

INQUIRY INTO RESPONSE TO MAJOR FLOODING ACROSS NEW SOUTH WALES IN 2022

Organisation: Health Services Union NSW ACT QLD

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The Hon Walt Secord MLC
Committee Chair
Select Committee on the Response to Major flooding
Across New South Wales in 2022
NSW Parliament House
Sydney NSW 2000

Dear Mr Secord

Thank you for your invitation to contribute to this inquiry. The Health Services Union's submission is attached. We will also be happy to provide representatives to give evidence at the committee's forthcoming hearings.

Yours sincerely,

Gerard Hayes
Secretary



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Submission to the Select Committee on the response to major flooding across New South Wales in 2022

The Health Services Union NSW/ACT/Qld represents some 46,000 workers in both public and private health as well as ambulance paramedics and disability and aged care workers. In the hospital system we cover all levels of support staff and health professionals, as well as junior medical officers.

In response to the 2020 bushfires, the HSU developed a welfare fund to support members who endure extreme hardship because of natural disasters. The information we are supplying to this inquiry will reflect the experiences of our members who have sought assistance from that fund. It also draws on the experiences of members who have provided information via interviews and recent online surveys and on the observations of HSU officers who have been assisting them with workplace and recovery issues. We also include an in-depth case study illustrating the impact of the floods on the Lismore aeromedical base.

The floods in early 2022 occurred at a time of unprecedented disruption in NSW, where the catastrophic fires of 2020, subsequent flooding and the COVID-19 pandemic came as successive shocks to a health system that had already been stretched to breaking point. Decades of cutbacks, funding shortfalls and planning failures across all areas had had their impact in creating a sector beset by endemic understaffing and lack of material resources.

The struggle to cope with excessive workloads and lack of infrastructure support inevitably produces a workforce with low morale and a lack of trust in the local administration. Considering the shortfalls they struggle with daily, HSU members are pessimistic when comes to planning for the future demands on their regions' health facilities.

Failure to plan

The pressures of coping with an ongoing emergency revealed the consequences of this lack of resources and under-preparedness.

We already have so many dropped shifts ... The people who run the IMT have no or very little actual disaster experience or knowledge which causes a lot of logistical and personnel problems. We have no staff as back up to call in if needed. We have no extra stock, consumables, equipment or vehicles to stand up if needed. We have very few specialist paramedics or experienced paramedics with disaster experience that can stand up in leadership positions: and even if they had qualifications or experience, because they are either needed on road or don't have a position as an SO or DOM they are overlooked. We have inadequate staffing levels to fill gaps caused by staff affected by the floods. We do not do enough practice or theoretical activities to help us manage these disasters. We do not have enough stores, equipment or vehicles to replace those affected by disaster, or extra crews to meet surge demands with disasters. We had people and towns cut off from any medical help for days with no contingency plan.

The communication between control, on-road crews and Rapid Launch Trauma

Coordinator was extremely poor. There were crews sent to help people, having to drive up to 2-3 hours to try and get to them, only to find out that RLTC had picked them up hours ago, wasting so much time and fuel. We had no fuel storage so when many of the fuel outlets were flooded, ambulance didn't have a backup for fuel.

Paramedic, Coffs Harbour

Psychological and GP services were already overwhelmed and not able to see people in a timely fashion due to COVID. Floods meant staff also unable to come to work, covering shifts very difficult, even longer waits for service.

Social Worker, Tweed District

NSWA has very little if any forward planning or disaster response capability. In relation to the recent floods around Lismore NSW is too slow in bring extra staff to the area. No local staff in the area are trained in rescue or water rescue and minimal staff with this training took too long to get to area from Sydney.

