite the Victorian Ambulance Union, the VAU, to join the ACAU as a Full Member union.

The VAU currently represents over 5000 members in the government, private sector and patient transport areas. We welcome VAU Secretary Danny Hill, VAU delegates and all VAU members into the ACAU fold and look forward to sharing our collective knowledge and expertise to advance the interests and working conditions of paramedics and ambulance sector workers across Australia and New Zealand.

## FINAL SHOUT OUT

Finally, a big shout out to all of the ADHSU members and officials who have campaigned tirelessly for many years now to improve your wages and conditions. Hopefully a new chapter is about to be written in your relationship with the state government. We all look forward to you receiving the resources and recognition you deserve.

**Jim Arneman**  
ACAU Secretary



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

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# INDUSTRIAL REPORTS

## ACT

### OURACTAS CAMPAIGN

Following on from our highly successful industrial action, including the chalking of ambulances and the largest general meeting ever held in the ACT in late 2022, negotiations to modernise the ACT Ambulance Service have continued with several significant concessions being won. Delegates have held ongoing meetings with the Director General and Deputy Director General of the Justice and Community Safety Directorate (JACs), hammering out processes to introduce a state-of-the-art emergency roster, transition the ambulance Communications Centre back under direct ACTAS control and reinstate Workforce Planning and the Operations Support areas out of the Emergency Services Agency (ESA) and back under direct ambulance service control.

### ACTAS COMMUNICATIONS CENTRE

As a result of the OurACTAS campaign, the ACT government has agreed to the TWU demand to transition the ambulance section of the communications centre back under direct ACTAS control. The projected date for this to occur is April 17th 2023. Some seven years ago the ESA began a failed 'reform' known as the 'OneCOMCEN' project. It has delivered no benefits to the ambulance service or our members. Indeed, some changes can arguably be seen to have impacted response times and have certainly led to a deterioration of the culture and work practices within the ambulance communications centre, including bullying of members and targeting of delegates. TWU Commcen delegates Tess Chilcott and Elle Carriage have worked tirelessly organising members and keeping

caucus informed of the deteriorating organisational climate. This has been a great example of the organising model of unionism in full flight. The solidarity of the members contributed enormously to this outcome. We look forward to the finalisation of this process and seeing our comms sisters and brothers back in green.

### OPERATIONS SUPPORT AND WORKFORCE PLANNING

These two vital enabling support services are also being returned to direct ambulance service control as a result of the pressure exerted by the OurACTAS campaign. Ops Support was removed from ACTAS control without consultation several years ago in a move that has had ongoing impacts on the ability of frontline paramedics to provide safe care. The dedicated Ops Support Officers continued to provide the best service they could, however, ESA control of the section caused significant stress due to under resourcing and bureaucratic red tape. Negotiations are continuing as to the exact transition date. Agreement has already been reached on expanding staff numbers to enable this important section to carry out its vital work.

In a similar vein, the Workforce Planning section, who look after rostering, leave and other HR functions, are also returning to ACTAS control. This vital enabling service is also currently under resourced. The TWU is fighting to ensure it receives the staff it needs to carry out its responsibilities in a timely way.

### NEW EMERGENCY OPERATIONS ROSTER

Work on implementing the new emergency operations roster is also continuing. The Roster Implementation

Working Group has been meeting fortnightly since the industrial action in December 2022. A project plan has been agreed and the complicated process to roll out this historic work practice change is progressing. A new relief factor has been agreed to underpin the roster into the future. The new roster will comprise of a 12-10-12-10 (Day/Day/Afternoon/Night) 4x4 pattern. It includes a relief line and 5 hours of quarantined staff development time per block of four shifts. It is designed to strike a better work/life balance for all staff, in line with ACT government policy. This will be the most significant change to ambulance rostering practice since the introduction of the original 10/14 4x4 rosters in the 1980's. Staff are looking forward to the benefits it will provide, especially the requirement to only work a single 10-hour night shift per block, significantly reducing fatigue in an era of increasing utilisation rates.

### INDEPENDENT REVIEW OF ESA SENIOR MANAGEMENT

Following the well-publicised vote of no confidence in the ESA Commissioner by the biggest general meeting of ambulance union members ever held in the ACT in December 2022, the ACT Government has announced an independent review into ESA senior management. The review will be conducted by ex-Ambulance Victoria CEO Tony Walker. The TWU looks forward to contributing to the review and its findings.

Yours in Unity,

**Jim Arneman**

TWU Ambulance Caucus Secretary.



## NSW

### ADHSU MEMBERS HAVE BEEN

focusing heavily on our fight for professional recognition and pay in the leadup to the state election. This saw members becoming more active than ever, both in participating in actions, and in designing what those actions would look like.

The statewide delegates group of approx. 45 delegates really stepped up in their roles as union leaders in their local areas. The fight was a strategic campaign focusing on community involvement. Campaign strategies involved 'Air' -social media and main stream media and ground tactics by members including chalking campaigns, days of action such as gathering petition signatures, campaign vest messages and teaching the public CPR for when there are no paramedics to respond in NSW due to lowest wages and

poor conditions. One of the big hits of the campaign were ADHSU paramedic badges to replace NSW badges. Our members are continuing to wear them proudly as an ongoing action.

Members also rolled out actions not seen before in NSW (and we believe Aus) including insisting on trainees being signed on 3 up in an ambulance to acknowledge the huge responsibility of training the next generation of paramedic. Making sure they receive one on one training instead of instructions from the front seat while driving lights and sirens. Word of mouth is reporting that both trainees and trainers felt more supported on road during this week of action than they had in years.

When the conservative government shunned our offers of reforms for payraises that would significantly reduce hospital ramping,

We offloaded stable low acuity patients after 30 minutes of hospital delays directly to the hospital to manage and clearing the ambulance for the next case. Ramping is a government and hospital issue, not an issue for paramedics to solve because we are cheaper than nurses!!! We will wait for the data, but again, when the pressure was on, and hospitals couldn't use the lazy option, they managed to find ways to offload and delays were reduced more than ever!

WE have continued our smaller fights on the side, with duty managers standing together and taking action to stop being taken for granted. Our previous actions have led to a massive staff increase over the last 4 years; however, no new managers have been appointed. They are being used as on road stop gaps, and administrative assistants with no time for staff welfare or wellbeing. The DOM group is standing strong until





their numbers are enhanced, and the service agrees to backfilling their vacancies.

It's been great seeing our brand-new junior members getting active, fighting for paid accommodation during their training in-services, and now for a safe work/ study balance with the new post employment tertiary program. With NSW and the university involved in the new work/study program changing the rules at the last minute and threatening job security. With all our action on road for professional pay, these members have felt heard, and supported to be able to stand up and take action themselves for what is important.

With a change in NSW to a Labor Government we look forward to more discussions around professional pay taking a real step forward so NSW will no longer be the lowest paid, highest injured ambulance service in Australia.





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# New Zealand

## COLLECTIVE AGREEMENT NEGOTIATIONS

A further two days of Collective Agreement negotiations were held on 20/21 March. Whilst further progress was achieved at our latest sessions, we are yet to reach a position amongst the negotiating parties that will result in a referral back to members for your feedback and approval.

Further negotiation dates are confirmed for the 4th and 5th of April and we are confident that those sessions are likely to get us to a point where we will be able to provide a full report back and outcome for members to consider.

At last week's negotiations, progress was made in the following areas:

- Improvements to the medical insurance scheme.
- Improvements to penal rate payments
- An improved wage increase offer, but more improvement is required.

There are some other outstanding claims to progress but overall we are feeling more confident a settlement is close and likely at our next meeting, but we'll wait and see. The Employer assured us at the end of the last bargaining session that they want to work constructively through the outstanding issues and will be making a further offer to us on the 4th of April.

Thanking you all for your patience and support throughout these negotiations.

## CSO 50/50

There have been issues raised with CSO's being pulled off the road to complete shifts on the desk and therefore not having their desk allowance correctly pro-rated. St John has advised they have now fixed the issue and any staff who had completed additional shifts on the desk, rather than their scheduled road shifts, should have been back paid. If this hasn't occurred please get in touch so we can pass the details on to St John to look in to. Going forward St John has advised:

For any redeployed shifts > 6hrs, 50/50 CSOs are to enter into the comments field in time-filer the following text:

- 'MOVED TO CSO CD'
- Ensure that capital letters are used (as this is how Payroll will search for eligible shifts).
- Do not use the drop-down casual educator 10% option (this does not apply for redeployment of shift and will not be paid)

## COMMS

I understand there are scheduled shut down periods for Auckland and some staff are being flown to Christchurch to complete their shifts. Please remember that fatigue management also applies to comms and staff should not be working more than 14 hours in a row with a compulsory 10 hour stand down, this also includes travel time. If you are pressured to do further hours please get in touch so we can follow up.

I will be going on maternity leave mid-March or early April for six months and Neil Chapman will be stepping in to cover the National Coordinator role.

I am sure many of you would have met Neil before as he has covered ambulance before and is one of the long-standing organisers of First Union. Neil has been part of the bargaining alongside your delegates, myself and one of our Secretaries so you will be in good hands if bargaining needs to continue. His email is [Neil.Chapman@firstunion.org.nz](mailto:Neil.Chapman@firstunion.org.nz).

## ST JOHN BARGAINING

We are still in bargaining with St John who have advised that any offer will be conditional to government funding. We have come across this issue in the past with St John refusing to ask for the right amount needed for members to settle on a deal. Despite the pressures the ambulance service is currently facing and how the covid challenges showed how vital a correctly funded service is, there appears to still be a conservative approach. St John has advised that the government has refused to meet with both the union and St John to discuss what is truly needed to ensure the service can be maintained.

