

SA AMBULANCE SERVICE ENTERPRISE AGREEMENT 2011

File No. 290 of 2012

This Agreement shall come into force on and from 3 February 2012 and have a life extending until 3 February 2015.

THE COMMISSION HEREBY APPROVES THIS ENTERPRISE AGREEMENT PURSUANT TO SECTION 79 OF THE FAIR WORK ACT 1994.



DATED 03 FEBRUARY 2012.

A handwritten signature in black ink, appearing to be "S. Long".

COMMISSION MEMBER





**SA
Ambulance
Service**

**SA Ambulance Service
Enterprise Agreement
2011**

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PART A – APPLICATION AND OPERATION OF AGREEMENT

1. ENTERPRISE AGREEMENT

- 1.1 This Agreement is made pursuant to the *Fair Work Act 1994* (SA), Chapter 3, Part 2.
- 1.2 This Agreement will have effect only if approved by the Industrial Relations Commission of South Australia ('the Commission').
- 1.3 This Agreement shall be titled 'SA Ambulance Service Enterprise Agreement 2011'.

2. PARTIES BOUND

- 2.1 This Agreement is binding upon:
 - 2.1.1 The Chief Executive, Department of the Premier and Cabinet (as the declared public employer under the *Fair Work Act 1994* (SA)) and the Chief Executive, SA Health, in relation to employees bound by this Agreement;
 - 2.1.2 Employees classified pursuant to Schedules 1 and 2 of this Agreement, whether members of an association or not;
 - 2.1.3 The Ambulance Employees Association of SA ('AEA'); and
 - 2.1.4 United Voice SA (formally known as the Australian Liquor Hospitality and Miscellaneous Workers Union).
- 2.2 In addition, this Agreement will also be binding on an Administrative Non-operational employee (as defined in clause 5.4 of this Agreement), where such employee satisfies the criteria at clause 35.2 of this Agreement and has elected to 'opt-in' to this Agreement.
- 2.3 This Agreement shall NOT be binding on:
 - 2.3.1 Executive level employees;
 - 2.3.2 Employees subject to a contract (whether at common law or pursuant to statute) which contains a provision for a review of salary during the contract;
 - 2.3.3 Employees subject to the *Nursing/Midwifery (SA Public Sector) Enterprise Agreement 2010* or its successor;
 - 2.3.4 Employees subject to the *Department of Health Salaried Medical Officers Enterprise Agreement 2007* or its successor; and
 - 2.3.5 Employees subject to the following enterprise agreements:
 - a) *South Australian Government Wages Parity (Salaried) Enterprise Agreement 2010*, or successor agreements (except where clause 2.2 applies);
 - b) *South Australian Government Wages Parity (Weekly Paid) Enterprise Agreement 2010*, or successor agreements; and
 - c) *South Australian Public Sector Wages Parity (Plumbing, Metal and Building Trades Employees) Enterprise Agreement 2011*, or successor agreements.

3. DURATION

- 3.1 This Agreement shall commence on the date of approval of this Agreement before the Commission and will operate for a term of three (3) years from the date of approval.

4. RELATIONSHIP TO PARENT AWARD AND ENTERPRISE AGREEMENTS

- 4.1 Subject to this clause, this Agreement will be read and interpreted in conjunction with the *SA Ambulance Service Award* ('the Award').
- 4.2 A clause in this Agreement will prevail over any provision in the Award to the extent of any inconsistency.
- 4.3 Upon commencement of the term of this Agreement, the *SA Ambulance Service Enterprise Agreement 2007* will be superseded by this Agreement.

4.4 The Attachments listed below form part of this Agreement.

- Schedule 1: Salaries
- Schedule 2: Classifications
- Schedule 3: Regional Incentive Payments and Special On Call Payments
- Schedule 4: Rolled in Rates
- Schedule 5: Administrative Non-Operational Employee Provisions

5. INTERPRETATION AND DEFINITIONS

- 5.1 Words and expressions that are defined in South Australian legislation shall, unless a contrary intention is specifically indicated, have the same respective meanings in this Agreement.
- 5.2 In this Agreement references to statutes shall include regulations made under those statutes and all statutes amending, consolidating or replacing the statutes referred to.
- 5.3 The headings and clause numbers appearing in this Agreement are inserted only as a matter of convenience and in no way define, limit, construe or describe the scope or intent of the clauses of this Agreement nor in any way affect this Agreement.
- 5.4 In this Agreement, unless the contrary intention appears:

“Act”	Means the <i>Fair Work Act 1994 (SA)</i> .
“Administrative Non-operational employee”	Means an employee who has a classification included in the <i>South Australian Government Wages Parity (Salaried) Enterprise Agreement 2010</i> (“WPEA Salaried 2010”) and is based at SAAS at the date of approval of this Agreement by the Commission.
“Approval”	Means approval by the Commission.
“Association”	Means the Ambulance Employees Association of SA and United Voice SA (formerly the Australian Liquor Hospitality and Miscellaneous Workers Union of SA).
“Award”	Means the <i>SA Ambulance Service (SAAS) Award</i> .
“Bereavement”	Means the death of a person closely related to the employee. The employee is either emotionally distressed or attends the funeral or related arrangements or provide emotional support to another person closely related to the employee.
“Commission”	Means the Industrial Relations Commission of South Australia.
“Closely related”	Will include an employee’s wife, husband, father, mother, father in law, mother in law, brother, sister, child, stepfather, stepmother, stepchild, de facto spouse, guardian, foster parent, step parent, step brother/sister, half brother/sister or other family member as defined below.
“DH”	Means SA Health and/or Department of Health.
“Declared Public Employer”	Means the Chief Executive, Department of the Premier and Cabinet in accordance with the <i>Fair Work Act 1994 (SA)</i> and regulation 4 of the <i>Fair Work (General) Regulations 2009 (SA)</i> .
“Employing Authority”/“Employer”	Means the Chief Executive of SA Health (“CE, DH”).

“Employee”	Means an employee bound by this Agreement.
“Enterprise Agreements (expired)”	Means previous SA Ambulance Enterprise Bargaining Agreements.
“Family member”	Defined as per clause 25.1.2 of the Award to be: <ul style="list-style-type: none"> (a) A spouse; (b) A child or step child; (c) A parent or parent in-law; (d) Any other member of the person’s household; (e) A grandparent or grandchild; (f) Any other person who is dependent on the person’s care.
“Operational Employee”	Means any individual classified pursuant to Schedules 1 and 2 of this Agreement.
“Ordinary hours”	Means 38 ordinary hours of work as prescribed in Clause 6.13 of the Award.
“RIR allowance”	Means the applicable Rolled in Rate allowance specified in Schedule 4 of this Agreement and paid in accordance with the criteria in Clause 17.9 of the Award.
“SSA”	Means a Salary Sacrifice Agreement.
“SAAS”	Means the SA Ambulance Service.
“Shift worker”	Means an employee that works any combination of 12-hour shifts, 10/14-hour shifts or other day/afternoon/night shift configuration over seven days a week and in combination of a 365 day roster cycle.
“Special Leave”	Means Special Leave as defined in the SA Health (Health Care Act) Human Resources Manual.
“this Agreement”	Means the <i>SA Ambulance Service Enterprise Agreement 2011</i> .
“Urgent pressing necessity”	Means a matter that must be attended to by the employee and that cannot be reasonably attended to by the employee outside that employee’s ordinary hours of work. Examples of urgent pressing necessity are included in the SA Health (Health Care Act) Human Resources Manual.
“VFWA”	Means a Voluntary Flexible Working Arrangement.

6. NO EXTRA CLAIMS

- 6.1 This Agreement, including its salary schedules, will be taken to have satisfied and discharged all claims of any description (whether as to monies or conditions) in respect of a previous Enterprise Agreement or which might have arisen from, or in the course of, any previous Enterprise Agreement and this bargaining round.
- 6.2 At the date of approval of this Agreement by the Commission, this Agreement will supersede any previous Enterprise Agreements. The parties undertake that for the period up until the date of approval of this Agreement that they will neither jointly nor severally make any application to the Commission, nor make any demand upon any other party in respect of any matter dealt with, or arising out of, a previous Enterprise Agreement.

