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# AMBULANCE ACTIVE

THE OFFICIAL JOURNAL OF THE AUSTRALASIAN COUNCIL OF AMBULANCE UNIONS



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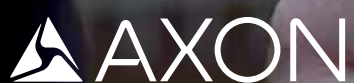
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VOLUME 13 ISSUE 2 2022

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# FROM the PRESIDENT

## IS PARAMEDICINE A TRUE HEALTH

profession? Ask any paramedic and we will answer in the affirmative... 'of course we are! However, do we pass the test?

The Australian Council of Professions defines a '**Profession**' as:

*A Profession is a disciplined group of individuals who adhere to ethical standards and who hold themselves out as, and are accepted by the public as possessing special knowledge and skills in a widely recognised body of learning derived from research, education and training at a high level, and who are prepared to apply this knowledge and exercise these skills in the interest of others.*

*It is inherent in the definition of a Profession that a code of ethics governs the activities of each Profession. Such codes require behaviour and practice beyond the personal moral obligations of an individual. They define and demand high standards of behaviour in respect to the services provided to the public and in dealing with professional colleagues. Often these codes are enforced by the Profession and are acknowledged and accepted by the community.*

*Australian Council of Professions, 2003*

The academic requirements for paramedics to hold a degree or advanced diploma certainly meets the first test set out by the Australian Council of Professions. The education standards of paramedics is second to none in terms of quality.

The National registration of paramedics through Australian Health Practitioner Regulation Agency has most certainly closed the loop on any doubt about the standard of ethical behaviour and the subsequent accountability that comes with that high standard.

Some qualities of a professional are identified as



Great responsibility- Paramedics hold that in spades. Everyday we go to work and place ourselves at the centre of other peoples' crisis. We perform tasks and take actions that could result in life changing events in lives of the people we attend and help.

Accountability- every thing we do is recorded and reviewed and re-examined in order to not only ensure that we have done well but to establish how we can do better.

Specialized, theoretical knowledge – I have heard paramedics described as a 'guild', this is because we have specialist knowledge and skills that cannot be learnt overnight and take years to learn and perfect.

Autonomy- speaks for itself, there is no-one in the field with you and your partner. The ultimate decision to apply treatment is up to you, often as a small team, sometimes alone but always with the responsibility on your shoulders.

Direct working relationships- we have direct contact with our patients, even remotely we have either voice or

telehealth contact. This characteristic of professionalism is what makes the paramedic an integral and respected part of the community.

Ethical constraints- Paramedics are constantly nominated as one of the most trusted professions. There are few professions where a mother will hand over her baby to strangers with the knowledge that we will do whatever is in the best interests of their child. As said earlier we have a code of conduct that requires behaviour and practice beyond the personal moral obligations of an individual.

There are many traits that define a professional, too many to list here. I am comfortable in saying that paramedics will fit all those qualities.

So, are paramedics true health professionals? ..... you bet we are!

In Solidarity.

## Steve Fraser B. HSc.

ACAU President  
Intensive Care Paramedic



**About Steven:** Steven is an operational paramedic in Northern New South Wales. He has been a paramedic since 1981 with the Ambulance Service of New South Wales. He qualified as an Intensive Care Paramedic in 1985 and has worked extensively in both metropolitan and rural settings across New South Wales. Steve was a member of the New South Wales Special Casualty Access Team and operated as a flight paramedic with the CareFlight helicopter out of Westmead Hospital. He spent time as an educator for New South Wales Ambulance before moving to rural New South Wales. Steve is also the Vice President of the Health Services Union NSW Branch.

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

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

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

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

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

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

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

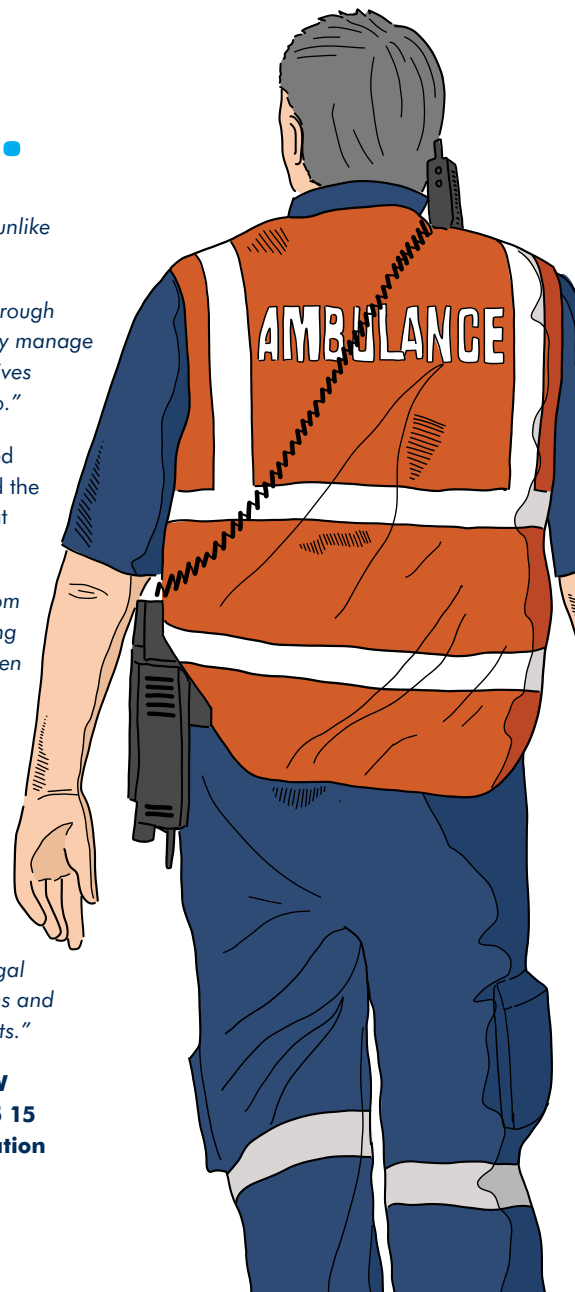
*TPD and income protection which are unlike any other worker in NSW."*

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

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

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

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



Chantille Khoury – Principal, Law Partners

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# FROM the SECRETARY

## THE PANDEMIC ...

Just when there was a sense that things were starting to head back to some kind of normal, the pandemic has delivered its latest challenges and pressures. As I pen this article, paramedics across Australia and NZ are struggling, along with the wider health system, to cope with the Omicron wave and its sub-variants, following the lifting of mask mandates and other public health measures.

Infection rates in the tens of thousands per week, which once would have been thought inconceivable, are sadly now becoming common place on both sides of the Tasman. In the last 14 days, up to July 20th, 2022, there have been a staggering 589,000 new cases of COVID and tragically 777 deaths in Australia. Over the same period in New Zealand there have been some 137,000 new cases and 307 deaths. Hospitals are struggling to cope. Ambulances are ramped. Paramedics are weary.

In my own service in the ACT, staff numbers are being impacted heavily by infections at the very same time as the service is expected to cope with increasing community infection inspired demands and protracted delays at hospitals due to the same pressures. All services are in similar positions. There is a very real sense that collectively we are only just keeping our noses above the rising tide.

## WHAT DOES THIS MEAN FOR US AS UNIONISTS?

As collectives who are focused on the wider good, unions should aim to influence social change for the better as we emerge at some point into a post-covid world.

The sad reality of this pandemic is that your post code, your income, your home and your education level all determine how susceptible you are to this virus. The gap is so pronounced in determining who survives and who dies

from COVID that we all should be asking what changes must occur in society to protect the vulnerable and ensure no one is left behind. We need to demand our governments deliver reform where needed. Secure employment conditions; access to acceptable housing; the availability of and access to health and support services. Access to a good education in a well-resourced school, TAFE or university. These are fundamental areas that require reform. Unions have historically led the charge when it comes to advocating for fairness, equity and social change. It is time we did so again. We need to demand our governments deliver reform where needed.

If there is one lesson that many workers have learned the hard way over the past three years, it is that unionised workplaces have been able to deliver more secure work and conditions than those that are not unionised. Encourage your colleagues who are not currently union members to think about the safety and security unionised workplaces have delivered in a time of unparalleled upheaval and sign them up to support us in this important work.

## THE UPSIDE ...

Amongst all the doom and gloom, the increasing work pressures, fatigue and burn out, one thing that is trending positively over the past few years is kindness. In many ways, the outpouring of kindness throughout the pandemic has been as contagious as the virus itself. Whether in communities or at work, the myriad of little things that folks are willing to do to help a colleague, a neighbour, family member or a stranger have bolstered our collective faith in humanity, helped us to keep moving forward and contributed to our resilience. A small beacon of light in an otherwise ongoing challenging landscape.

## STRATEGIC DIRECTION – WHERE DO WE WANT OUR PROFESSION TO HEAD?

The ACAU has not been immune to the pressures caused by the pandemic, with all of our member unions under the pump servicing members. This has impacted on the Council's work. In order to get our agenda back on track, we are intending to hold a strategic planning day face to face in the near future to set out our goals and priorities moving forward. Once determined, these will be taken to our first face to face ACAU Conference in three years in Brisbane in September/October, to be endorsed by delegates for action.

## THANK YOU

I want to pay tribute yet again to paramedics in Australia and New Zealand who've responded so magnificently to the additional pressures the pandemic has placed on our clinical practices.

A big shout to all the union officials and delegates in the ambulance space who are continuing to fight for members rights and entitlements. Eternal vigilance is needed to ensure hard won rights and conditions, designed to protect health and safety of our members so that they can look after the health and safety of the public, are maintained, and strengthened moving into the future.

Be safe. Keep up the great work and care. Look out for each other. Finally, ensure you are mindful of your own mental health and wellbeing in these challenging times.