## CHANGING AMBULANCE SERVICE

In a recent meeting with Wellington Free Ambulance it was refreshing to hear the push for government to look at how the ambulance service has changed over the years while the funding model remains the same, with both ambulance services in New Zealand charities with partial government funding. With Extensive Care Paramedics now able to offer more treatments enabling lower acuity patient's to remain at home and Paramedics encouraged to consider alternative treatment pathways, a lot of patients are benefiting more and more from the ambulance service and the funding needs to reflect this to enable the service to grow.

In unity,

**Faye McCann**  
FIRST Union

# Queensland

## QUEENSLAND QAS MEMBERS WELCOME A NEW ENTERPRISE AGREEMENT

UWU ambulance members recently took to the polls and overwhelmingly voted YES on their 2023 EBA.

Nearly 50% of eligible voters voted on the agreement with 85% in favour of the negotiated package which secures their pay and conditions for the next three years.

The agreement was officially certified on March 14, 2023.

This agreement will ensure ongoing maintenance of wages which shows QAS employees continue to be amongst the highest paid in the industry.

It also contains more focus on important issues around reasonable shift lengths and the quality of life for those working on call.



During the negotiations United Workers Union successfully lobbied the State Government for 215 more front line staff in order to implement the finish on time initiatives and the staff welfare components of this agreement.

Some of the great outcomes of this agreement are:

- Wage increases of 4%, 4%, 3% + up to 3% CPI top up (COLA).
- Wage increases back paid to 1 September 2022.
- As part of Wages Policy negotiations, the inclusion of shift penalties or Agg rate in Superannuation contribution calculations. Along with an increase to the % of Superannuation paid by the employer.
- Removal of clause allowing an increase of meal break window. Maintenance of all Meal Overtime Penalties.
- Professional development allowance payable from 1 September 2024.
- All mandatory training to be performed in paid time.
- Inclusion of workforce and workload management in the Terms of Reference for RCC and SCC forums.



- Finish on time initiatives:
  - focus on the last hour of shift to provide greater ability to finish on time;
  - improved support for employees on-call;
  - implementation of Mandatory Out of Service and Fatigue Management Procedures;
  - adopting strategies such as staggering shift start/end times;
  - review of Operation Centre rules, expansion of the Clinical Hub and regular review of station categorisation.

In order to ensure commitments around these initiatives are being met, all the following initiatives will be reportable to the Regional and State Consultative Committees

- Removal of time-based increment progression for part-time employees and removal of the requirement of maintenance of skills/ Certificate of Practice for increment progression.
- Opportunity for a LARU qualified employee, who is not in a LARU designated position but regularly uses their LARU skills, to be paid at Level 3, Band 1
- Commitment to review during the first 12 months of the agreement. the appropriate utilisation of PTOs with Certificate IV qualification.



- Clarity around the eligibility and application of the Flexibility Allowance.
- Clarification about the entitlement to access single day accrued time.
- Clarification regarding the availability and response by employees whilst on-call with increased focus on supporting employee's fatigue levels and reasonable access to hygiene and sustenance breaks.
- Clarification for when a call-back payment commences for EA staff from the time of receiving and acknowledging receipt of the call.

- Remote call back for level 4 or 5 supervisors not in receipt of a flexibility allowance or 20% unlimited loading when performing approved overtime without being recalled to the workplace.
- Inclusion of Indigenous and Culturally and Linguistically Diverse Program in Progression and Maintenance arrangements.

### STRENGTHENING MEMBER UNION RIGHTS

In addition to these great outcomes UWW have ensured that Union encouragement clauses have been enshrined into the certified agreement with QAS recognising United Worker's Union as the only registered industrial organisation representing Ambulance Officers in Queensland.

As well as...

- Staff access to UWW delegates and officials during working hours.
- Ability for UWW delegates to make public comment on Union issues.
- Access to new starters for union encouragement conversations.
- Paid industrial relations leave of 5 days per calendar year.

These outcomes could not have been achieved without the hard work of our Negotiating Team; State Council; delegates and members who contributed to the many surveys, feedback sessions, site meetings, zoom and team meetings over the past 12 months.

## South Australia

### ADDITIONAL RESOURCING UPDATE & NEW STATION INFRASTRUCTURE

It has now been 12 months since the change of State Government in South Australia to a Labor Government which brought with it over \$300m in additional funding for SA Ambulance Service in the remit of 350 additional staff, new and upgraded stations and a new state of the art Emergency Operations Centre. This was entirely due to the AEA's campaigning, and its advocacy to Labor and other independents in opposition, in order to secure the election commitments which are now being delivered. This is testament to the influence 'Ambo Power' can have over the political environment to ensure safe ambulance resourcing and follows the Victorian model of "walkin, talkin and chalkin" - a seriously kick-ass strategy of rallying, Ambos speaking in the media and utilising their workplace as a billboard.

To date we have managed to bring online an additional seven 24/7 Paramedic crews

across Adelaide and peri-urban communities. We have also recruited an additional 24/7 Emergency Support Services crew and 10 Emergency Medical Dispatch Officers to assist in the coordination of the additional resources. Early challenges have been in locating temporary accommodation for all these additional resources until such time as the new station builds are complete. Central temporary accommodation has been leased with the AEA ensuring that appropriate facilities have been made available for our members for these interim arrangements.

Currently the focus is on building 5 new ambulances stations, and completely rebuilding 4 others. There are also another 10 stations across the state that are slated for upgrade works as well as a new state of the art EOC to be completed in 2025. At least 4 of these stations have been identified as having major structural issues which will likely require complete rebuilds. The new EOC's location and details of the build are expected to be released soon, with the AEA and our reps having significant input into the design process.

These projects have faced issues due to the initial funding being allocated on a pre-COVID building environment, and the unknown state of some of the St John era stations that were slated for upgrades which are now over 40 years old, dilapidated, and have shared agency use. Due to continuing advocacy from the AEA we are confident that additional funding will be provided to ensure the station builds and upgrades are fit for purpose and adequately funded. Significant work has gone into maintaining minimal standards at our Ambulance Stations and ensuring there is the ability for future expansion.

Rapid Paramedic recruitment is also posing challenges in the current environment. The AEA has continued its advocacy for additional relocation incentives to be offered to experienced Paramedics from interstate and overseas and has also successfully advocated for SAAS to advertise and direct recruit to Intensive Care Paramedic positions, not just Paramedic positions.

## MEDIA AND OPPOSITION ATTACKS

Since the State Election the AEA and our members have faced continued criticism from the Liberal Opposition and the Murdoch run local 'newspaper'.

The AEA have faced criticism for the industrial action that our members took by not filling out the billing details on paper cards more than a year ago in order to progress our 4 year expired Enterprise Agreement. The then Liberal Government were wanting to strip members conditions and their war of attrition eventually led to them applying for our award to be arbitrated. The criticism was initially that our case card ban left a \$4m blackhole in lost revenue. Then, when it was discovered recently that SA Ambulance Service management were able to successfully crossmatch some patient details and issue a bill for 50% of these accounts, the media and liberal opposition stated these patients should never have been billed due to our industrial action and that the AEA should foot the bill!

More concerning is that this criticism has extended to our members who stood up and spoke from the heart about the dire state of affairs facing the service under the previous Liberal Government. The Opposition and some media outlets have continued to vilify one of our Paramedic delegates Ash who simply spoke passionately about her concerns, and the risk being posed to the community, and the benefits which a change of government may bring.



This criticism infers that improvements in ambulance service response times and ramping are not progressing fast enough in an environment the Liberal Opposition themselves helped to create.

The AEA and its members continue to receive praise from the broader SA Community with continued messages of support, and thank yous for the dedicated work they do on a daily basis to keep the community safe. It is a sad state that select media outlets and the Liberal Opposition continue to maintain an anti-worker, anti-union, agenda rather than working together to resolve the broader issues in our health system.

## AEA SUPPORTS ULURU STATEMENT AND VOICE TO PARLIAMENT

The AEA State Council recently passed a position statement supporting the Uluru Statement from the Heart and a First Nations Voice to Parliament.

Our State Council sees this as an invitation to the Australian people to work

with the First Nations people, to help enable them to take a rightful place in their own land, and to realise Australia's true potential. It is a roadmap to peace and reconciliation with the essential elements of Voice, Treaty and Truth paving the way for a better and more inclusive Australia. The First nations people need all Australians to rally together to help realise this and the Union Movement can play an important role in this endeavour as it aligns closely with union values of fairness, equity and inclusivity.

AEA members support the intent of the Uluru Statement from the Heart in realising the ideals of:

- A Voice to the Parliament enshrined in the constitution to enable,
- A legislated advisory body which will allow First Nations people to be involved in decisions which effect their social, spiritual, and economic wellbeing.
- The development of legislation to enable a body, or Makaratta, to be established to provide oversight, and supervision of, a process of agreement-making and truth-telling, or Treaty, between Colonial and First Nations Australians, and
- To further enable a Truth telling process to recognise and record past injustices suffered by Indigenous people.

The AEA will proudly be campaigning in support of a yes vote at the upcoming referendum along with many other South Australian Unions.

# Tasmania

## AMBULANCE AGREEMENT

Following a protracted negotiation and industrial action escalating and continuing over the Christmas period, the government made an offer that met the threshold issues of members in the early part of the new year.

The offer includes improved wages particularly for experienced and senior paramedics, intensive care paramedics and communications centre workers. There is end of shift dispatch protections based on case categorisation.

The Union and the Department have agreed to deal with ramping by imposing a 60 minute limit on delay at the emergency department and we'll be developing that policy as soon as we can.

The agreement deals with meal breaks better than previously and there's a protected process to review rosters too.

Whilst not perfect, the improvements are measurable, and the offer was well supported by HACSU Ambulance Subbranch members.

## AMBULANCE RESOURCING

After constant pressure and the day before a Union led campaign was launched by HACSU, the government announced the permanent appointment of 97 paramedic positions that were previously funded by the federal government and filled on a fixed-term basis. These positions were funded for covid but it's clear the system cannot do without them and would in fact collapse if the positions were not continued.

We await the release of the ORH data that we believe will identify a further shortfall of 40+ paramedics and the associated support they will need.

