

“At the very least, available resources at each station need to be doubled”

A paramedic details harsh and dangerous working conditions in the Australian state of New South Wales

Our reporter
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With COVID-19 infections rapidly spreading across most Australian states the World Socialist Web Site has reached out to health care workers whose situation is largely hidden from the population.

Health care workers in Australia, like their counterparts globally, confront impossible challenges in treating increasing numbers of COVID-19 patients in a health system already buckling under the impact of decades of budget cuts by governments, both Liberal and Labor, resulting in chronic understaffing and placing themselves and their patients at risk.

The WSWS provides a voice for health care workers. The following interview is with a New South Wales paramedic, employed in the working-class suburbs of western Sydney, which is the centre of coronavirus infections. The worker, who speaks anonymously out of fear of reprisals from the government and the union, explains the difficult conditions facing a workforce pushed to the limit by the growing pandemic crisis.

WSWS: Has there been a change since COVID?

Paramedic: Everything is more difficult. Even before COVID the understaffing and under-resourcing was a major problem but since COVID it's gotten worse.

The day-to-day tasks of our job are more difficult. We have to wear the full personal protective equipment (PPE) which is quite restrictive and difficult to work in, especially in warmer conditions. The risk to ourselves and our family is heightened because we are potentially coming into contact with COVID and could be bringing it home, even with increased PPE. With the fatigue, which always exists due to understaffing, everything has come to a head, and I think that the staff are feeling it more than ever.

WSWS: What is it like in the PPE? What do you actually have to do?

Paramedic: We wear a high-grade mask, which impacts on your breathing because it needs to filter out particles and the virus. So breathing is restricted. We have to wear goggles, which fog up and make it difficult to see, and to be compliant with the PPE policy you have to wear all that all the time. If you remove anything like goggles that are fogging, you become noncompliant with the PPE policy.

As well as goggles and masks we have to wear a plastic gown that wraps around your upper body and the upper part of your legs which

is a really hot, restrictive, and tight garment. It's difficult enough having to wear that inside an air-conditioned hospital building, but when you have to wear it out in the hot sun of a car accident or in the confines of a small house with no airflow or air-conditioning it is very difficult. You start to sweat so the goggle-fogging gets worse, moisture builds up in your mask and so it's just incredibly difficult and restrictive to perform duties.

It also means cleaning and decontamination requirements are now far more extensive than before. After virtually every single job you have to decontaminate equipment and the ambulance. This obviously takes longer but there are no extra staff to cover the ambulances that are offline doing the cleaning so the mountain of work that already existed gets bigger and bigger and bigger and that impacts morale. It's like a never-ending mountain of jobs that continue to pile up with no end in sight.

WSWS: Have you had to deal with COVID patients?

Paramedic: I had my first one recently. We took the patient to Westmead Hospital which was my first experience of how it manages COVID-positive patients.

We aren't permitted to bring a COVID-positive patient into the hospital. We have to stay outside in the ambulance waiting for the hospital to find a bed for them, which took two to three hours. So, we had to stay outside in the ambulance bay. Luckily the patient we had was a younger person who wasn't too critically ill.

The treating paramedic must sit with the patient in the back of the ambulance and the driving paramedic can sit in the front of the van or stand outside in the ambulance bay, but we must stay with the patient for as long as it takes to find a bed.

The patient wears a mask, and we had the doors open to provide some airflow. The treating paramedic still has on all the PPE but it extends the exposure time with a confirmed COVID case. This increases the risk because even with PPE there have been cases of paramedics and health staff contracting COVID while wearing full PPE.

WSWS: Do you have a sense of the general feeling in the hospitals?

Paramedic: The reason why the hospitals take so long to deal with ambulance arrivals is because they are understaffed and there aren't enough beds to keep the system flowing smoothly. They are under the

same sort of pressures and difficulties as us.

While we are delayed in hospitals in triage, often nurses express how difficult and busy for them it is and apologise, but the problem for them is the same as for us.

WSWS: What do paramedics need to deal with the crisis?