- 6.3 The rates of pay provided for in this Agreement are inclusive of all previously awarded safety net adjustments and all future increases during the term of this Agreement, arising out of State Wage Case decisions, including safety net adjustments, living wage adjustments or general increases, howsoever described.
- 6.4 Subject to this clause, the employees and Associations undertake that for the term of this Agreement, they will not pursue any further or other claims within the parameters of this Agreement, except where consistent with State Wage Case principles.

7. NOT TO BE USED AS A PRECEDENT

- 7.1 This Agreement shall not be used as a precedent in any manner whatsoever to obtain similar arrangements or benefits elsewhere in the South Australian Public Sector.

8. CONSULTATION PROCESSES / DISPUTE AVOIDANCE PROCEDURES

CONSULTATION PROCESSES

- 8.1 The parties commit to the following consultative principles.
- 8.2 Consultation involves the sharing of information and the exchange of views between employers and persons or bodies that must be consulted and the genuine opportunity for them to contribute effectively to any decision making process.
- 8.3 Employers and Agencies consult in good faith, not simply advise what will be done.
- 8.4 It is an accepted principle that effective workplace relationships can only be achieved if appropriate consultation between the parties occurs on a regular basis.
- 8.5 Workplace change that will affect a significant number of employees should not be implemented before appropriate consultation has occurred with employee representatives.
- 8.6 Employee representatives will be given the opportunity to adequately consult with the people they represent in the workplace, in relation to any proposed changes that may affect employees' working conditions or the services employees provide.
- 8.7 In relation to significant issues of public sector wide reform, the Commissioner for Public Sector Employment will consult with the "SA Unions" (i.e. formerly known as the UTLC) in accordance with the above principles.

DISPUTE AVOIDANCE PROCEDURES

- 8.8 This procedure aims to avoid industrial disputes between the parties covered by this Agreement. Where a dispute occurs, the procedure will provide a means of settlement based on consultation, co-operation and discussion with the aim of avoiding interruption of normal work processes.
- 8.9 Except where a *bona fide* health and safety issue is involved in any dispute, the status quo existing immediately prior to the matter giving rise to the dispute will remain. Work will continue as it was prior to the matter giving rise to dispute.
- 8.10 A *bona fide* health and safety issue is defined and progressed as per the *Occupational Health, Safety and Welfare Act 1986* (SA) and as in compliance with SA Health Occupational Health and Safety procedures.
- 8.11 No party will be prejudiced as to final settlement by the continuance of work in accordance with this clause.
- 8.12 All parties have a right to seek representation in order to resolve any dispute.
- 8.13 Any dispute, except for workload disputes which are dealt with in accordance with clause 8.12 of this Agreement, will be handled as identified below before any further action is undertaken:
- Stage 1 Discussions between the employee/s and line manager.
- Stage 2 Discussions involving the employee/s and/or nominated representatives with SAAS management representative or nominated delegate.
- Stage 3 Discussions involving employees and/or nominated representatives or delegates and the relevant SA Health management representative or nominated delegate.

At this stage, discussions may include representatives of the Department of the Premier and Cabinet, or the Crown Solicitor's Office.

- 8.14 A dispute will not be referred to the next stage until a genuine attempt to resolve the matter has been made at the appropriate level.
- 8.15 The parties commit to adherence to this procedure including the earliest possible advice by one party to the other of any issue or problem which may give rise to a dispute. Throughout all stages of the procedure all relevant facts will be clearly identified and recorded.
- 8.16 Sensible time limits will be allowed for the completion of the various stages of the discussions. Discussions outlined in each of the first two stages above should, if possible, take place within 24 hours after the request of the employee/s or their representative.
- 8.17 Emphasis should be placed on a negotiated settlement. However, if the process breaks down, or is exhausted without the dispute being resolved, any party may refer the matter to the Commission, where appropriate. In order to allow for peaceful resolution of the dispute the parties will avoid industrial disputation while the procedures of negotiation and conciliation are being followed.
- 8.18 The parties will ensure that all practices applied during the operation of the procedure are in accordance with safe working practices.
- 8.19 Any dispute concerning workload will be handled as follows:
 - 8.19.1 The employee/s will notify their manager in writing of the workload issue/s.
 - 8.19.2 The manager should initiate discussions with the employees within 24 hours.
 - 8.19.3 Should the matter not be resolved discussions should occur between the employee, employee's representative, the employee's manager and the relevant Director.
- 8.20 If the matter remains unresolved a record of the discussions at paragraph 8.12.3 shall be forwarded to the Chief Executive Officer, SAAS, who may issue directions as to the issue/s.

9. RENEGOTIATION

- 9.1 Negotiations for a new Agreement will commence no earlier than six (6) months prior to the nominal expiry date of this Agreement.

PART B – OBJECTIVES AND COMMITMENTS

10. IMPROVEMENT OF SERVICE AND WORK PRACTICES

- 10.1 This Agreement recognises that the SA Public Sector and SA Health/SAAS will continue to evolve as a dynamic productive and customer responsive entity.
- 10.2 Initiatives have been, and will continue to be, introduced to improve the efficiency and effectiveness of the service and provide quality services to clients.
- 10.3 In making and applying this Agreement, the parties are committed to facilitating the implementation of initiatives aimed at achieving ongoing improvements in productivity and efficiency and enhanced performance of the SA Public Sector, SA Health and SAAS, including:
- 10.4 Facilitating ongoing improvements to service delivery and achievement of "best practice".
 - a) Facilitating the ongoing introduction of business reforms in agencies, including adoption and implementation of technologies such as e-learning, e-business and other technological advances.
 - b) Facilitating the assessment and reform of existing work processes and ongoing improvements to work practices.
 - c) Facilitating the achievement of SAAS' performance goals and performance measures.
 - d) Supporting SAAS requiring employees to participate in performance or skills development and workplace related training/retraining (including accredited training).
 - e) Facilitating SAAS identifying trends and assessing the relevance to its operations.

- f) Enabling improvements in cost effectiveness, timely and transparent decision-making, and delegating decision-making.
- 10.5 The parties are also committed to achieving and facilitating productivity and efficiency improvements to, and improving career paths and development opportunities in the SA Public Sector, SA Health and SAAS through the implementation of shared services and service centres within the public sector.
- 10.6 The parties agree to implement new technologies and arrangements to improve the dispatch system and patient care within SAAS.

11. SOUTH AUSTRALIA'S HEALTH CARE PLAN

- 11.1 The parties commit to ongoing general support for and dedication to the following principles and values that reflect the outcomes of South Australia's Health Care Plan.
- 11.2 The principles include:-
- improving the quality and safety of services;
 - greater opportunities for inclusion and community participation;
 - strengthening and reorientation of services towards prevention and primary health care;
 - developing service integration and coordination;
 - whole of government approaches to advance and improve health status; and
 - sustainability in delivery through ensuring efficiency and evaluation.
- 11.3 The values include:-
- an understanding of health and well-being, which includes a social health perspective;
 - equity of access to health services;
 - equality of health outcomes;
 - a commitment to consultation in developing an understanding of issues and strategies for their resolution;
 - participation by communities and individuals in the consultative process;
 - transparency and accountability of governance;
 - honesty - as to what the system can reasonably provide;
 - dignity and autonomy of health service users – respectful communication and service provisions; and
 - leadership - quality leadership that recognises and enhances the skills of staff.

12. OCCUPATIONAL HEALTH SAFETY AND WELFARE

- 12.1 The parties acknowledge the mutual benefit to and the responsibility of the employer and employees for maintaining a safe and healthy work environment in accordance with applicable legislation and the "Safety and Wellbeing in the Public Sector 2010 – 2015 Strategy".