We have had initial discussions with the State Service Management Office and they have indicated the intention to convert employees to permanent rather than run costly and inefficient selection processes for current employees.

Even with these additional resources we see shift after shift not fully resourced and paramedics working alone or with NEPTs workers. We see call takers being left alone to man the communications centre and our response times continue to tell a

worsening tale. We're going to keep the pressure on until we see some measurable improvement.

## ADDRESSING THE ONGOING ISSUES

Union delegates and ambulance management have held recent forums to seek to address a number of ongoing issues that have been ignored or put in the too hard basket for too long.

We have been encouraged that the executive of ambulance Tasmania are serious in finding a solution to some of those issues. We know that the issues are not isolated to Tasmania, so we're looking everywhere to see what works elsewhere.

We've been talking about the proper utilisation of NEPTs, a pathway to permanent jobs for interns, personal leave support for workers, Opportunities for progression to ICP and phasing in minimum education requirements, regulatory changes around Psychosocial safety and what can be done to supported retired ambulance workers. We're very motivated to work with ambulance Tasmania to get some relief for our hardworking members and we'll discuss other options if we cannot get some measurable improvement.

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# Victoria

## AMBULANCE EMPLOYEES AUSTRALIA – VICTORIA

### AV - AEAU/UWU LOG OF CLAIMS LODGED

On Monday 20 February, the UWU/AEAV Log of claims was lodged.

The claims reflect key issues raised by members who represent all corners of the organisation.

Our LOC is intended to ensure that the bargaining process is productive and resolved in a timely manner before the current EA's expiry.

**On behalf of our Union, we thank all the leaders who provided their insights, feedback, and endorsement.** In the coming weeks, the Union will be going through our claims with the bargaining parties.

### ESTA - BARGAINING COMMENCED... WELL, SORT OF!

Bargaining meetings have commenced with ESTA and the other bargaining parties.

On Wednesday 22 February, it was agreed that the first agenda items are to

finalise the Work Force Review (WFR) and the Classification Review. Both reviews are legacy items from the current EBA that have yet to be concluded.

UWU/AEAV delegates are working alongside officials in formulating a list of recommendations around staffing levels to complete the WFR. UWU/AEAV aims to have this review finalised by mid-March 2023.

Regarding the Classification review, the Terms of Reference have yet to be decided. However, the Union will be addressing issues around career progression, multiskilling, pay points, salary structure, years of service, and classification structure.

At this point, all issues are up for discussion and evidence is being collated to support the Union's proposals and recommendations.

It is UWU's position that if any changes to the classification structure occur, they would need to be reviewed and endorsed by our members before it becomes an agreed term of the next enterprise agreement.

In the meantime, we are asking any

members who have had difficulties with multiskilling or access to career development to either email us at AEA. [VIC@unitedworkers.org.au](mailto:VIC@unitedworkers.org.au) or give Jules a call on 0422 682 622.

The next bargaining meeting will be on Wednesday 8 March 2023.

### NATIONAL PATIENT TRANSPORT

The final stages of bargaining are recommencing on 20 March 2023. It is hopeful that a final agreement will be reached quickly.

### UWU - INTERNATIONAL WORKING WOMEN'S DAY

UWU IWD 2023 is just around the corner.

We're super excited by the many ambos who have put their hand up to come along. Our members, alongside their union sisters, will be taking action and participating in training around the YES23 Campaign for the Voice to Parliament Referendum.

If you need to be released from work to attend – please contact one of the Organisers via [AEA.VIC@unitedworkers.org.au](mailto:AEA.VIC@unitedworkers.org.au) or ring Jules on 0422 682 622

# Victoria

## VICTORIAN AMBULANCE UNION

### ST JOHN PRIVATE SECTOR ENTERPRISE BARGAINING

The Victorian Ambulance Union have begun taking Protected Industrial Action at St John Ambulance Victoria to progress a new enterprise agreement for Patient Transport Officers and Ambulance Transport Attendants. The VAU has been at the bargaining table with St John for 16 months. These workers were heavily involved in the response to the COVID19 pandemic including the evacuations of aged care facilities and public housing commission flats. However, they are barely paid above the award. St John is offering PTOs a \$0.14 increase to their hourly rate. This amounts to an increase of 0.05%. In exchange for that they want them to do an additional 16 hour on-call shift every fortnight. Members have begun actions including truck writing, ban of on-call shifts and returning to their branches for meal breaks. This is the first-time members have taken industrial action at St John in Victoria, but it has had a massive take up amongst the workforce. They are standing strong and united.



### EMERGENCY SERVICES TELECOMMUNICATIONS AUTHORITY (ESTA) MOU

In August of 2022, the VAU signed an MOU with ESTA and other union parties. The MOU was negotiated, partly in response to the concerns that the VAU had raised in the public arena about ESTA's staffing issues. The MOU sought to put arrangements in place to reward current employees and to provide better

initiatives for staff to be able to be better utilised given the staffing crisis. The MOU resulted in shift penalties increasing for night and weekend shifts, the allowance for mentoring new recruits being improved and the implementation for the first time of a spoilt meal break allowance.

### ESTA ENTERPRISE BARGAINING

In February 2023, the VAU commenced enterprise bargaining with ESTA alongside



other unions including the UWU. Bargaining is being facilitated by former Fair Work Commissioner Julius Roe. The VAU have put forward claims with an emphasis on recognition of ESTA employees as emergency services workers. This includes getting safe staffing numbers enshrined into an enterprise agreement, improving the classification structure to recognise employees' years of service, and ensuring that ESTA employees are receiving appropriate support during training.

### **AMBULANCE VICTORIA ENTERPRISE BARGAINING**

The Ambulance Victoria Enterprise Agreement expires on 31 January 2024. The VAU received over 700 submissions from members for inclusion in our log of claims to bargain for a new enterprise agreement. The draft log was presented to the VAU State Council for final endorsement and then served on AV and the Victorian Government.

The pressure of working over the past three years of the COVID19 pandemic, and health system challenges emerging from the pandemic has added to an already strained ambulance and health workforce. The overwhelming feedback from our members is that their workload is unmanageable, their work-life balance is suffering, and morale is at an all-time low.

This was reflected in research of our membership conducted by Swinburne and RMIT Universities through 2021 which revealed a massive decline in job satisfaction. Only 42 per cent of AV employees said they were satisfied with their jobs, down from 62 per cent in our 2020 survey.

When asked if they intend to leave the

profession, 16 per cent of our AV members said they intend to seek new employment opportunities in the next year (up from 9 per cent). When asked about long-term career decisions, nearly forty-five percent (up from 29 per cent) indicated they often think about quitting the profession.

The VAU log of claims aims to improve the working lives of our members so that they can enjoy a long-term career in ambulance and rescue AV from losing its most valuable asset, it's experienced staff. Ambulance should be a job for life, not a job for five years.

### **VICTORIAN STATE GOVERNMENT ELECTION COMMITMENTS**

Like all unions the VAU did its fair share of lobbying ahead of the November Victorian State election and were able to secure the following.

Premier Andrews announced that if re-elected they will create a further 40 MICA positions over and above normal MICA recruitment. The purpose of this recruitment is to increase MICA resourcing across Metropolitan and Rural Regions. Work needs to be done to confirm the exact crewing configuration; however, the likely outcome will be an additional 10 MICA Peak Period Units across Victoria. The VAU has already advocated that the PPUs be targeted to allow improvements to MICA rostering.

The Premier also announced that if re-elected the Government will immediately conduct a review to evaluate the existing procurement arrangements for private patient transport ambulances. The review

will also assess whether outsourcing remains the most effective model to deliver patient transport services. The review will be chaired by Steve McGhie.

For the VAU, our goal would be to see our private sector members brought back into Ambulance Victoria as one ambulance service with the same uniform, same wages and conditions, safety standards, training, clinical support, vehicles and equipment. We want all ambulance transport to be provided to the community with an equal standard of care.

This change will deliver monumental and lasting improvements to the working lives of our NEPT members. It will also provide the ability for more effective referral of low acuity patients so that paramedic crews are able to respond to emergency cases. NEPT crews would be able to refer low acuity patients to alternative pathways, including Virtual ED, RACER, Triage Services or to Paramedic Practitioners. This will reduce the strain on busy emergency departments.

We have been also successfully lobbied for the roll out of paramedic practitioner positions in Ambulance Victoria. These will be trained to Masters level and will be targeted towards avoiding unnecessary transports to hospital. A key focus of our political advocacy has been around creating alternative pathways and improved access to urgent primary care services which free up ambulance crews and hospital beds in line with the Leeds model in the UK where it reduced ambulance ramping significantly while other health services had massive increases in offload times.



## Western Australia

### BARGAINING

Bargaining has commenced for both the Ambulance Transport/Medics Agreement and the Communications Officers agreement. Unfortunately, the past Transport/Medic bargain saw employee representatives refuse to entertain any UWU proposals for entitlements for the Medic cohort that they (employee representative association) were so quick to usher in (with the enthusiastic support of St John). This has left a large cohort of people only being able to rely on an annual wage increase, which also fell well short of what UWU proposed.

UWU continues to work for all workers in both bargains.

### NEW CEO AT ST JOHN

We have just this week met with the new CEO of St John, Kevin Brown. Kevin has come across to St John from Perth Airports, and after our initial meeting with him, Delegates feel cautiously optimistic that Kevin will be good to work with.

St John have also looked to their current executive director structure that was put in place by the last CEO, Michelle Fyfe. A decision was taken by St John to spill those roles, and reduced the number of executive positions down to five. Whilst no Union celebrates job losses, given the poor culture that was presided over in the last 5 years by that executive cohort, this can only be seen as a positive way forward.

### MEDIC MODEL

We were encouraged by our fellow ambulance unions' outrage at our last ACAU meeting of the introduction of a medic model by St John. However, as the Medic cohort are here, we have worked tirelessly to lobby St John to improve conditions and training for the Medic cohort, along with a robust pathway towards working as an Ambulance Paramedic in metropolitan ambulance.

