



**Ambulance Service
of New South Wales**

excellence in care

Disability Action Plan 2009 - 2014

Future Directions for Ambulance

Foreword

New guidelines for disability action planning were introduced in 2008 for all government agencies to develop action plans that better reflect their responsibilities to people with disabilities and to make NSW Government services work better for people with a disability and their families.

The Ambulance Service of New South Wales provides equity of access to high quality clinical care services and employment for all people.

This includes a commitment to working towards reducing the barriers that may prevent access to our service for people with a disability and ensuring compliance with the legislative framework through the implementation of the Disability Action Plan 2009 – 2014.



Our vision for disability planning is linked to NSW Health's vision of contributing to a society in which people with a disability participate as full citizens with optimum quality of life and independence.

Through the Disability Action Plan Ambulance will:

- **continuously improve** our capacity to identify and remove barriers to services for those with a disability;
- **provide information and services** in a range of formats that are accessible to people with a disability;
- **improve physical access** to buildings and facilities;
- **assist people with a disability to participate** in public consultations and to apply for and participate in advisory boards and committees; and
- **increase employment participation** of people with disabilities.

Ambulance is committed to continuously improving the way we do business with those in the community who require our services, and our Disability Action Plan will enable us to identify the needs of people with disabilities and best meet the needs of the community we serve.

Greg Rochford
Chief Executive

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Ambulance Service of NSW Disability Policy Statement

The Ambulance Service of New South Wales is committed to providing equity of access to high quality clinical care services and employment for all people.

This includes a commitment to working towards reducing the barriers that may prevent access to our service for people with a disability and ensuring compliance with the legislative framework through the implementation of the Disability Action Plan 2009 – 2014.

Our vision for disability planning is linked to NSW Health's vision of contributing to a society in which people with a disability participate as full citizens with optimum quality of life and independence.

Introduction

In September 2008 the NSW Department of Ageing, Disability and Home Care (DADHC) issued Guidelines for Disability Action Planning by NSW Government Agencies. There is a legislative responsibility under the NSW Disability Services Act 1993 to have a Disability Action Plan (DAP).

What is a Disability Action Plan?

A Disability Action Plan is a document that:

- describes what an agency intends doing to make the services and facilities it already provides as accessible to and appropriate for people with disabilities as can be reasonably achieved;
- guides the agency in eliminating discriminatory practices;
- describes what actions the agency will take to further improve the physical and social environment for people with disabilities; and
- encourages the use of inclusive practices.

Overview of agency functions and services

The Ambulance Service of New South Wales (Ambulance) is a dynamic part of the New South Wales health system and is one of the largest ambulance services in the world. We are committed to providing high quality clinical care and health-related transport services to over 6.89 million people in NSW.

Mission

To provide quality emergency medical care to the NSW community.

Values

These are the professional and personal values and behaviours that employees of Ambulance are expected to uphold:

- professional standards of behaviour;
- act responsibly and be accountable;
- promote and encourage teamwork; and
- show care and respect.

Current Environment

Ambulance is a division of the NSW Health Service. The Health Services Act (1997) and Ambulance Service Regulations (2005) is the legislative framework under which Ambulance functions. Ambulance has a budget of \$600 million, and over 4,000 staff of which 90% are involved in delivering clinical services. Operational staff are supported by corporate staff both in Sydney and rural NSW.

Ambulance is responsible for:

- responses to medical emergencies in the community by road and air;
- initial assessment, treatment and transport of emergency cases;
- assessment and referral or discharge of patients who do not need to go to hospital;
- medical retrieval transfers of critical care patients between hospitals using road ambulance and aircraft;
- coordination of training of volunteer Ambulance services in small isolated communities;
- coordination of counter disaster planning for the NSW Health System;
- routine transports of patients to hospitals for scheduled treatment (Doctor must certify ambulance transport is needed), and
- rescue in identified rural locations.

The NSW Department of Ageing, Disability and Home Care have recently produced Guidelines for Disability Action Planning. The reason behind these Guidelines was a recent review they conducted to examine the efficiency and effectiveness of disability action planning policy and reporting requirements. The review found that developing clearer and more flexible guidelines would assist agencies in their planning and also increase overall levels of compliance with implementation and reporting.

Legislative Framework

NSW *Disability Services Act 1993(DSA)*

Commonwealth *Disability Discrimination Act 1992(DDA)*

NSW *Anti-Discrimination Act 1997(ADA)*

Section 9 of the DSA, requires 'public authorities' to prepare and implement Disability Action Plans. The DSA is designed to promote the provision of services that will enable people with disabilities to maximise their potential, further their integration in the community and achieve positive outcomes, including increase independence and employment opportunities. In implementing this commitment, Ambulance will work towards making our responsibilities to better understand and recognise the needs of people with disabilities when delivering our services.

What is a disability?

The DSA defines disability as any condition:

- a) that is attributable to an intellectual, psychiatric, sensory, physical or like impairment or to a combination of such impairments; and
- b) that is permanent or is likely to be permanent; and
- c) that results in:
 - a. a significantly reduced capacity in one or more major life activities, such as communication, learning, mobility, decision-making or self care; and
 - b. the need for support, whether or not of an ongoing nature.

