UNITED FIREFIGHTERS' UNION OF AUSTRALIA - VICTORIAN BRANCH

SUBMSISION

Inquiry into Ambulance Victoria

7 March 2025

Introduction

1. The United Firefighters Union of Australia is a registered federal union of career firefighters and others employed by fire services in Australia. The Victorian Branch of the United Firefighters Union of Australia (**UFU**) represents professional career firefighters, emergency call centre employees and fire agency corporate, administration, hospitality, technical and mechanical employees across Fire Rescue Victoria (**FRV),** Country Fire Authority **(CFA**), Triple Zero Victoria (Fire calltakers and dispatchers), Defence (employed by Ventia, formerly known as Broadspectrum) and other agencies.

2. This submission primarily concerns Victorian career firefighters. Victorian career firefighters are **first responders**. 98% of Victorian career firefighters are UFU members.

3. This submission responds to Terms of Reference *vi. Any other related matters the committee considers relevant*.

4. We thank the Committee for the opportunity to make this submission and we respectfully request the opportunity to appear before the Committee for the purposes of further detailing this submission.

Background: History of Victorian career firefighters' co-response program with the Victorian ambulance service

EMR Trial from 1998

5. In July 1998, Emergency Medical Response (**EMR**) was introduced in the Metropolitan Fire and Emergency Services Board (**MFB**) as a trial for MFB firefighters. This was a co-response program with the Metropolitan Ambulance Service (**MAS**), as it was then known, whereby MFB firefighters were dispatched at the same time as ambulance personnel to life threatening events known as "Priority 0" events.[1] Priority 0 events are emergency incidents involving a patient that is **unconscious, not breathing or has no pulse.**

6. At the start of the pilot trial in 1998, two hundred and forty (240) MFB firefighters received the initial training as part of the EMR pilot program. The training was based on the first responder concept whereby personnel who are first on scene provide

[1] Karen Smith, Denis Rich, et al, "Acceptance of a medical first-responder role by fire fighters". *Department of Epidemiology and Preventive medicine, Monash University, Monash Medical School, Alfred Hospital & Emergency Medical Services, Metropolitan Fire and Emergency Services Board;* March 2001

initial response to an incident by providing basic life support, reversing sudden death or sustaining survival during the first few minutes of a medical emergency. [2]

7. The pilot program was initially aimed at a total of twenty-one (21) fire stations, comprising of seven (7) within the pilot trial area and fourteen (14) as support stations involved in an initial training programme equipped with Automated External Defibrillators and oxygen equipment[3].

8. In 2001, EMR was confirmed as an ongoing program and became a permanent role of MFB firefighters. [4]

9. A review of MFB EMR program was conducted in 2008 titled 'The Metropolitan Fire Brigade Emergency Responder Program[5]. This was a review of the first seven (7) years undertaken by Monash University and demonstrated the following:

    a. 54% of incidents attended were cardiac arrests, 11% were drug overdoses and 19% were other medical emergencies.
    b. MFB firefighters provided initial care in 57% of cases.
    c. MFB firefighters spent an average of 4.8 minutes with patients prior to handing over to paramedics[6]

10. One of the underpinning foundations of this co-response program, which contributed to its initial success and has ensured the program's continued success, is the strategic locations of each MFB (now FRV) fire station and a strict Key Performance Indicator from time of call to departure from station (90 seconds) and time from station to the emergency scene (9.2 minutes)[7]. Rapid response and early intervention save lives. FRV also provide EMR response into Country Fire Authority areas that border FRV areas to a 10-minute response.

11. MFB Firefighters consistently reaching their Key Performance Indicator for arrival to the emergency scene. This is depicted by **Table 1** as follows:

Year	%Response <9m 12s	Call Volume (Total)	Call Volume (FRV Districts)	Call Volume (CFA Districts)
FY 2022/23	93%	7548	6761	787
FY 2021/22	93.7%	7317	6494	705

