



**Ambulance Service
of New South Wales**

excellence in care

Report on Staff Support Services Ambulance Service of NSW

Workforce
April 2009

Review and Report on Staff Support Services Ambulance Service of New South Wales

	Page
Section One	
Introduction – 1.0	3
Definition of Staff Support Services – 1.1	4
Background – 1.2	4
Peer Support Officers – 1.3	4
Recent Program Enhancements – 1.4	4
Chaplaincy – 1.5	5
Recent Program Enhancements – 1.6	5
Employee Assistance Program – 1.7	6
Workers Compensation Claims – 1.8	7
Healthy Workplace Strategies – 1.9	7
NSW Response Agency Staff Support Alliance – 1.10	8
Section Two	
Comparison of Ambulance Service with Other Emergency Services – 2.0	9
Matters Specifically Concerning the EAP – 2.1	10
Section Three	
Opportunities to Improve – 3.0	11
Conclusion – 3.1	13
Section Four	
Recommendations – 4.0	13
Annexures	
Annexure A	Summary of our integrated staff support services
Annexure B	List of PSOs' names, contact details and locations
Annexure C	List of Chaplains' names, contact details and locations
Annexure D	EAP report
Annexure E	Summary of Relevant Workers Compensation Claims
Annexure F	RASSA membership list
Annexure G	Comparison of Peer Support Officers and Chaplains in other emergency services
Annexure H	Proposed Organisation Chart Healthy Workplace Strategies Unit, Workforce

Review and Report on Staff Support Services Ambulance Service of New South Wales

Section One

1.0 Introduction

The 2008 Review of the Ambulance Service of NSW (Ambulance) by the Department of Premier and Cabinet recommended that Ambulance evaluate its program of Staff Support Services by the end of 2008 and take action on the findings by mid-2009. This review was followed by the 2008 Parliamentary Review, which made similar findings regarding our Staff Support Programs.

This project was managed by the Acting Director Workforce and the report has been prepared in conjunction with the Acting Manager Employment Services, Aboriginal Employment Co-ordinator and Senior Chaplain, Workforce Unit.

Ambulance has three integrated staff support programs, the Employee Assistance Program (EAP), Peer Support Officers and Chaplaincy services. The delivery of these programs is currently coordinated by the Workforce Unit.

These programs provide for early intervention in the workplace and encourage staff to seek assistance and support to enable them to achieve timely and satisfactory solutions for their personal and/or work related issues. This contributes to an effective human resources and OHS framework that promotes workplace health, injury prevention and the welfare and well being of staff, and facilitates a productive and harmonious workplace.

Employee participation in any of the support programs is voluntary. Staff can self-refer, managers and operations centres can activate support or make referrals, and all interventions by a Peer Support Officer, Chaplain or the EAP are confidential.

The staff intranet includes information about these programs, and provides ready access to employees. In addition, all Trainee Paramedics and Patient Transport Officers receive program information during induction. Further, the programs are regularly promoted via our newsletter (Sirens) with contact details regularly circulated direct to all ambulance stations.

A new in-house Certificate IV Ambulance Management Qualification for Ambulance managers, which commenced in 2008/09, includes education on use of staff support services including how to identify traumatic workplace incidents and the activation of support services.

While there have been worthy achievements in recent years, there are ongoing resource constraints that have impacted on the effectiveness and functionality of these programs.

Recommendations to resolve these constraints are provided in this report. Within these recommendations there are issues that can be addressed immediately and others that can be actioned through a process of consultation with relevant employees.

1.1 Definition of Staff Support Services

For the purposes of this report Staff Support Services are defined as covering those services provided by our Chaplains, Peer Support Officers and through our Employee Assistance Provider (currently Davidson Trahaire Corpsych). In establishing this definition it is recognised that beyond these services Ambulance Service employees and managers also consistently and effectively play a vital role in providing support to our employees in a variety of circumstances. A schedule showing a summary of our integrated Staff Support Services is provided at Annexure A.