PART C – SALARY, PENALTIES, ALLOWANCES AND OTHER PAYMENTS

13. SALARY ADJUSTMENTS

- 13.1 This clause refers to the salary schedules appearing in Schedule 1: Salaries of this Agreement.
- 13.2 Salary increases will apply from the first full pay period on or after the following dates:
- 31 December 2009 (2.5%);
 - 31 December 2010 (2.5%);
 - 30 June 2011 (1% Ambulance Specific);

- 31 December 2011 (2.5%);
 - 30 June 2012 (1% Ambulance Specific);
 - 31 December 2012 (3%);
 - 31 December 2013 (3%); and
 - 1 July 2014 (1% Ambulance Specific).
- 13.3 A subsequent enterprise bargaining salary increase (quantum unspecified) will apply from the first full pay period on or after 31 December 2014.
- 13.4 The salary payable to an employee as at the applicable date shall not be reduced by reason of a salary schedule in this Agreement.
- 13.5 This sub-clause applies to “pegged employees”.
- 13.5.1 A “pegged employee” is an employee who is in receipt of a salary that has been pegged at a rate above that which is generally payable in relation to the employee’s classification or position.
- 13.5.2 A pegged employee will not be entitled to any percentage or other increase in salary by reason of this Agreement, unless the increase to the substantive rate of pay for an employee’s classification, or position, brings that rate up to an amount higher than the pegged rate. In that event, the increase payable will be the difference between the new substantive rate and the pegged rate.
- 13.5.3 Once the rate of pay for a pegged employee’s classification equals or exceeds the employee’s pegged rate, the employee will, for all purposes, be regarded as not being subject to a pegged rate of pay.

14. SALARY SACRIFICE ARRANGEMENTS

- 14.1 This clause applies for the period an employee enters into a SSA. A SSA is the formal administrative instrument between the employer and the employee that enables salary packaging arrangements to be put in place.
- 14.2 Subject to this clause, the salary payable to an employee, or applicable to a position where the occupant elects to enter into a SSA, pursuant to this Agreement will be the salary payable under the SSA, notwithstanding any other provision in, or Schedule of, this Agreement.
- 14.3 Any entitlement to payment of overtime, leave loading or shift allowance will be based on the salary that would have been payable had the employee not entered into a SSA.
- 14.4 Where, on cessation of employment, the employer makes a payment in lieu of notice, or a payment in respect of accrued recreation or long service leave entitlements (instead of transferring leave credits to another employer party to this Agreement in the event the employee immediately becomes employed by that employer party), the payment thereof shall be based on the salary that would have been payable had the employee not entered into a SSA.

15. EARLY MORNING PENALTY AND NIGHT SHIFT PENALTY

- 15.1 This clause applies to shift workers who are not in receipt of a RIR allowance, as defined in clause 5.4 of this Agreement (early morning penalties and night shift penalties are included in the calculation of the applicable RIR allowance).
- 15.2 Shift workers are entitled to an **early morning penalty** of 17% when working between the hours of midnight and 6:30am. The early morning penalty applies in lieu of the night shift penalty of 15% provided at clause 17.10.1 of the Award.
- 15.3 Shift workers are entitled to a **night shift penalty** of 20.5% when working on night shifts between the hours of 7.00 pm and 7.00 am. The night shift penalty applies in lieu of the early morning penalty at clause 15.2 of this Agreement.

16. MEAL ALLOWANCES

- 16.1 The Meal Allowance rates shall be as prescribed by the SA Health (Health Care Act) Human Resources Manual (as varied from time to time).

17. MANAGERS OF PATIENT SERVICE (MPS) ALLOWANCE

- 17.1 An MPS Allowance of 20% of base rate will apply to Managers of Patient Services classified at pay point 6.1 Schedule 1 of this Agreement and Level 6 Schedule 2 of this Agreement, in lieu of on call, recall, overtime penalty and any other penalty for work outside of ordinary hours.
- 17.2 The allowance will be paid for all purposes.

18. REGIONAL INCENTIVE PAYMENTS

- 18.1 Operational employees (except casual employees) allocated to work at the locations specified in Schedule 3, Part A of this Agreement shall be entitled to Regional Incentive Payments (RIP) outlined in Schedule 3, Part A of this Agreement, subject to the following:
 - 18.1.1 Payments for part-time employees will be based upon a pro-rata payment calculated on the average ordinary hours per week;
 - 18.1.2 RIP is not payable when an employee is on long service leave, Paid Maternity and Adoption leave or while on approved leave without pay;
 - 18.1.3 RIP is paid in lieu of the locality allowances in the SA Health (Health Care Act) Human Resources Manual;
 - 18.1.4 Payment made in accordance with the table outlined in Schedule 3, Part A of this Agreement shall not be applicable for all purposes of the Award and Agreement; and
 - 18.1.5 Payments made in accordance with this clause, shall be based upon the relevant length of service, at the time of implementation and continuous service prior to the date of operation shall count towards determining the appropriate payments.

19. SPECIAL ON-CALL PAYMENTS

- 19.1 In addition to the RIP in clause 19 of this Agreement a special on-call (SOC) payment shall apply to full-time and part-time operational employees (not casual employees) who are allocated to a location listed in Schedule 3, Part B of this Agreement where such employees are rostered to a station to provide either a primary or secondary response as defined by SAAS from time to time.
- 19.2 The applicable rate for each location is specified in Schedule 3 Part B of this Agreement.
- 19.3 Where changes occur to roster configurations being worked by such employees located at the stations in Schedule 3, Part B of this Agreement, the payments applicable shall either be varied to take account of these changes, or alternatively will cease where on-call is no longer being worked by the relevant group of employees.
- 19.4 Payments made in accordance with Schedule 3, Part B of this Agreement shall stand alone for the purpose of other allowances and conditions that may be applicable from time to time and shall not be accumulative upon the base rate of pay.

20. TRAINING ALLOWANCE FOR ACCREDITED TRAINING

- 20.1 Training allowances will be paid at a rate determined by clause 17.11 of the Award for nationally accredited training provided by accredited trainers (holding Certificate IV in Training and Assessment), and conditional thereon that this training is not a core part of the role of the trainer.
- 20.2 This clause applies to the area of CBR, driver training, manual handling and other courses that may be initiated by SAAS and that comply with the criteria in clause 20.1 of this Agreement.

21. SAAS AWARD TRAINING ALLOWANCES – NOT APPLICABLE

- 21.1 The allowance at Clause 17.6 of the Award, In Service Training Officer Allowance, is no longer payable, except to employees classified pursuant to Schedules 1 and 2 of this Agreement as Patient Transfer Service and Emergency Support Service employees and where SAAS has determined that such an employee is required to provide training to employees.

21.2 The allowance at Clause 17.7 of the Award, Advanced Life Support Allowance, is no longer payable.

22. PAYMENT OF THE ROLLED IN RATE ALLOWANCE DURING LONG SERVICE LEAVE

22.1 This clause provides for payment of the RIR allowance when taking accrued long service leave entitlements and applies to:

22.1.1 Operational employees entitled to a RIR allowance paid in accordance with the criteria specified in clause 17.9 of the Award and Schedule 4 of this Agreement; and

22.1.2 Regional Team Leaders and Clinical Support Officers where the Chief Executive Officer of SAAS has determined, pursuant to Schedule 2 of this Agreement, that an allowance equivalent to the Metropolitan Composite Rate (as detailed in Schedule 4 of this Agreement) as payment in lieu of shift penalties is payable.

22.2 The allowance specified in clauses 22.1.1 and 22.1.2 of this Agreement will be:

22.2.1 payable when an employee accesses long service leave entitlements accrued after the operative date; and

22.2.2 on the basis that long service leave entitlements accrued prior to the operative date must be fully utilised prior to an employee accessing accrued long service leave entitlements that include payment of RIR allowance.

22.3 By agreement between the parties during negotiation for this Agreement, the operative date for application of clauses 22.1 and 22.2 of this Agreement is subject to the provision of written confirmation from the AEA to Public Sector Workforce Relations that the AEA and its members:

22.3.1 have lifted its industrial bans (the subject of these enterprise bargaining negotiations); and

22.3.2 agree to SAAS' implementation of the Crib Break provision provided at clause 26 of this Agreement.

22.4 The operative date will be the first full pay period on or after the date that the AEA provides written confirmation to Public Sector Workforce Relations that it accepts the terms specified in clause 22.3 of this Agreement.

22.5 The operative date is the first full pay period on or after 11 January 2012.

23. INTENSIVE CARE PARAMEDICS CLINICAL INSTRUCTOR ALLOWANCE

23.1 Intensive Care Paramedics classified pursuant to pay points 3.4 and 3.5, Schedule 1 of this Agreement, who are required by SAAS to undertake clinical instructor duties for the 16 week Paramedic Internship Clinical Evaluation Report (PICER), will be paid an allowance equivalent to the next highest pay point for the duration of the PICER.