[2] [2] Karen Smith, Denis Rich, et al, "Acceptance of a medical first-responder role by fire fighters". *Department of Epidemiology and Preventive medicine, Monash University, Monash Medical School,* Boyle, M Huggins et al, "The Metropolitan Fire Brigade Emergency Responder Program- a review of the first seven years", *Monash University Department of Paramedicine 2008*
[3] Ibid
[4] http://www.frv.vic.gov.au/specialist-response
[5] Boyle, M.J., Williams, B., Bibby, C. Morton, A and Huggins, C. (2010) 'The first 7 years of the metropolitan fire brigade emergency responder program- an overview of incidents attended', Open *Access Emergency Medicine,* 2010:2, 77-82
[6] Centre of Full Employment and Equity, "Occupational health effects for firefighters: The extent and implications of physical and psychological injuries web page 2013 https://fbeu.net/wp-content/uploads/occupational-health-effects-for-firefighters-CofFEE-report-2013.pdf
[7] http://www.frv.vic.gov.au/response-time

FY 2020/21	92.2%	6488	Not stated	Not stated
MFB			**# Confirmed Successful Resuscitations**	
FY 2019/20	94.6%	5788	Not stated	
FY 2018/19	95.5%	3986	5	
FY 2017/18	95%	4136	20	
FY 2016/17	95%	3824	17	
FY 2015/16	94.6%	3950	Not stated	
FY 2014/15	94%	4978	15	
FY 2013/14	95%	4803	2	
FY 2012/13	95%	4008	Not stated	
FY 2011/12	Not stated	3591	Not stated	
FY 2010/11	87.3%	3190	Not stated	
FY 2009/10	84.1%	2763	Not stated	
FY 2008/09	83.8%			
FY 2007/08	85.4%			
FY 2006/07	85.3%			
FY 2005/06	86.4%			
FY 2004/05	87.4%			
FY 2003/04	89.7%			
FY 2002/03	88.7%			
FY 2001/02	90.5%			
FY 2000/01	90.6%			

Table 1. Figures obtained via the MFB and FRV Annual Reports. It should be noted that the above figures derive from Annual Report data however they do not show all EMR calls responded to by FRV Firefighters. Therefore, the true number of EMR calls responded to by MFB and FRV Firefighters is, in fact, much higher than the above data states.

2011 introduction of EMR for CFA Professional Career Firefighters

12. Due to the success of the EMR program, the UFU maintained as an objective the introduction of the EMR program at CFA Co-located Fire Stations at which UFU members/CFA career firefighters were stationed. Whilst CFA Fire Stations were not subject to a similar Strategic Location Plan to that of the MFB, CFA career firefighters had strict KPIs that they, too, were to meet (this is further detailed later in this submission). This, again, draws upon the principle that rapid response and early intervention save lives.

13. In 2011, an EMR trial commenced at a limited number of Country Fire Authority co-located stations at which there were CFA career firefighters (Cranbourne, Dandenong, Hallam, Shepparton and Springvale

14. From 2011 to 2019, the program progressively rolled out to all CFA career stations.

15. By 2019, all career fire stations in Victoria were performing the EMR role.

16. Prior to the 1 July 2020 commencement of Fire Rescue Victoria, similar to the MFB data, CFA Annual Report data (where available and where reported) showed both a steady increase in EMR calls to which CFA Professional Career Firefighters responded as well as CFA Firefighters consistently reaching their Key Performance Indicator for arrival to the emergency scene. Whilst CFA reporting was limited, the data is depicted by **Table 2** as follows:

Year	CFA Annual Report figure
2019-2020	Over 10,000[8]
2018-2019	10,000[9]
2017-2018	9,443[10]
2016-2017	900[11]

FRV Firefighters and EMR

17. As of 1 April 2024, close to 3,600 FRV Firefighters and Officers are trained to respond to EMR Priority 0 incidents.[12]

18. FRV firefighters frequently respond to "**Priority 0**" incidents for a patient who is **unconscious, not breathing or has no pulse** (not conscious, not breathing or breathing uncertain) or is likely to soon be in those conditions.

19. Common examples of these emergency incidents include cardiac arrests, stroke, drowning anaphylaxis and drug overdoses. FRV firefighters responding to an EMR incident are dispatched at the same time as Ambulance Victoria (**AV**) paramedics to these types of life-threatening emergencies.[13] There are also road trauma, industrial accidents, gunshots, stabbings and mass casualty events (such as the Bourke St terrorist attack).