The guideline for disability action plans is underpinned by the DDA which makes it unlawful to discriminate against people because they have a disability.

The DDA provides protection for everyone in Australia against discrimination based on disability. It encourages everyone to be involved in implementing the Act and to share in the overall benefits to the community and the economy that flow from participation by the widest range of people.

Planning Framework

The Disability Action Plan will form part of Ambulance planning framework. Hence, the Plan will be linked to the Ambulance Corporate Plan in the key results areas of:

- efficient delivery of emergency care and retrieval services
- partnership with other health and emergency organisations and key stakeholders
- develop and participate in community safety and prevention programs
- develop, support and empower our staff
- continuously improve performance and value

The Disability Action Plan will also assist in the seven Strategic Directions of Ambulance:

1. make prevention everybody's business;
2. create better experiences for people using health services
3. strengthen primary health and continuing care in the community
4. build regional and other partnerships for health
5. make smart choices about cost and benefits of health services
6. build a sustainable health workforce
7. be ready for new risks and opportunities

Each business unit within Ambulance will be required to integrate the appropriate aspects of the DAP into their planning process. The DAP is a 'living' document and will provide a basis for the development of other plans at various levels within the organisation including the Corporate Plan.

Outcomes through the Disability Action Plan

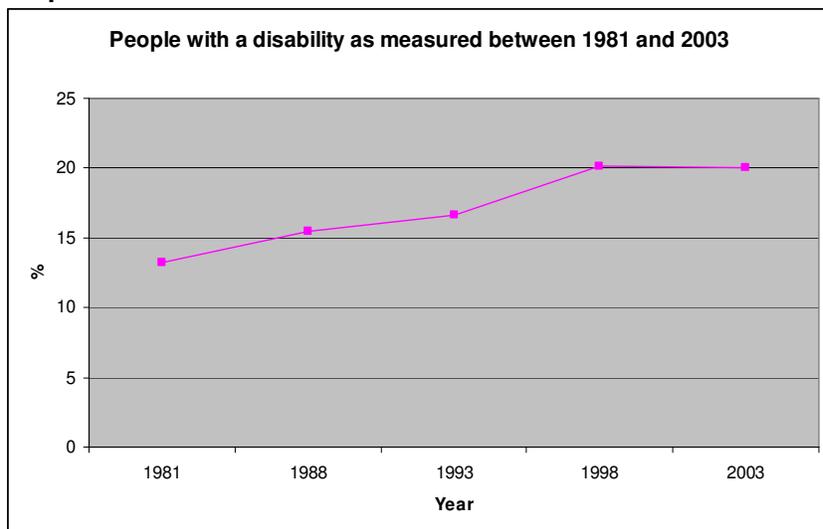
The following outcomes are sought through the DAP:

- **continuously improve** our capacity to identify and remove barriers to services for people with a disability;
- **provide information and services** in a range of formats that are accessible to people with a disability;
- **improve physical access** to buildings and facilities;
- **assist people with a disability to participate** in public consultations and to apply for and participate in advisory boards and committees; and
- **increase employment participation** of people with disabilities.

Characteristics of current & potential customers & staff with a disability

The national figure for people with a reported disability is 20%. That equates to approximately 1 in 5 persons in Australia having a reported disability, which has remained stable since 1998. Graph 1 measures the growth in people reporting a disability over a 22 year period. The NSW figure is slightly lower at 17% of the population¹.

Graph 1



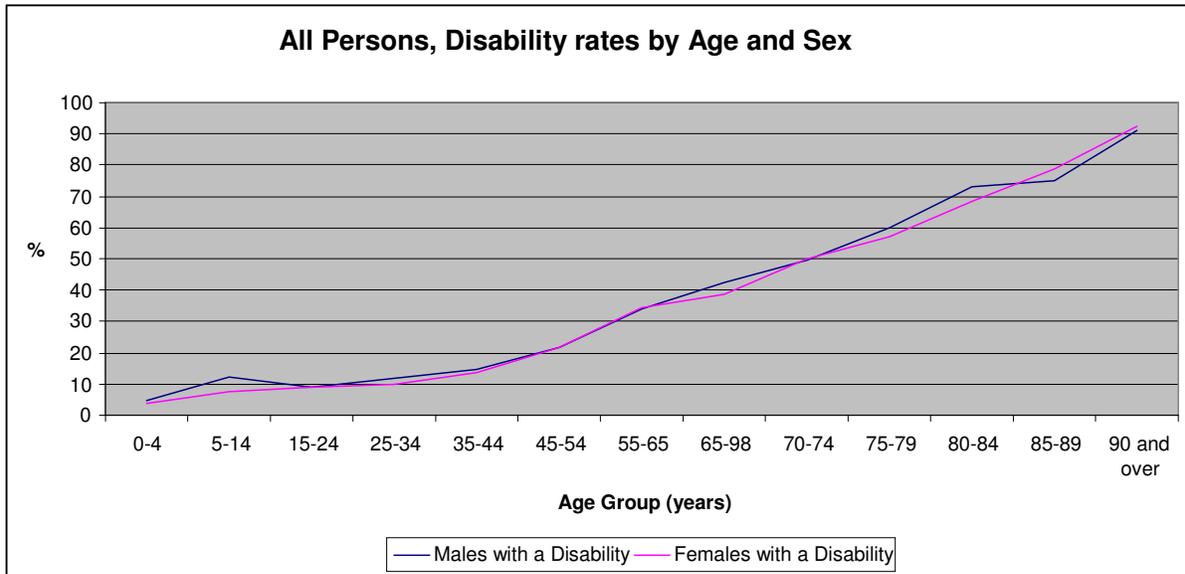
Source: ABS Disability, Age and Carers: summary of Findings, 2003 - Ref No 4430.0