Paramedic, Coffs Harbour

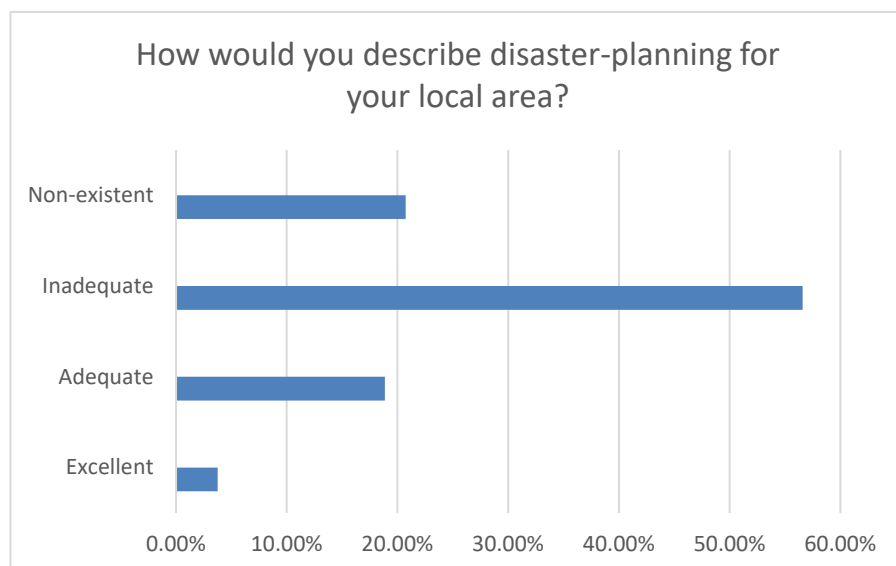
Managers were underprepared for sudden road closures, not enough staff able to attend work from necessary areas like physical resources, security etc.

Clerical Officer, Nambucca region

A DOM from Sector office called us the day Singleton became high risk for flooding and told us to 'pack up the station' in case it flooded. No indication of what to pack or into what boxes. Then no follow up when the threat was downgraded.

Paramedic, Hunter region

This failure to put into practice service plans fitted to local conditions goes well beyond the health system, extending to the agencies charged with responses to emergency conditions. In a May 2022 survey of HSU members affected by the floods some 80% described local disaster planning as 'non-existent' or 'inadequate'.



Resources and infrastructure were widely found to have fallen short, despite prior experiences that should have ensured the challenges arising had been anticipated well in advance.

Still have not cleaned up since the last major flood, the drains are no longer maintained and cleared, there is no maintenance in the shire area at all

Clerical worker, Tweed area

When the Nepean/Hawkesbury River system floods, communities on the northern side of the river are completely isolated. Access can be achieved via Bells Line of Road however this road isn't safe in times of heavy rain and is closed frequently due to land slips. Also, the time to travel from Lithgow or Katoomba along the Bells Line of Road to these communities is excessive. Helicopter is the fastest way to access these areas however this is logistically challenging as well. During times of flood, St John of God hospital facility in Nth Richmond is used as a makeshift emergency department. It is staffed with retrieval doctors and paramedics and can provide adequate triage and treatment services. NSW also ensure at least one transport ambulance is available. However, re-purposing the St John of God facility takes far too long to occur, and places creates risk to the community, and the number of transport ambulances available is insufficient.

Paramedic, Sydney District

This is a recurring event, and the process gets harder each time. We were notified months in advance of potential flooding however the dams were only released at the time of the floods. The additional water from the dam release played a significant role in the amount of water in the waterways and the length of time the water remained on flood effected areas. Dam management should be a major part of this investigation.

Librarian, Central Tablelands

Communications and post-emergency assistance

Our members report extensive failures in communications with government agencies, both for emergency aid and for assistance in the recovery process. These failures began with the amount and quality of information being provided to those at risk.

SES sent a text advising to evacuate two days after floodwaters cut off access to my property which had been under around a metre of water for previous two days. I phoned the SES regarding possible river heights on high tide at one stage during the flood when the water levels were very high up stream. The SES staff member was not familiar with area and referred me back to the BOM website which had insufficient local information.

Psychologist, Nambucca Valley

Very impressive and immediate co-ordination of volunteer response by a local business couple. Less impressive government response in setting up a flood recovery centre with no publicity about where it was located at first and staying in the centre waiting for shocked and traumatised people to find them.