20. FRV firefighters respond to are coded in accordance with codes in the Advanced Medical Priority Dispatch System (**AMPDS**). "Priority 0" incidents to which FRV dispatch FRV Firefighters are the subset of "Priority 0" codes as depicted in **Table 3** below.

Event Type	AMPDS Response Determinants	Despatch Code	Priority
6D1	Breathing problems, not alert	1	0
9D1	Cardiac or Resp Arrest/Death, Ineffective Breathing	1	0
9E1	Cardiac or Resp Arrest/Death, Not Breathing at all	1	0
9E2	Cardiac or Resp Arrest/Death, Breathing Uncertain (agonal)	1	0

[8] Country Fire Authority Annual Report 2019-2020 pg 14 incidents include Motor Vehicle Accidents, Rescue & EMR incidents
[9] Country Fire Authority Annual Report 2018-2019 pg 24 incidents include Motor Vehicle Accidents, Rescue & EMR incidents
[10] Country Fire Authority Annual Report 2017-2018 pg 26 includes Motor Vehicle Accidents, Rescue & EMR incidents
[11] Country Fire Authority Annual Report 2016-2017 pg 30
[12] http://www.frv.vic.gov.au/specialist-response
[13] http://www.frv.vic.gov.au/specialist-response

9E3	Cardiac or Resp Arrest/Death, Hanging	1	0
9E4	Cardiac or Resp Arrest/Death, Strangulation	1	0
9E5	Cardiac or Resp Arrest/Death, Suffocation	1	0
9E6	Cardiac or Resp Arrest/Death, Underwater	1	0
11D2	Choking, not alert	1	0
11D2F	Choking, not alert (food)	1	0
11D2O	Choking, not alert (object/toy)	1	0
11D2C	Choking, not alert (lolly/candy/sweet)	1	0
11D2M	Choking, not alert (milk/liquid/non-toxic)	1	0
11D2U	Choking, not alert (unknown)	1	0
11E1	Choking, complete obstruction/ineffective breathing	1	0
11E1F	Choking, complete obstruction/ineffective breathing (food)	1	0
11E1O	Choking, complete obstruction/ineffective breathing (object)	1	0
11E1C	Choking, complete obstruction/ineffective breathing (candy)	1	0
11E1M	Choking, complete obstruction/ineffective breathing (milk)	1	0
11E1U	Choking, complete obstruction/ineffective breathing (unknown)	1	0
12D1	Convulsions/seizures, not breathing	1	0
12D1E	Convulsions/seizures, not breathing (Epileptic/Prev history)	1	0
14D1	Drowning/Diving, unconscious or arrest	1	0
15D1E	Electrocution/Lightning, unconscious (Electrocution)	1	0
15D1L	Electrocution/Lightning, unconscious (Lightning)	1	0
15D2E	Electrocution/Lightning, Power still connected (Electrocution)	1	0
15E1E	Electrocution/Lightning, not breathing/ineffective (Electrocution)	1	0
15E1L	Electrocution/Lightning, not breathing/ineffective (Lightning)	1	0
31E1	Unconscious/Fainting, Ineffective Breathing (select from case entry)	1	0

21. The role of FRV Firefighters at EMR incidents is to provide patient care at the scene of medical emergencies, including but not limited to:

    a. Evaluating dangers at the scene while preventing further injuries to the patient and reduce risks of harm to emergency personnel.
    b. Gaining access to the patient
    c. Quickly evaluating whether there is an immediate life threat to the patient, and if so, providing emergency life support.
    d. Evaluating other major medical conditions and start administering first aid

e. Conveying information to AV and handing over patient care to AV officers as soon as they arrive on scene[14]
f. Control of significant bleeding, assisting with administration of medications, dealing with family and bystander welfare and safety
g. Assistance with patients' extrication, CPR, defibrillation, airway management and oxygen therapy

Evolution of Emergency Medical Response to 2025

22. FRV firefighters arrive first on scene at EMR emergency incidents (i.e. prior to AV) approximately 50% of the time. FRV Firefighters provide crucial medical treatment of symptoms, preventing additional injuries to the patient until the patient is handed over to AV paramedics, at which point FRV Firefighters perform a secondary role to assist AV paramedics.