St John have listened, and we have just this week been briefed on a process that will provide Medics with more training than what was originally coddled together by St John, and a pathway towards a career in metropolitan ambulance.

It is just a shame that these matters weren't considered prior to employing this cohort, as it has been quite distressing for them to not have clarity about their career progression.





David Smith MP

Federal Member for Bean

Labor

## THANK YOU!

"Proudly supporting our Ambulance Officers and Paramedics throughout the ACT. Thank you for your tireless efforts in saving lives and assisting our communities during these challenging times and especially over the last 3 years of the Covid-19 crisis."

📍 205 Anketell Street Tuggeranong, ACT, 2900

📞 P: (02) 6293 1344

✉ E: david.smith.mp@aph.gov.au

🌐 W: www.davidsmith.org.au

Authorised by D Smith, ALP, 205 Anketell Street Tuggeranong, ACT, 2900

# Thank you

to our local Ambulance Officers  
and Paramedics for saving lives  
and keeping us safe.

Authorised by Elizabeth Lee MLA



Elizabeth  
**LEE** MLA

ACT Liberal Leader  
Liberal Member  
for Kurrajong

James  
**MILLIGAN** MLA

Shadow Minister for  
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MLA for Brindabella

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Paramedics want Canberrans to know aggression and violence towards them are never ok. Photo: ESA Media.



Shouting, swearing, intimidation and physical violence are some of the ways paramedics are prevented from doing their jobs. Photo: ESA Media.

# 'NO LONGER ABLE TO CONTINUE': OCCUPATIONAL VIOLENCE PUSHING PARAMEDICS TO THE BRINK

Yelling, spitting, biting, hitting, kicking and punching are just some of the dangers facing our paramedics as they work to save lives.

## OUR EMERGENCY PROVIDERS HAVE had enough.

The ACT Ambulance Service (ACTAS) and Emergency Services Agency (ESA) have launched a new campaign to inform the community that violence or intimidation towards their workers won't be tolerated.

"Regrettably, instances of occupational violence have been increasing over the last number of years," ACTAS Chief Officer Howard Wren said.

"Our workers should not be in a situation where they feel unsafe. If they feel unsafe, they're not able to help you or your family members in the way that they are trained to do."

He said reports of occupational violence had tripled in the past few years and described it as a "previously underreported issue".

In 2022 there were 105 reports of occupational violence towards ACTAS staff: 51 reports of physical abuse and 54 of verbal abuse.

While paramedics understand they could be interacting with someone on the worst day of their lives, they want people to know that's not an excuse for aggression and violence.

Chief Officer Wren said the worst cases usually occurred when people were intoxicated.

"Frequently, it's not actually the patient, it's the relatives and bystanders, and they have possibly unrealistic expectations about what care may or may not be provided," he said.

"When people are intoxicated, it becomes a somewhat uncontrolled situation, and that can lead to a very unsafe situation."

The tolls can go beyond the physical, with psychological impacts also reported.

Chief Officer Wren said there were at least one to two members of staff each year who were so impacted by the violence they experienced they couldn't continue with the job.

"Their effectiveness to be able to do their job is impaired [at the time] and it then moves on to the individual impacts," he said.

"So we have people, even without the context of a physical assault, just the mere fact that they may have been threatened and abused, they may end up suffering a psychological injury.

"Then obviously, in the case where people have been physically assaulted, their career may be changed completely by the fact that they're no longer able to continue in the job."

ACTAS introduced a new occupational violence framework at the start of 2022 to educate staff about identifying the risk of violence and aggression, and how they could respond to a situation to either

prevent something from happening or minimising it.

"As part of the rollout, staff undertake a full day face-to-face training, with supporting resources and eLearning training," an ESA spokesperson said.

"Since the introduction of the framework and training, there has been a quarter-on-quarter reduction in episodes of physical violence."

It's up to each paramedic to decide their safety threshold, but they're responsible for their own duty of care first.

Chief Officer Wren said the framework had encouraged a more positive reporting culture and let first responders know it's ok not to put themselves in dangerous situations.

"If [our staff] arrive at a case and it appears that they are entering an unsafe environment, they are to withdraw and wait for assistance or for the circumstance to change to where they are much safer," he said.

"If the situation they are already in changes to a point where they feel unsafe, then we have also said you are permitted to withdraw to a place of safety.

"Our threshold of tolerating [violence towards staff] is extremely low."

**By Claire Fenwicke**  
the-riotact.com



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# NSW PARAMEDICS TO STOP WORK TO SEEK PAY PROMISE BEFORE STATE ELECTION

“Humiliated” paramedics will engage in “high visibility civil disobedience and work bans” in an attempt to seek a pay deal.

## “HUMILIATED” NSW PARAMEDICS

have promised to unleash “five weeks of fury” in a bid to seek improved pay in the lead-up to the March 25 state election.

The Health Services Union (HSU) highlighted a campaign of “high visibility civil disobedience and work bans” that will begin on Friday.

As part of the stopwork action, paramedics will chalk their ambulance vans with slogans, hold protests outside ministers offices and not respond to P5 codes. This refers to staff making health recommendations to patients when they don’t require hospital transport.

“We are process workers at the moment and paid accordingly,” said one HSU delegate.

NSW paramedics are the lowest paid in Australia, with one member claiming staff in Queensland are paid up to \$23,000 more in base wage for similar roles.

According to the HSU, a paramedic with six years of experience will take home a weekly wage of \$1456 in NSW, while their ACT counterparts are paid \$1702.

In a stopwork meeting on Friday morning, North Coast paramedic Luke O’Hearn said it was “humiliating” to wear the paramedic uniform and pleaded with NSW Premier Dominic Perrottet to engage with staff.

“It’s now at a stage where we are being humiliated by the Premiere with his disdain for what we do, who we are and what we provide to the community,” she said.

“We have our colleagues in Queensland earning significantly more than what we do for the same job.”

Another staff member who had just finished a 13-hour night shift said he was “feeling very bitter” about the pay gap, a feeling held by his fellow colleagues.

“I feel like walking out,” he added.

HSU secretary Gerard Hayes told more than 250 members that the union had been in contact with NSW Health; however, he warned change “doesn’t come without a price”.

Sydney paramedics will also be holding CPR lessons at Martin Place in the CBD from 8am.



NSW paramedics have vowed to unleash ‘five weeks of fury’ in the lead up to the March 25 state election. Picture: NewsWire/ Monique Harmer



HSU secretary Gerard Hayes told members that change ‘doesn’t come without a price’. Picture: NCA NewsWire/Bianca De Marchiambulances and EDs continues to surge in NSW. Photo: AAP



One paramedic said he felt humiliated by Premier Dominic Perrottet. Picture: NCA NewsWire/ Tim Hunter.

“If we’re not going to be paid properly, a lot of us are going to leave and people aren’t going to want to come into NSW to replace us, which means there’s not going to be enough ambulances to response to those critical emergencies,” a HSU delegate said.

“We think the public might need to learn how to do a bit of effective CPR.”

While Labor has not commented on any changes to pay, Opposition Leader Chris Minns promised on Thursday to establish a special commission of inquiry into the state’s \$33bn health funding if Labor comes into government.

“I think most fair-minded people and most taxpayers would say, we’d love the NSW government to be looking in a detailed way as to how the biggest line

item in the NSW budget is being spent,” said Mr Minns.

The commitment was triggered by a HSU report in which Mr Hayes likened health spending to a “\$33bn cash cow”.

The report titled Reform Critical - A Fragmented Health System at Breaking Point found patient complaints had increased by a whopping 40 per cent since the start of the pandemic and 144 per cent since 2011-12.

Ten per cent of NSW patients seeking ambulances had also been forced to wait more than two hours between July to September 2022.

**By Jessica Wang**  
news.com.au



New South Wales paramedic Tess Oxley said her colleagues were moving to Queensland or Victoria, where they could earn almost 35 per cent more. (ABC News: Niall Lenihan)

# NEW SOUTH WALES UNION CALLS FOR ROYAL COMMISSION INTO HEALTH SPENDING 'MISMANAGEMENT'

A New South Wales paramedic and Health Services Union (HSU) delegate says it has become “the norm” for patients to be forced to wait for an ambulance for an hour or more.

## CAMPBELLTOWN PARAMEDIC TESS

Oxley is one of a number of public health employees speaking out about the impact of what the HSU describes as mismanagement and poor funding allocation in the health system.

Her situation is highlighted by research by the organisation Impact Economics and Policy, into how \$33 billion in health funding, a third of the state budget, is allocated in New South Wales.

The research, compiled over the past nine months for the HSU, includes evidence that 10 per cent of people urgently needing an ambulance waited for more than two hours between July and September last year.

Ms Oxley said people apologised to paramedics for calling an ambulance when they were unwell, because they could not get a GP appointment or were on waiting lists to see a specialist.

That was leading to crowded emergency waiting areas and delays in ambulance arrival times.

“It’s no longer really considered a delay for us if it’s one hour — that’s just what’s expected,” she said.

“Where I live, in Wollongong, they’re (ambulances) being delayed for four and five hours, having to park at a petrol station across the road because the ambulance bays are so full.”

In October last year, a New South Wales parliamentary inquiry heard patients are

“dying unnecessarily” while waiting in hospital emergency departments in what one doctor called “third world” conditions.

Other HSU delegates working in the New South Wales public health system raised concerns about staff leaving to work in the private sector due to difficult conditions, bullying, ageing equipment and low pay.

Union secretary Gerard Hayes said he was deeply concerned that people could not access health care when they needed it, while at the same time it was unclear where significant amounts of money were being spent.

For example locums and visiting medical officers in New South Wales could earn \$5,000 a day, he said.