**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.

# INDUSTRIAL REPORTS

## Australian Capital Territory

In recent weeks staffing on nightshift in the ACT Ambulance reached critical levels with one Saturday night in early July seeing us fall 50% below our *minimum* crewing level. The impact of COVID affecting staff was profound, leaving the ACT dangerously understaffed and forcing the closure of an ambulance station

The lack of a contingency plan to deal with the critical level of staff shortages was highlighted. The crews who worked that night performed professionally through what was a long and difficult evening.

Speaking on local media, the TWU ACT Secretary Klaus Pinkas says paramedic crewing has been drastically impacted. "The workload increasing has put a strain on the workforce that has led to catastrophic crewing levels," Mr Pinkas said. "It's taking its toll, it has been relentless over the last couple of years and it is having an effect on our members." Mr Pinkas says a lack of relief crews is burning out paramedics, resulting in staff leaving the service. "... the result is poorer outcomes for the people of the ACT. Response times suffer, there's no doubt about it."

Urgent discussions have been held to address the risks posed by this situation. The TWU continues to push for the resources and back up plans to ensure there isn't a repeat of this episode.

### ACT BUDGET 2022

Indications are that a sizable budget enhancement is in the offing for the ACT Ambulance Service in the 2022 Territory budget. The TWU has been pressuring the Barr Labor government to provide the next tranche of funding to support the ongoing expansion and modernisation of ACTAS. Rest assured, if the government does not deliver on their promises in this regard, the union membership are ready to consider options around unprotected action to highlight how essential this funding is.

In a pre-Budget announcement with Delegate the ACT has outlined over \$30 Million in commitments including; paramedic positions to staff the bariatric unit on a day shift, 7 days per week,



**Klaus Pinkas**  
Transport Workers Union



**"They're just hammered, there's no other way to put it. There's people who've been ambulance officers for 30 years in the ACT and they're leaving ... they've had enough."**

more ICP positions to establish a Clinical Support Officer role, paramedic positions to embed the existing, unfunded ECP programme.

AM2 positions – 1 each for Operations, CGU and Education, + a top-up of 0.6 FTE against the ComCen Clinician QA role (currently funded as 0.4 FTE)

ComCen positions and enabling support positions – ACTAS Executive Officer and 1 each for ESA finance and procurement. Additional positions to support staff development and well-being.

Significant funding for:

- Vehicles
- ComCen infrastructure and ICT enhancements
- Training and staff development
- Staff wellbeing
- Supplies and services
- Cardiac arrest and stroke management initiatives

This is in addition to a separate announcement committing to ongoing funding for the 2nd PACER team.

### TWU-ACT GOVERNMENT ACCORD

The ACT TWU Delegates have endorsed the text of a draft "Accord" which outlines mutual commitments to the important issues still facing the ACTAS in its transition to a modern high performing ambulance service. These include urgently required infrastructure and stations; investment in

a fit for purpose management structure; serious resourcing of mental health and wellbeing initiatives; resumption of ICP training and urgent support for the ACTAS Communications Centre. The TWU looks forward to this compact being finalised and underpinning the governments prioritisation of issues over our 5-year strategic planning horizon.

### ENTERPRISE AGREEMENT 2017-2021

The EA is due for renegotiation and planning is occurring to ensure important outstanding issues from the last round of bargaining are strategically addressed. The other big ticket item will be a new roster without any loss of pay or leave. A member's survey has endorsed 12 hour day/10 hour day/12 hour afternoon/10 hour night pattern. Negotiations to secure this change are due to begin in earnest in the near future,

### OTHER ISSUES ...

Along with the foregoing, delegates are concurrently actively engaged in committees which are consulting on new ambulance equipment kits; upgrading stations & infrastructure; new 4x4 capability and a specialist capability.

**Jim Arneman**  
Caucus Secretary





## New Zealand

### WELLINGTON FREE AMBULANCE

This month we went in to negotiations with Wellington Free Ambulance who disappointingly declined all of our claims and gave their best offer of a 1.5% increase. In New Zealand CPI is currently 7.3% which means what they are proposing is a 6% wage decrease for our members.

### STAFFING SHORTAGES

While staffing shortages is commonly heard in the ambulance sector in New Zealand the extent of it goes largely unknown to the public. St John received additional funding for

10 additional ambulances in Auckland to be rolled out in February but has not been able to find the staff to cover their existing vacancies. Although the ambulance service has also received an additional \$166 million in the recent budget, it is not yet clear where they will find the staff to use the funding.

### PARAMEDIC REGISTRATION

With registration now here we are seeing alternative career options for our paramedics with jobs at medical centres and hospitals who are offering better rates and conditions, but we are yet to see either of our ambulance services improve their conditions to retain staff. Instead, it has been used as a leverage to take away what was previously paid

learning days, now saying this is the responsibility of the individual due to their registration.

### COMMUNICATION CENTRE

In the last round of bargaining with St John we saw a decrease in wage for those who would transition from Call Handlers to Dispatchers. This has now caused further staffing shortages with dispatchers often having to double up on channels causing dangerous workloads and a very fatiguing shift. A lot of our comms staff are burnt out and we are yet to hear how St John intends on improving this situation.

**Faye McCann**  
First Union

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# Tasmania

## RAMPING/DELAYS

Without consulting with staff, Ambulance Tasmania (AT) has commenced putting dedicated paramedics in the Royal Hobart Hospital (RHH) ramping area to take patient handovers and get crews out of hospitals to improve response times.

We entered a dispute about this "transfer of care delay" role due to WHS concerns and the lack of consultation, as a single paramedic working this role would be expected to manage four patients in the hospital setting as well as provide in-hospital transfers such as escorting patients to radiology.

The main concerns are break management and how to manage multiple patients, including leaving patients without supervision for small to long periods of time, and who is responsible for paperwork and what paperwork is used for interventions/obs etc.

Ambulance ramping in Tasmania is continuing to be a significant problem resulting in surge 4, where often there are no resources left to dispatch. There are many anecdotes of significant delays to highest category patients due to no resources left to send.

We remain concerned that there will be incidents with poor patient outcomes associated with ambulance ramping, and there are already anecdotes of delayed responses leading to psychological harm for AT workers in the CommCen and those on-road.

## CULTURE IN AT

AT has developed a Cultural Improvement Action Plan. At the time of writing, it is not published but is due at any moment. Broadly we understand that there will be eight areas for improvement:

- Clinical support and standard
- Workplace values
- Leadership accountability
- Building capability
- Systems and processes
- Communication
- Operations
- Focus on wealth, safety and wellbeing

We understand that there will be action taken immediately (the low-hanging fruit), then by two further milestone points, but it remains unclear what will actually be intended to be achieved within these focus areas.



## EBA TIME

We have commenced our EBA bargaining and completed the first meeting with the Department of Health. Essentially, we have run through our log of claims and agreed in the first meeting to meet every two weeks. It's now four weeks since that meeting but no other meetings have been scheduled. It's not a great start to the process, given we began the bargaining six months late.

## RECRUITMENT AND RETENTION

There are permanent vacancies in Tasmania. 11 new paramedic positions were funded in the last state budget. HACSU is very concerned that there will be significant retention problem in Tasmania with the bigger states offering better working conditions and more money. This appears to be of no concern within Health as they don't have a recruitment problem given the glut of uni grads without employment, but we aren't so optimistic.



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## South Australia

In the weeks and months since Labor won the State Election here in South Australia, they have taken immediate steps to address the health crisis – the approximate \$80 million that the Liberal Government had committed to the development of a new Entertainment Centre in the CBD, was reassigned to the Health system including the immediate opening and staffing of an extra 100 hospital beds.

The Labor Government are already delivering on their commitment to employ an additional 350 ambos over the next four years. Recruitment has already commenced, doubling the intake of Paramedic Interns and commencing recruitment of qualified Paramedics. These extra staff will provide additional crewing in regional centres including in the South East, Far North West, the Fleurieu Peninsula, Adelaide Hills and Barossa regions, eight emergency crews and three emergency support crews for the metropolitan area, as well as extra staff for the Emergency Operations Centre.

The Labor Government are already taking steps to secure land for the building of additional ambulance stations in the metropolitan area. Further, a number of old run-down stations in metro and regional areas will be rebuilt or redeveloped. Labor have also committed to a new, purpose-built Emergency Operations Centre co-located with an ambulance station in the CBD.

This is the single-biggest investment into the SA Ambulance Service in the State's history.

The Labor Government have already filled their commitment to provide monthly ramping statistics. It painted a bleak picture that was not entirely unexpected, given we were entering the winter period which typically brings an increased workload for the health system. This has been exacerbated by a higher number of Flu cases than the previous two years, and the latest Covid Omicron wave which has resulted in the highest number of hospitalisations from Covid, and hundreds of health staff, and close to 100 ambulance staff, furloughed.

The situation reached a crisis point on Saturday 23rd July when the SA Ambulance Service was unable to fill 18 ambulance crews, and many more only able to provide first response capacity due to furloughing. Thankfully, by the next day the first group of Paramedic Interns funded by the new Labor



Government hit the road, which resulted in only one ambulance resource being dropped that day.

We are now included in collaborative discussions on the Health system's response to Covid and the implementation of Labor's election commitments to address the abysmal response times and record levels of ramping currently experienced.

One of the most significant areas of progress since the election has been on the out-of-date 2017 SA Ambulance Enterprise Agreement. The last pay rise for AEA members was over four years ago, on 31st Dec 2017, with the previous Agreement expiring on 30th November 2018. The former Liberal Government refused to engage in good faith negotiations with the AEA, wanting to strip members conditions and refusing to honour long-standing historical agreements guaranteeing back-pay during delayed negotiations. The former Liberal Government even applied for an arbitrated Award which would lead to the termination of the existing Agreement for members.

