

**REVIEW OF THE IMPLEMENTATION OF THE  
RECOMMENDATIONS OF THE INQUIRY INTO THE  
MANAGEMENT AND OPERATIONS OF THE AMBULANCE  
SERVICE OF NSW**

**Name:** Name suppressed

**Date received:** 22/01/2010

---

Partially Confidential

21 January 2010

The Director  
General Purpose Standing Committee No. 2  
Legislative Council  
Parliament House  
Macquarie Street  
Sydney NSW 2000

Email: [gpscno2@parliament.nsw.gov.au](mailto:gpscno2@parliament.nsw.gov.au)

Dear Sir/Madam

**Review of the implementation of the recommendations of the Inquiry into the management and operations of the Ambulance Service of NSW**

Following on from my submission to the Inquiry in 2008 I would like to make the following submission.

I am concerned about the workers' compensation process within the ASNSW and in particular the lack of support ambulance officers receive while on workers' compensation leave. The workers' compensation process itself seems to be understood only by management and insurance companies and leaves the worker feeling isolated and uninformed. This state of affairs appears to be intentional with the purpose of rushing employees back to work when they are not ready or alternately forcing them into resigning. The alternate duties offered to staff while they are injured are often demeaning and do not take into account an individual's qualifications and experience. For example, offering a staff member the menial task of checking case sheets on an ongoing basis when that officer has degree level qualifications and is able to perform more meaningful tasks. In the past (pre Death and Disability Scheme) ASNSW were quick to have officers referred for medical retirement. Now that compensation is available to officers the service refuses to medically retire officers. The motivation for this change is clearly monetary.

In 2009 my wife, who is also an ambulance officer, had a work related injury. She had to be hospitalised suddenly. I applied for carers leave to mind our three children, the youngest being two years old. My wife spent one week in intensive care and five weeks in hospital in Sydney. This is a 3 hour drive from our home. I applied for carers leave directly to ASNSW CEO Greg Rochford due to the special circumstances. I was hoping to use my accumulated sick leave to mind my children, support my wife, and also continue to manage my schizophrenic brother. The reply was *'Personal Carers leave is not an entitlement to care for children who are not sick and as such, the service is unable to grant your request'*.

I was given a link on the Ambulance intranet site for child care services information. I phoned this service and they said that they provide minimal service for ambulance officers and all they could do was ring a couple of child care centres for me. As an ambulance officer working in a rural environment I work long day shifts and it is unpredictable when I will finish. I am then on call at night after these two day shifts and also on call up to the start of my night shift. I therefore cannot look after my children for continuous periods of 72 hours. My only option was to take annual leave and long service leave. If I had used all of this leave I would have had to apply for social security. This is not very dignified after 29 years of service. It makes me wonder what the Governor General would have thought if I had of mentioned my situation to her while having tea and bickies at Government House after receiving a bravery award in 2009.

The Industrial Relations Commission handed down a decision in the Family Provisions Case 2005. The decision is related to caring and parental leave rights and responsibilities and affects employers and employees working under state awards. The new standards have applied since 19 December 2005. The decision broadens the reasons for using sick leave for caring responsibilities. They now include occasions where an employee has to care for a family or household member due to an unexpected emergency. This is in addition to existing arrangements that allow employees to use their paid sick leave in order to provide care to a family or household member who is ill. The use of

sick leave for caring purposes remains uncapped and the description of the relationships for which carers leave is available has not changed. One recommendation from the Inquiry was that special leave be available for officers following a traumatic incident. If your wife who is an ambulance officer and is off work due to work related stress takes an overdose of your Schedule 8 drugs and spends six weeks in hospital and you have to manage a family as well, I thought I may have been able to take special e.g. sick leave (I have approximately nine months accumulated sick leave). It is never a good feeling when you request assistance and the reply from the Service is 'NO': stating a policy for the reasons why and sending a brochure about employee assistance program with counselling to employees for personal and work related problems. In Greg Rochford's reply in relation to the IRC and the Family Provisions Case 2005, he stated that the IRC had made a general order and that the NSW public sector, including state owned corporations, were excluded from the general order. Well I am confused, the IRC finding relevant to the Family Provisions Case 2005 states... *'it affects employers and employees working under state awards'*. The public service has the responsibility to set the standards.

The treatment my wife and I have received contrasts sharply with some others within the service. For example,

This is just another example of management making up the rules to suit themselves.

Another area where I feel the service reads the rules to suit themselves regards the sick leave policy. The service sends letters to officers who have eight or more unexplained absences within a period of 12 months. Even if you provide a doctor's certificate for the absences they are still considered unexplained and you get a letter. We work in an uncontrolled environment, 24 hours a day, in all sorts of weather, often fatigued and confined in the back of ambulances with blood, viruses, bacteria, vomit and faeces. I think we are prone to contract illnesses and patients would be prone to contract our illnesses as well, with serious consequences for the frail. So I think the service should consider doctors' certificates as explained sick leave and stop sending us these intimidating letters which make officers go to work when ill to avoid getting a letter and stop speaking to officers as though they are naughty little children.

I would also like to mention an issue which I believe is worthy of further investigation. As mentioned, my wife is on workers compensation leave. At one stage WorkCover investigated the manner in which the GIO and ASNSW were handling my wife's case. It was discovered that while the GIO were sending ASNSW the appropriate amount of workers compensation payments each fortnight, ASNSW was passing only some of each payment to my wife, withholding the rest and topping up the payment using my wife's accumulated sick leave. This misappropriation of funds quickly ceased once WorkCover discovered the practice. Although WorkCover advised my wife she would receive a letter of apology from ASNSW and be formally advised that her sick leave would be re-credited there was absolutely no response from the service – either verbal or written. I am left wondering if the practice of withholding workers compensation payments and substituting sick leave is widespread as I am aware of at least one other officer who remembers being paid in a similar way.

In closing, I believe the Labour party being in power for so long has added to the culture of bullying as they have politicised the service. The CEO is their man and the managers on contracts do his bidding knowing that they are safe in their positions with their generous superannuation payouts as long as they toe the party line. The union are similar in that they don't like to stir things up too much as they have to toe the party line also.

Thank you for the opportunity of expressing my concerns.

Yours sincerely