1.2 Background

1.3 Peer Support Officers

Peer Support Officers (PSOs) are employees who are trained to provide practical support and to defuse strong emotional reactions experienced by their work colleagues in response to a traumatic incident that has the potential to interfere with an employee's ability to function either at the scene or later. PSOs may refer an employee on to a local Chaplain or the Employee Assistance Program if required.

As part of the selection process, each Peer Support Officer must demonstrate certain attributes, knowledge and experience. This includes experience in dealing with on-road traumatic incidents; a high level of credibility with and the respect of colleagues; sensibility, maturity and trustworthiness; good verbal communication and interpersonal skills.

The Peer Support Program was established in 1990 and currently consists of over one hundred PSOs, statewide, who regularly volunteer their time outside of work hours. There are eleven PSOs at Assistant Divisional Manager or Station Manager/Team Leader level. Eleven more are located in local operations centres and seventy six in on-road or Ambulance Education Centre roles.

All PSOs must attend a 2-day training course before commencing in their role. This is followed up by refresher training at regular intervals. However, owing to a lack of resources regular refresher training has not been provided to the extent required. Normally, refresher training is recommended every two years.

Each PSO receives formal recognition and a thank you letter each year during NSW Health's Volunteer Appreciation Day.

A list of PSOs' names, contact details and locations, plus activation guidelines and a list of typical traumatic workplace incidents is provided at Annexure B. This list is posted on the intranet for ready access and, in addition, each Operations Centre has access to contact details via the internal phone listing (*Softphone Phonebook*).

1.4 Recent Program Enhancements

The Ambulance State Major Incident / Disaster Plan (AMPLAN) was revised in 2005 and now includes the activation of Peer Support plus a dedicated PSO Action Card for guidance while on-scene.

Forty nine new PSOs were appointed and trained in 2003, with a further forty six appointed in 2006, to address team attrition and to provide better coverage around the state. More PSOs are now available in Operation Centres, including at Communication Assistant level, to provide better access to staff support in these locations.

In June 2009, Workforce finalised the appointment of ten new PSOs in Western Division. In July 2009, additional candidates were interviewed for Northern Division and appointments are in the process of being finalised. This is expected to bring the number of current PSOs to more than one hundred and thirty.

1.5 Chaplaincy

Ambulance Chaplains are local ministers of religion who are usually responsible to a local parish on a full-time basis, with the first chaplain being appointed in 1992.

Currently there are twenty three Chaplains, who are available 24 hours a day to provide spiritual support and pastoral care to staff, patients and their families, and bystanders at any incident. All Chaplains, with the exception of the Senior Chaplain, are volunteers.

Chaplains provide non-denominational support, and the team currently consists of ministers from the Uniting Church, Presbyterian, Jewish, Baptist, Salvation Army, Anglican, Catholic and Assemblies of God faiths.

The selection of new Chaplains is governed by our Chaplaincy Services Policy and Procedures (SOPP No ER 6.22), issued in 2002, to ensure that appropriately qualified and experienced ministers are appointed.

The Senior Chaplain provides education on workplace stress and traumatic incident awareness to all Trainee Paramedics and Patient Transport Officers during induction. Topics include:

- Definition of a traumatic event;
- Feelings, emotions, and physical symptoms that may be experienced after a traumatic event;
- First aid for surviving a traumatic event; and
- Bereavement awareness and suicide awareness.

A list of Chaplains' names, contact details and locations, plus activation guidelines and a list of typical traumatic workplace incidents is provided at Annexure C. This list is posted on the intranet for ready access and, in addition, each Operations Centre has access to contact details via the internal phone listing (*Softphone Phonebook*).

1.6 Recent Program Enhancements

The Chaplaincy Team has expanded from eleven members in 2005 to twenty three members in 2008.

All Chaplains are trained in the knowledge of AMPLAN and DISPLAN. The Ambulance State Major Incident / Disaster Plan was revised in 2005 and now includes the activation of Chaplaincy services plus a dedicated Chaplains' Action Card for guidance while on-scene.

With changes in the provision of uniforms available to Chaplains it is anticipated that they will be better equipped to fulfil their operational role in the event of an incident or disaster.