PART D – OTHER CONDITIONS

24. PERSONAL/CARER'S LEAVE

24.1 For the purpose of this clause, the following are to be regarded as members of a person's family: a spouse (including a de facto spouse or a former spouse); a child or step child; a parent or parent in-law; any other member of the person's household; a grandparent or grandchild; any other person who is dependent on the person's care.

24.2 Non-shift employees

24.2.1 An employee (other than a casual employee) with responsibilities in relation to a member of the employee's family who need the employee's care and support due to personal injury or for the purposes of caring for a family member who is sick and requires the employee's care and support or who requires care due to an unexpected emergency, is entitled to up to 10 days (or equivalent in hours) of their accrued sick leave entitlement in any completed year of continuous service (pro rata for part-time employees) to provide care and support for such persons when they are ill.

- 24.2.2 This access is available if the following conditions are satisfied:
- (a) The employee must have responsibility for the care of the family member concerned; and
 - (b) The employee produces satisfactory evidence of sickness of the family member, if requested.

24.2.3 The ability to access this leave does not in any way limit an employee's right to apply for special leave as defined in clause 5.4 of this Agreement.

24.3 Shift Workers

24.3.1 Each shift worker is credited with 120 hours Personal/Carers Leave per annum.

24.3.2 All employees who are absent from work on account of matters relating to personal/carers leave, as defined above, are on application, eligible for personal/carers leave without deduction of pay as provided in this clause.

24.3.3 An employee's entitlement to Personal/Carers Leave accrues as follows:

- a) Shift workers in their first year of service shall accrue 2.31 hours per week;
- b) Upon each anniversary date thereafter, each shift worker shall be entitled to 120 hours per annum.

24.3.4 Personal/Carers Leave shall be granted in accordance with the following conditions:

- a) In the case of Sick Leave – the conditions as prescribed by clause 23 of the Award;
- b) In the case of Bereavement Leave – Proof of Death in accordance with the conditions as prescribed by clause 22 of the Award.
- c) In the case of Urgent Pressing Necessity – reasonable evidence of the event as defined in clause 5.4 of this Agreement.

24.3.5 Personal/Carers Leave for part-time employees is to be paid at the employee's usual salary for the number of hours normally worked.

24.3.6 Personal/Carers Leave accrues from year to year without limit.

24.3.7 Before being entitled to be paid Personal/Carers Leave the employee shall:

- a) Advise the employer at least one hour prior to the rostered commencing time of their inability to attend for duty and as far as practicable the reason for the absence; and
- b) Within a reasonable timeframe of the commencement of such absence, provide evidence satisfactory to the employer.

24.3.8 An employee who claims Personal/Carers Leave shall produce a medical certificate or other reasonable evidence for absences in excess of one shift, except for absences not exceeding one shift only on four occasions during each year.

25. ANNUAL LEAVE FOR SHIFT WORKERS

25.1 An additional (6th) week of annual leave accrues for all shift workers classified pursuant to Parts 1, 2 and 3 of Schedule 1 and Schedule 2 of this Agreement.

26. CRIB BREAKS

All employees are entitled to a meal break. The aim of this provision is to ensure that crib breaks are taken within appropriate time frames. The parties acknowledge that SAAS provides an emergency service that requires a flexible approach to service delivery. Due to operational demand there may be occasions where crib break commencement is outside of the crib break window; although SAAS will endeavour to minimize such occurrences.

26.1 The following crib break provisions will be operative from the date that the AEA provides written confirmation as specified in clause 22.5 **(to be inserted)**.

26.2 This crib break provision applies to Operational employees. This provision does not apply to PTS employees (those classified pursuant to Part 1.1, Schedule 1 of this Agreement), except in

circumstances where SAAS has determined that a specific crew is required to be rostered with a crib break.

26.3 Employees specified in clause 26.2 will be entitled to paid crib breaks during rostered shifts on the following basis:

26.3.1 For shifts of between eight (8) hours and less than ten (10) hours, one twenty (20) minute crib break;

26.3.2 For shifts of ten (10) hours, one thirty (30) minute crib break;

26.3.3 For shifts in excess of ten (10) and up to fourteen (14) hours, two thirty (30) minute crib breaks;

26.4 Commencement of crib breaks shall be as follows:

26.4.1 When working a shift of eight (8) hours, a crib break shall commence between the end of the fourth hour and the end of the sixth hour after the commencement of the shift.

26.4.2 When working a shift of ten (10) hours a crib break shall commence between the end of the fourth hour and the end of the sixth hour after the commencement of the shift.

26.4.3 When working a shift in excess of ten (10) hours and up to twelve (12) hours, the first crib break shall commence between the end of the fourth hour and the end of the sixth hour after the commencement of the shift. The second crib break shall commence between the end of the eighth hour and the end of the tenth hour after the commencement of the shift.

26.4.4 When working a shift in excess of twelve (12) hours and up to fourteen (14) hours, the first crib break shall commence between the end of the fourth hour and the end of the sixth hour after the commencement of the shift. The second crib break shall commence between the end of the ninth hour and the end of the eleventh hour after the commencement of the shift.

26.4.5 The second crib break must not be taken less than two (2) hours after the end of the first crib break.

26.5 Crib Break Penalties

26.5.1 Penalty payments of time-and-a-half will apply where the employer requires the employee to work more than six (6) hours without a crib break.

26.5.2 Where the circumstances in Clause 26.4.1 arise, penalty payments will apply from:

- a) The end of the fifth hour from the commencement of duty until the commencement of the first crib break; and / or
- b) The end of the fifth hour, since the completion of the first crib break, until the commencement of the second crib break or the completion of the employee's shift.

26.6 Commencement of crib breaks must be authorised by the relevant manager.

26.7 Evaluation and Review

26.7.1 The parties agree that the Crib Break provisions in clause 26 of this Agreement will be monitored by SAAS and the AEA during the first six (6) months following implementation, on the following basis:

- a) At the end of every one (1) week cycle for the first four (4) weeks after implementation;
- b) At the end of every two (2) week cycle for weeks five (5) to eight (8) after implementation; and
- c) At the end of every four (4) week cycle from week nine (9) after implementation to the end of the six (6) month period.

26.7.2 The monitoring process will review whether the new crib break provisions have progressed the two intentions:

- a) Providing optimal access for applicable employees to commence crib breaks during the crib break window; and
- b) Facilitating efficient service delivery at SAAS.

- 26.7.3 SAAS will consult with the AEA in relation to the monitor and audit of late crib breaks to ascertain the reasons for those that occur outside the crib window.

26.8 Dispute Resolution

- 26.8.1 At the completion of the first one (1) week cycle after implementation, either party may expedite the Dispute Avoidance procedures of this Agreement on the following basis:
- a) Where a party has a grievance in relation to the implementation of these crib break provisions, the aggrieved party may access the Dispute Avoidance Procedures of clause 8 of this Agreement.
 - b) The parties agree that in these circumstances the Dispute Avoidance procedures of clause 8 of this Agreement may be expedited so that an aggrieved party may notify the Commission of a dispute within 48 hours of the Dispute Avoidance procedures at clause 8 of this Agreement being initiated, if no action has been taken within that time frame.

27. TRANSPORT HOME AFTER AN EXCEPTIONALLY FATIGUING SHIFT

- 27.1 Where an employee has been required to work in a manner that made it unsafe for the employee to drive home due to fatigue, and appropriate sleeping facilities (as defined in SAAS policy) are not available at the employee's place of work, the employee will be entitled to travel home in a taxi at SAAS' expense.
- 27.2 The employee will also be reimbursed for the reasonable cost to return to work (on production of a receipt) afterwards, if this expenditure has been necessary to retrieve his/her vehicle.