23. The success of the program has resulted in some expansions to the program, whilst still maintaining a **co-response** to the incident to enable FRV Firefighters to assist in early intervention.

24. In 2022/23, Triple Zero Victoria (TZV) and AV engaged in a process of upgrading the dispatch system (AV ProQA). Since 30 June 2023, the subset of EMR "Priority 0" codes responded to by FRV crew as part of EMR is depicted by **Table 4** below:

EMR Event Types - ProQA Version 13.3

AFPEMR	Animal Bites/Attacks: Arrest
AFEMR Cardiac	Animal Bites/Attacks: Arrest
AFEMR Cardiac	Resp Arrest/Death: Not Breathing at All
AFEMR Cardiac	Resp Arrest/Death: Uncertain Breathing
AFPEMR Cardiac	Resp Arrest/Death: Hanging
AFPEMR Cardiac	Resp Arrest/Death: Strangulation
AFPEMR Cardiac	Resp Arrest/Death: Suffocation
AFEMR Convulsions/Fitting	Not Breathing (After Key Questioning)
AFEMR Convulsions/Fitting	Not Breath (After Key Questioning) (Epileptic/Hx)
AFPEMR Drowning/Diving	Underwater (Specialised Rescue)
AFPEMR Drowning/Diving	Arrest (Out of Water)
AFPEMR Drowning/Diving	Underwater (Non-Specialised Rescue)
AFPEMR Electrocution/Lightning	Not Breath/Ineffective Breath (Electrocution)
AFPEMR Falls	Arrest
AFPEMR Falls	Arrest (Access Difficulty)
AFPEMR Falls	Arrest (Environmental Problems)
AFPEMR Falls	Arrest (Suicide Attempt)

[14] Centre of Ful Employment Equity, "Occupational health effects for firefighters: The extent and implications of physical and psychological injuries web page 2013 https://fbeu.net/wp-content/uploads/occupational-health-effects-for-firefighters-CofFEE-report-2013.pdf.

AFPEMR Falls	Arrest (Public Place)
AFPEMR Haemorrhage/Lacerations	Arrest
AFPEMR Haemorrhage/Lacerations	Arrest (Medical)
AFPEMR Stab/Gunshot	Arrest (GSW)
AFPEMR Stab/Gunshot	Arrest (Stab)
AFPEMR Stab/Gunshot	Arrest (Self Inflicted GSW)
AFPEMR Stab/Gunshot	Arrest (Self Inflicted Stab)
AFPEMR Traffic	Transport Incident: Arrest
AFPEMR Traffic	Transport Incident: Arrest (Multi PT)
AFPEMR Traumatic Injuries	Arrest

25. Since the EMR program was first introduced in 1998, the types of calls responded to by career firefighters has evolved. FRV firefighters are required to attend major trauma events more frequently including in recent years **gunshots, stabbing and mass causality incidents**.

26. Call taking and dispatch of FRV firefighters sets one of the highest benchmarks in Victoria. FRV firefighters' performance is tracked using Service Delivery Standards (**SDS**) indicating the KPI's to which FRV Firefighters rapidly respond. FRV's SDS are the same across all of Victoria:
    a. Respond to structure fires within 7.7 minutes (7 minutes and 42 seconds)
    b. Respond to emergency medical response (EMR) incidents within 9.2 minutes (9 minutes and 12 seconds)
    c. Respond to Code 1 incidents (all emergency call outs) within defined SDS. This is 9.2 minutes for EMR incidents and 7.7 minutes for all others[15].

27. As mentioned earlier in this submission, FRV firefighters arrive first on scene at approximately 50% of EMR incidents. [16] In the context of AV response, the target set by the service for a Code 1 "lights and sirens" that an ambulance should arrive within 15 minutes at least 85% of the time is met 64.2% of the time.

28. FRV maintains records of EMR calls on their Firecom, the central FRV communications system and the Australian Incident Reporting System 2 (AIRS2) and FRV's electronic Patient Care Record system that shares in real-time patient details with AV

29. As of 17 February 2025, Firecom records that there have been 9,731 EMR calls to FRV Firefighters in the previous 12 months. That figure relates to the number of times an FRV Fire Services Communications Controller (**FSCC**) dispatched FRV crew to an EMR event.