Chaplains have participated in recent major incident exercises, eg Exercise Explorer (2004), Exercise Graphite (2008) and Exercise Sudden Impact (2008).

The inaugural Ambulance Chaplains Conference was held in 2004, followed by subsequent conferences in 2006 and 2008. These events provide learning and development opportunities for the Chaplains, plus facilitate team building. Guest Chaplains have attended from NSW agencies, the Fire Brigades, Rural Fire Service, State Emergency Service and Police, to further enhance inter-agency relationships.

During 2008, new Chaplains were appointed in Lismore, Moree and Sydney West. This has helped to ensure better access to Chaplaincy services in these areas.

In January 2009, a Senior Chaplain was appointed on a permanent part-time basis. This brings Ambulance into line with other NSW emergency services, which all have Senior Chaplains on a permanent salaried basis.

To help promote the program, a Chaplaincy services brochure is planned for release in 2009 with information about Chaplaincy services which can be handed out to staff, patients and the public. This will be complemented by other proposed brochures, on Peer Support, the Employee Assistance Program and workplace trauma incidents.

Articles about our Chaplains appear in our newsletter (Sirens) on a regular basis, and each Chaplain receives formal recognition and a thank you letter each year during NSW Health's Volunteer Appreciation Day.

1.7 Employee Assistance Program

Our current Employee Assistance Program (EAP) provider (Davidson Trahaire Corpsych) is a national corporate psychology and human resources consulting firm.

The current EAP provider was chosen following a competitive tender process. Services provided include professional, short-term, confidential and free counselling by phone or face-to-face for all staff (including volunteers and temporary employees) and their immediate families. These counselling services can be used to assist with work-related or personal/family issues or following traumatic workplace incidents.

In addition, EAP psychologists are available for individual and on-site employee group support following a traumatic workplace incident. These services have replaced critical incident stress debriefing in line with current expert clinical opinion and provide professional intervention as well as education and referral advice for employees who may be affected. This complements the psychological first aid available from our PSOs and the pastoral and spiritual support from the Chaplaincy Team.

Our current 2-year contract with the EAP provider commenced in February 2008, and includes an option to renew for a further two years. This is the first time our EAP contact has been held by the company. In previous years we have used other EAP providers.

The total cost for EAP services during the year was \$119,595. Over the last 12 months, EAP services were utilised as follows:

- two hundred and ninety eight employees used the counselling services;
- twelve managers used the *ManagerAssist* help-line;
- nine on-site employee group support sessions were used following traumatic workplace incidents;
- four conflict resolution or mediation sessions were used;
- all PSOs received ongoing clinical support from an EAP psychologist; and
- the provider assisted with selection of new PSOs for Western Division.

The annualised utilisation rate is 7.7%. Compared to other clients of the EAP provider, including state government agencies, this is a high utilisation rate and reflects a strong awareness of the program by employees. In addition, a high EAP usage rate can be expected for an ambulance or emergency service as there is generally a relatively greater need for support services than in other government agencies.

A copy of the most recent 6 monthly EAP report is provided at Annexure D.

1.8 Workers Compensation Claims

Workers Compensation claims relating to a range of categories that may have been occasioned by traumatic incidents or by other workplace issues that may have required Staff Support Services have been reduced significantly during the 2007/08 year from a peak in 2004/05. Claims of this kind continued at high levels in 2005/06 and 2006/07 and were reduced by half during the 2007/08 year.

In 2006/07, there were 39 psychological claims including 35 from Paramedics. In 2007/08 there were 17 psychological claims for all employees and 16 psychological claims for Paramedics. Costs for psychological claims for Paramedics reduced from \$1,453,164 in 2006/07 to \$345,041 in 2007/08.

A Summary of Relevant Workers Compensation claims is provided at Annexure E.

1.9 Healthy Workplace Strategies

Ambulance has already embarked on a number of healthy workplace strategies to further improve both the formal and informal environment for supporting staff in the workplace.

In September 2008, Ambulance appointed a Manager, Healthy Workplace Strategies. This is a new position for Ambulance and is located in the Workforce Unit.