¹ Source: ABS Disability, Age and Carers: summary of Findings, 2003 - Ref No 4430.0 Page19

Graph 2 illustrates that the percentage of the population that is affected by a disability increases exponentially with age. This has a major impact on Ambulance services as over half of the patients transported by Ambulance are over 60 years of age (see Graph 3). This puts an increasing demand on our services to respond to people with a disability and will increase as the population ages.

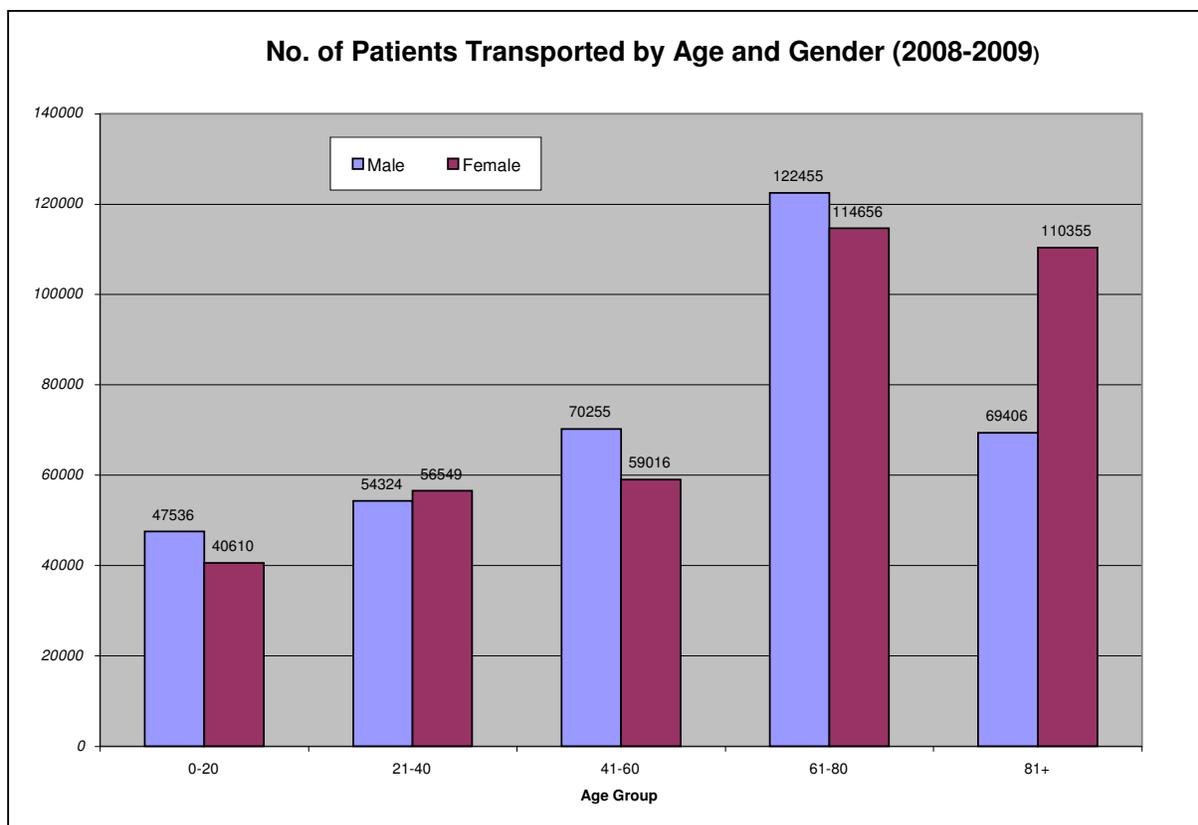
Our service delivery model is required to keep up with these changes within the population and in recent years Ambulance has developed several new delivery models to address this increase. Extended Care Paramedic (ECP) program and the Health Access Coordination (HAC) are two examples.

Graph 2



Source: ABS Disability, Age and Carers: summary of Findings, 2003 - Ref No 4430.0

Graph 3



Source: Patient Health Care Records

Our staff

Staff who report their disability status either at the time of application for employment or for promotion improve the integrity of data for workforce profiling. Currently the data indicates that 2.1% of our workforce has a disability and 0.4% has a disability requiring an adjustment.