With a newly-elected Labor Government, the door was therefore open for the AEA to negotiate a more reasonable outcome for members. Negotiations started soon after the election and went straight to brass tacks. Within three months of the election, and for the first time, we had an offer on the table. Its key elements included:

- 2.5 Year 2022 SAAS Enterprise Agreement expiring December 2024,
- 2.5% yearly salary increases backdated to December 2018, 2019, 2020, 2021 and future increases in December 2022, 2023



and 2024 totaling a 17.5% increase over the EA,

- Rolled in Rate paid during Maternity Leave (now payable on all types of paid leave, Annual, ADO, Sick and Long Service Leave),
- Review of Regional Incentive Payments,
- Review of work level definitions and position titles in the Agreement,
- Review of the SAAS Service Delivery Model,
- Crib arrangements for a 3 on 3-off Day/Afternoon/Night 10.5-hour shift configuration,
- Codification of long-standing allowances currently being paid in SAAS that are not included in the EA including;
  - Setting the standard in the EA for crib at home station for emergency crews with a 5% Crib Anywhere Allowance for those who crib away from their home station,
  - 15% Metropolitan Spare Allowance,
  - 10% Patient Transfer Services Allowance,
  - Excess On-Call paid at overtime rates.

The offer has been put to the membership over the last couple of weeks, and by close of business Friday 22nd July, AEA members had voted overwhelmingly in favor (97%) of accepting the offer.

The acceptance of this offer will result in members receiving a 10% pay rise immediately, upon ratification of the Agreement in the SA Employment Tribunal. This will take the base wage of a Paramedic of 6 years experience (top increment) to \$90,643pa (\$97,613pa by 2024), bringing us back in line as one of the best-paid Ambulance Services in the Country.

# Queensland

## EB 2022

After 18 months of asking what members want to see as claims in the upcoming enterprise bargaining, with over 1300 surveys completed and compiled, State Council delegates provided the following as the most widely felt issues of the membership.

1. Finish on time\*
2. Increase to base rate
3. Increase to shift penalties and Emergency Availability rates
4. Pre and post shift equipment check in paid time
5. Agg rate and flex allowances included in superannuable wages
6. Minimum staffing numbers to meet demand \*
7. Enhanced sick leave
8. Flexibility around taking annual leave
9. Increase to superannuation rate
10. Broken fatigue and penalty payments on Saturday and Sunday

\*1., and 6. Directly related to resourcing discussion around UHU's, Standby Capacity, **Community Response Capacity**. A number of these issues will have impact across the service for all staff regardless of what role they perform, Paramedic, PTO, EMD or Supervisor working in metropolitan or country locations.

## OTHER CONSIDERATIONS:

- Pandemic clauses – access to leave, PPE and testing.
- Union encouragement clauses – access to paid time for union delegates etc.
- No reduction in current entitlements.
- General Leave enhancements – reproductive, parental, bereavement, LSL paid at half rate.
- PTO Career path.
- EMD and call taker classification structure.
- Level 6 remuneration.
- CPD allowances / access to time.
- Extended role remuneration.

In May members were given the opportunity to endorse the log of claims so bargaining can commence.

On Tuesday 12 July the UWU State Council representatives met with QAS to initiate negotiations with a view to bargain a new certified agreement.

United Workers Union will be the only registered industrial body representing Queensland ambulance members during negotiations.

QAS are not yet in a position to provide their formal log of claims as there is an official process involving Cabinet, Ministers' office, and the QAS Executive before proceeding.

QAS emphasised that they are committed to not withhold the LOC as a tactic and respect UWU's desire to begin negotiations as soon as possible.

## STATE WAGES CAMPAIGN

### A Win For Public Sector Workers!

A lot of work occurred between unions who represent members working for the Public Sector around challenging the previous state wages policy.

Initially the state government was offering all workers in the public sector, including those employed as Paramedics, Patient Transport officers or Communication Staff, a pitiful 2.5% wage increase.

After a combined union effort targeting the state government and sending a strong message to the treasurer to move away from the longstanding 2.5% wages policy, the government proposed a new wages strategy:

- 4% in 2022
- 4% in 2023
- 3% in 2024
- With annual lump sum 'CPI adjustments' in 2023, 2024 and 2025 of up to 3%

**"This is a significant move from the state government, and a great win for union members when acting collectively."**

In addition the government will universally contribute 12.75% to superannuation (without the need for co-contributions) paid on the ATO definition of ordinary time earnings. This means the portion of income that is shift penalties will now attract the 12.75% superannuation guarantee.

**This is a significant move from the state government, and a great win for union members when acting collectively. Public Sector Unions are currently consulting with members around this offer. The feedback from Ambulance members has been overwhelmingly positive.**

## A NEW WAY FORWARD FOR GRADUATE PARAMEDICS

Over the last two years, in what started as an emergency response to COVID 19, the onboarding of new staff to QAS has been, to say the least ad hoc.

To expedite the onboarding of new staff, the induction program was shortened to what QAS determined was the bare minimum a new starter needed.

QAS methods of engagement were erratic introducing PTO pathway entry, Call Handler pathway entry, twilight rostering and "pure" casual entry. Additionally, there have been some who have had temporary appointments for months at a time on and off over the last two years then ultimately converting back to casual.

UWU acknowledges that QAS engaging university qualified registered paramedics for all the surge workforce is to be commended. (Not all jurisdictional services across the country chose to deal with their demand issues in the same way)

But this has not been the most stable or supportive way for many of our newest members to start their career in Ambulance.

United Workers Union representatives from workplace leaders to Union directors and co-ordinators, raised and argued with the Minister for Health and Ambulance, the QAS Commissioner and his executive and Regional managers their concerns around the inconsistencies being experienced by our members.

The adoption of casual employment provided no job security; lack of support in terms of mentoring, clinical and psychosocial support; plus, the isolating impact of only having anti-social shifts offered for casual engagements which lead to the inability to form bonds with peers.

As a result, QAS have given commitment to revert to some of their previous processes:

New starters engaged casually will be given a temporary contract to enable them in the first formative months on the job, work with consistent mentors, form bonds and be supported both clinically and psychosocially.

Work is also being done to review the induction phase to ensure that new starters have the best chance of a successful career with the QAS.

As this review progresses, United Workers Union delegates will be part of the consultation process.

Through the advocacy of UWU several Casual staff in recent months have been offered permanent positions. This is as a result by UWU gaining good faith commitment from QAS to observe the directives around casual and temporary conversion. These directives which apply to many other public sector as yet is not mandated to Ambulance.

Previously this conversion directive has not been an option available to many who have come before.



**A great win for UWU members.  
A significant achievement celebrated  
for those who have taken on permanent  
roles with QAS.**

While UWU acknowledges that there needs to be some form of casual pool to be able to support rostering to meet demand when unplanned absences occur. This should not be the default entry point into a career with QAS.

**AHPRA SUBMISSION**

United Workers Union was recently invited to make submissions to the Queensland Parliament's Health and Environment Committee in relation to the proposed *Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2022*.

Broadly, the main objectives of the proposed Bill are to:

- strengthen public safety and confidence in the provision of health services
- improve the governance of the National Registration and Accreditation Scheme for health professionals (National Scheme)
- enhance the effectiveness and efficiency of the scheme.

Key reforms in the Bill include:

- refocusing the objectives and guiding principles of the National Law to make public safety and confidence paramount considerations, and to recognise the National Scheme's role in ensuring the development of a culturally safe and respectful health workforce for Aboriginal and Torres Strait Islander Peoples
- introducing a power for national regulators to issue interim prohibition orders to prohibit or restrict unregistered practitioners from providing health services or using protected titles, similar to the power already given to the Health Ombudsman in Queensland
- introducing a power for the Health Ombudsman and national regulators to issue public statements about persons whose conduct poses a serious risk to public health and safety
- removing barriers to information sharing to protect the public and enable more efficient and appropriate resolution of notifications
- improving processes by which National Boards make registration decisions and manage health, conduct and performance issues.

To accommodate Queensland's co-regulatory arrangements for registered health practitioners, the Bill also amends the *Health Ombudsman Act 2013* and makes minor modifications to how certain amendments to the National Law will operate in Queensland.



**Submission to the  
Health and Environment Committee:**

**Health Practitioner Regulation National Law  
and Other Legislation Amendment Bill 2022**

UWU was able to generally support the Bill and its objectives. In our submission we identify some areas of concern and provide recommendations on how those concerns could be resolved.

**EFFECTIVENESS AND EFFICIENCY  
OF THE SCHEME**

UWU are concerned with how long AHPRA and OHO take to investigate and determine notifications concerning practitioners employed in the ambulance services and health industries. Some instances taking years to conclude.

Slow resolution is compounded by onerous interim restrictions on practice imposed as immediate action or through voluntary undertakings.

Whilst immediate action and undertakings in some cases are necessary to protect the health and safety of the public, it is also necessary to balance the action with a practitioner's right to continue development in their profession. As well as a right to earn an income.

We have observed an imbalance between these two considerations, rendering practitioners for prolonged periods without meaningful work and in some instances, without any income.

You can read the full submission by clicking through this link: <https://www.ambulanceactive.com.au/wp-content/uploads/2022/07/UWU-Submission-01.06.22.pdf>

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# Victoria

## SURGE WIND BACK

In December 2021, The AEAU warned the Victorian Government and Ambulance Victoria that Surge arrangements designed to alleviate the pressures of the pandemic on ambulance resourcing were likely to result in occupational health and safety issues such as paramedic burnout.

Union members proposed two interim measures that could assist in alleviating some of the pressures on paramedics:

### 1. Transfer Graduate Ambulance

Paramedics on the Medium Acuity

Transport Service to emergency roles in the short term and,

### 2. Utilise Qualified Operational managers on shift for parts of the week.

These suggestions fell on deaf ears, and Ambulance Victoria continued with their Surge arrangements.

Before the pandemic, union members had expressed health and safety concerns such as burn-out attributed to Ambulance Victoria's staffing levels, over-reliance on overtime shifts, and hospital ramping issues.

The service could not scale up when the pandemic arrived and meet community demand. Since then, Ambulance Victoria has been consistently highlighted within the media as a significant focus of Victoria's broken healthcare system.

Ambulance Victoria's unempathetic approach to listening to union members' suggestions to resourcing issues has increased sick leave of up to eighty shifts a day being left unfilled.