The Manager, Healthy Workplace Strategies (HWS) is responsible to the Director Workforce for coordinating services to manage and monitor the swift resolution of staff grievance and complaints and workplace conflict through restorative and mediation policies, procedures and programs and to report on compliance with agreed key performance indicators for Ambulance. The Manager HWS does not deal with serious reactions by staff to stressful events or complaints of serious misconduct. These are referred directly for the relevant clinical or investigative action.

Three connected strategies are the provision of Respectful Workplace Training to all staff, a Raising Workplace Concerns Standard Operating Procedure and the Ambulance

Management Qualification. This training complements the existing training provided to all staff on the Code of Conduct and Workplace Behaviour. The purpose of the training is to create and maintain a respectful workplace by supporting a healthy approach to resolving issues arising in workplaces. These initiatives will be further complemented by a new training DVD on grievance management, an enhanced staff induction program, the appointment of Grievance Contact Officers, a new workplace charter promoting our 'values', access to trained mediators if issues cannot be readily resolved at a local level, and the inclusion of staff relationships as a standing item on staff and/or management meetings to ensure that staff issues are being dealt with appropriately.

Respectful Workplace Training is supported by the new policy on Raising Workplace Concerns (2009-2011) which sets out the steps on how to raise concerns and what action staff and managers will take. The level of action will generally depend on the seriousness and nature of the concern being raised. The policy assists to distinguish between complaints, clinical and conduct issues, including bullying and harassment so the appropriate corrective action can be taken.

The Grievance Contact Officers (GCOs) will be available in the workplace once their training is completed. Like PSOs, GCOs will be staff members who are trained to assist staff to resolve grievances and workplace issues by providing advice on the options available, support during the process and referral to the EAP. As this function is not traditionally performed by the PSOs or the Chaplains and many employees are reluctant to access the EAP, it is considered that the introduction of GCOs will address the gap in existing support services.

Managers have a vital role in resolving grievances, providing support to employees and encouraging access to various Staff Support Services in appropriate circumstances. These concepts are included in the new Ambulance Management Qualification and local individual performance agreements. In addition, new Peer Support Officers are already being briefed about the differences between their role and the function of GCOs.

In addition to guiding the implementation of these strategies, the Healthy Workplace Strategies Section will consolidate and coordinate the administration of the full range of Staff Support Services. It is anticipated that this will allow more effective, efficient management arrangements as a combined resource rather than dealing with their respective matters separately and potentially without the knowledge of related issues.

1.10 NSW Response Agency Staff Support Alliance

Ambulance participates in this NSW emergency services committee, established in 2007, for ensuring interagency coordination and sharing of staff support resources during major incidents or disasters.

Coordinators for Staff Support Services and Senior Chaplains from each agency meet every six months. Information is also shared on best practice and current research or studies on staff support.

The RASSA membership list is provided at Annexure F.

It is intended that the Senior Chaplain and the proposed full-time position of Peer Support Team Coordinator continues Ambulance representation at these meetings.

Section Two

2.0 Comparison of Ambulance Service with Other Emergency Services

All NSW emergency services, ie Fire Brigades, Rural Fire Service, Police and State Emergency Service, operate an Employee Assistance Program, Peer Support Team and Chaplaincy services.

There is variation in some program practices between the agencies, however, all these agencies have a full-time Peer Support Team Coordinator involved with managing their EAP Program and Peer Support Officers and one or more full-time, salaried Senior Chaplains. These appointments have enabled a significant degree of functionality and coordination across all of their Staff Support Services.

Each Peer Support Team Coordinator is dedicated to a number of important tasks including:

- development and management of policy and procedures to ensure staff support in the event of traumatic workplace incidents;
- management / monitoring of the EAP contract, to ensure quality service delivery;
- monitoring and identification of situations where EAP services, Peer Support Officers or a Chaplain may be required;
- activation and coordination of Peer Support, the EAP and/or Chaplaincy services when needed, including in the event of traumatic workplace incidents or where there may be accumulative trauma effects;
- Peer Support team management, including regular team meetings, continuous education and performance management;
- selection and facilitating the training of new PSOs;
- facilitating regular PSO refresher training;
- liaison with the Senior Chaplain and the Chaplaincy Team;
- promotion and maintaining the profile of the support programs, within the agency and externally;
- providing an interface with other key parties, including operational managers, Operations Centres, front-line staff and the Risk Management Section; and
- maintaining working relationships with staff support coordinators in other local emergency services and around Australia.

