

Submission
No 120

INQUIRY INTO EMERGENCY SERVICES AGENCIES

Name: Name suppressed

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Partially
Confidential

My name is _____ and I make my submission with respect to the terms of reference No. 1 (a), (b) & (c).

I can only assume it is recognised that emergency service workers are over represented within the community regarding mental health workplace injuries due to trauma, discrimination, and bullying and harassment, hence the reason for this parliamentary inquiry. I imagine the financial cost has got to a point whereby the government has decided to do something about reducing that cost. I am hopeful that the human factor will not be lost through this process. That is the health and wellbeing of the emergency service workers affected due to trauma, discrimination, and bullying and harassment.

I have worked in the emergency services for the past 30 years. NSW Police Force 15 years _____, Fire & Rescue NSW 12 years _____ and NSW Ambulance 11 years _____. I would suggest from my experience in each of the organisations I have worked, they have the necessary policies in place, however it is the implementation and lack of accountability by management that is problematic.

The following is a brief account of my experiences and the managerial response at that time:

NSWPF Trauma

I was involved in the shooting of a suspect whilst performing my policing duties. I initially received overwhelming support with home visits from management and colleagues for about 3 days. Support services were there, however it was left to the individual to seek help. I started my policing career at a time when one was seen to be weak if they asked for assistance. I eventually sought that professional help in 1999 and was diagnosed as suffering from PTSD. In the years to follow I attended many other critical incidents. In retrospect I believe it would be more beneficial if those support services were made mandatory after a critical incident.

NSWPF Discrimination

I had cause to report a work colleague for corruption. An internal affairs inquiry was conducted and he was punished by being transferred. Two years later he had returned to the same work location and management expected me to work with him. Despite my protests I was the one seen to have an attitude problem. Neither management, the Police Association or Internal Witness Support would help rectify this situation.

FRNSW Bullying and Harassment

I trusted two work colleagues (FRNSW) and confided in them my experiences (PTSD) in the NSWPF. Due to their vindictive nature they used this information to involve others in 'mobbing' to bully and harass me out of the job. I transferred to another station, and made a complaint (27 page document) of bullying and harassment to FRNSW management. Their response was a very one sided meeting of 4 commissioned officers with me and my union representative. At the end of the meeting I was handed a document which stated that, "if any of the complaints are found to be of a vexatious nature, actions will be taken against you under

the NSW Fire Brigades Regulations 2008." I wrote directly to Commissioner Greg Mullins complaining of this intimidating letter and didn't even get an acknowledgement.

As I would not withdraw my complaint the harassment continued. One of the Bullies made a vexatious complaint to the NSW Police that I had attempted to harm him causing me to be interviewed by police. Fire Brigade Management were not interested in this either. I had a meeting with my local member Pru Goward who made representations to the Minister for Emergency Services Steve Whan MP. This was merely a tick and flick exercise.

After 4 years of fighting FRNSW management to have these individuals held accountable I decided to resign. During this process I suffered a breakdown of my marriage. FRNSW had policies and procedures in place to deal with bullying and harassment, and grievance handling procedures, however failed to act upon them. There were numerous press releases at the time from FRNSW and the Minister's office stating a zero tolerance to this type of behaviour. All just words on paper. It was like fighting a 'boys club' and nobody was accountable. I have copies of all documents which will be made available if required.

FRNSW Bullying and Harassment

Whilst employed with FRNSW I was aware there were similar problems throughout the state and especially in the Southern Region. I cannot confirm, however believe the Region Commander at the time took early retirement due to these issues.

There was an assault at one station and at another a Station Officer received death threats and moved interstate. I was in contact with him for a period and believe he had information regarding many similar incidents.

I am still being contacted by former colleagues of FRNSW in the Southern Highlands complaining that the same individuals which includes a and , continue to bully and harass other employees. It would appear evident FRNSW management are unwilling or inept at effectively addressing the issue in that area.

NSWA Discrimination

I have witnessed work colleagues discriminated against by inept, irrational and/or corrupt management decisions. I have little faith in Ambulance Management's ability to respond objectively and appropriately to complaints. The following are just a few examples:

A colleague had been performing duties continuously for about 19 months at a higher level (Duty Operations Manager, Sector Manager and Zone Manager). He was very effective in these roles, was competent and well thought of by many. About late 2015 he applied for a manager's position and was unsuccessful. The successful applicant was the convenor's close personal friend (best man at his wedding). My work colleague was also unsuccessful in continuing to perform duties at a higher level. When feedback was requested from this manager his response was that my colleague does not sell himself on paper, despite the fact this

manager had witnessed him acting up in higher duty roles. Coincidentally he was his direct line manager. The effect to morale at our station was obvious, that our work colleague could be treated this way causing his mental health to suffer to the extent that he had a long period off work, we were very frustrated to say the least.

I made a written complaint to the ICAC as I believed the promotion of a personal friend was corrupt behaviour. My complaint was returned straight back for NSW Ambulance Management to address. This manager still holds his position. Despite efforts made to return to full time duties, our work colleague is performing 'suitable' duties as part of his return to work program. Management has decided that although he is no longer suitable to perform at a higher level, his 'suitable' duties consists of completing managerial tasks at the Zone Office.