Health Manager, Northern Rivers

Communication methods and infrastructure also came under fire, especially for being over reliant on systems that are not necessarily universally available or that are too easily compromised or disabled

in flooded and otherwise disrupted conditions.

Communication of updates & warnings relies too heavily on Facebook.

Clerical Officer, Nambucca region

There was limited information available in the mainstream media. Information available was through social media however with the catastrophe unfolding there needed to be a single source of timely and accurate information. In saying this I was acutely aware this was not a normal rain / flooding event and took adequate precautions in advance to ensure my property was adequately prepared should I have needed to evacuate.

Health Manager, Northern Rivers

Massive communication failure... How does a national system fail and then leave so many elderly people without a means to call for help? Since changing to the NBN, if it fails, all home phones are rendered useless. If the phone towers fail as well, awesome, bring back the carrier pigeon

Inspector NSW Ambulance, Tweed Area

While assisting in the recovery process, HSU officers had plenty of opportunity to observe these problems at first-hand. One of the union's north coast organisers described the challenges he saw our members facing:

Although there was a concentration on Lismore during the recent floods, other smaller communities were equally affected by the flood waters. Members in centres such as Murwillumbah, Kyogle, Maclean and Casino also accessed our assistance program.

One major frustration was that members had limited ability to make claims for government assistance as they had no electricity, and hence no internet capabilities and no mobile phone access. Their frustrations were compounded by the fact that they were receiving very little information from government and aid agencies. Simply, the members found that there is an over-reliance with online registration and assistance in these circumstances, without consideration that the areas of greatest need are most likely the areas with the most limited access.

Another concern is that once services were available, the difficulties in receiving any financial assistance was hindered with red tape. We also observed that eligibility for relief depended on the postcode. Some relief was means-tested, and the processes were not clearly defined. Most relief also required identification which, for the many people who had lost their belongings in the flood waters, was not immediately available.

There are currently significant difficulties in acquiring material to rebuild family homes. Compounding this issue, is the lack of qualified trades persons to undertake the massive task of rebuilding dwellings and re-establishing businesses and shop fronts. What resources are available cannot keep up with demand and there appears to be some overcharging of services. Insurance companies have declined claims as the damage to homes and contents were done so by flood waters and the cost of flood protection is exorbitant in some of these towns. This situation has left many families with nothing.

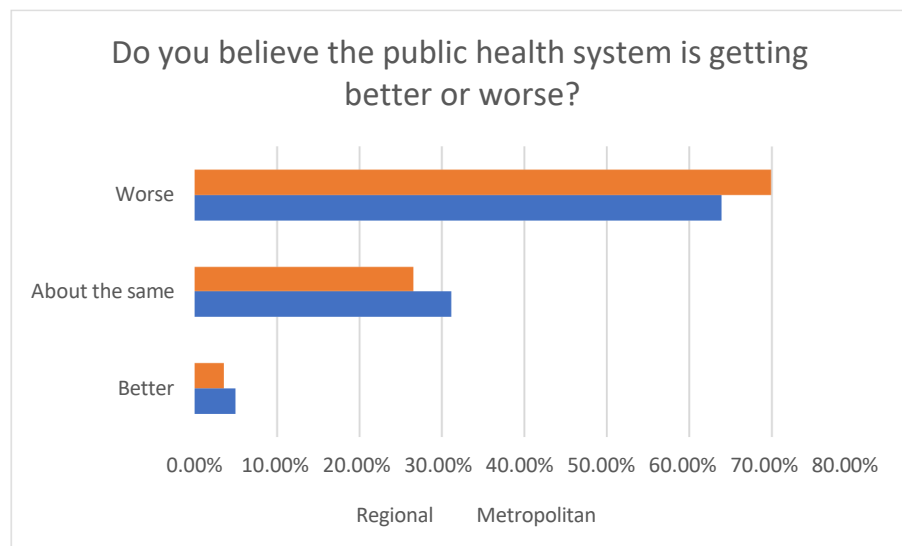
The main concern is that mental illness is a serious issue for communities devastated by these events. Again, there is little assistance available. There is also the situation where the mental health professionals and workers are also personally affected by the damage caused to some of their residences. Some communities will take years to rebuild. The increase in mental illness resulting from personal losses will be ongoing well beyond the rebuilding of physical structures.