[15] http://www.frv.vic.gov.au/response-times
[16] http://www.frv.vic.gov.au/specialist-response

30. On some occasions, emergency calls may be cancelled prior to FRV crew arrive on scene. On other occasions, as reported to the UFU by members/career firefighters, FRV crew are dispatched to incidents, such as Road Accident Rescue (**RAR**) incidents, which may not have been coded as an EMR call but involve FRV firefighters performing EMR duties.

31. Further anecdotal evidence from UFU members is, potentially, an effect of ambulance ramping in that FRV firefighters/UFU members report that they are staying longer attending to EMR patients.

32. In situations like these, EMR firefighters bring an extra dimension by providing emergency life support, a much-needed relief the AV paramedics and the community needs. Two paramedics on scene are most likely to assist the patient with oxygen and CPR, but when EMR firefighters are on scene, that frees up the AV paramedics to put in IVs (intravenous lines) and apply drug therapy, thus expanding treatment options and better survival options for the patient/s.

Occupational Injury and Impact on professional firefighters

33. The inherent nature of firefighting means that firefighters are exposed to much greater risk of injury or death than most other workers.

34. For FRV firefighters, attending EMR incidents results in further, additional trauma exposure. Currently:
    a. FRV firefighters attend an average of over 10,000 EMR calls per year
    b. Firefighters are exposed to patients with self-inflicted injuries and suicides and a low "save rate" (i.e. exposure to a lot of dead people) or unable to save patients.
    c. Dealing with distressed bystanders at any job is reported to be most challenging and potentially traumatic part of an EMR event.
    d. Initial call information can sometimes be inaccurate or subject to change thus potential unsafe scene where their physical safety is threatened.

35. Many EMR calls involve situations where the patient cannot be revived, and firefighters have to deal with the emotions of their grieving loved ones. EMR calls also involve attending multiple fatalities or incidents involving infants and young children. Further, EMR calls often occur in the patient's home where they might be surrounded by distressed family members and firefighters attend to them as well proving comfort and support[17]

[17] Centre of Full Employment and Equity, "Occupational health effects for firefighters: The extent and implications of physical and psychological injuries web page 2013 https://fbeu.net/wp-content/uploads/occupational-health-effects-for-firefighters-CofFEE-report-2013.pdf

36. The aftermath of the ordeal can also put a significant emotional toll on the first responders. These occupational exposures have potential to negatively affect their physical and psychological health. There are high levels of exposure to traumatic incidents and resulting in psychological impacts such as Post Traumatic Stress Disorder (**PTSD**), suicide, depression and anxiety. [18]

37. Most studies investigating the mental health of first responders have focused on PTSD. Studies have found that, the potential impact of exposure to trauma among first responders may not be limited to PTSD alone. Evidence has shown that PTSD has been found to be highly connected with other mental health conditions such as depression and general anxiety.[19]

Memorandum of Understanding between FRV and AV

38. The UFU is aware that FRV has recently formalised a Memorandum of Understanding (**MOU**) with AV. This MOU documents the EMR Program and provides processes for Protocols, skills maintenance, credentials, etc.

39. Given the critical importance of the EMR program, and its ongoing benefits to the Victorian communities that FRV Firefighters serve, the UFU has been supportive of this MOU and provided assistance where required.

40. Subject to consultation, UFU is supportive of the mechanisms contained within the MOU that support the continued success of the EMR program to further assist AV's response to the Victorian community's emergency needs.

Concluding remarks

41. The EMR program is a success story for the fire service and the broader Victorian communities that career firefighters serve.

42. FRV Firefighters' ability to rapidly co-respond and provide early intervention has led to the continual success of the program.

43. The UFU supports, and advocates for, the EMR program and its continued success. Notwithstanding this, it would be remiss to discuss the success of the program without also acknowledging the impacts on FRV Firefighters, in the context of trauma exposure to Priority 0 calls, and the importance of continued support mechanisms for FRV firefighters in supporting AV via the EMR program.

[18] Ibid
[19] Ibid