The union's report found patient complaints had increased 40 per cent since the start of the pandemic. (ABC News)



NSW Health says emergency departments are outperforming those in all other states and territories. (AAP: Dean Lewins)

"(That's) \$20,000 a week, a million dollars a year for one person — multiply that by the range of regional hospitals that can't get doctors to work there," Mr Hayes said.

"When we look at visiting medical officers, one billion dollars a year is being spent."

Mr Hayes said a judicial investigation such as a royal commission conducted at arms length from government would look for solutions.

"The reality is unless we have an independent judicial body to be able to ask the hard questions and not the people who actually run the system ... we're just wasting our time.

The research also found patient complaints had increased 40 per cent since the start of the pandemic, while patients

overstaying in hospital beds was costing the state \$500 million annually.

It also highlighted underinvestment on preventative health, which it said was costing NSW more than \$1 billion a year.

NSW Health said recent reports from the Australian Institute of Health and Welfare (AIHW) and the Report on Government Services showed New South Wales emergency departments continue to outperform those in all other states and territories, with the most patients seen on time and the lowest wait times.

It would deliver 25 urgent care services to help ease pressures on emergency departments, in addition to 13 clinics being delivered by the Commonwealth government, NSW Health said in a statement.

"This would make it easier for patients, families and carers to access urgent care in the community by creating better links between the hospital and primary care systems," it said.

Last year, the New South Wales government was handed a scathing report finding the rural health system was "in crisis and is failing residents of rural, regional and remote areas".

The government said it would support, or support in principle, 41 of the 44 recommendations.

**By Sue Daniel and Emily Laurence**

[www.abc.net.au](http://www.abc.net.au)





Six ambulances were turned away from Auckland Hospital on Monday night. Photo: RNZ / Dan Cook

# AMBULANCES TURNED AWAY FROM AUCKLAND HOSPITAL'S FULL EMERGENCY DEPARTMENT

Six ambulances were turned away from Auckland Hospital on Monday night because its emergency department was too full.

**THE HOSPITAL WAS UNDER SO MUCH** pressure patients had to be treated in a public space normally used as back up in case of mass injuries such as from a plane crash or earthquake.

Te Whatu Ora Auckland interim director Dr Mike Shepherd said it was rare to have to divert ambulances.

The situation was "really unusual" in terms of its severity, he said.

Those who could not go to Auckland were sent to North Shore and Middlemore Hospitals instead.

Patients who needed care that could only be offered at Auckland Hospital were still accepted, he said.

"It's not the experience that we're hoping to provide the public," Shepherd said.

An emergency specialist at the hospital and member of the Association of Salaried Medical Specialists, Amanda Rosenberg, said there was no physical space left in the ED on Monday, even every bit of corridor space was being used.

The overflow area that was opened was in the atrium of the main building and was normally a public recreational space but was instead used for ambulance patients still on the stretchers they came in on.

There was no privacy, she said.

"They're already quite frightened that they've had to call an ambulance to come to hospital I would imagine. And then being shunted into a space that's not really designed to care for patients on a

regular basis must be even more frightening," she said.

Many waited several hours to get into the department and the ambulance officers had to stay with them, meaning they could not attend other emergencies, she said.

The situation in the hospital ED on Monday had been building for a while.

The hospital was so full, patients who needed a ward bed could not be admitted straight away and took up space in the emergency department.

Some were waiting there two and a half days, she said.

One day last week there were only four beds in the department that could be used for emergency patients, she said.

Australasian College for Emergency Medicine New Zealand chair Dr Kate Allan said the situation was not unique to Auckland - there were extremely full hospitals all over the country.

With this level of pressure already, she and her colleagues worried about what the winter peak would bring.

"It's not new and those working in our emergency departments are reporting that our current levels of overcrowding and prolonged stays in our emergency departments - which is the cause of this - is the worst they've seen."

Overcrowding of EDs had been worsening in recent years, she said, which was a sign of the entire healthcare system being overwhelmed.

"I think this is a symptom of a much bigger disease; it's a symptom of our broken and under-resourced health system."

Patients who were not able to access primary care in a timely manner were more likely to see a deterioration in their chronic conditions and end up presenting at an emergency department, she said.

The fact those patients' treatments had been delayed meant many would also end up in hospital for longer, adding to the pressure on the system, she added. "There's no doubt that we need a

really clear plan for winter as to how we manage because it will be busy."

She told RNZ short-term solutions to the issue would require government, hospitals, specialists within the hospitals and those in the primary care sector to work together, but she was not confident those plans were in place.

"In all honestly no, I'm not confident because we don't know what those solutions are."

But Shepherd said Te Whatu Ora was looking at a range of contributions from healthcare professionals across the workforce to help manage pressures in the system.

"I think we've learnt a lot through previous winters and through Covid and there's a whole range of actions that we are carrying out to try and make the experience and our services better," he said.

"There's a national plan for flow that we're all cognisant of and working on."

He said there was a focus on improving access to primary care and on talking to the public about seeking that care early.

Talking to people about Covid-19, influenza, measles and pertussis vaccinations would also be part of the focus, he said, and pharmacists could be engaged to help reduce some of the pressure on other parts of the system.

"I think we need to look at all of our workforces and understand how they can contribute to the system."

Addressing workforce shortages was the longer-term solution and progress was being made on that front, he said.

"We are looking to recruit as much as we possibly can, we've seen some positives around nursing recruitment."

But he acknowledged the pressures healthcare workers were currently facing.

"It's incredibly hard to be working in the system at the moment."

Shepherd said the Auckland ED was now returning to normal levels.

He wanted to assure anyone who needed care that they would get it.

Operations have been postponed at Dunedin Hospital because of staff shortages and a busy emergency department, it emerged yesterday.

The hospital warned about how busy it was, and apologised to patients who had to wait for care.

There were large numbers of people coming to the emergency department as well as staff illness and vacancies, it said.

**By Rowan Quinn,**

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



Contact Lynn Jones On: **0403 131 571**  
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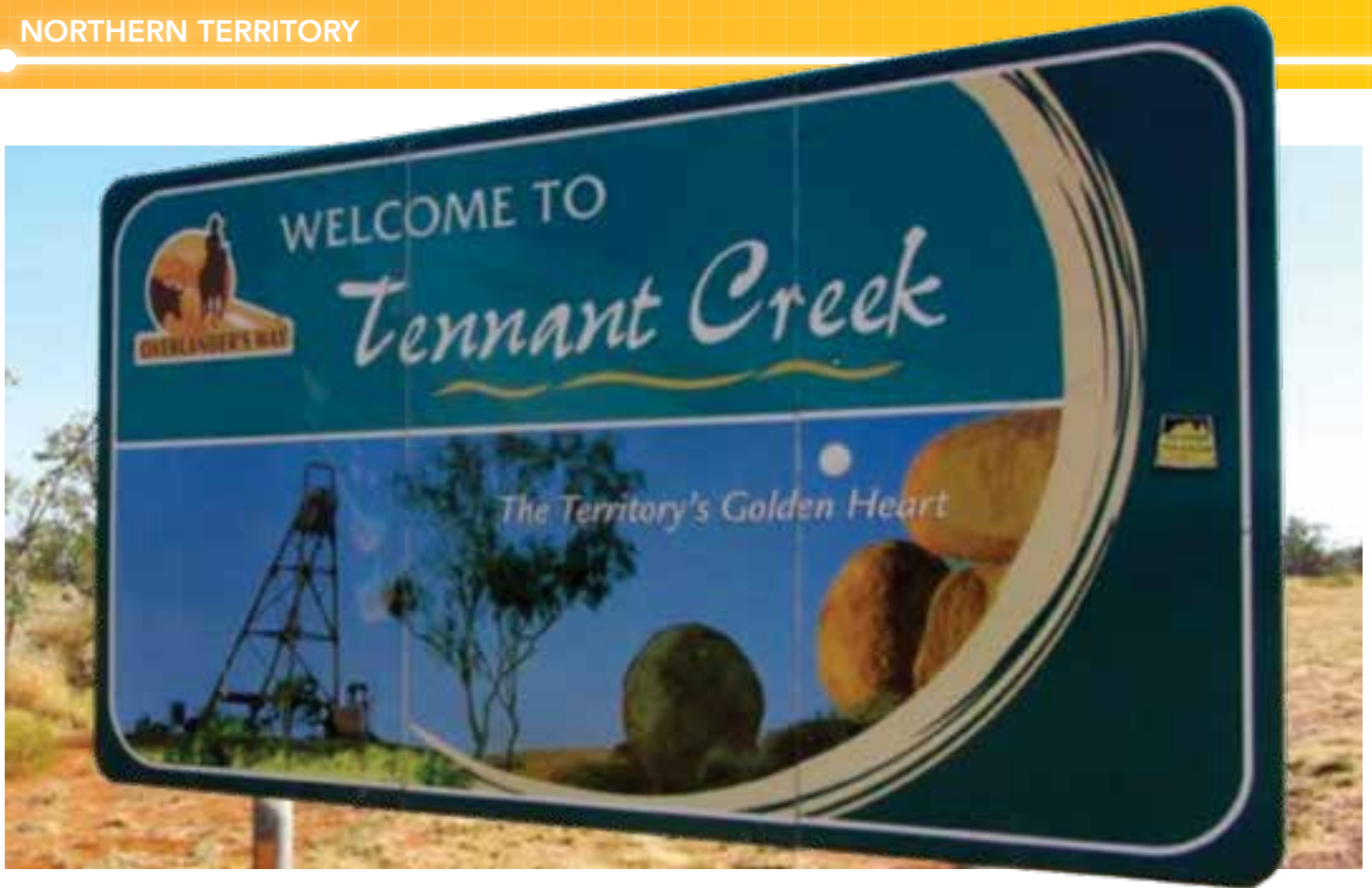
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# ONLY ONE PERMANENT PARAMEDIC IN TENNANT CREEK UNION SAYS

## ST JOHN REFUSE TO ANSWER QUESTIONS

St John Ambulance NT has refused to respond to a union claim there are no regular Tennant Creek-based paramedics, and those who are brought in have to work 96-hour on-call rosters, but four-and-a-half hours after questions were sent, the organisation issued a press release saying they had started a recruiting drive for remote areas.

