

**Submission
No 30**

INQUIRY INTO VIOLENCE AGAINST EMERGENCY SERVICES PERSONNEL

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United Voice Ambulance Section Victoria (AEA-V)



Inquiry into Violence Against Emergency Services Personnel Submission

Ambulance Employees Australia Victoria

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Introduction

Ambulance Employees Australia Victoria, a section of United Voice Victoria, welcomes the opportunity to make a submission on behalf of our members regarding the Parliament of NSW inquiry into violence against emergency services personnel.

Ambulance Employees Australia Victoria represents members engaged in the ambulance industry in Victoria in both the emergency and the non-emergency patient transport (NEPT) sector. Both sectors are routinely exposed to violence or the threat of violence in their day to day work. Our organisation regularly receives feedback from members on occupational violence that includes both physical assault and verbal abuse.

The AEAV remains active in taking measures to reduce and prevent occupational violence against paramedics. Most recently, General Secretary Steve McGhie was a member of the Victorian Government Ice Action Taskforce, which resulted in a comprehensive management plan aimed at combating the prevalence and use of Ice in the Victorian Community. Additionally, Assistant Secretary Danny Hill was a member of the Ice Expert Review Group on reducing violence against emergency and health workers upon emergency department presentation.

Although it is by far not the only cause, the widespread use of Ice in the Victorian community has resulted in a noticeable increase in instances of occupational violence against paramedics, resulting in both physical and psychological injuries.

AEAV members who have suffered injuries from occupational violence have related the following personal anecdotes to the media about their experiences:

“The Information I was given was that this guy had a sleeping tablet overdose. If I knew it was a rave party and a guy flying high on Ice, I would have waited for Police.....If they are not going to

put a security guard with you or teach you self-defence, they need to gather information so you can make a judgement about whether to go in.”¹

“The system is so risk-averse, in terms of getting an ambulance there so quickly for response times, call-takers are not given the time to find out the right information to keep us safe.”²

“[The patient] opened her front door, produced a large knife and swung it at my head and then proceeded to chase us down the hallway threatening to pour boiling water all over us....[The knife came] about 10 to 15 centimetres from my head so it was swung up in an arc towards my head....I was still in work-mode so a lot of the time I was just thinking, ‘quickly, just get out’, I just started screaming, ‘knife, knife knife!’ and stumbled back.”

“Afterwards, over the period of months I’ve still been dealing with it....so grief, sadness, anger and I think the main thing is that I’m not safe in the workplace....My safety is no longer promised.”³

Reported instances of occupational violence and verbal abuse of paramedics have increased over the past five years, according to figures kept by Ambulance Victoria. Unfortunately, these figures only represent a fraction of the occupational violence experienced by paramedics as it has become so common place, many see it as ‘just part of the job’ and as such do not report all incidents. The AEAV considers the normalisation of occupational violence to be a large part of the problem.

¹ Andrew White, quoted in O’Connell, Brigid, Victorian paramedics under rising threat of attack from violent patients, Herald Sun, 18 February 2005.

² Catherine Cudmore, quoted in O’Connell, Brigid, Victorian paramedics under rising threat of attack from violent patients, Herald Sun, 18 February 2005.

³ Ben Dalton, quoted in Paramedics threatened with knives, held hostage; figures show attacks increasing, ABC News, 18 February 2015.

Terms of Reference

Adequacy of current measures

Ambulance Victoria's response to the increases in occupational violence has (in the view of the AEAV) been inadequate. Despite successful public campaigns addressing violence against emergency workers in NT, SA and QLD, an equivalent campaign has not been attempted in Victoria. The public, at large, remains unaware that occupational violence towards emergency service personnel is a growing problem in our community.

Internal policies for dealing with occupational violence and assessing potential threats do not adequately capture the decision making process of a paramedic in potentially threatening situations. In the instance of an explicit threat, a paramedic will typically make the decision to refrain from attending until police are on the scene. However, paramedics fear for their career in situations that are not initially explicitly threatening but are still a potential safety risk. The possibility of facing disciplinary action for refusing to attend to a potentially threatening patient plays into the decision making process of paramedics and causes most to elect to attend in circumstances where a dual response of police and paramedics would be more appropriate.

The process of assessing what does and does not constitute a justifiable risk is addressed either in training or by Ambulance Victoria policy. However, it falls short in teaching paramedics how to weigh the risk to themselves versus the risk to the patient. Currently, the only way to make such an assessment is for the paramedic to ask themselves 'will I be protected from violence? Will I lose my job? And will the patient deteriorate as a result of not attending the scene or not approaching the patient?'

Effectiveness of current sentencing options

In June 2014, the Napthine government introduced harsher sentencing for assaults on emergency workers. Prior to this anyone who assaulted, obstructed or delayed paramedics in the course of providing care or treatment carried a minimum six month sentence. New legislation has increased this minimum sentence to three years. The intention of these reforms

was to send a message to the community that attacks on emergency workers will not be tolerated. Mitigating circumstances such as mental impairment, drug use or cooperation with law enforcement may be taken into consideration when applying the mandatory minimum.

Unfortunately, these measures appear to have been ineffectual in achieving their intended purpose. The effectiveness of government intervention such as harsher sentencing for perpetrators of violence towards emergency service personnel is negated by the lack of public knowledge and as a result there has not been a decrease incidents of occupational violence against paramedics or emergency workers overall. It is the AEA's view that public education about harsher penalties combined with a review of the application of mitigating circumstances would be more effective than merely increasing minimum sentences. At this stage, the AEA is unaware of any conviction in Victoria that has been subject to the application of these laws.