The health context

Between November 2019 and February 2020, the union conducted a survey of more than 2000 members in public hospitals around the state and asked them to identify their most immediate concerns. Overwhelmingly the most common was staffing levels, with 24.67% of respondents identifying it as the number one issue and 51.66% putting it in the top three.

One of the questions in that survey was: 'Do you believe the public health system is getting better or worse?' While the participants overwhelmingly replied that the system was worsening, this feeling was stronger in the regions with 70% as opposed to 64%.

Long-serving workers in particular reported their experiences of deteriorating standards.



My team are currently at our lowest staffing levels in my memory. We all have excessively large caseloads ... We must be all things to all people. To top it off our psychiatric registrar has just told us that they cannot do any clinics, and from now on all first level registrars will not have clinics, meaning that all our consumers can only access a locum psychiatrist, who usually is a different doctor each week.

Health professional, Western NSW

I have worked in health for 30 years and this is the worse I have seen it.

Technical assistant, North Coast

Rural and regional staffing facilities in general lack the range of specialties available in the larger metropolitan facilities, and for this reason staffing shortfalls have a more severe effect on rural facilities with their already limited range of personnel.

Many respondents to the 2019-2020 survey complained of a lack of knowledge of regional conditions when it comes to developing and planning for health services: that not enough consideration is given to the differing needs of rural as opposed to metropolitan facilities.

I think the services offered by NSW Health in regional and remote areas are poorly planned. I believe the services available exceed the requirements in some areas while others do not receive the resourcing required to improve the health outcomes of our community. Policies and service planning are metro-centric.

Health manager, Mid North Coast

There is limited resourcing in rural with readily available and follow-up equipment suppliers. It can take months for trial of a specialist piece of equipment. Rural Infrastructure struggles with poor resources, developing and maintaining strong evidence-based leadership and community engagement. It feels like services are being siloed more and more rather than integrating.

Health professional, Southern NSW

It is very difficult working in a regional area (Wingecarribee Local Government Area) attached to a major metropolitan area with a rapidly growing population under the one health service. All planning, recruitment, staff allocation and treatment planning is based around the needs of the metropolitan areas while resources for the regional area are eroded. In the last 10 years our service, formerly 3.75 FTE, is now 1.8 FTE, with positions moved to the metropolitan part of the health service.

Trying to advocate for our clients and community to managers based in the city is very difficult. We are constantly berated for trying to argue that service models used in the city will not apply equally as well in a regional setting and smaller community.

Health professional, South Western Sydney

Decisions seem to be made in metropolitan facilities that effect regional facilities, but without any consultation from those in relevant fields, in regional areas. We operate different. Each hospital is individual and works differently. Making across the board decisions for every facility is simple unfair and can prove to be pointless and unproductive.

Hospital assistant, Northern NSW

The further from Sydney, the more forgotten you are. You are the last to receive updates, grants, funds, and resources. Regionally you are expected to provide the same services in the same model of care as in metro settings. Easier done when your warehouse is 20km, not 600km away. Easier done when you have access to tertiary care facilities onsite, and not have to travel "interstate" to Canberra 250km away to access them.

Health professional, Southern NSW

Case study: impact of flooding on the NSW Ambulance helicopter base at Lismore

Among the many devastating impacts on the Northern Rivers community, the flooding in Lismore caused significant damage to the NSW Ambulance and Westpac Rescue Helicopter Base at Lismore Airport. As a result of flooding at the base, millions of dollars in assets were lost, including vital life-saving medical equipment, rescue and retrieval equipment, and a specialist ambulance vehicle.