### UNITED WORKERS UNION NT

secretary Erina Early last month wrote to St John director of ambulance services, Andrew Thomas and Chief Minister and Health Minister Natasha Fyles – in an email seen by the *NT Independent* – raising her concerns there were no longer any permanent paramedics employed at Tennant Creek station with the exception of the officer in charge.

"It is our understanding that paramedics are being sent to Tennant Creek on a drive-in and drive-out basis on a two to four week rotation," she wrote.

"This arrangement is not acceptable, especially with the workload required of Tennant Creek crews and the current 96-hour roster requirements."

A 96-hour roster means that paramedics have to do their regular shifts and be on call for four days and nights, or 96 continuous hours.

"United Workers Union has serious concerns for the welfare of our DIDO members who are working these rotations and as well as the health and well-being of the officer in charge," she said.

"We have been trying to address this roster issue for many, many years.

But people feel obligated to work for those rosters, as they want to do what is the best for the community, they don't want St John, and less experienced members don't want to rock the boat.

"It is a huge fatigue issue, and we don't want to be in a position where a paramedic gets hurt.

"The union acknowledges the unique challenges of staffing Tennant Creek however St John NT cannot continue to provide a Band-Aid ambulance service to the community of Tennant Creek.

"We identify multiple concerns for our members, within policies and for the community if you cannot provide stability and the appropriate multidisciplinary pre-hospital emergency care which is provided by permanent paramedics."

"The Tennant Creek community are not getting the ambulance services they deserve. It is time for St John NT to acknowledge there is a problem."

The *NT Independent* put questions to St John about the health, safety and welfare concerns at about 9.30am Friday, and at about 2pm, St John media manager Jeannette Button sent a press release to the same email address, not answering any of the questions but announcing a recruitment drive.

St John were also asked how many paramedics short it was in Tennant Creek but this information was not in the press release. Ms Early said they were five paramedics short in Tennant Creek, and there were two paramedics in Nhulunbuy, meaning they were three short.

The press release quoted Mr Thomas saying the recruitment drive would target qualified and intern paramedics from across Australia, New Zealand and the United Kingdom, for roles in Nhulunbuy, Tennant Creek and Alice Springs.

"Our plan is to offer paramedics a

chance to expand their clinical practice while enjoying everything the Territory has to offer," he said.

In his February 16 email responding to Ms Early, Mr Thomas said fill-in paramedics were driving or flying in to cover vacancies at Tennant Creek and Nhulunbuy.

He said St John had been recruiting for the past three years, with nine induction groups since January 2022 which was unprecedented in St John NT's history, and were expanding recruitment to New Zealand and the UK.

"As you have alluded to in your correspondence, recruitment in the ambulance industry has been challenging and continues to be challenging, particularly the health sector," he wrote.

"With other ambulance services, health sector and other job opportunities being available for paramedics, we need to find alternative options to deliver ambulance services to the communities of the NT which we serve."

He said there would be new incentives to try and attract, and keep staff in Tennant Creek and Nhulunbuy.

Those incentives include free housing for those stationed in the Barkly, preference to staff completing 12 months for relocation to any NT location for work, relocation

costs being paid for paramedics who stay for 12 months, and 12 month contracts.

A \$500 a week "special Nhulunbuy allowance" said to cover being on 96-hour on-call rosters is also being offered.

Mr Thomas is under investigation by the Australian Health Practitioner Regulation Agency, according to whistleblowers, for allegedly being under the influence of alcohol on four occasions, while on call as an intensive care paramedic and had also allegedly provided treatment after drinking.

The allegations have not been proven and Mr. Thomas has not responded to the *NT Independent* about the claims. However, St John engaged a director of the legal firm it uses to investigate his behaviour separately. In a letter to whistleblowers St John chair Peter Carew said the board had considered the results, which he said were privileged and confidential, and had reached a unanimous decision that no action would be taken against Mr Thomas or former chief executive officer Judith Ms Barker.

The *NT Independent* understands Australian Health Practitioner Regulation Agency is still investigating.

**By David Wood**

ntindependent.com.au



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# INDIGENOUS PARAMEDIC CADETS HELPING QUEENSLAND AMBULANCE SERVICE BETTER CONNECT WITH PATIENTS IN MT ISA

Kalkadoon woman Lurlene Slater has lived in the rural Queensland mining city of Mount Isa her whole life.

**BUT IT WASN'T UNTIL SHE JOINED THE** Queensland Ambulance Service as a cadet recently that she realised just how dire the state of her people's health was.

"That was what shocked me the most, just how sick our mob are," she said.

In Mount Isa, Indigenous people account for 21 per cent of the rural city's near-19,000 residents, according to the latest census data.

Yet they make up the majority of jobs paramedics are called out to.

"At least 80 to 90 per cent of our jobs are for Indigenous patients," Ms Slater said.

"Indigenous people have the highest rate of health issues across the board whether it's diabetes or cancer. Health is such a concern."

It's what motivated her to sign up to the Queensland Ambulance Service (QAS) in the first place.

Now, as one of two Indigenous cadets in the Mount Isa team, she's helping build bridges between the local healthcare systems and some of the city's most vulnerable First Nations people.

"I think it's great for me as an Indigenous cadet to be able to help fill in the gaps we have with servicing our Indigenous people out here," she said.

Teaching cultural protocols

Ms Slater said teaching her colleagues how to get the best interaction with Indigenous patients could be simple.

"I help with the cultural side of things and teach my colleagues culturally appropriate ways of interacting with our Indigenous community, especially when speaking to elders, asking permission before we touch them to check them, that's really important," she said.

"We have patients who speak language as well. So that's where we can translate from patients to our colleagues, or even the nurse or doctors at the hospital as well.

"We learn from each other, and the other paramedics teach me so much and I really enjoy being able to teach them sometimes as well. So it's a really good environment to be in."



Ms Slater will often translate for Indigenous patients. (ABC North West Qld: Larissa Waterson)

Frazer Brownlie is a level 2 advanced care paramedic.

He worked with the QAS in south-east Queensland before relocating to Mount Isa.

"Health issues that are almost eradicated in south-east Queensland are very prominent here, especially around alcohol and diabetes," he said.

Mr Brownlie said having Indigenous staff in emergency services like the QAS and Queensland Police Service made a huge impact in challenging situations.

"If tensions get high on-scene, having people like Lurlene, or our other Indigenous cadet Caleb there can actually mean the difference between de-escalating a situation or it running out of control, purely because they know the correct ways of interacting with our diverse communities," he said.

"Whereas we might not be as across that as they are. And it is so great having them able to teach us how to better connect with our patients that way."

Sometimes it is as simple as knowing the right words to use when interacting with a patient, Mr Brownlie said.

"Even just teaching us bits and pieces of language that we can use when we're

communicating with our Indigenous patients — that makes them feel more comfortable with us," he said.

"There's a massive advantage of using their own words and then all of a sudden, it's a white person making an effort to use their language and connect with them through language and we find we can come across a lot clearer."

Ms Slater said it was crucial to have Aboriginal paramedics to help broaden access and approachability among First Nations communities that relied heavily on local health systems.

"Most of our jobs are with Indigenous people. And when they see me in this uniform jumping out of the ambulance, I think they feel a little bit comfortable, speaking to someone Indigenous, having something familiar around them," she said.

"I think seeing more Indigenous faces at different stations across Queensland, across the country — that's what I'd love to see."

**By Julia André, Larissa Waterson, and Emily Dobson**

ABC North West Qld

# CQ RESCUE FLIGHT PARAMEDIC CARLIE WHITELEY TALKS FEELING 'INVINCIBLE' ON INTERNATIONAL WOMEN'S DAY

A flight paramedic says she has landed the coolest job in the world down under after facing some hair-raising, anxiety-inducing missions overseas.

## NEPAL'S LUKLA AIRPORT IS HOME TO

the one of the world's most dangerous airstrips, but one Australian woman has conquered her fears to come away feeling "invincible".

Mackay paramedic Carlie Whiteley used to experience "really bad anxiety" in commercial planes. That was until she faced a flight to Mt Everest Base Camp.

"If you look at a picture of the runway there's a cliff, so if you don't take off in time you die and if you don't brake in time you die," Ms Whiteley said with a laugh.

It was directly after that flight she received an offer to become a CQ Rescue flight paramedic in Mackay.

"So I was like I honestly think I can do whatever I want now, because I'm invincible," Ms Whiteley said.

"I said yeah I'll go do that job (and) I just thought this was like the pinnacle of my career.

"And now I'm weirdly not scared."

Speaking at Mackay Airport's morning tea on Monday celebrating this year's International Women's Day, as well as Women of Aviation Week, Ms Whiteley said she still sometimes "can't believe (she has) the coolest job in the world".

As a highly competitive position, she said flight paramedics have to train for an extra 12 months on top of the several years dedicated to regular paramedic training.

Ms Whiteley said there were a range of things complicating airborne emergency care that must be considered by flight paramedics, from internal air pressure to just being able to communicate.

"It's so loud and we all wear hearing protection, so we have to be exceptionally good at charades," she said.

"Especially with kids (for whom) we also have little plush helicopters."

Reflecting on the event's mission of gender equality, she said it was important



CQ Rescue flight paramedic Carlie Whiteley spoke at Mackay Airport's morning tea at Ibis Hotel to celebrate International Women's Day, as well as Women Of Aviation Week, on March 6, 2023. Photo: Zoe Devenport

women received equal opportunities to men to "get where they want to be".

"And I genuinely think that the Queensland Ambulance Service has done that, at least in my career (as) I don't know about historically," Ms Whiteley said.

"I believe we've got a 60/40 split towards females in (QAS and) the main way they do that is probably to do with flexible workplace arrangements (in being) able to fit around family life and other commitments.