While many of these activities are currently provided through the position of Aboriginal Employment Co-ordinator in our Workforce Unit as an informal adjunct to that position's responsibilities, there are aspects where Staff Support Services in Ambulance could be improved.

Aspects that can be improved are:

- more formal Ambulance Service networking for Chaplains/Peer Support Officers eg annual conference and or Divisional team conferences;
- more regular and structured refresher training for Peer Support Officers after initial training;
- the ratio of Peer Support Officers to employees is lower than in other emergency services, with comparisons to other services provided at Annexure G;
- location of Chaplains. Although the ratio of Chaplains to employees is more favourable than in other NSW emergency services, lower raw numbers and statewide coverage means that there are still areas in the state without access to local Chaplaincy services and Chaplains have to travel long distances to fulfil their

duties. A comparison of Chaplains numbers to other services is provided at Annexure G;

- a resource dedicated for the management and co-ordination of a State-wide Peer Support program;
- better resources to support Peer Support Officers in undertaking their role (eg mobile phones and in some cases access to vehicles);
- a Standard Operating Procedure within the Ambulance Service that explains all aspects of Staff Support Services (ie Chaplains and Peer Support Officer and Grievance Contact Officer roles and service provided by EAP, management commitment and a formal activation process for support services following traumatic workplace incidents etc); and
- promotion of Chaplaincy services, Peer Support Officers and EAP through distribution of brochures and information on the intranet.

2.1 Matters Specifically Concerning the EAP

Ambulance uses a provider used by some other agencies. Similar services are available to all agencies, however, there appears to be a preference by Ambulance employees to use Peer Support Officers and Chaplains instead of the EAP following traumatic workplace incidents.

The Peer Support Team Co-ordinators in other agencies have direct contact and involvement with the management and activation of the services provided by the EAP. This enhances utilisation of EAP services and improves the perceived level of trust of the main users of the service (employees) and possibly also improves understanding of the limitations of the service.

Section Three

3.0 Opportunities to Improve

There are issues and improvements that can be addressed immediately and others that can be actioned through a process of consultation with relevant employees and managers.

Ambulance should consider running every two years a Staff Support Conference (1-2 days) for Peer Support Officers, Grievance Contact Officers and Chaplains to attend to provide opportunity for networking and additional training and information concerning their roles. A conference of this kind would be supported by senior management and involve presentations by the EAP provider and other relevant agencies. Also arrangements should be made for an annual Chaplains' conference, instead of every two years as is currently held, to promote formal networking and training opportunities in line with 'best practice' among other NSW emergency services.

The further expansion of PSO numbers and the establishment of a Peer Support Team Co-ordinator role should be considered to ensure successful delivery of effective Staff Support Services and that other Workforce functions are not compromised. The primary support for the Peer Support Officers is currently provided through the position of Aboriginal Employment Co-ordinator in our Workforce Unit as an informal adjunct to that position's responsibilities. There are currently over one hundred Peer Support Officers that would be able to improve service delivery work with formal co-ordination of their roles by a dedicated Peer Support Team Co-ordinator. The position could be filled on a rotating basis of 12 month appointments through the secondment of existing Peer Support (Uniformed) Officers to assist in managing and co-ordinating a State-wide program. Funding for this role would need to be determined. The position would be located in the Workforce Unit and would work alongside the recently appointed Senior Chaplain (part-time) role and the existing Aboriginal Employment Co-ordinator role in Workforce to be retitled Aboriginal Employment and Staff Support Co-ordinator.

In relation to structure the three positions of Peer Support Team Co-ordinator, Senior Chaplain and Aboriginal Employment and Staff Support Co-ordinator could be located under the Manager, Healthy Workplace Strategies in our Workforce Unit to consolidate current initiatives and improve relevance of functions and roles to organisation strategies.