PART E – WORK / LIFE FLEXIBILITY

28. VOLUNTARY FLEXIBLE WORKING ARRANGEMENTS (VFWA)

- 28.1 The parties acknowledge the mutual benefit to the employer and employee of VFWA to balance work and other (including family) commitments.
- 28.2 This clause applies for the period an employee participates in a VFWA:
- 28.2.1 Subject to this clause, where an employee elects to participate in a VFWA, the salary or RIR allowance payable to the employee, or applicable to a position, will be adjusted to take account of the VFWA in which the employee is participating, notwithstanding any other provision in, or Schedule of, this Agreement or the Award.
 - 28.2.2 Where an employee is participating in a Purchased Leave type of VFWA, the rate of pay to be used for calculating overtime payments, leave loading or shift penalties will be the rate of pay that would have been payable had the employee not been participating in the Purchased Leave arrangement.
 - 28.2.3 Where an employee is participating in a Compressed Week type of VFWA, the nominated normal hours for any day will constitute the employee's ordinary hours for the day. Overtime will only be payable where the employee is required to work hours in excess of those ordinary hours on any day or in excess of the total of those ordinary hours in a week.
 - 28.2.4 Where, on cessation of employment, the employer makes a payment in lieu of notice; or a payment in respect of accrued recreation or long service leave entitlements (instead of transferring leave credits to another employer party to this Agreement in the event the employee immediately becomes employed by that employer party), the payment thereof (or the transferred leave credits) shall have regard to any period/s in which the employee participated in a VFWA and be adjusted accordingly.

29. PAID MATERNITY LEAVE AND PAID ADOPTION LEAVE

- 29.1 Paid maternity leave and paid adoption leave applies in accordance with this clause. This clause comes into effect from date of approval of this Agreement by the Commission.

- 29.2 Subject to this clause, an employee, other than a casual employee, who has completed 12 months continuous service immediately prior to the birth of the child, or immediately prior to taking custody of an adopted child (as applicable), is entitled to sixteen (16) weeks paid maternity or adoption leave (as applicable) on or after date of approval (the “applicable maximum period”).
- 29.3 An employee who, at the time of taking such paid maternity or adoption leave, has been employed in the SA public sector for not less than five (5) years (including any periods of approved unpaid leave), will be entitled to eighteen (18) weeks on or after 12 months after the date of approval of this Agreement (the “applicable maximum period”).
- 29.4 The following conditions apply to an employee applying for paid maternity leave or paid adoption leave:
- 29.4.1 The total of paid and unpaid maternity/adoption/parental/special leave is not to exceed 104 calendar weeks in relation to the employee’s child. For the purposes of this clause, child includes children of a multiple birth/adoption.
- 29.4.2 An employee will be entitled to the applicable maximum period, paid at the employee’s ordinary rate of pay (excluding allowances, RIR, penalties or other additional payments) from the date maternity/adoption leave commences. The paid maternity/adoption leave is not to be extended by public holidays, rostered days off, programmed days off or any other leave falling within the period of paid leave.
- 29.5 At the time of applying for paid maternity leave or paid adoption leave, the employee may elect in writing:
- 29.5.1 To take the paid leave in two (2) periods split into equal proportions during the first 12 months of the commencement of their paid leave; or
- 29.5.2 To take the paid leave at half pay in which case, notwithstanding any other clause of this Agreement, the employee will be entitled, during the period of leave, to be paid at half the ordinary rate of pay (excluding allowances, penalties or other additional payments) from the date maternity/adoption leave commences; or
- 29.5.3 A combination of clauses 29.5.1 and 29.5.2 of this Agreement.
- 29.6 Where both prospective parents are employees of CE, DH / [SA Health/SAAS], the period of paid maternity or adoption leave (as applicable) may be shared between employees, provided that the total period of paid maternity or adoption leave does not exceed the applicable maximum period and that the leave is taken in periods of not less than four weeks and has regard to the operational needs of the agency or agencies.
- 29.7 Part time employees will have the same entitlements as full time employees, but paid on a pro-rata basis according to the average number of contracted hours during the immediately preceding 12 months (disregarding any periods of leave).
- 29.8 During periods of paid or unpaid maternity leave, sick leave with pay will not be granted for a normal period of absence for confinement. However, any illness arising from the incidence of the pregnancy may be covered by sick leave to the extent available, subject to the usual provisions relating to production of a medical certificate and the medical certificate indicates that the illness has arisen from the pregnancy.
- 29.9 This clause operates notwithstanding the *Paid Parental Leave Act 2010* (Cth) effective from 1 January 2011.
- 29.10 Provisions relating to unpaid maternity/adoption leave that are contained in the SA Health (Health Care Act) Human Resources Manual will continue to have application except where they may be inconsistent with the terms of this Agreement.

30. RETURN TO WORK ON A PART TIME BASIS

- 30.1 Subject to this clause, an employee is entitled to return to work after maternity or adoption leave on a part time basis, at the employee’s substantive level, until the child’s second birthday and may then revert to full time.
- 30.2 The following conditions apply to an employee applying to return on a part time basis:
- a) The employee will provide such a request at least six (6) weeks prior to the date that the employee’s maternity or adoption leave is due to expire, and will provide to the Chief

Executive Officer of SAAS such information as may reasonably be required, including the proportion of time sought, and the date of the relevant child's second birthday.

- b) At least six (6) weeks prior to the relevant child's second birthday, the employee will advise the Chief Executive Officer of SAAS whether the employee will revert to employment on a full time basis or seeks to continue to be employed on a part time basis.
- c) An employee's return to work part time will be on a non-discriminatory basis so as to operate in the same manner as any other employee returning from a period of leave.

31. REIMBURSEMENT OF CHILDCARE COST

- 31.1 Where an employee, other than a casual employee, is given less than 24 hours prior notice that the employee is required to work outside of their ordinary hours of work, and consequently the employee utilises paid child care, SAAS will reimburse the reasonable child care costs incurred by the employee arising from performing such work, subject to this clause.
- 31.2 For the purposes of this clause, a reference to work is a reference to the work outside the employee's ordinary hours, or regular or systematic pattern of work or hour/s, for which less than 24 hours prior notice is given.
- 31.3 The prior period of 24 hours is to be calculated from the time at which the work outside of ordinary hours is to begin.
- 31.4 The work, or the hour/s to be worked, is not part of a regular or systematic pattern of work or hour/s performed by the employee.
- 31.5 The reimbursement will be in respect of the reasonable costs incurred by the employee in respect of the work.
- 31.6 Reimbursement will be made for child care costs in respect of Registered Care or Approved Care after all other sources of reimbursement have been exhausted. Where the child care costs are incurred for child care not in a registered or approved centre, reimbursement will be made in accordance with a child care reimbursement rate, and guidelines, published from time to time by the Commissioner for Public Sector Employment.
- 31.7 The employee will provide SAAS with a Child Benefit Claim Form for either Registered Care or Approved Care, tax invoice/receipt, or other supporting documentation as may from time to time be required, detailing the cost incurred, or reimbursement sought, in respect of the work.

PART F – CAREER STRUCTURE / REVIEWS

32. REVIEW OF PARAMEDIC CAREER OPPORTUNITIES

- 32.1 Paramedic career opportunities, career structure and specialist roles will be reviewed as part of a joint SAAS/AEA Research Project. The review will have particular reference to the current SAAS delivery model (Defining the Road Ahead 2008-2015).
- 32.2 Prior to the commencement of the review, a scoping paper will be prepared by SAAS and the AEA within three (3) months after the approval of this Agreement. Topics for discussion between the parties will include:
 - 32.2.1 Professional development opportunities for Emergency Support Service, Patient Transfer Service and Regional Medical Transport Services employees; and
 - 32.2.2 Career opportunities in the broader health context.
- 32.3 Agreed outcomes may be implemented during the life of the Agreement and/or inform parties during the next round of enterprise bargaining.

33. REVIEW OF EMERGENCY OPERATIONS CENTRE (EOC) STRUCTURE AND CLASSIFICATIONS

- 33.1 SAAS will conduct a review of the structure of the EOC within six (6) months of the date of approval of this Agreement.

- 33.2 The review will consider improvements to service delivery in accordance with the SAAS service delivery model, staff development and support and appropriate classification levels.
- 33.3 SAAS will consult with the AEA in relation to the outcomes and implementation of the review.
- 33.4 Where the parties agree that implementation of any aspect of the review requires a variation to this Agreement, an application to the Commission may be made to that effect.

34. REVIEW OF POSITION TITLES IN SCHEDULES 1 AND 2

- 34.1 SA Health and the AEA agree to the removal of position titles outlined in Schedules 1 and 2 of this Agreement and will establish a working group to develop revised Schedules during the life of this Agreement.
- 34.2 The removal of position titles is not intended to change the remuneration level and classification descriptors of positions as agreed between the parties in the Work Value/Professional Rates Case or to provide additional increment levels, but to provide flexibility for the classification of new positions for continuous improvement of services provided.