"It really helps having good female role models (who have) definitely been an inspiration to me.

"I've definitely been supported to do the things that I wanted to do throughout my career.

"Gender doesn't really matter in today's society."



A Mackay RACQ CQ Rescue chopper ready for training.





Russell McQuade says the shift model for two SA ambulance services is a fatigue risk. (Supplied: Russell McQuade)

## PARAMEDICS SAY INTENSIVE ON-CALL ROSTER SYSTEM WITH 96-HOUR SHIFTS ENDANGERS WORKERS

Regional paramedics say an on-call shift model at two South Australian ambulance stations is putting workers at risk while impacting regional staff retention and recruitment.

**IN THE STATE'S RIVERLAND REGION,** Loxton and Barmera paramedics are rostered on for four days in a row and are on-call each night, a working load of 96 hours a week straight.

The stations are the last in the state that operate solely with the on-call model.

It's a rostering model that the Ambulance Employees Association (AEA) labels "a fatigue risk".

AEA state councillor for the Riverland Russell McQuade said that due to the nature of the job, fatigue was not ideal.

"The effects of fatigue can be very, very damaging and not only to long-term health," he said.

"We're working in an emergency healthcare setting and we're on the road, these are not great environments to have fatigue."

Mr McQuade is a paramedic at Waikerie, but previously worked at the Barmera service and said the current roster made it more challenging to retain and recruit staff.

"It causes people to have second thoughts about either full-term or fixed-term positions at an on-call station," he said.

"I've had people tell me they felt isolated at times.

"They're reluctant to invite people to visit them, because if their pager goes off, they've got to kick them out."

### SUSTAINABLE SHIFTS

Across Australia ambulance services use different rostering systems. Since 2019 the SA union has called for state-wide change across regional areas.

National Rural Health Alliance chief executive Susanne Tegen said demands on paramedics were increasing due to broader workforce shortages in the health system.

She said intensive rosters could be contributing to the loss of new staff in regional Australia.

"If people are on-call for longer periods and don't have that break to recharge ... of course they're finding it difficult and will burn out," she said.

## CHANGE ON THE HORIZON

AEA general secretary Leah Watkins said a change to the on-shift model at Loxton and Barmera could result in the current six-person roster at each station to be doubled to 12 paramedics each.

"We had an agreement with the SA Ambulance Service (SAAS), that where the on-call overnight workload grew to a certain level, [stations] would be converted to an on-shift roster model," she said.

"Loxton and Barmera have already surpassed that workload level."

But Ms Watkins said "positive discussions" could lead to change in the future.

"The amount of progress we've been able to make with the Ambulance Service and the government in the last year has been phenomenal," she said.

"We feel very positive about being able to reach an agreement in the coming months."

Health Minister Chris Picton was contacted for comment, but the ABC was redirected to the SAAS.

In a statement, the SAAS said the Riverland has a number of dedicated teams that work a mixture of roster models and it was constantly monitoring its staff, response times and the community's needs.



Leah Watkins says communications with the SAAS and the state government have been positive. (ABC News: Evelyn Manfield)

"At Barmera and Loxton, SAAS operates an on-call roster whereby the night shift crewing respond to cases from home."

"SAAS understands the strong desire of the Ambulance Employees Association to see the rosters converted."

Earlier this month, the state government opened a new \$4.5 million ambulance station at Strathalbyn, the second of 12 in the pipeline to improve the healthcare system.

**By Sophie Landau and  
Sophie Holder**

ABC Riverland



Barmera Ambulance Station operates on the on-call model. (ABC Riverland: Sophie Holder)

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# FACT CHECK – DAVID PENBERTHY'S OPINION PIECE

In a recent opinion piece, David Penberthy used his platform as an Advertiser columnist, seemingly in an attempt to denigrate the Ambulance Employees Association (AEA) – whilst duplicitously claiming he was “not having a go at ambos”.

## WHAT A BREATHTAKINGLY NAÏVE

notion. The AEA is the members – over 98% of SA's ambos – and the members are the AEA.

He makes the observation that the AEA has not been actively campaigning on the topic of ramping since the election, asking whether we were “more interested in helping fix the ramping crisis or simply helping Malinauskas and the Labor Party”. Given he has direct access to myself as AEA Secretary, as he did Phil Palmer, it begs the question why he didn't ask this of the very person best-placed to answer – the elected voice of our ambos. Or would such a conversation not have served his purpose? Was he actually not interested in an answer at all, and just using his privileged position on his soapbox with his megaphone.

I take this opportunity to share with the public what we would have shared with him, had he bothered to ask:

As a result of our campaigning over many years, and our productive working relationship with the Labor Party prior to the election, the AEA secured a commitment of over \$250 million for the

SA Ambulance Service in order to return it a position where it can safely serve the SA Community once again. True to their word the Labor Government are, in our view, following through with tangible changes and investment to address the core issues within our Health system that contribute to ramping and poor ambulance response times. Not least of which being a taskforce of frontline clinicians across the Health sector, collectively problem solving with this sole purpose in mind. It will take time to recruit all 350 Ambos, 300 Nurses, 100 Doctors, and open more than 550 beds. The AEA is currently content that the Government is working hard to deliver all of its commitments – including to fix the ramping crisis.

The ferocity of our campaign was in direct response to a Government that denied the truth. The current Government have done what the previous refused to do – acknowledge the truth, the extent of the crisis within our Health system, and commit to fixing it.

We are a union which has advocated with vigour, for over three decades,

for an ambulance service which can safely service the SA Community and its members – the AEA is proud of this reputation, and of the safety and clinical improvements to ambulance delivery it has secured for all South Australians.

Penberthy called the AEA's decision to decline the Liberal Party's request for a meeting ‘extraordinary’. Is there really anything ‘extraordinary’ in not wanting to meet with the Party that broke its promise? A Party that was indifferent to our members' cries for help, and did nothing but apologise to the families whose loved ones died waiting for an ambulance? How could anyone trust such a Party.

The AEA will continue advocating in the same way we always have, for what is needed to keep the State's ambulance service safe and fit for purpose for the SA community, no matter who is at the helm of government – our members will settle for nothing less.

**By Leah Watkins AEA  
General Secretary**

[aeasa.com.au](http://aeasa.com.au)

## FANTASTIC NEWS FOR THE ADELAIDE HILLS AND MT BARKER COMMUNITY

**MT. BARKER WILL SOON BE HOME TO** two 24/7 Emergency Ambulances, with the additional Paramedics starting next week.

Pictured is Harry & Maddie who will be part of the new Paramedics for the region.

For far too long Mt. Barker has operated with just one crew, leaving the community uncovered when it is often utilised.

The current station is landlocked and unable to accommodate all the additional crewing along with the Regional Medical Transfer Crew starting next year too.

This new land for the new station will provide much needed capacity for the existing and new crewing.





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*"On behalf of the community, I say a heartfelt thank you to Australia's paramedics, ambulance officers and emergency services officers. You have helped keep us safe and well through a difficult period, often while overworked, under-resourced and under-paid. Good on you."*

*Andrew Wilkie*

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# AMBULANCE TASMANIA CEO JOE ACKER: LOSS OF STATE'S TOP AMBO A BLOW, SAYS STAFF UNION

The departure of the state's ambulance service chief couldn't come at a worse time, the health union says as pressure is put on the department to secure a replacement as soon as possible.

## THE DEPARTURE OF AMBULANCE

Tasmania CEO Joe Acker was a major blow to the organisation and came at a difficult time, the staff union says.

Mr Acker's resignation after two years in the job was announced on Wednesday night. He will finish up at the end of May and was planning to return to Canada, the Department of Health said.

Health and Community Services Union State secretary Tim Jacobson said Mr Acker's departure was a loss.

"It's another huge blow to our health system and particularly Ambulance Tasmania that is going through probably one of the worst moments in its entire history," he said.

"We have ambulance caseload through the roof, we have vacancies, we have exhausted staff and on top of that, we have a culture that really does need to be addressed in Ambulance Tasmania, that Joe had commenced work on.

"We're now back to scratch. We're having to start again. And we don't know what the future is in terms of leadership in Ambulance Tasmania."

Mr Acker brought with him more than 30 years' experience in paramedic systems,



health services and academia in both Australia and Canada.

Before joining Ambulance Tasmania, he was the Director of Clinical and Professional Practice for the British Columbia Emergency Health Services based in Vancouver, Canada.

Mr Jacobson said a new CEO would have a lot to get on with.

"The big ticket items are dealing with the fundamental issue that we've got and that is ambulance ramping and caseload let's be very, very clear about that.

They're not issues that a CEO themselves can resolve.

The government really does need to pick up its game, have a look at the issues affecting ambulance blockages at the hospital but also have a look at the resources that we're going to need now and into the future."

Labor Health spokeswoman Anita Dow said a permanent CEO was needed promptly for Ambulance Tasmania.

"After nearly a decade of Liberal Government we have increased ramping, Ambulance Tasmania staff being rostered to the ramp, ambulance response times up 25 per cent, staff shortages and unfilled shifts," she said.

"Cultural issues within the organisation also remain.

**"The departure of Joe Acker is the latest blow for the Rockliff Government in a service they were already struggling to deliver.**

"After a high turnover of CEOs, more instability is the last thing Ambulance Tasmania needs at a time when strong leadership is required."

**By David Killick**  
www.themercury.com.au



# Harriet Shing MP

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## Thank you.



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Authorised by Bill Shorten, Australian Labor Party, Suite 1A, 12 Hall Street, Moonee Ponds, VIC, 3039



## PROUD SUPPORTER OF OUR AMBULANCE SERVICES

*"Thank you to all the paramedics and ambulance officers for their hard work and dedication to the community"*



**MARK DREYFUS MP**  
Federal Member for Isaacs

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## Australian Red Cross

[www.redcross.org.au](http://www.redcross.org.au)

1800 733 276

**Being online has made meeting and interacting with others easier than ever before, but it's important to know how to stay safe.**

Here are ThinkUKnow's top tips for safer online interactions:

- Question suspicious accounts, and trust your instincts if something doesn't seem right - not everyone is who they say they are.
- Avoid meeting someone in person that you have only ever spoken to online. However, if you do meet, choose a public place and take someone with you.
- If something goes wrong, know how to block or un-match and report.
- Your safety should always come first!