Operations of the Ambulance helicopter service were severely impacted by the flooding, with the helicopter grounded at Gold Coast Airport on 28 February, the major day of flooding. The helicopter had been sitting in flood water at Lismore, and moisture inundation caused the helicopter to suffer a hoist failure, a near miss incident that could have resulted in catastrophic injuries or the death of a paramedic who was hanging outside the aircraft. This hoist failure rendered the helicopter incapable of accessing and rescuing countless people on the most important day. Furthermore, the water inundation caused the aircraft to develop severe mechanical problems and avionics failures, requiring an emergency landing and shutting down the entire helicopter rescue capabilities for more than 14 hours at the very time it was needed most. The helicopter had multiple ICS crew communications failures due to water damage. Flood water damaged the phone and the ambulance radio network, compromising helicopter tasking and patient triaging throughout the disaster.

Flooding at the rescue helicopter base, and the damage caused to the helicopter, significantly reduced the ability of paramedics to deliver vital care and support to the community during the flood emergency. The safety of workers at the base and in the aircraft was placed at risk, and they were lucky to avoid a serious incident. While the NSW Ambulance helicopter was severely limited in its operation, being able to only make one rescue on the worst day of flooding, an identical AW139 rescue helicopter brought down from Queensland (*Lifeflight*), and based at Ballina, was able to perform more than 45 rescues on day one. The crippled state of the NSW Ambulance aeromedical flood response was noticed by other authorities and agencies who were far more prepared.

Photographs supplied by HSU paramedics, below, illustrate the extent of the impact on the base.



Above left: Aerial view of flooded Rescue Helicopter Base. **Above right:** Destroyed specialist ambulance.
Below left: Army removing lifesaving equipment destroyed in the flooding. **Below right:** view from the rescue helicopter cockpit before take-off.



This is not the first time in recent years that flooding has impacted the delivery of helicopter ambulance services in Lismore. The previous base located at Brunswick Street flooded in 2017 and services were forced to operate from an alternative location at Hepburn Park. This crippled helicopter operations, and the flooding introduced unacceptable safety risks. Returning the service to the former Lismore base required 'staff members and family [to work] frantically to clear out floodwaters', according to news reports at the time.¹



2017 flooding of the former rescue helicopter base in Lismore. Rescue helicopter can be seen in the floodwater.

Informed by first-hand experiences just like this, and their years of service to the Northern Rivers community, paramedics lobbied for years to have the proposed Lismore location of the new base changed. Their efforts to highlight serious concerns, ignored by government and the Ambulance Service, are detailed below.

Warnings from local paramedics ignored for years

As part of a multi-million-dollar state-wide aeromedical reform plan by NSW Ambulance, funding was made available to build a new helicopter base in the Northern Rivers. On becoming aware that the new base would be located next to Lismore Airport, paramedics and helicopter pilots lobbied NSW Ambulance, the NSW Government, and Westpac Rescue to build the base in a more appropriate location, rather than on a flood plain in a town plagued by severe night fogging. Two ambulance paramedics were even threatened with dismissal if they did not cease raising concerns about the safety and operational impact of flooding and fog at the Lismore site. The work of a rescue helicopter service significantly increases during floods, and common sense would question the logic behind building a base in a location that is highly likely to need to be repeatedly evacuated.

¹ 'Response to claims the helicopter base "inappropriate"', *The Northern Star*, April 3 2017, <https://www.dailytelegraph.com.au/news/nsw/lismore/response-to-claims-the-helicopter-base-inappropriate/news-story/01efe1cff0a2c93d67af127e5d62bd02>.