35. ADMINISTRATIVE NON-OPERATIONAL EMPLOYEES 'OPTING IN' TO THIS AGREEMENT

- 35.1 Administrative Non-operational employees, as defined in clause 5.4 of this Agreement, may make a voluntary written election to 'opt in' to this Agreement.
- 35.2 This election is conditional upon the following criteria being satisfied:
 - 35.2.1 An Administrative Non-operational employee must provide the CE, DH with a written signed election to 'opt-in' that will be binding on the employer and the Administrative Non-operational employee ("the election");
 - 35.2.2 The election is to be provided during the ballot period or by not later than the date of approval of this Agreement by the Commission;
 - 35.2.3 In exceptional circumstances, the CE, DH may agree to accept a late election outside the specified period provided it is made not later than one (1) calendar month of the date of approval of this Agreement (and any such 'late election' would be deemed to operate as if made within the specified period);
 - 35.2.4 Exceptional circumstances includes where an employee:
 - a) has been on extended leave; or
 - b) has not been notified in a reasonable time frame of the option of electing to 'opt in' to this Agreement and the Award.
 - 35.2.5 The election will have effect from the date of approval of this Agreement by the Commission;
 - 35.2.6 The election will operate and be effective only while the Administrative Non-operational employee continues in their current role, and will cease at the commencement of the first full pay period after the employee accepts and commences in another position/set of duties (whether based at SAAS or elsewhere), or at the date this Agreement is superseded or rescinded (whichever date occurs first);
 - 35.2.7 An Administrative Non-operational employee who has made an election to 'opt in' may then make an irrevocable election to 'opt-out' of this agreement by giving written notice to the CE, DH at any time. That election will be effective on and from the commencement of the next full pay period applicable to the Administrative Non-operational employee after receipt of the written notice.
- 35.3 The specific terms that will apply to Administrative Non-operational employees who make a voluntary written election to 'opt in' are provided in Schedule 5 of this Agreement.
- 35.4 This clause is not to be used as a precedent for any purpose whatsoever in relation to this agreement or any other public sector industrial instrument.

36. ANNUAL AUTHORITY TO PRACTICE

- 36.1 The parties agree to the minimum requirements as set out in SAAS Policy for the annual maintenance of Authority to Practice for employees classified in Schedules 1 and 2 of this Agreement as: Ambulance Officer, ESS Ambulance Officer, Paramedic, Intensive Care Paramedic, Extended Care Paramedic, and any other position in Schedules 1 and 2 of this Agreement that require an annual Authority to Practice to be maintained.
- 36.2 Within the first 12 months of the operation of this Agreement, SAAS will, in consultation with the AEA, revise its current clinical audit program for such employees and develop a new Professional Development Program (new program). The new program will include a portfolio of required professional and clinical development options that such employees must complete annually in order to maintain SA Ambulance Service Authority to Practice.
 - 36.2.1 The new program will be implemented during the second year of the life of this Agreement.
 - 36.2.2 Until the implementation of the new Professional Development Program commences, the current arrangement will continue to operate.

PART G – SIGNATORIES TO THE AGREEMENT

37. SIGNATORIES

Executive Director, Public Sector
Workforce Relations as delegate of
the Chief Executive, Department of
the Premier and Cabinet, as the
Declared Public Employer under the
Fair Work Act 1994 (SA)

Witness

Chief Executive, SA Health, as the
Employing Authority

Witness

Secretary, Ambulance Employees
Association of SA

Witness

Secretary, United Voice SA

Witness

SCHEDULE 1 - SALARIES

PART 1: OPERATIONAL - PATIENT TRANSFER SERVICE STREAM

Salaries payable from the first full pay period on or after the dates shown below:

Part 1.1 Ambulance Officers									
Pay point	Classification	31 Dec 2009	31 Dec 2010	30 Jun 2011	31 Dec 2011	30 Jun 2012	31 Dec 2012	31 Dec 2013	1 Jul 2014
PTS 1.1	Ambulance Officer	\$37,881	\$38,828	\$39,216	\$40,196	\$40,598	\$41,816	\$43,070	\$43,501
PTS 1.2	Ambulance Officer	\$40,078	\$41,080	\$41,491	\$42,528	\$42,953	\$44,242	\$45,569	\$46,025
PTS 1.3	Ambulance Officer	\$43,371	\$44,455	\$44,900	\$46,023	\$46,483	\$47,877	\$49,313	\$49,806
PTS 1.4	Ambulance Officer	\$46,665	\$47,832	\$48,310	\$49,518	\$50,013	\$51,513	\$53,058	\$53,589
PTS 2.1	Team Leader	\$51,607	\$52,897	\$53,426	\$54,762	\$55,310	\$56,969	\$58,678	\$59,265
PTS 2.2	Team Leader	\$54,900	\$56,273	\$56,836	\$58,257	\$58,840	\$60,605	\$62,423	\$63,047
PTS 2.3	Team Leader	\$56,547	\$57,961	\$58,541	\$60,005	\$60,605	\$62,423	\$64,296	\$64,939
PTS 2.4	Team Leader	\$58,244	\$59,700	\$60,297	\$61,804	\$62,422	\$64,295	\$66,224	\$66,886

Part 1.2 Emergency Support Service									
Pay point	Classification	31 Dec 2009	31 Dec 2010	30 Jun 2011	31 Dec 2011	30 Jun 2012	31 Dec 2012	31 Dec 2013	1 Jul 2014
ESS 1.1	ESS Ambulance Officer	\$46,665	\$47,832	\$48,310	\$49,518	\$50,013	\$51,513	\$53,058	\$53,589
ESS 1.2	ESS Ambulance Officer	\$48,862	\$50,084	\$50,585	\$51,850	\$52,369	\$53,940	\$55,558	\$56,114

PART 2: OPERATIONAL – PROFESSIONAL (EMERGENCY) STREAM

Salaries payable from the first full pay period on or after the dates shown below:

Part 2.1 Sponsored Paramedic Degree Program									
Pay point	Classification	31 Dec 2009	31 Dec 2010	30 Jun 2011	31 Dec 2011	30 Jun 2012	31 Dec 2012	31 Dec 2013	1 Jul 2014
SPDP 1	Probationary Ambulance Officer	\$37,881	\$38,828	\$39,216	\$40,196	\$40,598	\$41,816	\$43,070	\$43,501
SPDP 2	Student Ambulance Officer	\$41,175	\$42,204	\$42,626	\$43,692	\$44,129	\$45,453	\$46,817	\$47,285
SPDP 3	Student Ambulance Officer	\$43,920	\$45,018	\$45,468	\$46,605	\$47,071	\$48,483	\$49,937	\$50,436
SPDP 4	Student Ambulance Officer	\$47,215	\$48,395	\$48,879	\$50,101	\$50,602	\$52,120	\$53,684	\$54,221

Part 2.2 Intern									
Pay point	Classification	31 Dec 2009	31 Dec 2010	30 Jun 2011	31 Dec 2011	30 Jun 2012	31 Dec 2012	31 Dec 2013	1 Jul 2014
1.1	Intern	\$47,215	\$48,395	\$48,879	\$50,101	\$50,602	\$52,120	\$53,684	\$54,221
1.2	Intern	\$49,410	\$50,645	\$51,151	\$52,430	\$52,954	\$54,543	\$56,179	\$56,741

Part 2.3 Paramedic									
Pay point	Classification	31 Dec 2009	31 Dec 2010	30 Jun 2011	31 Dec 2011	30 Jun 2012	31 Dec 2012	31 Dec 2013	1 Jul 2014
2.1	Paramedic, Paramedic Defined Practice	\$53,802	\$55,147	\$55,698	\$57,090	\$57,661	\$59,391	\$61,173	\$61,785
2.2	Paramedic, Paramedic Defined Practice	\$55,998	\$57,398	\$57,972	\$59,421	\$60,015	\$61,815	\$63,669	\$64,306
2.3	Paramedic	\$58,194	\$59,649	\$60,245	\$61,751	\$62,369	\$64,240	\$66,167	\$66,829
2.4	Paramedic	\$60,390	\$61,900	\$62,519	\$64,082	\$64,723	\$66,665	\$68,665	\$69,352
2.5	Paramedic	\$62,587	\$64,152	\$64,794	\$66,414	\$67,078	\$69,090	\$71,163	\$71,875
2.6	Paramedic	\$64,782	\$66,402	\$67,066	\$68,743	\$69,430	\$71,513	\$73,658	\$74,395