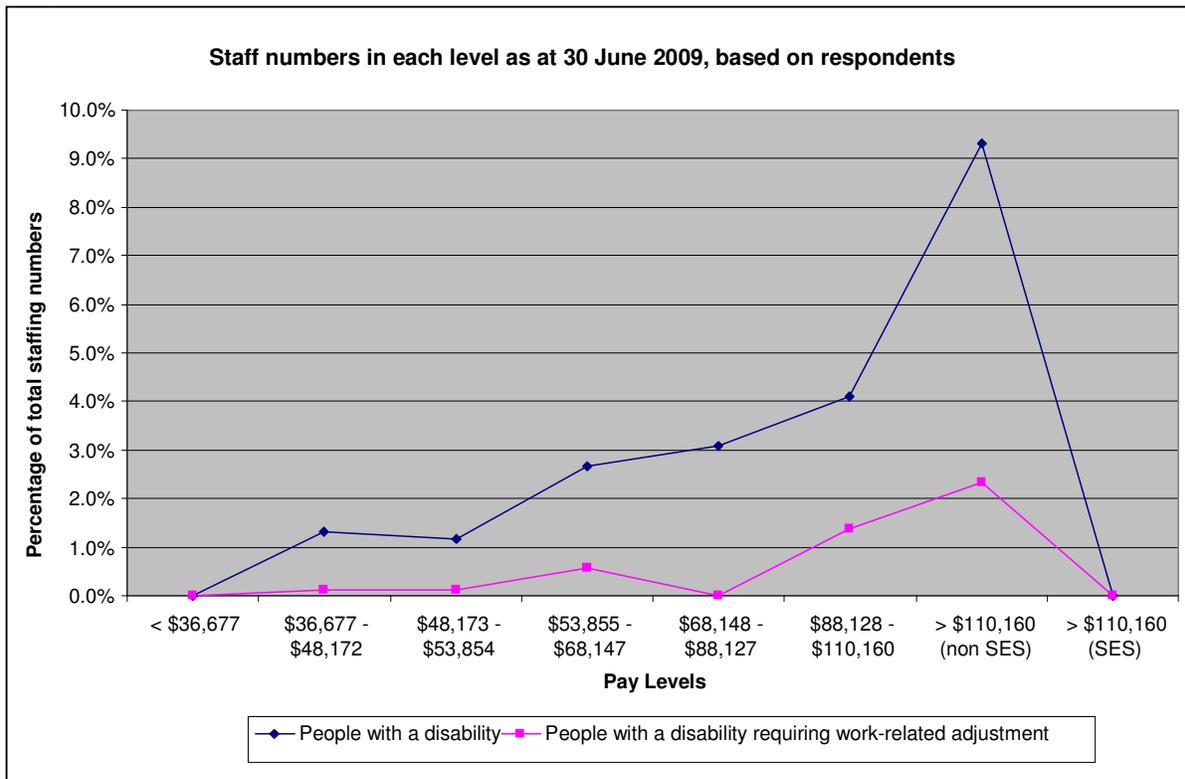
Having a disability can mean conditions that a staff member considers as a disability such as diabetes, arthritis, colour blindness, blood pressure, dyslexia or any malfunction of the body or mind.

A disability requiring an adjustment means any disorder which requires an adjustment in the workplace such as a special keyboard, flexible work practice or special equipment to enable that staff member to carry out duties in their appointed position.

In the NSW Public Sector the benchmark for employment for people with a disability is 12% and for people with a disability requiring a workplace adjustment it is 4% of the workforce.

Over 75% of our workforce are on-road Paramedics performing front line clinical service provision duties in a range of environmental conditions. The NSW public demands a high level of medical fitness from paramedics in order to ensure both public, patient and officer safety associated with treatment, accessing and transporting injured or sick patients.

Graph 4



The salary levels in Graph 4 above represent those levels set through the Workforce Profile from the Department of Premier and Cabinet. The graph indicates that staff at higher salary levels within Ambulance have higher levels of disability.

Consultation process

Internal Consultation

The internal consultation process for Ambulance included the functional areas of clinical, public affairs, education, assets and infrastructure and workforce to gain an understanding of their business interface and services. The consultation process also involved discussions with operational staff including on-road paramedics, personnel in operations centres and other corporate staff.

Consultation was held with selected staff from the following areas of Ambulance who were nominated to provide information and these included:

- Workforce;
- Clinical Education;
- Counter Disaster;
- Mental Health;
- Public Affairs;
- Infrastructure & Asset Services;
- Professional Standards & Conduct;
- Service Planning;
- Sydney Division;
- Northern Division;
- Western Division; and
- Southern Division;

A consultation workshop was conducted to review each of the five outcomes using the following process:

- identify barriers and gaps to accessibility;
- define the desired goal; and
- develop strategies to address the barriers and gaps.

The following is a list of attendees at the consultation workshops by position:

- Manager Clinical Education;
- Patient Transport Officer – Sydney Division;
- Project Manager, Operational Reform, Sydney Division;
- Equity & Development Adviser;
- Senior Project & Planning Officer, Corporate Services;
- Project Manager – Southern Division;
- Manager Assets & Infrastructure Services; and
- Occupational Health & Safety Coordinator.

External Consultation

A range of groups representing people with a disability were also consulted in the creation of the DAP and Ambulance is grateful for their time and valuable input.