Additionally the positions of Peer Support Team Co-ordinator and Senior Chaplain should be linked to Special Operations and be available to co-ordinate delivery of Staff Support Services in response to major incidents under the direction of the Director Special Operations as necessary. This would ensure consistency with existing AMPLAN arrangements, which includes the activation of Chaplaincy and Peer Support Services.

Please see Annexure I on Proposed Organisation Chart Healthy Workplace Strategies Unit, Workforce.

Consultation with all employees should also occur for them to provide their own suggestions and feedback on how to improve Staff Support Services. A suggested approach would be for the Peer Support Team Co-ordinator and Senior Chaplain to develop and implement a program of consultation through Divisional meetings and through the use of an on-line 'Bulletin Board'. Other networking arrangements, including

establishing regular meetings and additional specialist training at a Divisional level should be the subject of consultation with Peer Support Officers, Chaplains and operational management.

The desired level of Peer Support Officers and Chaplains should be reviewed in consultation with Ambulance Peer Support Officers, Chaplains and operational management. Emergency services ratios are seen to be a useful guide, however, Ambulance will have different needs. Recruitment of Peer Support Officers should continue to include Operations Centres staff. Expansion of the Chaplaincy service from twenty three to thirty members, to help provide better coverage in some areas of metropolitan Sydney and regional NSW is viewed as appropriate. The increase in the Chaplaincy service is considered appropriate to meet requests from operational managers in Western, Northern and Sydney Divisions.

Provision of specialist in-house training by relevant training specialists and Staff Support Services roles will be of benefit to improve understanding of processes ie the Peer Support Team Co-ordinator, Senior Chaplain and the EAP provider can deliver training for employees and managers in high risk areas including Operations Centres as needed. Refresher training for over one hundred existing Peer Support Officers needs to be undertaken and refresher training for all Peer Support Officers needs to be undertaken every two years.

Improved communication of Staff Support Services through active promotion of the EAP on a regular basis is fundamental to ensuring employees can access and use the service. This would include replenishment of EAP brochures and phone cards in workplaces. Also, use of the intranet to provide more detailed information on Peer Support Officers and Chaplains and the EAP, and a wide range of details on external support organisations eg. Beyond Blue, Alcoholics Anonymous, Relationships Australia and Cancer Council is considered an enhancement. The issue of relevant and regular Administration Bulletins is also appropriate.

Arrangements should be made for Peer Support Officers to be issued with an Ambulance mobile phone or be reimbursed for the cost of using their own phone for Peer Support Officer work to ensure their accessibility. Expense claims should be processed by the Peer Support Team Co-ordinator to ensure employee confidentiality is maintained. Similar considerations may need to be made for Chaplain's expenses. Provision of mobile phones (or reimbursement of related private phone costs) will ensure that Peer Support Officers are better equipped to receive and manage referrals for support and to ensure that any issues are promptly resolved and Peer Support Officers do not have to pay out of pocket expenses when dealing with work related matters.

A procedure should be developed to ensure Peer Support Officers are able to access spare local ambulance vehicles or make other arrangements for transport to respond to referrals for support, especially where long distance travel is involved. There is no formal procedure currently in place, which now results in difficulties for some Peer Support Officers to acquire a vehicle in order to adequately respond to formal activation requests.

Peer Support Officers identification (currently a small metal badge) should be reviewed with a view to providing identification that can be worn safely in appropriate circumstances. Current uniform standards do not allow any type of pin-on badge to be worn with the operational uniform.

3.1 Conclusion

In terms of the Staff Support Services the Ambulance Service has provided available resources for a relatively comprehensive program. Despite a sometimes perceived unstructured approach it is considered the support from management to help ensure staff support was being effectively provided has been consistently available.

Based on current levels of resources provided, the Staff Support Services are being delivered to a high standard. However, through comparison with practices in other emergency services, a number of opportunities have been identified to further improve Staff Support Services through improved training, co-ordination, communication and networking.

