



Inquiry into Ambulance Victoria

Appearance of the United Firefighters'
Union – Victorian Branch

13 June 2025



Background

- Fire Rescue Victoria is the **only fire service in Australia** that performs the Emergency Medical Response (EMR) co-response program with the Ambulance service, which involves high-level training of FRV Firefighters to provide early intervention and maintain life until the ambulance service arrives on scene.
- Victoria is the **only state** that has this program. **This program is now at risk.**
- 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 then-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.



Background: **Time-critical response**

- MFB (and now FRV) Firefighters must respond and arrive on scene within a critical Key Performance Indicator of **9.2 minutes**.
- FRV are able to achieve this a large percentage of the time due to the strategic location of their fire stations (known as the FRV Strategic Location Plan – SLP) in the context of the requirement for a **rapid response** to fires and other emergency incidents.
- **FRV firefighters arrive first on scene at EMR emergency incidents (i.e. prior to AV) approximately 50% of the time.**
- In the context of AV response, the target set by Ambulance Victoria for Code 1 “lights and sirens” is that an ambulance should arrive within 15 minutes at least 85% of the time. This is currently being met 64.2% of the time (source: AV Published Data).
- This is **no fault of the paramedics** – it is clear they are under extreme pressure with increased caseload, problems with dispatch, and what clearly appears to be under-resourcing.
- However, this is a matter for the VAU.



Background: **Time-critical response (ctd)**

- As of 17 February 2025, FRV's FireCom system has recorded 9,731 EMR calls in the previous 12 months to which FRV Firefighters have responded.
- As a result of the early intervention of FRV Firefighters via the EMR Program:

41% of patients are transported to hospital and return circulation.

MFB EMR Response data – percentage of responses within 9.2 minutes

Year	%Response <9m 12s
FY 2023/24	94.9%
FY 2022/23	93%
FY 2021/22	93.7%
FY 2020/21	92.2%
MFB DATA PRIOR TO FIRE SERVICES REFORM:	
FY 2019/20	94.6%
FY 2018/19	95.5%
FY 2017/18	95%
FY 2016/17	95%
FY 2015/16	94.6%
FY 2014/15	94%
FY 2013/14	95%
FY 2012/13	95%
FY 2011/12	Not stated
FY 2010/11	87.3%
FY 2009/10	84.1%
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%





New data for the Committee:

In the context of the Key Performance Indicators for the Emergency Medical Response, FRV has performed better than the required response time for **15 consecutive quarters**.

We provide the Committee with the **most recent Quarter** (Quarter 3 2023/24) as reported publicly:

Q3 2023/24 – FRV EMR Response data – **best performance since FRV was formed in 2020 however this is becoming increasingly difficult to maintain due to the ageing fleet of FRV Appliances**

FRV District	Number of incidents within district	Number of emergency incidents within district	Number of emergency incidents the standards were met	Percentage of emergency incidents the standards were met	The time in minutes in which 90% of emergency incidents were responded to by any station
Central	239	234	234	97.9	7.5
Eastern	143	143	138	96.5	8.0
North West	57	57	56	98.2	8.1
Northern	228	228	213	93.4	8.3
South East	63	64	64	100	6.9
Southern 1	164	164	155	94.5	8.7
Southern 2	168	168	163	97	8.0
Western 1	124	124	119	96	8.2
Western 2	203	203	187	92.1	8.8
Western 3	63	63	62	98.4	7.9
Average	145	145	139	96.4	8.04



FRV Firefighters and EMR Training

- Today, nearly every FRV firefighter is EMR-qualified.
- **As of 1 April 2024, 2157 Division A and 1434 Division B firefighters hold the EMR qualification.**
- FRV firefighters frequently co-respond (with Ambulance Victoria) 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.**
- 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. There are also **road trauma, industrial accidents, gunshots, stabbings, Mass Casualty Incidents, severe bleeding, burns and mass casualty events (such as the Bourke St terrorist attack).**



EMERGENCY MEDICAL RESPONSE PROGRAM **AT RISK**



EMR Program at risk:

Priority 0 codes responded to since 30 June 2023

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 Firefighters as part of EMR is depicted in the corresponding table. These are new codes requiring additional skillset and response by FRV Firefighters.

New event types added to FRV's Priority 0 EMR response on 30 June 2023



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)
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



Fire Rescue Victoria's Undervaluation Of The EMR Program, Placing The Program **At Risk**

Case Study: Fair Work Commission Proceedings



EMR FWC Dispute - Background

- In December 2024, the UFU lodged an application in the Fair Work Commission for an increase in the EMR allowance on the grounds of the new systems of work and increase in work value that have resulted from expanded EMR duties.
- As previously mentioned, firefighters responding to EMR calls **are now required to use additional equipment, respond to new classes of incidents including gunshots and stabbings, undertake additional training, and complete additional paperwork, including the Patient Care Record system.**
- There is also greater disability associated with the work, including the **higher emotional and psychological impact** associated with attending more prevalent traumatic incidents such as gunshots and stabbings.



Fire Rescue Victoria Executive Leadership Team, under the direction of Commissioner Freeman, A/Deputy Secretary Tony Matthews and A/Executive Director Tom McPherson advanced submissions at a recent Fair Work Commission to say that the new EMR work as a result of the change to Codes which now includes responding to stabbings, gunshot wounds, Mass Casualty Incidents - and changes in new equipment - is

“marginal, at best”



Key points

The UFU thanks the secretariat for the opportunity to speak to its submission. In summary, the following can be gleaned regarding FRV's EMR program:

- Victoria is the **only state** like the co-response program between FRV and AV
- This EMR Program has had enormous success in early intervention working cooperatively with AV resulting in greater patient outcomes in **saving lives**
- All **FRV Fire Appliances** carry advanced first-aid kits, defibrillators, oxygen and other life-saving equipment that is not carried by other fire services in Australia
- FRV Firefighters must undertake initial specialist EMR Training before performing the role **and** Continuing Education (CE) on fire stations 4 times per year with Ambulance Victoria, **and** recertifications in conjunction with Monash University every 3 years.
- **Submission to the Committee:** FRV Firefighters deserve an apology to say the least. The devaluation of their work has resulted in enormous hurt and stress and FRV Firefighters are considering withdrawing from responding to this type of work.
- As a result of Fire Rescue Victoria's denigration of the role of FRV Firefighters, whereas they have stated on Transcript in the Fair Work Commission, that the work that FRV Firefighters do in the context of changed codes and enhanced response to more traumatic events such as stabbings, shootings, etc. is "marginal at best".
- This has caused enormous stress and hurt amongst FRV Firefighters. As a result, the UFU has written to FRV saying we will be withdrawing from responding to those calls.



The EMR Program is a ground-breaking program that no other state in Australia provides to the community.

This program is now at risk as FRV Firefighters are reconsidering whether they want to continue to expose themselves to the increased trauma – given their employer has described the new and increase work as “marginal at best”.