Disability Bodies contacted:

- Spinal Cord Injury Australia (SCIA);
- Vision Australia;
- Multicultural Disability Advocacy Association;
- Disability Council; and
- NSW Council for Intellectual Disability.

Major outcomes achieved from previous Disability Action Plan

Ambulance has had a number of strategies in place and consistently supported the legislative framework that underpins its actions.

The following strategies and actions were developed and implemented:

- introduction of new service delivery models such as Clinical Assessment and Referral (CARE), Extended Care Paramedic (ECP) and Health Access Centre (HAC). These models assist in removing barriers to health care services by allowing some patients to stay safely at home and not have to attend hospital;
- details of the new models are as follows;
 - The Clinical Assessment and Referral (CARE) program provides non-transport alternatives (including self care with advice and referral) to patients identified as low risk and for whom transport to an Emergency Department is not necessarily the best care option;
 - The Extended Care Paramedic program aims to increase the choices available to such people and other low risk patients. ECPs are Intensive Care Paramedics who receive additional training in patient assessment and clinical decision making to enable them to identify low risk patients and offer them alternatives to Emergency Department care; and
 - The Health Access Coordination (HAC) Unit commenced operation in October 2003 as a 24 hour operation to assist in managing non-urgent, non-serious patients that may be treated by another part of the health system within the Sydney metropolitan area;
- improved physical accessibility to Ambulance stations - all stations that have been constructed since 2000 are compliant with the Building Code of Australia standards for access for people with a disability. There is the inclusion of disabled toilets in some rural ambulance stations for use by patients on hospital transfers;
- introduction of carry chairs to all operational ambulances to facilitate the transport of people with a disability;
- provided skills training for operational staff involved in treating and transporting people with disabilities, training in accommodating people with special needs and published related articles in internal clinical publication;
- creation of a policy on the transportation of guide dogs, developed in conjunction with Guide Dogs Australia and Vision Australia;
- introduction of three additional bariatric vehicles, which are designed to accommodate and transport bariatric patients. Ambulance now have five bariatric vehicles available to meet the needs of the community;
- inclusion of treatment processes for Autonomic Dysreflexia into education training modules;
- compilation of a library of images that promote a positive image of people with a disability, and using them in Ambulance publications and published brochures in plain English and large print;
- inclusion of disability awareness in the Recruitment and Selection training course;
- improved disability awareness training as an integral part of Ambulance education; and
- successfully participated in the Apprenticeships for People with Disabilities Program providing employment and skills development in our Workshops.

Monitoring and Review

The Director, Workforce Unit will have the responsibility for the periodic review of the Disability Action Plan. Members of the consultation group may also be invited to participate in that review process. In addition, the review of specific strategies may also require consumer participation.

Within the structure of the DAP an officer will be nominated to be responsible for measuring progress and reporting outcomes and/or achievements for each action item relevant to their area. A Progress Report on the implementation of the strategies in the DAP will be written every 12 months and collated by the Ambulance Equity & Development Adviser. The Progress Report will include an evaluation on the progress of the strategies and identification of tangible outcomes for people with disabilities.

Ambulance will strengthen its links with external agencies as part of its ongoing review process. It is the intention to create a Disability Action Plan group headed by the Director, Workforce. The role of the group will be to monitor and review the functions and activities of the DAP. It is anticipated that a member of a peak body will participate in this committee. Ambulance will also seek feedback from disability groups on a regular basis

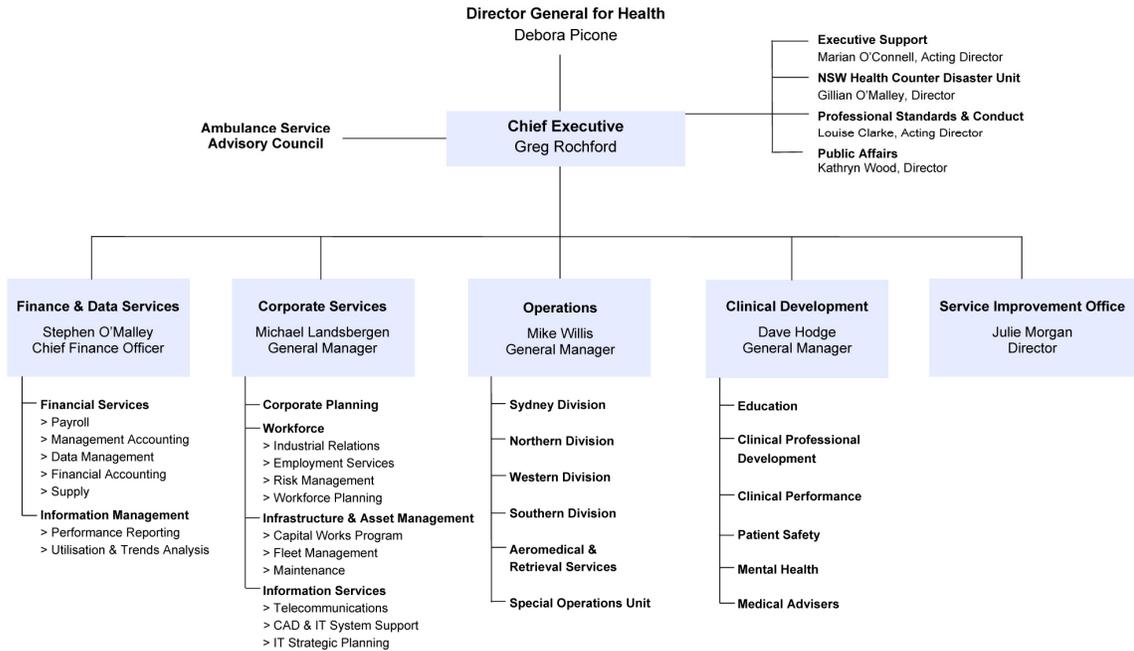
The DAP will be reviewed and updated annually to ensure continued relevancy and application, following consultation and review with appropriate internal areas and external bodies. This group will then report to the Ambulance Executive Management Board.