Options for Reform

According to the *Ambulance Victoria Health and Safety Strategy 2016-2019* report, occupational violence and psychological injuries account for 4.1% and 8.2% of Workcover claims respectively⁴. However, the AEA does not consider these figures to be an accurate depiction of the frequency of occupational violence. Our members inform us that there is a great deal of underreporting of occupational violence due to a 'cultural acceptance' within the workplace which skews the available data. It is our belief that a proportion of manual handling claims (which make up 66.9% of all claims⁵) were in part caused by psychological injury or occupational violence, but were not recorded as such due to a general reluctance to report. Experience has shown us that paramedics have become apathetic and do not necessarily see any material point in reporting occupational violence, simply because the experience is so common within the sector, as well as a perceived lack of action in response to reported incidents.

As mentioned previously, public education must play a large role in combating occupational violence for emergency workers. Other measures that are suggested by our members include

⁴ Ambulance Victoria, *Ambulance Victoria Health and Safety Strategy 2016-2019*, 2016, page 9.

⁵ Ibid.

the provision of stab-proof vests as part of the standard uniform and self-defence training (purely for purpose of protection, rather than an increase in pressure to attend threatening scenes).

Better mechanisms for dual-response are also needed. Currently, Police will often not respond to a call from paramedics unless something has already occurred. The dual dispatch of emergency service resources needs to be more proactive as it is the AEAV's opinion that it's always better to over than under resource an incident. We should not be waiting for emergency service personnel to be threatened or injured before responding with appropriate resources.

Paramedic single responders should be limited to paramedics that possess a high level of experience, skill and knowledge. It is particularly important that single response paramedics have the confidence to act when they judge a situation to be too dangerous to attend and are supported by Ambulance Victoria when they refuse to respond on safety grounds. In addition, experienced paramedics also have the benefit of community knowledge and are more aware of homes, locations, individuals and patterns that assist them in making more accurate judgements.

The use of graduates (with less than 12 months experience) as single responders has been a relatively recent change in the service, and has only been in practice since 2012. It is our position that graduates should not be used as single responders.

Location of Interest (LOI) information is a tool that dispatchers and paramedics use to make assessments of potentially violent situations. When violence is experienced by paramedics, the information is reported and attached to the particular location for the future reference of other paramedics. In these circumstances, Paramedics are able to request police backup. Unfortunately, the availability and use of this information is currently inadequate to allow paramedics to make accurate judgements about attending scenes. Because the information is only attached to a specific address, problems arise when an ambulance has been called to the house next door (for example), or to a known violent individual who happens to be at a place other than their residence. Access to the Victoria Police LEAP database (which contains and

cross-references all pertinent information) would be considerably more effective in aiding paramedics in assessing their own safety.

Attending patients who are drug affected and/or are experiencing a mental health episode will always come with inherent risks. In Victoria there are a number of mental health response services such as the Police, Ambulance and Clinical Early Response (PACER) team. Use of the PACER team and other like services has proven to be a more effective way of managing patients that are suffering a mental health crisis. These teams are usually dispatched to patients who are known to have been the subject of a community treatment order in the past. A PACER team includes police officers, paramedics and mental health clinicians. The expansion of services such as these, operating as the standard response to all mental health patients would arguably reduce exposure to cases likely to result in occupational violence for first responders across the board.

Terrorism is also a concern for many of our members. Like police, paramedics could be considered a potential target for terrorist action. Training related to the identification and management of such risks should be provided to both government and private sector paramedics.

Recommendations

1. The Victorian Government institute a well-funded and wide-ranging public campaign aimed at educating the public about the experience of occupational violence against paramedics. In addition, to make the public aware that perpetrators of violence against paramedics face harsher mandatory minimums than standard assault convictions.
2. Review of sentencing legislation and acceptable mitigating circumstances to ensure the regular application of harsher sentencing laws.
3. A review of internal Ambulance Victoria policies regarding assessment of perceived threats and disciplinary action when a paramedic makes the decision to refrain from attending without police backup.
4. Improved training for paramedics in how to better recognise and handle threats to their safety, including the introduction of a clear and concise guideline regarding 'rules of engagement' when there is a perceived threat.
5. Provision of resources and a corresponding change in policy that requires police to attend scenes with paramedics whenever they are requested, not just when an incident of occupational violence has already occurred.
6. Change of Ambulance Victoria policy preventing the use of graduate paramedics as single responders.
7. Paramedic and dispatcher access to the police LEAP database.
8. Expansion of specific mental health services that are designed to respond to all known mental health patients across the state.
9. The provision of training in the identification and management of terrorist action.

Conclusion

Occupational violence against paramedics and emergency personnel in general is a problem that has been getting gradually worse in our community, largely due to the increased use of drugs such as Ice. AEA/V members have expressed that the experience of occupational violence has become a fait accompli, and as such they fail to report incidents that are otherwise unremarkable to them.

The recommendations we have made in this submission are measures that our members believe would have a material impact on efforts to reduce occupational violence in the sector. Although they are sector specific, many of their suggested solutions could be effective if applied across the board in other jurisdictions and emergency services.

It is the AEA/V's view that any response to occupational violence against emergency personnel should be collaborative. Public education about the issue and consequences, combined with better preparation for approaching and coping with threats and access to relevant information would have a far greater chance of making a lasting impact on the community than any of these measures adopted isolation.