Finally, in July, Ambulance Victoria announced they would be winding back the Surge workforce.

Rather than relieving demand issues, the Surge arrangements exacerbated the pressures of an increasing workload arising from the COVID-19 pandemic. Paramedics told the AEAU that they would prefer to work longer with a qualified partner than continue with the Surge arrangements.

Once again, the COVID-19 pandemic has highlighted the short-sightedness of Ambulance Victoria's pre-pandemic staffing practices that have focused solely on meeting a Code 1 first response KPI of 85%.

**The AEAU has reluctantly signed the Memorandum of Understanding that winds back Surge arrangements but remains critical of an approach that forces exhausted paramedics to opt between self-care in times of extraordinary workload pressure and working harder and longer in a failing system.**



## HOSPITAL RAMPING

Ramping remains a problem in Victoria as in every other state of Australia. The pressures on the health system began pre-pandemic, and the associated failures (such as bed blocks) have been exposed as the pandemic winds on.

**Ramping ambulances are symptomatic of more extensive chronic health system failures due to poor planning and underfunding by successive Federal and State governments.**

The Victorian government recently announced an expansion of its Virtual ED system for on-road paramedics, which aims to keep non-emergent patients out of the emergency department and reduce non-essential presentations.

Additionally, the government will provide an increased number of ambulance offload teams in 14 facilities to reduce times for ambulance offloads. However, the most challenging issue of chronic bed lock that inhibits the flow of sick patients out of ED into the wards is yet to be addressed. This is set to worsen in the face of rising ED presentations and hospital admissions associated with the latest Omicron wave yet to peak.

## ESTA MOU

Due to chronic understaffing at ESTA over the years, the extra workload associated with the COVID pandemic has meant that ESTA has experienced extreme difficulty in servicing the demand for service.

Surge allowances were introduced through a Memorandum of Understanding (MOU) to ensure enough staff were available during identified peak times.

The current MOU is due to expire, but as the extreme workload of the pandemic (now coupled with a severe Flu season) continues unabated, ESTA has identified the need to extend and modify the MOU.

**MOU negotiations with ESTA have been protracted, and as a result, the current MOU is being extended until**

**an agreement on a replacement is achieved.**

Discussions have highlighted that the current MOU has failed to achieve the desired effect of turning staff out for overtime shifts. Additionally, deficiencies in the ESTA training regimen have been highlighted as areas of significant concern that potentially contribute to high staff attrition rates.

## NPT BARGAINING

Negotiations for the next National Patient Transport (NPT) Enterprise Agreement began in May 2022. Several sessions have been held since that time. The unions have presented their individual Log of Claims to NPT.

It was noted that the individual union Logs were essentially the same with only some semantic differences. Therefore, the unions caucused to unify their respective Logs into one for efficiency and practicality with commitments to support the other where unique individual claims existed.

**These negotiations are still very much in their infancy, and there is a long way to go.**

So far, there is some agreement between the employer and unions on minor non-monetary claims with commitments to discuss the big-ticket items further. Negotiations are ongoing.

## AV/ESTA ENTERPRISE BARGAINING

**Negotiations for the ESTA and Ambulance Victoria Enterprise agreements will commence in early 2023.**

The AEAU has commenced its first stage of staff consultation for both agreements to enable the development of a Log of Claims for both agreements to be finalised by the end of 2022.

**Brett Adie**


Secretary AEAU

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*Image courtesy of Australian Catholic University*



# Western Australia

## STANDING COMMITTEE ON PUBLIC ADMINISTRATION

### DELIVERY OF AMBULANCE SERVICES IN WESTERN AUSTRALIA: CRITICAL CONDITION

In May, the Parliamentary inquiry into ambulance services in Western Australia was tabled in State Parliament.

The Committee contacted 128 stakeholders, and received written submissions from 123 interested parties, including the United Workers Union.

Unsurprisingly, the report identified many issues with St John, and some 48 recommendations to Government were made. The service is, indeed, in critical condition.

The overarching outcome of the inquiry can be found at recommendation 48:

*"The Department of Health develop broader key performance indicators (KPIs) that incorporate the recommendations of this report. If the service fails to meet these KPIs, the State Government should consider alternative emergency ambulance service providers or a state-run service."*

The UWU has for many years now, been calling for increased contractual oversight of St John by the Government.

Sadly for our members, the organisational culture has not changed. The Committee found that "there is a lack of trust from frontline staff in senior management at St John Ambulance WA". The Committee recommended that:

#### RECOMMENDATION 33

*The Department of Health require ambulance service providers to undertake regular employee culture surveys and utilise the resulting data to adopt strategies to improve organisational and workplace culture.*

Again, the UWU have been lobbying government for this measure to be introduced, as a stakeholder, the Government has a responsibility to the wellbeing of on road staff.

The Committee further found that: *"The evidence suggests cultural issues at St John Ambulance WA extends to serious matters such as harassment and bullying and the current processes do not adequately address these matters."*

The full report, and submissions, can be found at: <https://www.parliament.wa.gov.au/Parliament/commit.nsf/WCurrentNameNew/E928A0238B9758DA482586FD0017E23A?OpenDocument#Report>

We await the response from Government, due in early August.



### CRITICAL CONDITION

The service is indeed in Critical Condition. Following from the scathing parliamentary report, a number of deaths occurred in the Western Australian community, of people who were waiting for ambulance attendance.

In particular, in the early hours of May 15, an 80-year-old Perth grandmother called triple-0 complaining of chest pains but paramedics did not arrive until more than two hours later, finding her lifeless on the couch of her metropolitan Perth home.

This resulted in swift action from the McGowan Government:

#### Multi-agency response to support WA's ambulance service

Wednesday, 18 May 2022

- Co-ordinated multi-agency response to ensure continuity of ambulance services
- Health and Police representatives to be embedded in St John Ambulance headquarters to assist ambulance response during current phase of pandemic
- Unprecedented measure will support St John to fully activate its Business Continuity Plan for COVID-19
- McGowan Government working closely with St John regarding staff furlough pressures and to address response times

Senior Department of Health and WA Police representatives will be stationed at St John Ambulance headquarters to assist the service and ensure appropriate co-ordination of the emergency response.

From tomorrow, two senior health officers, including Deputy Chief Health Officer Dr Tudor Codreanu and two highly experienced WA Police officers, will assist St John on the ground and provide immediate logistical support.

*This unprecedented action, taken in collaboration with St John, will ensure the response can be bolstered immediately and will support St John to fully activate its Business Continuity Plan, providing certainty to the Government and the public during the current Omicron wave.*

The McGowan Government is working closely with St John to address staff furlough pressures due to COVID-19 infections and response times.

St John has already commenced improved and timely information sharing with the State Government.

<https://www.mediastatements.wa.gov.au/Pages/McGowan/2022/05/Multi-agency-response-to-support-WA's-ambulance-service.aspx>

The pressure on CEO, Michelle Fyfe, culminated in her resignation after 4 years in the position. National Ambulance Co-ordinator, Fiona Scalon said at the time:

*"The move by the Government to take responsibility for operating ambulance services would mean the WA community is no longer at the whim of a private provider and its board, with the bottom line, sadly, as their primary priority."*

*"We are not surprised the CEO has taken the decision to leave a service that has been run into the ground, on her watch."*

*"The CEO has been part of an ambulance service with systemic problems."*

*"The WA Government needs to put the safety of the WA community as the first priority, which would be a welcome change for people in health emergencies and a welcome change for hard-working paramedics and ambulance staff."*

Not long after Ms Fyfe's resignation, Medical Director of St John, Paul Bailey also resigned.





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# SPEECH MARKING PHIL PALMER'S OFFICIAL RETIREMENT AND PRESENTATION OF ACAU PLAQUE

A crowd of over 100 supporters, admirer's friends and family, including the South Australian Premier and Health Minister gathered in Adelaide in late July to honour the legend that is Phil Palmer. The following is the speech delivered by Jim Arneman on the presentation of an official plaque to Phil to recognise his stellar contributions to the NCAU and its successor, the ACAU and union members nationally.

**"SOMETIMES FIRST IMPRESSIONS CAN be terribly wrong....**

I first met Phil Palmer at the Salamanca Inn in Hobart in 2007. Tim Jacobson, from the HACSU, hosted a gathering of all the unions from states and territories that represented paramedics and support staff in the hope that we could set up a national body to advocate on shared issues of importance.

12 months later, and against all odds, a disparate group of left wing, right wing and independent unions formed the National Council of Ambulance Unions (now the ACAU), to further our common interests. From its inception, Phil Palmer has been a key leader in and advocate for the NCAU and its successor, the ACAU.

Getting back to my first impressions: I initially thought Phil was extroverted, loud, opinionated and disruptive. Why can't he just agree with the majority once, just once? I thought....something? anything! As the inaugural Secretary of the NCAU I thought that this is going to be hard work.

However, as we worked together on the NCAU over the years I deeply and increasingly appreciated the perspectives, skills and respect that Phil Palmer brought to the table.

It's only been since I've undertaken formal studies in Leadership that I've been able to reflect on and reconcile those initial feelings about Phil, his leadership style and his motivations.

My studies looked at 'Implicit Theories of Leadership'. We all hold these subconsciously. We use them to evaluate leaders, based on our own traits, experience and expectations. They can lead to unconscious biases and often skew our perceptions. I acknowledge now that my unconscious biases influenced my first impressions of Phil.



Jim Arneman presenting the ACAU Plaque of recognition to Phil Palmer at his farewell. L to R Phil Palmer (Secretary Emeritus AEASA) & Jim Arneman (ACAU Secretary).

Over the years now, I've gained a deep appreciation of the great qualities that underpinned my first impressions of Mr Palmer. He has always been fiercely independent and protective of the AEASA and its members; he is a lion for social justice; a man of sound principles and impressive ethics; a generous sharer of experience and nurturer of talent.