Governance Structure

Ambulance Organisational Structure November 2009

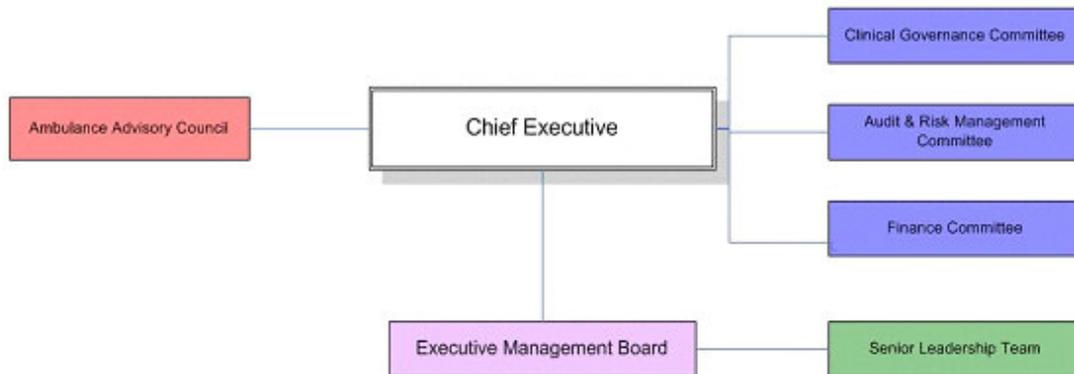


**Ambulance Service
of New South Wales**



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of New South Wales**

Management Governance Committees Ambulance Service of NSW



Disability Action Plan 2009 – 2014 > Excellence in Care

Outcome 1: Identifying and removing barriers to services for people with a disability

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|------------------|--|---------------------------------------|-------------------------------|--|
| Objective | To provide systems that identify and remove barriers, enabling people with a disability to access the services provided by the Ambulance Service of NSW | | | |
| Strategy | To ensure that all current training programs incorporate disability training. To promote the different communication methods that are available to contact the Ambulance Service. | | | |
| | Action | Responsibility | Timeframe | Performance measure |
| 1.1 | Paramedic clinical training will take a whole of patient approach during patient assessment to ensure any disabilities that may present are taken into consideration. | Manager, Education | Ongoing | Evidence of incorporation into materials, reviewing every 6 months. |
| 1.2 | Incorporate clinical and procedural material relating to the needs of people with disabilities into all clinical training streams. | Clinical Manager, Ambulance Education | Ongoing | Evidence of incorporation into materials, reviewing every 6 months. |
| 1.3 | Access to the text based emergency service 106 (TTY relay service) will continue to be available for emergency calls. | All Operations Centre Managers | Ongoing | TTY being available and review any complaints that are received. |
| 1.4 | Promote the use of the text based emergency service for hearing impaired members of the public. | Director Public Affairs | Ongoing | Annual Review of Internet. |
| 1.5 | Review design of carry chair in partnership with University of Technology Sydney and barriers removed identified. | Manager, Risk Management | Ongoing, trial in Summer 2010 | Trial completed in Summer 2010 Outcome reported to CE for implementation. |

| | Action | Responsibility | Timeframe | Performance measure |
|------|--|--|--------------------|---|
| 1.6 | Monitor and review processes for accepting complaints to ensure complaints can be received in a range of formats. | Director PSCU | Ongoing | Review methods for receiving complaints annually. |
| 1.7 | Consult with a suitable peak body or disability group regarding new clinical pathways relevant to people with disability, that are being considered for implementation eg Extended Care Paramedic (ECP). | Equity & Development Adviser Project Director Advanced Care | Ongoing | Peak body identified. Peak body informed. |
| 1.8 | Promote the existence of the Commonwealth Respite & Carelink Centre, that can arrange emergency help for carers if they need to be transported to hospital. | Assistant Divisional Manager, Central Coast | Ongoing | Staff briefings. |
| 1.9 | Ongoing review of content of mental health training to maintain currency with developments in mental health service delivery. | Manager Mental Health | Ongoing | Annual Review - Documented evidence of additions/modifications to mental health training program. |
| 1.10 | Ongoing liaison with relevant stakeholders to promote a collaborative interagency response to people who have a mental illness or mental health disorder. | Manager Mental Health | Ongoing | Annual Review - Ambulance mental health project representation at 12 Mental Health Inter Departmental Committee meetings each year. |
| 1.11 | Identify and map locations of agreed vulnerable individuals across the State to facilitate improved allocation of resources during emergency incidents. | Director Counter Disaster | Phase 1: July 2010 | Emergency planners will have location-specific information about vulnerable individuals. |
| 1.12 | Identify Ambulance evacuation needs of vulnerable communities. | Director Counter Disaster | Phase 1: July 2010 | Evacuation needs identified and planning provisions made. |