In terms of the level of service that can be provided to the community, including during flooding emergencies, it makes very little difference where in the Northern Rivers region the base is located, outside of Lismore. Most towns are just a few minutes of flight time apart. Paramedics provided photos, data, and information obtained from pilots to decision-makers which demonstrated that Lismore was an unsuitable choice for a 24/7 emergency helicopter service. Nonetheless, calls for an alternative location for the new base, such as Ballina, Goonellabah, Alstonville, or Evans Head, were ignored. The decision to disregard these concerns was largely informed by misleading reports on the Lismore location prepared by AviPro, commissioned by NSW Ambulance, and the Lismore City Council report, which were questioned by pilots, paramedics, crewmembers, and doctors. Copies of these reports belonging to paramedics at the base were lost in the floods, however the below information summarises the key problems that were identified.

The AviPro report on the Lismore base location notes compliance with Category A and PC1 take off margins and requirements. However, the report states that 'lift off to the hover and hover positioning to the take-off point is not the commencement of a Category A/PC1 take-off manoeuvre but operates under the rules of taxiing' (p. 3 of the report). The aircraft will lift, hover, and taxi across an embankment, barbed wire fence, drainage system (often full of water), and then transit on a grassed strip for approximately 100 metres to the runway for take-off, meaning it does not, in fact, accord with Category A and PC1 rules. During both moderate and major flooding events, the runway is underwater, and lights and access to the Aerodrome Weather Information Service (AWIS) cuts out, which was not accounted for in the report. Additionally, the airport's AWIS METAR system was destroyed in the latest flood and is not likely to be replaced. The AviPro report took an approach based on complying with minimum standards, rather than encouraging best practice. While the proposed method is perhaps compliant with aviation flight rules, the hover description outlined above is obviously not the ideal or safest take-off and departure from the base, compared against wheel taxiing on a sealed strip to the runway. The Lismore base explanation provided in the AviPro report appears to rely on 'loopholes' and is not the ideal or safest take off procedure available at other rescue bases and as required by NSW Health.

Beyond the significant flood risk, Lismore is regularly affected by severe fog which prevents helicopters from taking off or landing safely, adding to safety and service delivery concerns. Paramedic concerns over the impact of fog at a new Lismore Base were aired on ABC TV's 7.30 program. News reports at the time highlighted that cloud cover is frequently so low that it prevents helicopters from legally being able to land or take off for up to three hours at a time.² This places lives at risk, and delays time-critical rescues.^{3,4} An HSU media release in 2016 drew attention to nine separate missions where fog prevented helicopter take-off with the space of just one month, including a child injured after falling from a second storey window and a bushwalker lost in remote bushland overnight.⁵ According the AviPro Report, in 2015 there were 144 fog events in Lismore with

² 'Paramedics say government building helicopter base in area plagued by fog', Amy Corderoy, *The Sydney Morning Herald*, 8 November 2015, <https://www.smh.com.au/healthcare/paramedics-say-government-building-helicopter-base-in-area-plagued-by-fog-20151106-gksvle.html>.

³ 'Proposed Lismore rescue chopper base will put lives at risk, saw former paramedic and former pilot', 7.30 National Reporting Team, ABC, 3 June 2016, <https://www.abc.net.au/news/2016-06-03/lismore-rescue-helicopter-site-risks-lives-due-to-fog/7474182#:~:text=A%20former%20helicopter%20paramedic%20and,New%20South%20Wales%20north%20coast>.

⁴ 'Accident victim sparks petition over Lismore rescue chopper', Elloise Farrow-Smith, *ABC North Coast*, 10 June 2016, <https://www.abc.net.au/news/2016-06-10/lismore-rescue-helicopter-sparks-petition/7500380>.

⁵ HSU Media Release, 1 April 2016.

visibility of 800 metres or less, meaning the helicopter cannot take off or land. Another associated report found that the helicopter service would potentially be offline between the hours of midnight and 7am on one third of nights. By contrast, in nearby Ballina, where space for a rescue helicopter base was offered by the manager of Ballina-Byron Airport⁶, there was an average of just three nights of fog per year. Fog also impacts base operations where the helicopter is unable to return to base after a mission. This is a frequent event which has major effects on operations and safety, rendering the service offline until fog clears and causing significant interruption and delays to operations.