If I can sum Phil up, he is what I would characterise as a quintessential 'Disruptive Leader'. Disruptive leaders are

1. Fearless in pursuing the truth and unafraid to speak truth to power when necessary.
2. They are decisive and inspire confidence in followers.
3. They're adaptive, able to envision a better future and lead their followers to it.
4. Above all, they are rule breakers by nature; they have a healthy scepticism of the status quo and are always seeking opportunities to innovate and improve the world for those they serve.

The world will always need great disruptive leaders if we dare to hope to change for the better. In my humble opinion, Phil has been, still is and always will be a disruptive leader par-excellence!

As laudable as all of these qualities are, they don't develop or happen in isolation. Great leaders are surrounded by other great leaders that they are mentoring; great followers in the members of the AEASA but, most importantly, great families. Great kids and great partners, in Phil's case his wife. I want to take this opportunity to formally acknowledge and sincerely thank you for your love and support of Phil in his journey and for the sacrifices you and all our families have made to enable us to do our work and make a difference. We could never achieve what we do without you.

I know and appreciate that Phil and I share a love of history and philosophy, so I'd like to finish with a quote from an historical philosopher. It was first attributed to Bernard of Chartres, a medieval philosopher in 1159. It was immortalised five centuries later by Sir Isaac Newton, and goes as follows:

'if I can see further than you, it is not because of keener vision or greater height on my part. No, it is because I have been lifted up and born aloft on the shoulders of giants'

Phil Palmer, you are and always will be a giant of the union movement. A defender of and advocate for those who are unable to defend or advocate for themselves. Congratulations and best wishes from the ACAU and all its member unions on what has been a stellar career. We sincerely hope your retirement is fulfilling. It's been my humble yet absolute privilege to make this small presentation to you today, but more importantly, to count you as a respected colleague and as my friend. All the best mate!

# EXPAND YOUR CAREER IN THE NT

The Northern Territory prides itself in its unique way of life. With a coveted laidback lifestyle and amazing natural wonders, the Territory attracts people from all corners of the country. None more so than adventure-seeking paramedics who are ready to take on a new and challenging workload.

From the Red Centre to the tropical north, paramedics in the Territory are faced with a complex workload. Unlike other, more urban areas of Australia, paramedics in the Northern Territory treat a largely younger, but chronically unwell population. In many cases NT paramedics frequently find themselves caring for patients with diseases like rheumatoid heart disease, kidney disease, and chronic obstructive pulmonary disease. The type of chronic conditions which contribute to approximately 77% of the life expectancy gap between the Indigenous and non-Indigenous population, putting paramedics on the frontline of the nation's biggest health crisis.

"Every day, our paramedics are treating critical patients in extreme conditions," St John NT Director of Ambulance Services Andrew Thomas stated. "Even in the Territory's capital city, Darwin, our crews are constantly expanding their clinical experience beyond what is often considered standard care."

St John NT paramedics find that they respond to a significant number of trauma cases, calling on them to expand their clinical skills and scope of practice to ensure that patients across the Territory receive the level of care and treatment they need in often life-saving situations.

"Working in the Northern Territory presents once-in-a-lifetime opportunities for paramedics to expand their scope of practice and have a diverse and challenging professional experience that will open doors for them wherever they go."

St John NT is now recruiting for qualified paramedics and ICPs, to find out more visit:

[www.stjohnnt.org.au/careers](http://www.stjohnnt.org.au/careers)

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A third COVID wave and rampant winter flu season are putting NSW health resources under stress. (Bianca De Marchi/AAP PHOTOS)

# NSW INQUIRY INTO AMBULANCE RAMPING

Pressure on the NSW health system will be scrutinised by a parliamentary inquiry into ambulance ramping and its effect on hospital emergency departments.

## LABOR'S GREG DONNELLY

announced the upper house inquiry on Wednesday, saying it would probe the impact of ambulance ramping and the time it takes to transfer patients from an ambulance to the emergency department (ED).

The inquiry comes as NSW hospitals are operating under extreme stress after more than two years of the COVID-19 pandemic as a third wave takes off and a rampant winter flu season puts unprecedented pressure on health resources.

When EDs are full, patients are unable to be transferred from the ambulance in a timely manner - a practice that is referred to as ambulance ramping.

The Australian Medical Association's (AMA) latest Ambulance Ramping Report

Card found there had been increased reports of ambulance ramping in the last two years with people needing to be driven to the ED when no ambulances were available and people dying while waiting for an ambulance.

"States and territories are falling short of their performance targets, and longitudinal data demonstrates that the time it takes to transfer a patient from the ambulance to the care of the hospital emergency department has been overall increasing year on year," the AMA said.

"This is a clear indication that our hospitals are in crisis."

Mr Donnelly said the inquiry would examine the causes of ambulance ramping, access block and ED delays.

"It will also consider the effects

these issues have on patients, paramedics, emergency department and other hospital staff," he said.

The committee would also examine the impact that access to GPs, primary health services, aged care and disability services had on ED presentations and delays.

"Additionally, the inquiry will look at the effectiveness of current NSW Health measures to address ambulance ramping, access block and emergency department delays and consider how other Australian and overseas jurisdictions manage these issues."

**By Maureen Dettre**  
Australian Associated Press

If there's one thing that veteran paramedic Chris Henning wants frontline medical workers to remember about self-care, it's this: don't just bottle it up or try to push through it when you're troubled by the things you've seen at work.

Chris – a former advanced life support paramedic of more than 35 years – was medically retired in 2018 after he was first diagnosed with severe PTSD in 2010.

"I started crying about things a lot," Chris said of his experience with PTSD.

"I'd be watching telly with my wife, and I would cry about something I saw. My wife said, 'you have to go see someone', so I saw a psychologist and was diagnosed. But because we are wired to be tough and help people, I was trying to push through it and just kept pushing and pushing, but it was getting worse.

"I tried to commit suicide twice because I thought there was no way out."

Around that time, Chris attended the *Moving Beyond Trauma* program at the Quest for Life Foundation in Bundanoon NSW, a 5-day residential program for people living with the effects of post-traumatic stress that is attended by many former frontline and emergency services workers including paramedics, police, and soldiers.

"It saved my life," Chris said of the program.

"It opened my eyes, I'm alive today because of it. It taught me there is a life after what I've gone through.

"The thing is, you're not alone. You go in there thinking, 'I'm the only one suffering from all of these things I've seen', then you go in there and there's all these people suffering the same thing. You learn how to pull yourself out of that black hole and to not be afraid to talk about it."

Quest is an organisation that Chris remains passionate about – it's where he still volunteers today as a rapid antigen tester for participants arriving to attend their own 5-day programs.

Chris said whether you attend a program like Quest's or simply speak to a friend or confidante, the important part is to keep talking.

"Please remember that there is always somebody there to talk to and that this is not the end."



# Living with PTSD? We Can Help



*Moving Beyond Trauma* is a residential program at the Quest for Life Centre in the Southern Highlands, NSW designed to assist people with PTSD reclaim their lives. The program draws on an understanding of trauma, its effect on the brain and teaches practical skills and tools which bring relief to the troubled body, mind and spirit.

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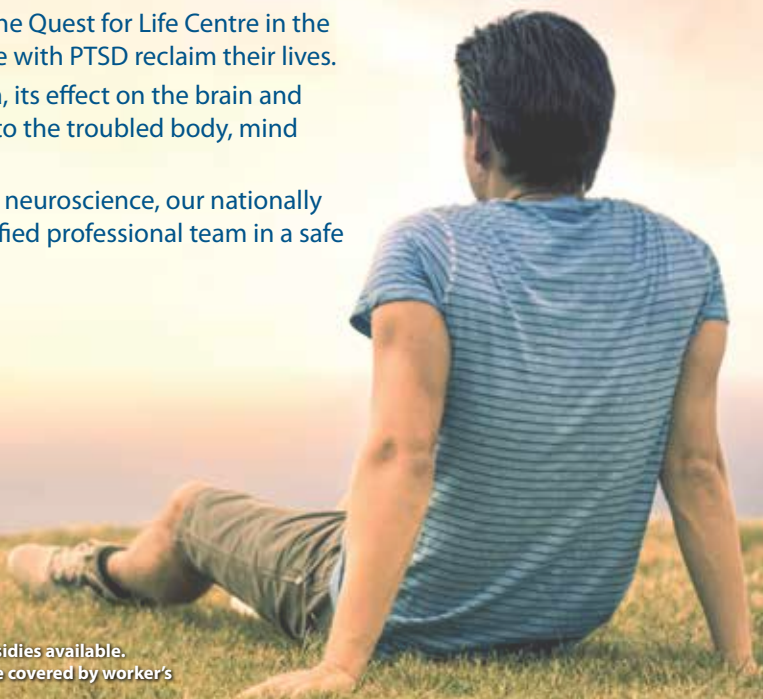
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# 'HOW MANY PEOPLE HAVE TO DIE?' – PARAMEDICS AT BREAKING POINT

They're the front line of our health service, but paramedics say they're the ones in need of support.

## "I THINK STRAINED WOULD BE AN

understatement. We are at breaking point," an anonymous St John Ambulance paramedic told 1News.

Soaring demands on ambulance services across New Zealand has led to some patients waiting hours for ambulances in non-life-threatening situations.

St John Ambulance's deputy chief executive of ambulance operations, Dan Ohs, says demand is well beyond the upper limit of their forecasts for this time of year.

They've also seen 30,000 more callouts compared to last year.

"It's absolutely a perfect storm. We're the busiest we've ever been. It's the most challenging environment we've ever had for our service, our staff and our patients," Ohs said.

And in some cases, patients are suffering as a result, according to the anonymous paramedic.

"It looks like your grandma laying on the bathroom floor from 9 at night 'til 7 o'clock in the morning," he said.

"It sees jobs sitting there for over 24 hours in Auckland. The sad reality is you don't die from pain, therefore with a strained service your job just drops to the back of the queue. And you just wait and wait."

