

**THE MANAGEMENT AND OPERATIONS OF THE NSW
AMBULANCE SERVICE**

Name: Suppressed
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Partially Confidential

To Whom May Concern,

My name is _____ and I am a Level 2 Ambulance Officer stationed at _____. I have only been with the service for _____ months and I thought that I would share some thoughts from a person relatively new to the job.

1. Morale... well its very poor. As a Junior Officer its very difficult to hear so many negative things about the service from more senior Officers who are simply frustrated with lack of Officers and resources. These people who have tremendous experience and skills are so tired from the workload that they find it hard to remain positive and constantly share to all how much better the ASNSW was in the past. These Officers you do not find often at the busier stations as they are too tired to continue with the increased workload.

2. Staffing... there is simply not enough Officers or Ambulances on the road in the Metro area to adequately cover the workload. As the population increases and ages the demands on the ASNSW are not being adequately met in my opinion.

The Rapid Responder vehicles would be far better being replaced as double team crews in an Ambulance as they currently cannot transport a patient to hospital, hence it is actually taking 3 Officers to be with the patient as opposed to 2 officers on a general crew. It would be a low cost upgrade to put on another officer to make a double team.

Other services such as the Police measure their staffing levels per officer to area population. Does the ASNSW?

Why are cars constantly being called out of their station area to cover other areas on a daily and shift basis? I cannot remember the last shift I worked where we stayed wholly in our station area. We constantly move our resources and become stretched to the limit and some areas end up with no coverage. Is this acceptable to the public or simply a hidden fact. The fact that NSWFB are covering ambulance jobs is testimony to this.

3. Job Allocations... So many on road emergency ambulances are caught covering transfers which should be done by Patient Transport crews. With the smallest increase in training for these officers they would be more than efficient doing R3 transfer jobs. These jobs are deemed as Medical jobs yet I cannot recall a time where I have had to do any intervention.

The hospitals also need to take a look at the way they discharge their patients. So many hospitals discharge patients in the early am hours which is simply stupid. What patient wants to be woken and disturbed at 2am to be discharged back to the nursing home. This is simply another way that the front line emergency ambulances are tied up with non urgent workloads.

As more thoughts come to hand I may add to these what I see issues.

Kindest Regards