Outcome 2: Providing information in a range of formats that are accessible to people with a disability

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|------------------|---|---|--|--|
| Objective | To ensure that information is available in a range of formats and is suitably publicised. | | | |
| Strategy | Ambulance will promote services both in hard and soft copy via channels that are accessible to people with a disability | | | |
| | Action | Responsibility | Timeframe | Performance measure |
| 2.1 | Promote the ability to resize content of the Ambulance website to assist visually impaired users. | Director, Public Affairs | Ongoing | Annual Review of website to ensure compliance. |
| 2.2 | Continue to identify good news stories and promote positive media approaches in all media areas. | Director, Public Affairs | Ongoing | Number of good news stories presented and media used. |
| 2.3 | Investigate partnering with disability groups to identify communication needs of the different disability groups. | Equity & Development Adviser, Director Public Affairs | Each relevant project during the development phase | Disability groups contacted Communication needs identified. |
| 2.4 | Regular review of website to ensure accuracy and best practice. | Director, Public Affairs | Each | Annual Review of website to ensure compliance. |
| 2.5 | Review communications procedures to staff and assess whether barriers are present. | Director, Public Affairs | Ongoing | Annual Review of procedures or when SOP expires. |

Outcome 3: Making government buildings and facilities physically accessible to people with a disability

| Objective | To ensure the people with a disability are able to access Ambulance buildings and facilities | | | |
|------------------|--|---|--|--|
| Strategy | Ambulance to ensure that all future projects comply with best practice for access to buildings | | | |
| | Action | Responsibility | Timeframe | Performance measure |
| 3.1 | All new construction and Major Refurbishments will comply with the Australian Building Code Standards in relation to physical access for people with disabilities. | Manager Asset & Infrastructure Services | Ongoing | New buildings and major refurbishments comply with Standard. |
| 3.2 | Conduct an access and egress audit assessment of the State Headquarters Building. | Manager Asset & Infrastructure Services | By March 2010 | Access audit conducted. |
| 3.3 | Once audit has been completed identify funding to improve access for people with a disability to State Headquarters. | Manager Asset & Infrastructure Services | Within 3 months of completion of audit | Funding identified. |
| 3.4 | Incorporate disability infrastructure planning in the Total Asset Management Plan (TAM). | Manager Asset & Infrastructure Services | ongoing | Yearly Review of TAM. |
| 3.5 | Review and improve signage for access to Ambulance Service properties. | Manager Asset & Infrastructure Services | By June 2010 | Audit of Signage to ensure adequacy. |

Outcome 4: Assisting people with a disability to participate in public consultations and to apply for and participate in government advisory boards and committees

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|------------------|--|--|-------------------------------|--|
| Objective | People with a disability are assisted to effectively participate fully in ambulance public consultation and on committees | | | |
| Strategy | Community representation on advisory councils and committees appropriate to the project | | | |
| | Action | Responsibility | Timeframe | Performance measure |
| 4.1 | Ambulance will ensure public consultations are accessible to all members of the public. | All General Managers. | Ongoing | Appropriate access provided at public consultations. |
| 4.2 | All Corporate and Operational areas to include representative from appropriate disability group when community consultation is identified. | Everyone; Director, Public Affairs. | Ongoing | Communication for participation is issued. |
| 4.3 | Promote venue accessibility when advertising public consultations. | Person responsible for community consultation. | Ongoing | Include a communication statement on accessibility. |
| 4.4 | Creation of a review group to oversight the DAP and conduct regular reviews. | Director, Workforce, Equity & Development Adviser. | Now and ongoing each 6 months | DAP review group identified. Review conducted by DAP group. |
| 4.6 | Identify and invite a nominee from a peak disability group to participate in the DAP group. | Director, Workforce Equity & Development Adviser | February 2010 | Nominee identified. Participation finalised. |

Outcome 5: Employment of people with a disability within Ambulance is increased, supported and maintained