St John says the longest wait for an ambulance pickup in Auckland over the past four weeks was 15 hours for a GP referral for transport only from home.

"That's a lot longer than we would like to have people waiting in the community," said Ohs.

St John says ongoing vacancies in the service (125 at present) and 'ramping' at hospitals - where ambulances are delayed offloading patients at emergency departments - is contributing to the strain on the overall system.

"We're seeing up to 7.5% of our time being parked up at emergency departments - that's 107 hours a day. That's a lot of time we're parked up... rather than outside serving the community," Ohs said.



He added that at times, 8% of staff are off sick, but the anonymous paramedic says they're not sick, they're burnt out.

"Staff are sick not because of the flu, they're sick because of burnout, because they can't face another 12-hour night shift with a meal break at 3 o'clock."

St John says help is on the way though, with more than 100 trainees set to boost the workforce before the end of November, as well as overseas recruits.

They've also secured a new four-year contract with the Government to boost resourcing in Auckland, where they're at least one ambulance down each day.

But that hasn't stopped First Union, which represents a number of paramedics across the country, from petitioning for ambulance services to fall back under public ownership.

"New Zealanders need an ambulance service that they can rely on, not one

that relies on their donations, and our members feel very strongly about that," said First Union national ambulance organiser Faye McCann.

"There are always going to be issues no matter where the ambulance service sits, but there's definitely a feeling out there that the service sitting with a charity is the wrong model for New Zealand."

St John still feel equipped for the service, however.

"Ultimately here at St John, we think we do a great job of running the emergency ambo service. However we recognise there's always an ongoing discussion around improvements," Ohs said.

Whether those improvements come soon enough for some, the biggest issue facing the service.

"I'm going to be one of the ones that will leave shortly because I'm broken," the anonymous paramedic said.

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# AMBULANCE OFFICERS CALL FOR PUBLIC OWNERSHIP ON FIRST INTERNATIONAL PARAMEDICS DAY



On the first ever International Paramedics Day, ambulance officers at St John and Wellington Free Ambulance are petitioning for the service to be returned to public ownership as part of current health system restructures, amid rising concerns about how the service is being run, including the issue of 'ramping' at busy hospitals.

## FAYE MCCANN, FIRST UNION

National Ambulance Organiser, said that on the first ever International Paramedics Day, ambulance officers wanted their concerns about the service heard by politicians rather than just hearing praise for their efforts during the pandemic.

"It's really hard for them to celebrate the first International Paramedics Day without wanting to tell people just how difficult it has gotten to work as an ambulance officer," said Ms McCann.

"On Wednesday in Auckland, for example, St John were seven ambulances short at the beginning of the night, which is unfortunately not uncommon in many of our major cities."

"For an ambulance officer, it can feel hopelessly difficult to begin a shift knowing you're short on time and resources and will often be responding to incidents late and walking into unnecessarily difficult and combative encounters with the people you're there to help."

FIRST Union members have also raised concerns about 'ramping' at major hospitals, where bed shortages can mean an ambulance officer must wait with their patient/s and vehicle until a bed is available and they can leave to respond to other incidents elsewhere.

"Having a 'middleman' like St John between patients and hospitals leads to a lack of coordination between key health services and is responsible for many of the difficulties faced by ambulance officers on the job," said Ms McCann.

"The incorporation of DHBs into Health NZ during a big-picture restructure is the perfect time to bring our ambulances back into public ownership and end the culture of contracting out key health services to private providers."

"With the NZ Professional Firefighters Union also currently declaring a 'Fire Crisis', it's clear that our first responders require urgent attention from Government."

**"Having a 'middleman' like St John between patients and hospitals leads to a lack of coordination between key health services and is responsible for many of the difficulties faced by ambulance officers on the job."**

"With the NZ Professional Firefighters Union also currently declaring a 'Fire Crisis', it's clear that our first responders require urgent attention from Government."

The petition, which calls for nationalisation of ambulance services, is currently circulating among ambulance officers and will be presented to the Minister of Health upon completion.

"It's already one of the hardest jobs in the world, and we're making it even harder while making the overall experience for patients worse in Aotearoa during a pandemic," said Ms McCann.

"Let's mark the first International Paramedics Day by listening to our frontline ambulance officers and rebuilding a system that supports them properly to do the jobs they love."

– International Paramedics Day has been created, organised and run by the College of Paramedics in the UK, with support from professional paramedics' organisations from around the world. This date is the anniversary of the birth of Dominique-Jean Larrey, the man often referred to as the 'father of modern-day ambulance services'.

**Content sourced from  
scoop.co.nz**



## STUDENT PARAMEDICS AND VOLUNTEERS USED FOR LIFE-THREATENING CONDITIONS WITHOUT PARAMEDIC BACKUP: UNION

Student paramedics and ambulance volunteers have been used in St John ambulances to deal with critical patients, including a person who had hanged themselves, and those who were suffering seizures or needing resuscitation, without supervision of an experienced paramedic, the United Workers Union has warned.

**UNION NT SECRETARY ERINA EARLY** wrote to St John Ambulance director Andrew Thomas on June 19 voicing concerns from a significant number of members who have advised the union that St John had been making widespread use of student paramedics or volunteers, known as “ambulance assist” staff, which was “having a serious impact on my members and your employees”.

The students and volunteers were being used without professional paramedic backup or delayed backup, which was causing concerns, Ms Early added, stating that trained paramedics have told her they have “heard the fear in their voices when they confirm CPR in progress” and “desperation in their voices when they ask for ETAs on backup”.

She said ambulance assist staff were originally advertised as being paramedic students, or volunteers with a minimum advanced responder level (which is the same level as a patient transport officer) and most have advanced first aid training, however they have only completed two days of training in driving and manual tasking, and were intended to be used to drive and help with stretchers and kit bags on scene.





They were initially funded to assist with the demands on road crews presented by COVID-19 beginning in January, after the Territory Emergency Operations Response centre asked St John to increase capacity for moving COVID-19 positive patients and selected close contacts in Darwin.

Ms Early said St John Ambulance had repeatedly advised the union, staff, and the public on numerous occasions that patient transport officers would be sent to semi-urgent or non-urgent patients, and only sent to urgent patients "by exception" and in those cases they would be provided with paramedic and, or ICP back-up.

"Members of all professional levels are advising UWU that this is not the case," she wrote.

"We are informed by our membership that there is an increase of patient transport officers attending high acuity jobs, including patients in status epilepticus, post hangings and resuses (resuscitations) with delayed or no back up due to the unavailability of paramedic and ICP crews.

"The workload of our patient transport members is difficult enough, this is being exacerbated further by being rostered on a regular basis with ambulance assist staff. The union has sighted a roster where ambulance assist (staff) have regular rostered patient transport shifts.

"So now you not only have patient transport attending high acuity job(s) by themselves, but they are also mentoring, supervising the ambulance assist (staff) on driving, navigating, personal safety, instructing on what to bring into each job, treating every patient, writing every case card and handover every patient for the whole shift."

Ms Early said the union was told a patient transport officer and ambulance assist crew attended a resuscitation on June 18.

### **AN INCREASED WORKLOAD BECAUSE OF COVID-19 COUPLED WITH HIGH ATTRITION RATE**

St John director Andrew Thomas declined to comment, but in a January press release, then acting Health Minister Nicole Manison announced \$7.2 million in funding for St John for 45 additional positions to deal with an increased workload from COVID-19 and that recruitment was underway.

They were to be made up of 24 paramedics to staff new 24-hour ambulance crews in Darwin and Alice Springs; six more paramedics to increase the 12-hour Katherine crew to 24 hours; 10 emergency medical dispatchers; and five clinicians to provide oversight in the emergency communications centre.

The new positions were in response to union concerns in December of mixed crews of paramedics and patient transport officers, but St John said emergency ambulance crews would continue to consist of two paramedics following the new recruiting.

Ms Manison did not announce the paramedic students in the press release, or advanced responder-level trained volunteers would be used to transport COVID-19 patients.

In February last year, a Productivity Commission report showed paramedics were leaving the NT at a higher rate than anywhere else, with a 20.2 per cent attrition rate for the 2019-20 financial year.

St John chief executive officer Judith Barker said that Territory paramedics were leaving their posts to seek COVID-19 related critical service opportunities interstate.

According to the report, 36 paramedics exited the NT during the year – compared to only 44 in Queensland. Across Australia, there were 431 paramedics who left their jobs or 2.7 per cent of the overall workforce. It said there had been 179 reported full time equivalent paramedics in the NT.

In January Ms Barker was quoted in the NT News as saying the previous 20 months had been difficult.

"These additional staff will provide long awaited support to a service that has been working beyond its capacity," she is reported to have said.

"St John NT has worked with the Department of Health to identify how we can best serve our community and ensure the safety and well-being of our staff."

Ms Early said members had told her they had expressed their genuine concerns about the way ambulance assist staff have been used, and St John management told them they could treat the patients under the supervision of the senior clinician, who could be a patient transport officer with a Certificate III in Basic Health Care.

She said there has been one vehicle contracted for the COVID-19 transfers from the Howard Springs quarantine facility and Royal Darwin Hospital but with COVID-19 diminishing, it was regularly staffed with an ambulance assist staffer and a fairly new patient transport officer.

"However if an urgent job came in and they were the closest, or only available crew they would be sent to 'hold scene' until a more appropriate crew is able to attend; this could be anything from a resuscitation, a hanging, a motor vehicle accident, a child choking, sepsis, or chest pain," she said.

She said the current situation meant it was less likely that paramedic and ICP backup was going to be available in a timely fashion for patient transport officers, and it became untenable when they were paired with Ambulance Assist staff.

"If this is the response we are getting from management then the average first (aid) trained civilian at home can provide the same care whilst waiting for a paramedic response," she said one member told her.

While another said: "I've backed up [resuscitations] where new PTOs with [ambulance assist staff] have first responded. I've heard the fear in their voices when they confirm CPR in progress. I've heard the desperation in their voices when the ask for ETAs on backup.