In its assessment of the new Lismore base location, the AviPro report looked backwards at past response data rather than planning for future population growth and improved service delivery, standing in stark contrast to all of the progress currently being made in state-wide helicopter operations. It also did not consider the suitability of alternative locations, missing an opportunity to truly understand how best to provide this essential service to the Northern Rivers community.

The efforts of paramedics in voicing their serious concerns about flood risk to politicians and media proved fruitless in the face of political pressure to build the new base in Lismore. Decision-makers consistently downplayed the flooding and fog risk of the site, and, importantly, its location being outside the protection of the town's flood levee. A report from Lismore Council conceded that the site would certainly flood on a routine basis but tried to suggest that floodwaters would not go high enough to enter the building – never mind that the base would become dangerously inaccessible to staff regardless. Indeed, during the 2017 floods, the new base, then under-construction, became an island in the flood waters, millimetres from water inundation and was, needless to say, completely inaccessible to rescue workers.

Impact on the flood response

During the 2022 floods, the Lismore Rescue Helicopter Base was inundated by floodwater, just as paramedics had argued on numerous occasions. Critical aviation and medical equipment were lost, and it is clear that few, if any, of the lessons from the 2017 floods were applied. The base was not evacuated until the last minute, many items were not relocated, and the entire helicopter rescue operation was compromised on the day when it was most needed. It will remain operationally compromised for many months, if not years, while it now operates remotely from Ballina Airport. The Westpac AW139 aircraft was severely compromised by flood and rainwater and failed to perform on the critical day of major flooding. The hoist (winch) failed to operate, and paramedics were not able to perform rescues. The helicopter eventually failed and had to make an emergency landing at Gold Coast. These serious safety events are now subject to investigations from the Australian Transport Safety Bureau (ASTB). With no company engineers available to fix the helicopter, the helicopter was grounded and unable to respond to members of the community in desperate need of help. While other rescue helicopter services in the region were able to perform dozens of rescues, the Lismore rescue helicopter was out of action for some 14 hours. Ambulances were damaged and unable to be used. The flooding of the helicopter base crippled operations during the initial crisis, and its impacts will continue to be felt on an ongoing basis.

The rescue helicopter is central to the ongoing operation of the public health system during flooding emergencies in the Northern Rivers. It forms a strategic part of the interhospital retrieval network and is essential to keep the local health system working, especially in a context of under-resourcing of rural and regional public health provision. Road closures due to flooding limited the ability of road

⁶ 'Future clear for north coast rescue helicopter but fog concerns linger', *ABC North Coast*, 27 May 2016, <https://www.abc.net.au/news/2016-05-27/future-clear-for-north-coast-rescue-helicopter-but-fog-lingers/7451656>.

ambulance services and the public hospital system to respond, leaving the rescue helicopter as the only clinically available resource. Yet, with the helicopter grounded overnight at the most critical period, some patients with severe injuries and medical needs were left waiting for hours to be rescued.

Throughout the floods, the rescue helicopter was directed not to 'self-task', meaning paramedics could only respond to cases they were directed to by the Aeromedical Control Centre. The helicopter rescue team were 'held' on standby for 'medical work' and, as a result, they were required to fly past areas with stranded people in need of critical help and rescue. This goes against the deep commitment held by paramedics to serve the community and aid those in need. It is also at odds with the usual operation of the service, which normally undertakes rescues regardless of the medical condition of the person being attended to. While paramedics have since heard denials of this direction from management, they were all clearly working under the same understanding that they were not to commence self-tasking to provide assistance to people they saw isolated or in distress. In the end, despite their relative lack of experience and specialised equipment, civilian helicopters ended up performing more efficient time-critical rescues and retrieval than the multi-million-dollar ambulance helicopter.