Paramedic: I guess, the main thing that is required is a better approach to managing the virus as a whole. We need more consistent lockdowns, better access to vaccines and the rollout of the vaccine.

We need the same thing that was required before COVID, which is a massive increase in staffing numbers and resources. Before COVID, staffing levels were hugely inadequate and fatigue a major problem impacting on mental health.

Managing COVID as it is now—after having been mismanaged—means we need staffing increases. Specific staff who are employed to properly decontaminate ambulances after patients because at the moment it falls on the paramedics to carry out the emergency work, and also to deep clean ambulances.

In hospitals they have cleaning staff that are employed and trained to properly decontaminate and clean medical equipment and areas. The ambulance service needs staff along those lines to reduce the workload on paramedics. Paramedics were already exhausted just responding to jobs.

WSWS: In your opinion, do we need to double the number of paramedics?

Paramedic: I don't have access to all the stats and figures. There have been times in previous years where I've been rostered at stations and the staffing numbers doubled because a new class of paramedics were sent to the station, so there was a temporary doubling of staff.

It meant four ambulances increased to eight but there was no noticeable difference on our workload. We were still responding from job to job continuously throughout the shift and there was no change. There was still no access to breaks or reduction of workload. And that was with a doubling of staff so at the very least you would have to double the available resources at each station in Metropolitan Sydney. That would be a start.

WSWS: Do you ever get to have breaks?

Paramedic: It's rare. You have two half-hour breaks in a 12-hour shift but it's rare to get those, especially in the busier stations in the more populous areas in Sydney. Typically, what should happen is you are assigned back to the station, and you call for a crib break [meal break]. While we should get 30 minutes to have food, rest or whatever you need to do, we still are available to respond to any sort of job which comes in, which it mostly does. They call up and your crib break is broken, and you have to respond. Most staff find the time in between jobs, say at hospital, to eat food or go to the toilet or get a drink.

Now, with COVID, the service has said that ambulances aren't any longer designated eating areas because eating areas must be separate to clinical areas. In hospitals they have separate tea rooms, but we don't.

Management isn't providing time for staff to get back to the station to eat in appropriate places so you are forced to eat in the ambulances even if they are potentially contaminated. So, the risk of transmission is heightened because staff need to eat and drink regardless of what is happening.

If there were proper trained staff that were to deep clean ambulances after each patient then the safety of paramedics would be increased.

WSWS: Do you have enough resources?

Paramedic: There is definitely more of a supply of PPE now unlike

earlier in the outbreak. But whether the PPE that we are wearing is adequate is another question. Unlike some other health services, the PPE we wear doesn't cover our hair or our neck and the lower part of our legs are exposed. Our back can be exposed because we are moving and bending a lot more than an in-hospital worker would be doing. The PPE on your back can also separate, so whether the PPE is adequate to protect us is another question.

WSWS: What do you think of the role being played by the unions?

Paramedic: The fact that there are two unions that represent one workforce is hugely divisive and causes problems for paramedics and workers trying to achieve anything. There was a wages' policy and strike action that took place recently to increase pay and standards. That has all just fizzled out. There was no increase in pay and the campaign seems to have just all but stopped. I suppose you could say the unions have allowed workers to be defeated on that front.

The unions seem to have changed tack now to try to keep themselves legitimate in the eyes of workers and they are focusing their campaign on the COVID issue and getting the resources and cleaning staff for COVID.

At the larger "super stations" there are "make-ready teams" that are tasked with restocking and cleaning the ambulance at the end of shifts but they are not able to be accessed while on road or at hospital so the unions are trying to get mobile "make-ready teams" at major hospitals to provide cleaning services to ambulances while they are on road.

But the major campaign for staffing and pay and working conditions seems to have dropped off because clearly the government wasn't going to come to the table for that.

WSWS: If the government promised to double staff numbers, how long would it take, given that paramedics do a three-year university degree?

Paramedic: Currently there is a large stream of qualified graduates from the universities but there are no positions for all these students in professional ambulance services because the funding for the positions isn't being made available. And with extra staff you need extra ambulances, so that is another funding issue. There are plenty of willing and qualified people, but they aren't employed because of funding restrictions.



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