"This is not fair. Not fair to PTOs and the AAs. Not fair to the members of the public calling 000 who don't know the difference in PTOs and paramedics. I get that SJA are frantically trying to recruit but what happens when multiple [resuscitations] come in and all resources are used and there's no one to respond?"

**By David Wood**  
NT Independent



# LABOUR DAY

Thousands of members across the state came out in support of union members to celebrate with family and friends being union. Pictures are from Cairns, Brisbane and Townsville.





# 'IT ISN'T SAFE': HEALTH SYSTEM UNDER SIEGE AS MINISTER HOLDS CRISIS TALKS

Every Adelaide hospital emergency department was operating above capacity at the highest level "code white" last night, while the ambulance service sounded its own alarm over patient safety.

**THE PARAMEDICS' UNION SAYS THE** ongoing impact of COVID, ramping and rising flu cases are smashing a network under siege, while the college for emergency medicine has declared "it isn't safe".

The nurses' union says the health system is "on the brink of collapse".

SA Health's emergency department dashboard showed that at 8pm every single public hospital ED was at "code white" – the highest rating above capacity, meaning that the ED had all of its treatment rooms being used.

There were 137 patients still waiting to be seen, with 320 having commenced treatment.

The worst average wait time was at Lyell McEwin Hospital, at 216 minutes, followed by Flinders Medical Centre and Modbury Hospital both at 178 minutes.

It comes as Health Minister Chris Picton prepares to hold crisis talks this afternoon with emergency doctors from the Royal Adelaide Hospital and their union, after they began industrial action yesterday over bed-block.

The Government has said it knows the system is in crisis and wants to hear from doctors about short and long-term measures to ease the pressure.

Opposition health spokesperson Ashton Hurn said "the events of last night reflect a health system that is at breaking point, and what's incredibly concerning is that it's going to get worse".

"We are just weeks away from COVID numbers exploding to 6000 cases per day – but Labor has no sense of urgency in preparing our system to cope," she told *InDaily*.

Ambulance Employees Association (AEA) general secretary Leah Watkins said the SA Ambulance Service declared an "Opstat White" event last night – meaning "operational capacity, capability and/ or resources are insufficient to maintain effective service delivery for high acuity cases" and "patient safety is directly affected".

She said "Opstat White" levels had been declared 16 times in the month of June and again last night at 8.20pm.

"Last night's Opstat White declaration was cited as being a result of a high number of pending Priority 2 cases, and 'transfer of care delays' ie ramping," she told *InDaily*.

"The nature of the increasing demand of ambulance resources, the ongoing impact of COVID, the ongoing impact of ramping, and the rise in flu cases is placing even further strain on the Ambulance Service."

Watkins said the ambulance service was failing to meet response times for a large number emergency cases.

"The significant investment in health

**"The nature of the increasing demand of ambulance resources, the ongoing impact of COVID, the ongoing impact of ramping, and the rise in flu cases is placing even further strain on the Ambulance Service."**

and ambulance resources pledged by the Labor Government can't come soon enough," she said.

"The AEA has long taken the position of campaigning for patient and community safety. With this in the forefront of our minds, we encourage every eligible South Australian to ensure they are up to date with their COVID booster, and receive a current flu vaccination.

"It is the unfortunate reality that those needing an emergency ambulance may be facing significant delays, and we therefore encourage people to consider alternatives if safe to do so.

"We still encourage South Australians to call 000 if they feel they need to."

Dr Michael Edmonds, SA faculty chair of the Australasian College for Emergency Medicine told *InDaily*: "It is now widely understood by stakeholders across health, including the government, that the health system in South Australia is in crisis and it isn't safe, for either patients or staff."

"The College recognises the commitment and resolve from the clinical workforce, government, and other stakeholders to collaboratively address the systemic issues that lead to access block, ambulance ramping, emergency department overcrowding, code whites, workforce issues and poorer outcomes for patients, including avoidable deaths," he said.

"ACEM will hold the government accountable for the delivery of crucial fixes, and continues to offer clinician engagement in developing these solutions."

Australian Nursing and Midwifery Federation state secretary Elizabeth Dabars told *InDaily* "after years of inaction and neglect, the new state government has inherited a health system on the brink of collapse".

"Despite our urging, the previous government failed to address inpatient and sub-acute capacity," she said.

"As a result, we have significant blockages in the health system with people trapped in the ED for days and weeks, or in an acute care bed they no longer need for weeks and months.

"This takes away the ability for people who have genuine acute care needs from accessing a bed and does nothing to fix ramping.

"The previous government also did not make any genuine effort to address workforce growth, only making a last ditch effort at the end to employ more graduates nurses and midwives that they then failed to support appropriately.

"The situation we now find ourselves in is entirely predictable and one we warned the former government about."

Dabars said the new government had committed to growth in capacity with 300-plus extra beds and investment in new staff "but the immediate shortages of people with the required skills along with capacity in beds and services mean that these new investments are not working quickly enough to impact now or in the short term".

"Nurses and midwives have been working 18 hour shifts, working short and have been fatigued and under resourced for a long time," she said.

Picton told reporters today "we are absolutely concerned" about the state of the system.

"Clearly we are facing a really dangerous situation in terms of our hospital situation and our health services because we clearly don't have the capacity in our system which hasn't been there for a long time," he said.

"We haven't seen increasing numbers of beds and facilities available and we have now opened every possible bed that we can across the health system to cope with the demand that we are seeing.

"We are now refocusing our efforts to try to find any additional capacity that we can open in the health system.

"We are absolutely clearly concerned about what the situation is in terms of the capacity in our health system. And that's why we've opened up over 200 beds since we came to government just a few months ago and that's why we're actively trying to find any additional capacity that we can to provide care to patients."

In a statement, Picton told *InDaily* "we know that our public hospital EDs are incredibly busy at the moment with the normal winter ills, combined with COVID cases, and the flu".

"We also know our hospitals are experiencing significant bed block due to patients waiting on places in aged care facilities and NDIS packages," he said.

"The former government failed to invest in more capacity for the hospital system, and many of the issues we are facing are due to lack of beds and staff.

"This government is spending an extra \$2.4 billion on the health system – which includes more beds, more doctors and more nurses.

"But this will take time and in the short term we have opened up more than 200

extra beds across the system to provide more capacity immediately and we are working with doctors on this issue."

Picton said he was "looking forward" to meeting with the SA Salaried Medical Officers Association and ED doctors later this afternoon "to hear their proposed additional measures on how to combat the problems that we have inherited in the short term".

"I meet with doctors across the system regularly and will continue to meet with them to understand their challenges and work with them on how to resolve these issues," he said.

"As the Premier said yesterday we have opened every bed in the system already but if there are additional things we can do then we absolutely will."

**By Jemma Chapman**  
indaily.com.au

## DEFIBRILLATOR DONATIONS

SAAS is proudly donating 70 decommissioned MRX defibrillators to Ukraine, with 24 sent to field hospitals already.





# PARAMEDICS SLAM GOVERNMENT OVER AMBULANCE EMERGENCY RESPONSE TIME BLOWOUTS

Paramedics have today slammed the government over worsening ambulance emergency response times in Tasmania due to fundamental failures of government.

## AMBULANCE RESPONSE TIMES IN

Tasmania have hit an average of 14.6 minutes for the highest priority cases, according to Ambulance Tasmania Monthly Performance Report.

One in 10 responses to a high priority emergency call take more than 34 minutes for an ambulance to arrive.

Since this government came to power, median emergency response times have blown out on average from 11.4 minutes in April 2014 to 14 minutes in April last year when Premier Rockliff inherited the health portfolio, up to a horrific 14.6 minutes right now.

Daily average ramping hours have surged from 39.4 hours a day in 2014 to 52.3 hours in April last year, now 85.2 hours each day (as of data released in May 2022).

"Tasmanians deserve better than this," said HACSU Industrial Manager Robbie Moore.

"Our analysis of the data suggests that Tasmania has the two most inefficient public hospitals in the nation regarding patient flow. The LGH is the worst, closely followed by the RHH. This is a terrible outcome for all of us.

"This isn't a failure of frontline staff. This is a fundamental failure of the government to understand that patient flow needs a higher priority, and hospitals need surge capacity to deal with peak demands.

"The solution to peak demands at the moment is to increase ambulance ramping, which has had a significant effect on response times and is resulting in premature deaths. Our members are reporting adverse patient outcomes to us and this is having a huge impact on their mental health."

"Tasmanians should be angry that this is happening. It's having a tremendous impact on paramedics and call takers who simply are not able to respond or send a resource because of hospital ramping.

"Further, this is having a huge impact on hospital staff, nurses and doctors, medical orderlies, and allied health professionals

who are working without adequate staffing resources. Level 3 is normal business at the LGH and the RHH. Level 4 at the RHH is completely common – it should be absolutely rare and extraordinary to go to level 4."

HACSU is launching a campaign to urge the government to provide proper resources to our hospital system and we demand that the upcoming Budget addresses these fundamental failures of government.

## Daily average ramping hours

April 2014

39.4

April 2021

52.3

April 2022

85.2

## Emergency response times

Average of 50th  
P 0, 1 response  
time (minutes)

Average of 90th  
P 0, 1 response  
time (minutes)

April 2014

11.4

23.7

April 2021

14.0

34.3

April 2022

14.6

34.4

# ARE AMBULANCE PERFORMANCE INDICATORS FIT FOR PURPOSE?

Victorians have recently seen their state government making funding announcements that are designed to improve the efficiency of the health sector.

**THE ANNOUNCEMENTS COME AFTER** media about the sector's failure to cope with Covid. In recent weeks the media has also started to ask questions about what the landscape was like pre-Covid. The AEA has contributed to this by calling out failures in the health sector that existed in 2017-19 and our belief that the system was destined to fail with the increase in demand and patient flow delays that resulted from Covid.

