



Ambulance Employees Association of Western Australia

December 23rd, 2020 – AEAWA Paramedic JCC Minutes

Meeting officially opened

The Paramedic JCC was opened by Michelle Fyfe who stated that more resources are being negotiated with the Department of Health (DOH). Ramping seems to have no ownership by DOH.

Who owns the patients on the ramp? If we own the patient then we should have the ability to put them in the waiting room if deemed appropriate, if health owns them then they need to look after them.

Committee Attendees

John Thomas, Lee Waller, and Dave Abbott.

Committee Apologies

Dave Higgins and Donelle Carver.

SJA Attendees

Kathryn Smith (KS), Joel Moore (JM), Deb Jackson (DS), Justin Fonte (JF), Deon Brink (DB) and Emma Newman (EM).

Item 1.0

1.1 Metro Ambulance Updates

A committee is to be formed to combat incidents of violence and aggression directed towards ambulance personnel. This training will be provided by peers and external resources.

The AEAWA responded in regard to the previous meetings as the OSH representative that he believed SJA and the parties had reached a position where external providers were sourced to provide de-escalation techniques. This was advised by JM & DJ that this was not the case and that the intention was to 'train' peers to deliver the program. The AEAWA are supportive of de-escalation training however, the AEAWA will not accept our members who get assaulted being held accountable for the actions of a violent patient or bystander, nor will we support an initiative in which SJA can 'hang out' the crew for being assaulted. We are the only state in Australia that hasn't had training in de-escalation techniques.

The AEAWA reminded JM & DJ that we (SJAWA) are the ONLY service in Australia that has NOT provided Professional Violence and Aggression training in Australia.

1.2 Country Ambulance Updates

Appointment of the CP Manager. SJA have felt the need to employ another manager for this group.

SJA were made aware that in accordance with the Report on Government Services SJA are the most heavily managed ambulance service, these Government statistics were from 2 years ago (with 65% of employed staff being on road or in SOC). That was before the new senior management appointments.

SJA believe they require more managers to make the business run appropriately. The AEAWA strongly stated that more 'on road' and in 'SOC' resources are required. In essence what will managers do for the community of Western Australia who are waiting 4 hours for an ambulance?

WACHS wanting more paramedics in the country regions.

At this stage discussions between SJA and WACHS are occurring on where these resources should go and how many are required. Difficulty is WACHS want to fund these positions for two years, were once resources are placed into an area both SJA and the AEAWA want them to remain there.

At this stage it looks like a mixture of paramedics, community paramedics or even PTOs.

The AEAWA will seek further discussions with WACHS regarding these resources.

1.3 Leadership Management Structure

SJA wanted to outline their new management structure. This recruitment of greater numbers of managers is for SJA to identify 'inefficiencies' (EM)

This was met with an unfavourable response, SJA appear to be able to put management positions together extremely quickly, but never seem to boost the employees in green.

1.4 Policy Updates – Drug and Alcohol Policy

Updates were simply that the policy had been put into place.

1.5 Ramping & Shift Extension – General Updates

SJA have stated there is no capacity in the St John Urgent Care Centres and trials such as the Silver Chain referral service has no more funding available.

The DOH DO NOT seem interested in funding any 'alternative pathways' at this stage. The AEAWA Will write to the DOH to understand why there seems to be a push to transfer patients to hospitals that cannot cope.

The AEAWA have asked if our members in the SOC are yet to have the ability to advise patients of extremely long delays. As in Victoria with the 'lightning asthma' event, a coronial inquiry strongly stated that not advising patients of long delays, and that an ambulance had been dispatched when it wasn't should never occur. DB is currently reviewing this.

The AEAWA raised the concern that now SJA Urgent Care Centres are charging for walk in patients, therefore many people are now heading straight to ED's as they don't / cannot pay the for the gap fee.

Hospital Liaison Managers are being supported and SJA believe that these positions are making a difference.

The AEAWA do not agree with this statement. Our members believe that ramping is getting worse And that the role CAN NOT reduce these issues. It is a wider health systemic issue.

Taking patients to X-rays, CTs etc. whilst ramped.

The AEAWA believe that this is a hospitals job, taking patients through the hospital system IS NOT and ambulance role, there are no policies on what to do, it has not been ergonomically assessed and what happens if the patient deteriorates. If a patient goes into these procedures, WE ARE NOT IN WITH THEM! How do we do observations and how do we assess the patient, who is responsible when the patient deteriorates.

Single Officers tasked to be a ramping officer

The AEAWA will not and never will support a single officer being on the ramp as this goes against all current policies written by the organisation. The clinical risk is too high.

3.1 Update Regarding Cleaning Equipment at Hospitals

LMS training has been in place for the current Ferno F50 stretchers which most staff have completed. There is a purchase order for 83 Stryker stretchers which will be arriving in 3 months and more will follow, The rollout will be initially for 'new builds' only as workshops require time to refit the current vehicles.

The training will commence shortly.

3.2 Stryker Stretcher Update

LMS training has been in place for the current Ferno F50 stretchers which most staff have completed. There is a purchase order for 83 Stryker stretchers which will be arriving in 3 months and more will follow, The rollout will be initially for 'new builds' only as workshops require time to refit the current vehicles.

The training will commence shortly.

3.3 Community Welfare – Not expected – Police Job

The question was asked why someone can't call back monitored alarms. Many members have attended calls for welfare checks and in many cases, no one has called the patient. Some cases appear to be accidental pressing of the alarm or layer calls from Police who cannot task a vehicle to someone sleeping in a park.

SJA have stated they will always attend these calls.

3.4 Duty Manager Sending Out Information on CAD Regarding No Back Ups

Duty Manager Sending Out Information on CAD Regarding No Back Ups. An update of outstanding items from the previous February JCC.

Clarification on what checks are required at shift start and how long will that take.

The AEAWA have asked SJA for the 'minimum requirement for shift start' for years as our members have come to work 15mins early to check vehicles so they could be available for 07:00 jobs and at no cost. Management were advised that officer's shifts commence at certain times 0700 & 1800 and then vehicle checks, drug reconciliation etc. take place. Also if crews are dispatched without opportunity to check vehicles who is responsible for failed defibrillation or missing equipment etc.

As SJA appear extremely unsupportive to the membership, the committee and its members now feel that this good will has ended.

JM advised the minimum a crew should be doing is the drug check, and a defibrillation check on the Corpuls3 to ensure monitor is operational It was estimated by Joel Moore that this check should take 4-5minutes. We have asked SJA to provide that detail in writing.

It appeared strange to the AEAWA committee that those in the community can wait for anywhere between 30 mins to 24 hours for an ambulance, and in some cases in excess of 1 hour for patients in cardiac arrest but vehicle checks seem to be an issue.

Xmas cancellation of shift party's and hampers

DB maintained this was the CEO's decision and all Directors stood by it.

AEAWA made it VERY clear that this was a very poor decision and has had a major negative impact on moral Statewide amongst all Operational Staff. This decision was made worse with the announcement of a Xmas function for "Friends of SJA" plus all Directors received Xmas hampers.

Next Paramedic JCC Meeting

TBA

Meeting officially closed



Contact Us

Email: info@aeawa.com.au

Ambulance Employees Association of Western Australia
PO Box 1007,
Joondalup 6919

ABN: 66 550 017 640