

Mr Michael Harris (Chair)  
Fire Service Act Review  
GPO Box 1526  
Hobart Tasmania 7001

Via email: [act.review@fire.tas.gov.au](mailto:act.review@fire.tas.gov.au)

Dear Michael

I write a response on behalf of HACSU Tasmania members. HACSU is the largest union in Tasmania representing health and community services workers including Ambulance Tasmania Paramedics, Nurses, Health Professionals and Hospital Employees.

Our members have many interactions with the TFS staff in relation to emergency and non-emergency responses, including civil emergencies as defined in section 40 plus other firefighting operations as defined in section 3.

We believe that the legislation should include amendments to ensure that firefighting operations are amended to include attendance at motor vehicle crashes (accidents), deal with gas/fuel spills as a result of these types of events, and vehicle extractions.

Currently it is our understanding that the fire service is the primary response to motor vehicle crashes where patient extraction is required, using the jaws of life and other cutting tools. This perhaps is not captured by the legislation, and conflicts may occur from time to time about multiple incident/activity response(s).

We have reservations about so empowering the TFS service to be the lead agency in relation to scene command as there may be interactions with other services, such as Ambulance or Police where for various reasons those agencies will have pertinent reasons to take the lead role; so, this should not be specifically legislated as the dynamics of scene control/management will determine the lead at the time. We acknowledge that this can result in conflicts from time to time, but the solution is not in legislation.

SES, Police and Ambulance Tasmania all have specific roles for example where an underground search and rescue task is required, USAR, TFS personnel may also have a significant role in an event such as a building collapse. Any legislative amendments proposed for the Fire Service Act must be cognisant and complimentary to the other Acts of parliament which give powers to other agencies so as to ensure they are not contradictory in design or intent.

We specifically would like to comment about page 11 and 12 of the reference document and answer question 3 posed, about the Fire Service and Emergency Medical Response.

### ***Emergency Medical Response***

*One further area that could be considered for inclusion in a TFS mandate is Emergency Medical Response.*

*TFS has, over the past few years, initiated medical response arrangements in the form of supporting Ambulance Tasmania's Early Access to Defibrillator Program and its own Emergency Medical Response in rural and isolated areas. These are characterised as "Community First Response". TFS has supported the purchase of Automatic External Defibrillators (AEDs) by its volunteers and has trained and assisted in equipping willing volunteer firefighters to respond to emergency medical incidents. This is an "opt-in" program for brigades and their members. Currently 65 TFS brigades are considered approved Medical Brigades. In 2016-17, these brigades responded to 59 emergency Medical call outs.*

*Firefighters, mainly in urban areas, are also called to "Ambulance Assist" calls. However, these incidents are generally of a support nature.*

*There may be benefits in appropriately trained firefighters undertaking more formalised response programs to initiate pre-hospital care on suitable patients before a higher medical authority arrives to intervene.*

*Emergency Medical Response would utilise firefighters to respond to medical emergencies if they are available, close, trained and equipped to attend. Unlike Community First Response, Emergency Medical Support is designed to be utilised where Ambulance resources already exist.*

### ***Q 3 Do TFS firefighters have a role in Emergency Medical Response and, if so, should that role be reflected in legislation?***

On behalf of our Ambulance Tasmania Members we make the following comments.

We do not support a legislative change to define the role of the TFS in relation to medical emergency response. The inter-agency limitations would also be apparent in relation to case management.

A change of this nature would provide for potentially conflicting legislation. A legislative requirement to have TFS attend or at least provide employees for medical services for medical responses is going to be contradicting the obligations upon Ambulance Tasmania as defined in the Ambulance Act.

It could be that the TFS are never informed of the event requiring a response as it is managed "in-house" by Ambulance Tasmania thus providing for a legal quagmire in the event of an external party looking at a problematic event, such as the Tasmanian coroner.

We see the primary agency for medical emergency response to be Ambulance Tasmania. We say that due to inadequate Ambulance resourcing from time to time the TFS is relied

upon to attend a callout for medical purposes. What is not clear though is why this happens when it does.

The solution for this back-up or primary response to medical events is to adequately resource Ambulance Tasmania to ensure that it complies with its legislative obligations rather than relying on legislative change for other agencies to plug the gap.

Does the TFS attend as a medical response or as a community first response to provide 'lifting power' in an assist role, is it to be the 'first response' to provide CPR for example or apply an AED response, basic or advanced first aid? Is it to assist with bariatric extraction where structure alteration may be necessary?

Is it to back up a paid paramedic(s), or back-up a volunteer ambulance officer(s), where no paramedic specialist may be attending in the first instance? Is it to be 'first response' due to an anticipated or advised long response time of the Ambulance Tasmania due to the remoteness of the incident or patient or due to all pertinent Ambulance Tasmania resources being already tasked?

Paramedicine is about to be regulated by the National Law requiring registration (see <https://www.paramedicineboard.gov.au/> for more information).

If the TFS were legislatively required to engage in 'pre-hospital care' would this solution require the TFS to employ specific regulated and registered paramedics? If so we believe this would be problematic for multiple reasons.

***There are five mandatory registration standards which the Board has developed and consulted on. These are:***

- *continuing professional development*
- *criminal history*
- *English language skills*
- *professional indemnity insurance arrangements, and*
- *recency of practice.*

We believe it would be extremely difficult for the TFS to manage the processes of employing and ensuring paramedics maintain their standards as above. It would be a specific sub-set of employees within a sub-set of specialised training and management structure being required to support it.

Further, as registered health professionals, paramedics are going to be bound by the codes and guidelines of the regulatory body as defined in the National Law. This may cause further bureaucratic issues for the TFS in terms of managing a specialty workforce.

#### ***Codes and guidelines***

*The Board will also develop, or use the existing multi-profession codes, guidelines and policies to provide guidance to the profession. These will include:*

- *guidelines for mandatory notifications*
- *code of conduct*
- *guidelines for advertising regulated health services, and*
- *social media policy.*

We would not support a legislated response to medical emergencies in any form for the TFS; an ad-hoc requirement to respond in an emergency is extremely different from a legislative requirement of being required to operationally respond to the potential detriment of other tasks which clearly the TFS has primacy cover.

In summary, the TFS has specific and adequate duties already without branching into other disciplines. The potential for conflicting legislation is significant. The concept of the TFS employing 'medics or paramedics' would be seen by our members as undermining the paramedic profession in Tasmania and we encourage your review to ensure that the existing lines of responsibility are not eroded.

Our primary contacts for this submission are Tim Jacobson (State Secretary) and Chris Kennedy (Industrial Officer), both can be reached via 1300 880 032 or by email to [admin@hacsutas.net.au](mailto:admin@hacsutas.net.au).

Yours sincerely

A handwritten signature in black ink, appearing to be 'TJ', with a large loop at the end.

Tim Jacobson  
**State Secretary**

5 September 2018