Sometimes things don't go to plan but there is always help available.

For more information, visit [www.thinkuknow.org.au](http://www.thinkuknow.org.au)

ThinkUKnow is a national online child safety program led by the Australian Federal Police, delivered in schools through educational presentations and resources for young people and their parents and carers.



# MICA PARAMEDIC RECEIVES PRESTIGIOUS CHURCHILL FELLOWSHIP TO RESEARCH DEMENTIA-FRIENDLY AMBULANCES

MICA Paramedic, Lindsay Bent has received a prestigious Churchill Fellowship to research dementia-friendly ambulances.

**LINDSAY HAS FIRST-HAND EXPERIENCE**, through his 33-year career and family history, of what it's like caring for someone with dementia. Knowing there had to be a better way, Lindsay hopes to provide a more person-centred, targeted approach to the care and transport of those living with the disease.

"We've made great advances in other areas like stroke and trauma management in the pre-hospital setting, but we haven't touched on how we can improve care for people who live with dementia," he said.

"We know that taking these vulnerable people out of their familiar home environments and transferring them in a cold ambulance in the middle of the night, for example, with big bright lights and various loud noises, is de-stabilising and potentially quite frightening for them and most often makes their condition far worse.

"I want to explore how we can better interact, manage and support people living with dementia so we can develop our service to meet the specific needs of these people and ultimately provide best care."

Lindsay said one of his early discoveries had been about making simple modifications to ambulances.



"Things such as window coverings and USB ports to play dedicated playlists from their youth, changing the internal lighting design and colour scheme of the ambulance, providing reminiscence therapy through the use of electronic tablets, all make an incredible difference to their care."

He said he intends to use the Fellowship money by travelling to the UK to see the work of the National Health Service (NHS) in this field.

"It's an important topic, especially with more than 100 types of dementia, but no states in Australia have investigated it.

"There's an opportunity for us at Ambulance Victoria. I want to look at their specialised training, vehicles and equipment, understand their Strategic Dementia Action Plans and review the overall effectiveness.

"Other ambulance jurisdictions within Australia are also keen to see the results of my research," Lindsay said.

Lindsay has a Masters Degree in Education from the Royal Melbourne Institute of Technology and a Graduate Diploma in Emergency Health from Monash University.

## CENTRAL VICTORIAN PARAMEDIC VOLUNTEERING IN UKRAINE

**A PARAMEDIC FROM THE MACEDON Ranges** has arrived in Ukraine, where she will spend the next three months volunteering.

Jodie Rogers, from Lancefield, has already raised money to buy medical supplies and the ambulance she's driving, and is now in Lviv in Western Ukraine.

She will use her skills to help with transporting patients, training and distribution of medical supplies.



Paramedic Jodie Rogers (left) has travelled from central Victoria to volunteer in Ukraine. (Supplied)

**By ABC Central Victoria**

# ST JOHN OFFERS PARAMEDICS TRIPLE TIME IN BID TO TACKLE AMBULANCE CREW SHORTAGES

St John paramedics were offered triple their usual hourly rates in a desperate attempt to boost ambulance numbers over the Labor Day long weekend.

## THE WEST AUSTRALIAN

understands St John was short more than a dozen crews on Friday night, prompting text messages to be sent to all paramedics on Saturday offering “triple time OT” for some Saturday night and Sunday shifts.

Multiple sources familiar with St John’s operations confirmed it was the first time the not-for-profit had ever offered triple time and comes as the ambulance provider battles to fill its rosters more broadly.

A St John spokeswoman said the long weekend was “busy” and the organisation had responded by “adding call takers to the State Operations Centre team, taking steps to increase on-road crew numbers, and increasing capacity in the secondary triage team to manage calls not requiring an emergency response”.

“Busy periods are expected and resource deployment is continually reviewed,” she said.

St John did not directly respond to a question about whether it was experiencing a shortage of both paramedics and call centre operators.

“Current vacancies and natural attrition on the ambulance front line are being actively addressed through interstate and international recruitment campaigns, and ongoing training of local personnel,” the spokeswoman said.

“About 80 graduates are expected to join emergency ambulance crews over the coming months.”

Response times on Saturday — published publicly on St John’s online dashboard — reveal nearly one in four priority one call-outs were not responded to within the required 15 minutes.

Only 62.6 per cent of priority two calls — classified as “urgent” with a maximum response time of 25 minutes — were attended on time.

St John’s government-mandated target is for paramedics to reach the scene of at least 90 per cent of priority one and two calls within the specified time limits.



St John WA: St John Ambulance crews were offered triple time in a bid to tackle shortages. Credit: News Corp Australia

A new contract agreed in December introduces financial penalties of up to \$7 million if St John consistently fails to meet these targets.

St John has battled to cope with a massive surge in ambulance ramping in recent years — particularly since the onset of the COVID pandemic — which is the direct result of a lack of available beds within public hospitals.

That has meant paramedics often find themselves trapped outside hospitals waiting to offload patients for hours at a time, delaying the return of crews to the road and increasing the number of ambulances required on any given shift.

St John has failed to achieve its 90 per cent on-time response target for priority

one calls in every month since August 2020, falling as low as 70 per cent in March 2022.

It had showed signs of improvement in late 2022 before another dip to 81.5 per cent in February.

That fall came despite ambulance ramping declining to 3917 hours last month — the lowest level since January last year.

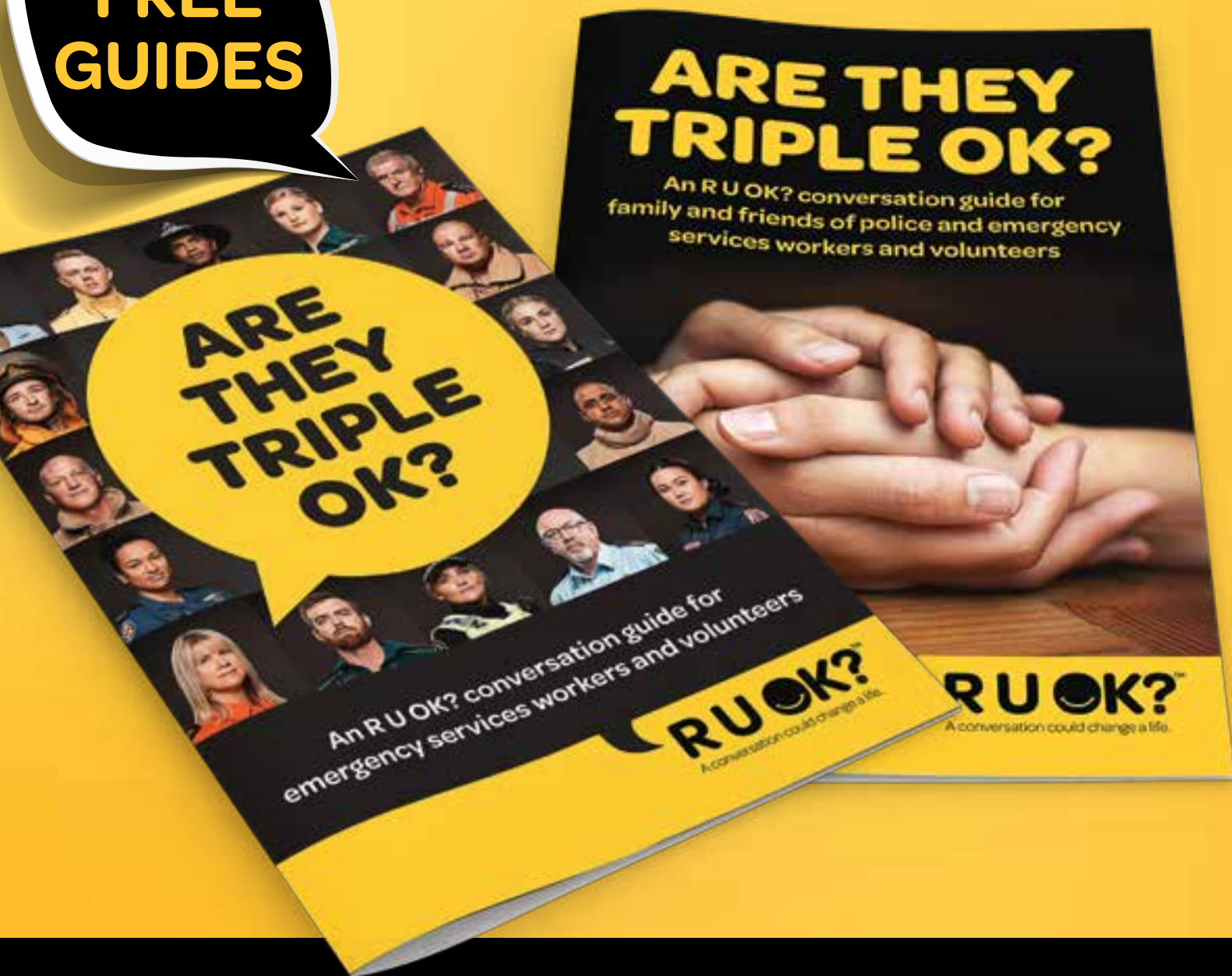
St John has logged 1028 hours of ramping in the first seven days of March, which includes the long weekend, placing it on track for around 4500 total hours this month.

**By Josh Zimmerman**  
The West Australian



# ARE THEY TRIPLE OK?

**FREE  
GUIDES**



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

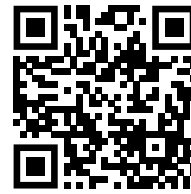


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[ruok.org.au/triple-ok](https://ruok.org.au/triple-ok)

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