The current Victorian government has invested heavily in the sector, with particular attention paid to ambulance. When the current government came to power in 2014 the ambulance sector was at crisis point and the focus was on fixing response times. That required money and more staff. There was a honeymoon period from 2015-17 with paramedics at AV feeling the love. Unfortunately, that commitment was non-existent for private non-emerg, ESTA and AV support staff.

Since 2017 that mutual endearment has been taken for granted by the government, and AV were left to their own devices to chase KPI's. The result being AV squeezing the system and workers harder and harder to satisfy the desire of the government for better performance. This has been reflected on in the Victorian Equal Opportunity & Human Rights Commission's report into AV.

The hidden damage to the workforce was a result of the insatiable thirst for KPI's and the fact that AV was able to make those KPI's look better than they really were and were also instructed to artificially inflate KPI's that should reflect the impact on the workforce.

Hiding the impact of the KPI's and ignoring the indicators that the system was failing meant that the government fell into the same old "crisis-investment cycle", which results in systemic overhaul not happening until people are literally dying.

## WELFARE FIGURES INFLATED

AV is not currently required to report to government on staff welfare other than 8 questions that are taken from the annual People Matter Surveys. These figures are also reported in the AV annual Report. This should be the failsafe to ensure that the workforce is not being pushed beyond reasonable limits to achieve the government's KPI's. Unfortunately though, the government has instructed AV and

other public health services to inflate these "welfare" indicators. Sometimes inflating figures by nearly 30%. The consequence being that AV has routinely been able to achieve the KPI of 80% of staff with a positive response to safety and culture questions. When in reality, the true figure is more like 60%.

## RESPONSE DATA HIDES UNDERLYING SYSTEMIC FAILURES

The main KPI that AV and the government trots out to the public as their proof that the service is functioning well is the KPI of 85% of Code 1 or Priority Zero cases attended within 15 minutes. This has been a political winner for the government and for many years was a factor in the AV Exec receiving bonuses.

This figure has effectively been used as the indicator for the health sector more broadly and improvements in the KPI has regularly been used as the indicator that the health system was improving and even excelling.

Although the problems are far more deep-seated than ambulance, the Victorian government has still unapologetically used this figure as a broad indicator of a healthy system. This has allowed the government to deflect from the failures of the sector and the increasing pressure that has been the precursor for the crisis we are now in.

As an example, using single officers and community officers to "stop the clock" is one way AV has improved this KPI for many years, but it has hidden the underlying resourcing and workload issues. Obviously, these early interventions can sometimes have a significant impact on patient outcomes but on many occasions the focus has been on stopping the clock to achieve the 15-minute KPI.

## SO, WHAT NEEDS TO CHANGE?

Firstly, the government and AV need to understand that it is in everyone's best interest to have a system that is open and transparent and engages in adult conversations with the public. No longer focusing on making things look good for political purposes. Tell it how it is.

In addition to the above example, there are numerous other examples of how AV has been able to make things

look better than they were and how the government has been able to make it seem like the increasing workload pre-Covid was being soaked up without any adverse impact on staff.

Some of these include:

- Increased reliance on continuous overtime
- Decreased opportunity for meal breaks
- Staff asked to work during annual leave
- Community Officer's working with paramedics in busy regional centres
- Crews requested to clear despite not completing current case.

## REVIEW OF THE INDICATORS

In recent weeks the AEA has called for an independent review of the indicators that the government and AV use as the litmus test for ambulance and the health sector more broadly.

The government not only has a responsibility to accurately report on whether the health service is operating at sustainable levels but also has a fiscal responsibility to the taxpayers and the community more generally. If reliable and accurate indicators are not in place then how can the community or health workers have any confidence that things will actually improve.

The AEA will be advocating for reliable indicators which accurately reflect the performance of the sector and the impact of service delivery on the workforce. The AEA will be calling for indicators similar to:

- Percentage of shifts finished on time
- Percentage of delayed meal breaks
- Sick leave/ WorkCover trends
- Number of dropped shifts
- Average overtime hours worked

Indicators such as these would highlight the strain on the system before decreases in response KPI's and would result in a deeper understanding of issues that will further impact service delivery if not addressed.

For many years now the government has been happy to just look at the sector from afar and has not wanted to understand the impact of the focus on better response KPI's. They didn't want to know, and the health services and others were so set on keeping the government happy that they didn't want to be the ones to ruin the façade.

The community and the healthcare workers deserve a more resilient health system than what we currently have.





# WA AMBULANCE SITUATION 'SO CRITICAL' PARAMEDICS WANT ACTION NOW: UNION

The union representing paramedics says a plan for the state government to take control of the ambulance contract from St John in five years' time if it fails to meet a range of new performance targets does not act soon enough.

**UNITED WORKERS UNION NATIONAL** ambulance coordinator Fiona Scalon said members believed the situation was "so critical" that waiting that long would be unacceptable.

"We believe that ambulance is an essential service, and we believe that essential services should be run by government," Scalon said.

"At the moment in Western Australia and the Northern Territory they're not and they are things that we are working actively with governments in both of those spaces to try to make sure that appropriate resources can be applied to an essential service that should be delivered to the public.

"There's no simple fix for this. It's not like you can build a hospital tomorrow ... I think it's fair to say that health services across the country have struggled ... Mark McGowan is not on his own in having to deal with that.

"What [the state government] have had is the two years to get their act together."

Scalon said there was also a management issue within the organisation, with 80 to 90 per cent of staff not confident in their ability to run the service effectively.

"They don't feel like they're very well supported on the ground in general, and then obviously, there are serious cases that crop up from time to time," she said.

"The inability for St John's senior leaders to listen to their staff ... they're telling them that they need to be better prepared for the borders opening and COVID hitting the community, (but it) falls on deaf ears.

"That would indicate to us that there's significant problems with the way that management engage with their staff."

WA's ambulance contract could be taken off St John, if the state agrees to recommendations from a parliamentary inquiry tabled on Thursday.

The report by an upper house committee inquiry into the delivery of ambulances services in WA found multiple areas where health authorities and St John

Ambulance were letting down West Australians, particularly in regional areas.

It found WA's ambulance service, run by St John Australia, was under significant strain due to record demand on the health system and in the past year, the operator had not been rostering enough phone staff to meet their contractual requirement of answering 90 per cent of triple-zero calls within 10 seconds.

It also found St John had been failing to respond to 90 per cent of priority-one calls within 15 minutes since 2020. In August 2021 the operator only managed to respond to 77 per cent of priority one calls within 15 minutes.

The committee made 48 recommendations to beef up funding and regional services, and introduce legislation to bring the service back on track.

The final finding was that if St John failed to meet broader performance targets for patient outcomes and compliance, the contract could be awarded to a new provider or the government could take over the service.

"There is a case to bring the ambulance service into public hands however a private provider may deliver essential government services, so long as it provides the services to a similar or higher standard as would a public entity," the report said.

"Private providers of essential public services must be subject to the same oversight and scrutiny as a public body."

Any changeover would not likely occur for at least half a decade with another recommendation stating the implementations of other recommendations should be reviewed in the next five years.

The report recommended the government investigate whether employing Department of Health staff to answer triple-zero calls would improve ambulance response times.

The committee made a number of recommendations to improve regional ambulance services including establishing performance targets, publishing regional ambulance response times and improving access to ambulances in remote Aboriginal communities.

It also recommended that any surplus funding from the government is reinvested into the delivery of ambulance services.

The report was tabled by committee chair Pierre Yang, who is a member of the United Workers Union, which backs much of Labor's left faction.

St John chief executive Michelle Fyfe said the organisation would provide a formal and considered response on the report to the minister after they had time to consider it.

### Total Ramped Hours Trend



The number of hours ambulances spend ramped outside hospitals waiting to off-load patients into hospitals which have no capacity has sky-rocketed in recent years. Credit: St John Ambulance

"This will not distract us from our core business because right now, as an organisation, we are committed to delivering our essential service to help Western Australians during community spread of COVID-19," she said.

"This is where we are needed and where we remain most focused. I have said this a lot in recent weeks – our team is continuing to do the best they can in some very challenging circumstances, and I stand by them."

Pressures on WA's hospital and ambulance system have been thrust into the spotlight this week after the death of two people in their 80s on Sunday while waiting for ambulances.

The report recommended the Department of Health assign an independent body to review all severe clinical incidents involving St John in WA.

In the early hours of Sunday morning, 80-year-old Georgina Wild died of a heart attack while waiting for an ambulance despite being triaged as a priority one call-out. An ambulance should have attended within 15 minutes, but Wild was found dead on her couch more than two hours later.

The second death occurred in Bellevue later that morning, when a man in his 80s called triple zero complaining of stomach pains.

He was triaged as a priority three, meaning paramedics must arrive within an hour but after two hours St John called the man back for a welfare check and he complained of chest pains.

He was upgraded to a priority one and an ambulance arrived five minutes later to find the man in the middle of a heart attack. He died shortly after.

Health Minister Amber-Jade Sanderson said she wasn't made aware of the man's death until it was reported in the media.

Sanderson said the case would be investigated and the government would demand an improved flow of information from St John to be alerted earlier of serious cases, but emphasised the ambulance operator had not breached its contract.

"We've made it clear to St John that this is not business-as-usual circumstances and that we expect a very frequent and transparent flow of information," she said.

The report found that since 2015-16 WA has had the worst paramedic-witnessed cardiac arrest survival rate in Australia and recommended the Department of Health investigate how to improve this rate to above national levels.

The report also found there was a lack of trust from frontline staff in senior management at St John Ambulance and serious matters such as harassment and bullying were not adequately addressed.

Sanderson would not answer definitively whether she still had faith in St John's chief executive but said she would work with whoever was in charge.

"I have faith that St John will step up and do what they need to do to ensure that people have an ambulance service. Who the CEO of St John is a matter for St John, and I'll work with whoever they have there," she said.

"Now she is committed to providing a good ambulance service and we will work with her to do that."

**By Hamish Hastie  
and Holly Thompson**

[www.watoday.com.au](http://www.watoday.com.au)



**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.*



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