Part 2.4 Clinical Instructor									
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Pay point	Classification	31 Dec 2009	31 Dec 2010	30 Jun 2011	31 Dec 2011	30 Jun 2012	31 Dec 2012	31 Dec 2013	1 Jul 2014
2.5	Clinical Instructor	\$62,587	\$64,152	\$64,794	\$66,414	\$67,078	\$69,090	\$71,163	\$71,875
2.6	Clinical Instructor	\$64,782	\$66,402	\$67,066	\$68,743	\$69,430	\$71,513	\$73,658	\$74,395
3.2	Clinical Instructor	\$66,979	\$68,653	\$69,340	\$71,074	\$71,785	\$73,939	\$76,157	\$76,919
3.3	Clinical Instructor	\$69,174	\$70,903	\$71,612	\$73,402	\$74,136	\$76,360	\$78,651	\$79,438

Part 2.5 Intensive Care Paramedic (ICP)

Pay point	Classification	31 Dec 2009	31 Dec 2010	30 Jun 2011	31 Dec 2011	30 Jun 2012	31 Dec 2012	31 Dec 2013	1 Jul 2014
3.1	Intensive Care Paramedic Intern	\$65,881	\$67,528	\$68,203	\$69,908	\$70,607	\$72,725	\$74,907	\$75,656
3.2	Intensive Care Paramedic	\$66,979	\$68,653	\$69,340	\$71,074	\$71,785	\$73,939	\$76,157	\$76,919
3.3	Intensive Care Paramedic	\$69,174	\$70,903	\$71,612	\$73,402	\$74,136	\$76,360	\$78,651	\$79,438
3.4	Intensive Care Paramedic	\$71,371	\$73,155	\$73,887	\$75,734	\$76,491	\$78,786	\$81,150	\$81,962
3.5	Intensive Care Paramedic	\$73,566	\$75,405	\$76,159	\$78,063	\$78,844	\$81,209	\$83,645	\$84,481

Part 2.6 SPRINT Paramedic

Pay point	Classification	31 Dec 2009	31 Dec 2010	30 Jun 2011	31 Dec 2011	30 Jun 2012	31 Dec 2012	31 Dec 2013	1 Jul 2014
3.2	SPRINT Paramedic	\$66,979	\$68,653	\$69,340	\$71,074	\$71,785	\$73,939	\$76,157	\$76,919

Part 2.7 ICP Solo Responder

Pay point	Classification	31 Dec 2009	31 Dec 2010	30 Jun 2011	31 Dec 2011	30 Jun 2012	31 Dec 2012	31 Dec 2013	1 Jul 2014
4.1	ICP Solo Responder	\$76,861	\$78,783	\$79,571	\$81,560	\$82,376	\$84,847	\$87,392	\$88,266

Part 2.8 Special Operations Team (SOT), Extended Care Paramedics (ECP)

Pay point	Classification	31 Dec 2009	31 Dec 2010	30 Jun 2011	31 Dec 2011	30 Jun 2012	31 Dec 2012	31 Dec 2013	1 Jul 2014
4.1	SOT ICP	\$76,861	\$78,783	\$79,571	\$81,560	\$82,376	\$84,847	\$87,392	\$88,266
4.2	SOT ICP	\$79,056	\$81,032	\$81,842	\$83,888	\$84,727	\$87,269	\$89,887	\$90,786
4.3	SOT ICP	\$81,253	\$83,284	\$84,117	\$86,220	\$87,082	\$89,694	\$92,385	\$93,309

4.4	SOT ICP	\$83,448	\$85,534	\$86,389	\$88,549	\$89,434	\$92,117	\$94,881	\$95,830
5.1	SOT/Retrieval ICP, ECP	\$86,743	\$88,912	\$89,801	\$92,046	\$92,966	\$95,755	\$98,628	\$99,614
5.2	SOT/Retrieval ICP, ECP	\$88,938	\$91,161	\$92,073	\$94,375	\$95,319	\$98,179	\$101,124	\$102,135
5.3	SOT/Retrieval ICP, ECP	\$92,233	\$94,539	\$95,484	\$97,871	\$98,850	\$101,816	\$104,870	\$105,919

PART 3: OPERATIONAL – PROFESSIONAL (EMERGENCY) MANAGEMENT STREAM

*Salaries payable from **the first full pay period on or after the dates shown below:***

Part 3.1 Paramedic Team Leader: Clinical (CTL), ESS (ESSTL), Regional (RTL), Paramedic Development Intern Team Leader (PDITL)									
Pay point	Classification	31 Dec 2009	31 Dec 2010	30 Jun 2011	31 Dec 2011	30 Jun 2012	31 Dec 2012	31 Dec 2013	1 Jul 2014
3.4	CTL/RTL <12 reports	\$71,371	\$73,155	\$73,887	\$75,734	\$76,491	\$78,786	\$81,150	\$81,962
3.5	CTL/RTL <12 reports	\$73,566	\$75,405	\$76,159	\$78,063	\$78,844	\$81,209	\$83,645	\$84,481
4.1	ESS TL	\$76,861	\$78,783	\$79,571	\$81,560	\$82,376	\$84,847	\$87,392	\$88,266
4.2	ESS TL	\$79,056	\$81,032	\$81,842	\$83,888	\$84,727	\$87,269	\$89,887	\$90,786
4.3	CTL/RTL/PDITL >12 reports; ESS CTL	\$81,253	\$83,284	\$84,117	\$86,220	\$87,082	\$89,694	\$92,385	\$93,309
4.4	CTL/RTL/PDITL >12 reports; ESS CTL	\$83,448	\$85,534	\$86,389	\$88,549	\$89,434	\$92,117	\$94,881	\$95,830

Part 3.2 Intensive Care Paramedic Team Leader: Clinical (CTL), Regional (RTL), Area (ACTL)									
Pay point	Classification	31 Dec 2009	31 Dec 2010	30 Jun 2011	31 Dec 2011	30 Jun 2012	31 Dec 2012	31 Dec 2013	1 Jul 2014
4.1	CTL/RTL <12 reports	\$76,861	\$78,783	\$79,571	\$81,560	\$82,376	\$84,847	\$87,392	\$88,266
4.2	CTL/RTL <12 reports	\$79,056	\$81,032	\$81,842	\$83,888	\$84,727	\$87,269	\$89,887	\$90,786
5.3	CTL/RTL >12 reports, ACTL	\$92,233	\$94,539	\$95,484	\$97,871	\$98,850	\$101,816	\$104,870	\$105,919
5.4	CTL/RTL >12 reports, ACTL	\$94,428	\$96,789	\$97,757	\$100,201	\$101,203	\$104,239	\$107,366	\$108,440

Part 3.3 Clinical Education, Support and Governance									
Pay point	Classification	31 Dec 2009	31 Dec 2010	30 Jun 2011	31 Dec 2011	30 Jun 2012	31 Dec 2012	31 Dec 2013	1 Jul 2014
4.2	Clinical Educator	\$79,056	\$81,032	\$81,842	\$83,888	\$84,727	\$87,269	\$89,887	\$90,786
5.3	Clinical Support Officer	\$92,233	\$94,539	\$95,484	\$97,871	\$98,850	\$101,816	\$104,870	\$105,919
5.4	Clinical Support Officer	\$94,428	\$96,789	\$97,757	\$100,201	\$101,203	\$104,239	\$107,366	\$108,440

Part 3.4 Special Operations Team Leader									
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Pay point	Classification	31 Dec 2009	31 Dec 2010	30 Jun 2011	31 Dec 2011	30 Jun 2012	31 Dec 2012	31 Dec 2013	1 Jul 2014
5.4	SOT Clinical Team Leader	\$94,428	\$96,789	\$97,757	\$100,201	\$101,203	\$104,239	\$107,366	\$108,440