Another work colleague has experienced a complaint made about him by what we believe is a fictitious person in early 2016. The net result was that he was initially suspended from duty without being told why, prior to be placed on suitable duties. His suitable duties are changing tyres at the ambulance workshop which he is still doing at the time of writing. He is the sole provider for his family and has a disabled child. He has suffered financially and his mental health has declined.

Our substantive Duty Operations Manager has over 45 years of dedicated service to NSW Ambulance. Last year he was diagnosed with a life threatening illness for which he is receiving treatment. He has been on sick report since his diagnosis and during this time, to my knowledge not one manager from NSW Ambulance has contacted him to check on his welfare. As employees of NSW Ambulance we are told our welfare is important to the organisation, however this example does little to confirm that statement.

When it comes to earning capacities (overtime and callouts) this is where greed and inequities take over. Some employees are allowed to perform on call duties outside catchment areas whereby others who live nearby those approved to are declined. It is perplexing to try and follow the decisions made in this area.

Many stations in the state have contracted cleaners. Our station has been lobbying for a cleaner since 2011 as we just don't have the time due to workload. At a station meeting in 2015 our Zone Manager recognised the need for one, however nothing has changed and we are still expected to clean toilets. I wonder what the community would think of paramedics with their hands in a toilet one minute and the next tending to their loved one!

It has also become evident other employees that have relatives and close friends in management positions are favoured or have requests granted regarding work locations and rostering, whilst others are overlooked and not given the same consideration.

Bullying

In my opinion NSW Ambulance is very ineffective in dealing with bullying. I am not aware of

the intricacies of the case, however one such manager was transferred elsewhere at their same rank due to bullying behaviour. About 12 months later this same person was recognised by NSW receiving the Ambulance Service Medal for exceptional service.

Trauma

I constantly observe fellow work colleagues and can see we are all affected to a degree due to the nature of the role we provide to the community. The affects are exacerbated due to fatigue, workload, inequities and lack of support from management. It would appear the only time one hears from management is when there is a complaint. Critical incidents are dealt with by a hot debrief at the hospital and usually interrupted due to workload. Some examples:

One summer my partner and I attended to a person who had been deceased for a number of days. Unless you have first hand experience of such, no words can describe the scene or smell associated with this disturbing event. It was the first time in 10 years that we requested a break to regather ourselves before we were given another job to attend to. Due to workload our less than 5 minute break was interrupted.

A week later my partner and I attended a 93 year old male taking his last breaths. He had been discharged from hospital the previous day to die at home. The family were not able to cope with the unpleasant experience of their loved one dying in front of them so they called for an ambulance to return him to hospital. Whilst lifting this poor man onto our carry chair his skin was peeling from his body. We were covered in his fluid and as he was placed into the back of the ambulance he went into cardiac arrest. As there was no formal advanced care directive we were required to attempt resuscitation which continued inside the hospital.

We again asked for a break at the conclusion of this incident, however were denied due to workload, having to respond to a 2 year old fallen a metre onto concrete. Mental health suffers due to workload and being pushed from one trauma to the next does little to instil a feeling that your welfare is important to the organisation. There are policies in place to stand down and debrief after critical incidents, however due to workload are rarely if ever enacted.

Earlier this year I had an ICE user try and leap from the back of the ambulance whilst travelling at 80kph. My partner and I placed a distress call for police assistance which seemed to take forever, but was most likely only about 5 minutes away. In this time we had to subdue him for his own safety by wedging him on the floor. He tried to kick, punch, bite and spit at me. When transferred to the stretcher it took 4 police and 3 paramedics to hold him down even with chemical restraint. I was exposed to blood and fluids and at the time of writing am awaiting the final blood test results. He is Hep C positive.

A week later my partner and I were again threatened with assault which caused me to have some time off work. I am not a malingerer, however felt pushed by the return to work coordinator to return to work before I was ready. There are professional services available and I am making use of them.

I guess what I am trying to say in all of this is that these organisations have policies and procedures in place to address bullying, harassment and discrimination in the workplace. I feel it is management's unwilling or inept ability to comply with these policies that is problematic. There is no accountability imposed upon those who receive these complaints. As indicated earlier with FRNSW they close rank and fail to address the issue. Within NSW it is often the managers themselves who are the perpetrators.

A more effective way to deter and investigate such matters would be to set up an independent body not connected with any of these organisations. This would elicit positive behaviours through transparency. Those willing to engage in this type of behaviour would no longer be protected by an inept system.

Support structures are in place to assist victims, however when a WorkCover claim is closed the professional help ceases, as was the case with FRNSW. It left me in a very difficult and vulnerable place. I managed at this time with support from my work colleagues within NSW.

Current practices of back to back critical incidents experienced by paramedics has a compounding effect on ones mental health. The way in which the effects of trauma is managed within NSW at present is unprofessional and bordering on negligence. Thorough debriefing and appropriate rest breaks after a critical incident is paramount in maintaining good mental health. However, due to workload this is unlikely to occur. It is common for shifts to extend past 12 hours in length due to workload with no crib or meal breaks. What other organisation places unrealistic and unhuman expectations on its employees! How is this legal?

I hope this submission doesn't come across as a management bashing exercise as that was not my intention. I do believe however that it is the response by management to the issues raised that needs improvement. I have tried not to go into too much detail with individual cases and are prepared to be contacted and provide evidence of my examples if required. I look forward to assisting where possible in improving the organisational response to bullying, harassment, discrimination and trauma as part of this inquiry.

Kind Regards,