As a consequence of a growing demand on Staff Support Services it is timely to review the resources and arrangements on how these services are delivered. It will be important that Staff Support Services within Ambulance continue to be further integrated within operational or other activities rather than viewed as a separate activity.

The delivery of these Staff Support Services should be seamless and be regarded as a normal resource available for both employees and management to deal with day to day matters or traumatic workplace incidents.

Section Four

4.0 Recommendations

It is recommended that immediate consideration and approval be given to the following:

- 4.1 Establish a Peer Support Team Co-ordinator role which would be filled on a rotating basis of 12 month appointments (including handover period between incumbents) and filled through the secondment of existing Peer Support (Uniformed) Officers;
- 4.2 Relocate three positions of the proposed position of Peer Support Team Co-ordinator, Senior Chaplain and Aboriginal Employment and Staff Support Co-ordinator within Workforce to report to the Manager, Healthy Workplace Strategies; and
- 4.3 Identify a source of funding and establish an expenditure budget under Healthy Workplace Strategies to support all the recommendations, with a separate cost centre to facilitate expenditure management so that funding dedicated to staff support service programs is utilised to support the programs as intended.

It is recommended that the following items are subsequently implemented by the Healthy Workplace Strategies Section, Workforce Unit:

- 4.4 Conduct an annual conference for Ambulance Chaplains. Timeframe within 6 months and ongoing;
- 4.5 Establish a formal link between the positions of Peer Support Team Co-ordinator (proposed position), Senior Chaplain to work under the direction of the Director Special Operations as necessary;
- 4.6 Conduct a two-yearly Staff Support Conference (1-2 days) for Ambulance Peer Support Officers, Grievance Contact Officers and Chaplains to attend together, to provide opportunity for networking and additional training and information concerning their roles. Timeframe immediate and ongoing;
- 4.7 Develop a Standard Operating Procedure that will detail Ambulance's arrangements in relation to Staff Support Services (ie Chaplains and Peer Support Officer and Grievance Contact Officer roles and services provided by the EAP, management commitment and a formal activation process for staff support in the event of traumatic workplace incidents etc). Timeframe within 6 months;
- 4.8 Obtain staff feedback on suggestions for delivery of Staff Support Services. Timeframe within 3 months;
- 4.9 Encourage other networking arrangements, including establishing regular team meetings and additional specialist training at a Divisional level in consultation with local Peer Support Officers, Chaplains and operational management. Timeframe within 6 months;

- 4.10 Determine a desired level of Peer Support Officers, Grievance Contact Officers and Chaplains, by benchmarking against other emergency services with similar programs. (Additional recruitment of Peer Support Officers to continue to include Operations Centres). Timeframe within 6 months;
- 4.11 Review existing arrangements and refine the process to activate trauma support services / employee group support sessions as to be provided via our EAP in appropriate circumstances. Timeframe within 6 months;
- 4.12 Provide specialist in-house training, delivered by the Peer Support Team Co-ordinator (proposed position), Senior Chaplain and the EAP provider for employees and managers in operational areas, other management and employees generally, including Operations Centres as needed. Timeframe within 6 months;
- 4.13 Conduct refresher training for the existing Peer Support Officers and establish arrangements for regular refresher training for all Peer Support Officers. Timeframe immediate and ongoing;
- 4.14 Improve staff access to support services via use of the intranet by providing more detailed information on Peer Support Officers, Chaplains, the EAP and a wide range of contact details on external support organisations eg, Beyond Blue, Alcoholics Anonymous, Relationships Australia and Cancer Council etc. Timeframe within 3 months and ongoing;
- 4.15 Ensure all Peer Support Officers are issued with an Ambulance mobile phone or are reimbursed for the cost of using their own phone for Peer Support Officer work. Timeframe within 3 months and ongoing;
- 4.16 Review and refine current arrangements to ensure Peer Support Officers are able to access vehicles or make other arrangements for transport to respond to referrals for support, especially where long distance travel is involved. Timeframe within 3 months and ongoing; and
- 4.17 Review Peer Support Officers identification (currently a small metal badge) with a view to providing identification that can be worn safely in appropriate circumstances. Timeframe within 6 months.