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|-------|---|---|--|--|
| 5.1 | Objective | Ensure that people with disabilities are supported by Ambulance and that key staff are confident and competent in assisting with disability issues | | |
| 5.2 | Strategy | To increase the awareness and expertise related to disability issues in employment, through improved communication, training, and recruitment practices | | |
| | Action | Responsibility | Timeframe | Performance measure |
| 5.2.1 | Develop and release a separate reasonable adjustment policy: <ul style="list-style-type: none"> • Research current strategies across health and sectors public and private; • Taking in to account the physical capability requirements of operational personnel and inherent mobility and agility requirements of officers in on road positions. | General Manager Corporate Services Manager, Employment Services, Equity & Development Adviser. | January 2010 | Reasonable adjustment policy developed. Strategies researched. |
| 5.2.2 | Develop a communication strategy to raise levels of awareness on reasonable adjustment principles including Workforce team as well as managers. Establish a register of reasonable adjustment actions taken to accommodate the target group. | General Manager Corporate Services. Manager, Employment Services. | Within 3 months following release of the policy on reasonable adjustment | Staff are fully informed about obligations. Register established. |
| 5.2.3 | Develop an intranet site around disability issues that reflects best practice and provides information and support organisation contacts. | Equity & Development Adviser. Manager, Employment Services. Director, Public Affairs. | 6 months after release of reasonable adjustment policy | Intranet page developed and posted to site. |

| | Action | Responsibility | Timeframe | Performance measure |
|--------|---|--|--|---|
| 5.2.4 | Incorporate material relating to disability issues into all recruitment and selection training sessions. | Manager, Learning & Development | 2009 | Material updated. |
| 5.2.5 | Incorporate material relating to disability awareness issues into all Ambulance Management Qualification training. | Manager, Learning & Development | 2009 | Material updated. |
| 5.2.6 | Material on disability issues to be incorporated into Performance Management Training. | Manager, Learning & Development | 2009 | Material updated. |
| 5.2.7 | Occupational health, safety and welfare procedures reflect consideration of staff with disabilities. | Risk Manager | Ongoing | Policy and procedures reviewed every 2 years. |
| 5.2.8 | Promote the use of work-related adjustments and the Workplace Modifications Scheme managed by Job Access through Dept of Employment and Workplace Relations and provide advice and assistance to unit managers. | Manager, Employment Services | Agenda item at one Employment Services meeting each year. At each request | Employment Service staff informed on Workplace Modifications Scheme. Applications made and recorded. |
| 5.2.9 | Review EEO survey methods to improve levels of voluntary reporting including identifying disability issues. | Equity & Development Adviser Manager, Data Services | December 2009 | Survey methods reviewed and actions taken. 80% of staff have provided data. |
| 5.2.10 | Review fitness assessment procedures for operational positions to ensure they are non-discriminatory. | Manager, Workforce Planning and Equity & Development Adviser | Each tender period | Included in tender. |

| | Action | Responsibility | Timeframe | Performance measure |
|--------|--|---|------------------------------|--|
| 5.2.11 | Ensure medical assessment conducted for each applicant to the positions of Patient Transport and Trainee Paramedic Officers is fair and reasonable and linked to the inherent requirements of the job. | Manager, Workforce Planning Manager, Risk Management | Ongoing | Included in tender. |
| 5.2.12 | Review evacuation procedures for people with disabilities annually and make special note of needs for staff members with a disability. | Manager, Assets & Infrastructure | Bi-annual Review | Training of fire wardens and evacuation procedures incorporate identified needs. |
| 5.2.13 | Review Supervisor Induction Checklist to ensure that evacuation plans associated with egress for people with a disability are included. | Equity & Development Adviser | December 2009 | Induction Checklist reviewed and updated. |
| 5.2.14 | Investigate broader opportunities for telecommuting or flexibility to communicate for those unable to attend the workplace because of a disability. | Equity & Development Adviser | December 2011 | Opportunities identified and actions for implementing them developed. |
| 5.2.15 | Release and implement guidelines promoting a fair and equitable workplace which will consolidate the current workplace equity documents and deal with effective management of workplace equity issues. | Equity & Development Adviser | 2 nd half of 2010 | Guidelines released and implemented. |

| | | | | |
|-------|--|--|------------------|---|
| 5.3 | Objective | Attract and select quality staff from under represented groups such as people with disabilities including those requiring adjustments in the workplace (aligned with State Plan priority F2) | | |
| 5.4 | Strategy | To increase the opportunities for selection success | | |
| | Action | Responsibility | Timeframe | Performance measure |
| 5.4.1 | Develop a Disability Employment Strategy for Administrative and other non-clinical staff. | Director, Workforce | July 2010 | Strategy developed. |
| 5.4.2 | Adopt the Charter for the Employment of People with a Disability. | Director, Workforce | | Charter adopted. |
| 5.4.3 | Conduct focus group activity to examine marketing and advertising that will encourage people with disabilities to apply for employment opportunities. | Manager, Employment Services | February 2010 | Focus group activity conducted. Marketing and advertising strategies developed and implemented. |
| 5.4.4 | Assess potential for creating a targeted position/s for people with disabilities. | Equity & Development Adviser | January 2011 | Consultation with stakeholders conducted and outcome identified. |
| 5.4.5 | Develop partnerships with employment agencies and organisations to assist with providing proactive case management. | Manager, Employment Services Manager, Risk Management | End 2010 | List of organisations developed. |
| 5.4.6 | Identify mainstream positions that are suitable for employing a person with a disability and work with suitable community providers who support the target group to find suitable applicant/s. | Manager, Employment Services Equity & Development Adviser | 2010 | Positions identified. Suitable employment agencies for people with disabilities identified and notified of positions as they arise. |