The NSW Ambulance and Westpac flood response was notable for its lack of foresight, planning and activation. The weather system was clearly a ticking timebomb, and other services had made arrangements to ensure they were prepared to respond, with the NSW SES bringing down a *Lifeflight* SAR helicopter from Queensland and the Rural Fire Service helicopter being on stand-by to assist. Paramedics were very concerned about flooding and becoming stranded at the base and advocated to senior ambulance and helicopter managers for an early evacuation days prior. Yet, the base was not evacuated until the last moment, placing staff at significant risk. It also meant that instead of rescuing those in need in the community, NSW Ambulance and helicopter staff had to first wade through flood waters to escape and rescue themselves from the flooding base.

Future of the base

Given the devastation of the flooding, and the years of frustration of having serious response concerns ignored, paramedics are distressed at the prospect of returning to the Lismore helicopter base. Paramedics were devastated and traumatised by these flood events, both as members of the local community, and as professionals who were severely compromised in utilising their skills to serve those in desperate need. Many paramedics lost significant personal items, along with professional rescue and medical equipment losses at the flooded base. They are also rightly fearful of the psychologically induced stress and continued dangers involved in operating out of a Lismore base location, and are exhausted from the disregard shown to their expertise and local knowledge over a period of many years. Paramedics have been contacted by media for their views on the flood response, but out of respect for their community they have chosen not to engage and instead want to pursue less sensational pathways to advocate for change.

With fast-tracked funding available from Resilience NSW for flood recovery, a new opportunity arises for the helicopter base to be moved to a safer, more appropriate, location. A search is already underway for a new Ambulance Station location in Lismore, well above the floodplain⁷, and a new aeromedical base location should logically follow. The funding for the new ambulance station was secured rapidly, but so far there has been no news on funding for a relocated aeromedical helicopter

⁷ 'Shining a light on recovery', NSW Ambulance media release, 28 March 2022, <https://www.ambulance.nsw.gov.au/news/news-items/shining-a-light-on-recovery>.

base. With vital aviation safety infrastructure at the Lismore base damaged in the flooding, and no commitment from Lismore City Council to repairs at site, the base will fail to comply with PC1 take-off standards. A helicopter base in a safer, less fog and flood-prone location, combined with an incident management centre, would also represent an opportunity to create a surge resource for other rescue helicopter services, and provide a much-needed landing and refuelling site which would be accessible even during flooding or other emergencies. A site that is able to scale-up to respond to natural disasters or clinical surges would be an intelligent and effective option.

Paramedics at the Lismore Aeromedical Base have been working together to prepare a case for a sensible and safe alternative base location. Safety of continuous operations is a key concern, alongside efficient and effective service delivery to the community. Though there are numerous options across the Northern Rivers region, the focus so far has been on the advantages that would be offered by moving operations to Ballina Airport. Ballina Airport offers a safer environment for take-off and approach, including during adverse weather events. The airport's approach minima of 470 feet (compared against Lismore's 620 feet) allows aircraft to approach lower during inclement weather, with fewer obstacles in the approach and departure flightpaths. Due to these lower airport departure and approach angles offered at Ballina, it is more likely that departure for missions (and safe return to base post-mission) in adverse weather is possible, as the coastline is readily available for safe instrument flight if required. The airport also has an Aviation Fire Rescue Service on-site 17 hours per day and has higher ATC (mandatory broadcasting) awareness, improving the safety of operations. Planned infrastructure upgrades at Ballina Airport, including installation of a taxiway and lengthening and widening of the runway, will further promote safety.

Increased safety and more suitable weather conditions at Ballina, compared to Lismore, would also have a positive impact on service delivery. Fog and flooding events do not affect Ballina to the extent they do Lismore. Even where recent flooding has been experienced at Ballina Airport, the site has remained accessible. Climate change is likely to make the impact of flooding in the region more severe into the future, heightening the risk posed to operations of the ambulance helicopter service in the Northern Rivers. A location outside of Lismore would allow service delivery to be maintained during flooding disasters and ensure that the best possible service can be provided to the community at their time of most need. It would also reduce the frequent service interruptions caused by fog, enabling paramedics to administer lifesaving medical care to patients without delay 24 hours per day.

Donna Austin
Research Officer

Alison Goodwin
Research Officer