Part 3.5 Operational Management

Pay point	Classification	31 Dec 2009	31 Dec 2010	30 Jun 2011	31 Dec 2011	30 Jun 2012	31 Dec 2012	31 Dec 2013	1 Jul 2014
6.1	Patient Services Manager, Risk and Safety Manager, Special Operations Manager, State Duty Manager, Operations Manager Performance & Logistics, Manager Emergency Preparedness, Business Operations Manager	\$105,409	\$108,044	\$109,124	\$111,852	\$112,971	\$116,360	\$119,851	\$121,050

PART 4 – OPERATIONAL – EMERGENCY OPERATIONS CENTRE (EOC)

Salaries payable from the first full pay period on or after the dates shown below:

Pay Point	Classification	31 Dec 2009	31 Dec 2010	30 Jun 2011	31 Dec 2011	30 Jun 2012	31 Dec 2012	31 Dec 2013	1 Jul 2014
	Probationary EMDSO	\$42,116	\$43,169	\$43,601	\$44,691	\$45,138	\$46,492	\$47,887	\$48,366
	EMDSO	\$46,749	\$47,918	\$48,397	\$49,607	\$50,103	\$51,606	\$53,154	\$53,686
	Probationary Coordinator	\$47,075	\$48,252	\$48,735	\$49,953	\$50,453	\$51,967	\$53,526	\$54,061
	Coordinator Level 1	\$50,827	\$52,098	\$52,619	\$53,934	\$54,473	\$56,107	\$57,790	\$58,368
	Coordinator Level 2	\$53,657	\$54,998	\$55,548	\$56,937	\$57,506	\$59,231	\$61,008	\$61,618
	Coordinator Level 3	\$56,487	\$57,899	\$58,478	\$59,940	\$60,539	\$62,355	\$64,226	\$64,868
	Coordinator Level 4	\$58,822	\$60,293	\$60,896	\$62,418	\$63,042	\$64,933	\$66,881	\$67,550
	Communications Team Leader	\$64,008	\$65,608	\$66,264	\$67,921	\$68,600	\$70,658	\$72,778	\$73,506

SCHEDULE 2 – CLASSIFICATIONS

**The following classification structure and level descriptors shall apply to the:
Operational – Patient Transfer Service Stream;
Operational – Professional (Emergency) Stream;
Operational – Professional (Emergency) Management Stream; and
Operational – Emergency Operations Centre (EOC).**

OPERATIONAL – PATIENT TRANSFER SERVICE STREAM

PTS Ambulance Officer (Level PTS 1.1 – 1.4)

Employees at this level:

- Hold Certificate IV or equivalent recognised by the employer;
- Successfully complete annual role re-accreditation requirements;
- Provide transport and care of elective patients;
- Maintain basic emergency care first response capability;
- Provide support and guidance to newer or less experienced staff, ambulance officers, paramedic Interns and Volunteer Ambulance Officers;
- Support ambulance clinical practice learning experiences for students undertaking clinical placements, orientation for new staff and preceptorship of Interns;
- Demonstrate professional driving skills under emergency conditions, providing timely responses without compromising a safe and stable platform for patient care;
- Carry out assigned tasks and roles at scenes and major incidents.

PTS Team Leader (Level PTS 2.1 – 2.2)

Employees in this role:

- Hold Certificate IV or equivalent recognised by the employer;
- Have worked to at least PTS increment 3;
- Successfully complete annual role re-accreditation requirements;
- Provide transport and care of elective patients;
- Maintain basic emergency care first response capability;
- Possess clinical intervention skills beyond PTS;
- Work within specified protocols within the clinical framework;
- Demonstrate professional driving skills under emergency conditions, providing timely responses without compromising a safe and stable platform for patient care;
- By providing effective scene management, contribute to patient safety, risk minimisation and safe work activities within the practice setting;
- Co-ordination and leadership of a PTS team's activities to achieve continuity and quality of patient care;
- Provide support and guidance to newer or less experienced staff, PTS ambulance officers, paramedic Interns and Volunteer Ambulance Officers;
- Provide guidance, instruction, mentoring and assessment of paramedic Interns and/or students;
- Support ambulance clinical practice learning experiences for students undertaking clinical placements, orientation for new staff and preceptorship of Interns;
- Participate in curriculum development;
- Clinical development of individuals and groups;
- Lead a team within the practice framework established by the Ambulance Service;
- Role model professional behaviour;
- Undertake a combination of patient care / team leadership and resource management;
- Maintain productive working relationships and manage conflict resolution;
- Coordinate and oversee PTS ambulance patient care delivery for a specific area;
- Liaise with external agencies and healthcare providers;
- Fulfill roles at major incidents which could include command and control;
- Performance manage team members;
- Provide services in the transport and care of mental health patients and bariatric patients on a sessional basis and at need;
- Provide transport of patient with aortic balloon pumps;

- Review decisions, assessments, and recommendations from less experienced paramedics, students, PTS officers and Volunteer Ambulance Officers;
- Continue own professional development, seek learning opportunities and develop and maintain own professional development portfolio of learning and experience;
- Make professional judgement either to initiate patient care treatment or to activate an appropriate resource.
- Lead a team of 12 or less direct reports within the professional practice framework established by the Ambulance Service;

PTS Team Leader (Level PTS 2.3 – 2.4)

In addition to the responsibilities outlined above for PTS Team Leader 2.1-2.2 above, employees at this level will do the following:

- lead a team of 12 or more direct reports within the professional practice framework established by the Ambulance Service;

Emergency Support Service (Level ESS 1.1 – 1.2)

Employees in this role may, in addition to the transport and care of elective patients:

- Have worked as a qualified PTS officer and received training in escort of mental health patients.
- Maintain basic emergency care first response capability;
- Carry out assigned tasks and roles at scenes and major incidents;
- Provide clinical intervention skills beyond PTS;
- Provide specialist services in the transport and care of mental health patients and bariatric patients on a sessional basis and at need;
- Provide specialist transport of patient with aortic balloon pumps;
- Work within specified protocols within the clinical framework;
- Provide support and guidance to newer or less experienced staff, ambulance officers, paramedic Interns and Volunteer Ambulance Officers;
- Support ambulance clinical practice learning experiences for students undertaking clinical placements, orientation for new staff and preceptorship of Interns;
- Demonstrate professional driving skills under emergency conditions, providing timely responses without compromising a safe and stable platform for patient care;
- Successfully complete annual role re-accreditation requirements;
- Review decisions, assessments, and recommendations from less experienced paramedics, students and volunteer ambulance officers;
- Continue own professional development, seek learning opportunities and develop and maintain own professional development portfolio of learning and experience;
- Make professional judgments either to initiate patient care treatment or to activate an appropriate resource;
- Operate as emergency response in remote areas without the supervision of a Paramedic as a crew.

OPERATIONAL – PROFESSIONAL (EMERGENCY) STREAM and OPERATIONAL – PROFESSIONAL (EMERGENCY) MANAGEMENT STREAM

Sponsored Paramedic Degree Students

Employees at this level have been selected to be sponsored by the employer to complete the Bachelor of Health Science (Paramedic) or equivalent.

Employees at this level:

- Initially hold a Certificate IV BEC or equivalent recognised by the employer;
- Progress towards the successful attainment of Bachelor of Health Science (Paramedic) or equivalent on a part-time basis;
- Work under direct supervision by more senior clinicians (levels 2 and above) throughout their studentship;
- Provide direct ambulance supervised clinical practice to patients on a shift by shift basis;
- Increase in capability in performing the role throughout the studentship.

LEVEL 1

First increment includes graduates and undergraduates of the Bachelor of Health Science (Paramedic) or equivalent during deployment to the non emergency patient services stage of internship, the second increment graduates during the emergency stage of the internship.

Employees at this level normally operate under imposed constraints in regard to the selection and adaptation of patient care strategies.

Under graduate and graduate student interns

Employees in this role:

- Prior to graduating in the Bachelor in Health Science (Paramedic) or equivalent, undertake a stage 1 internship programme at increment 1.1 which commences in elective ambulance service;
- Upon successful completion of the Bachelor in Health Science (Paramedic) or equivalent qualification, advance to increment 1.2 and stage 2 Internship programme in emergency ambulance operations;
- Work under direct supervision of a Clinical Instructor until successful completion the paramedic intern development team stage of the internship, where after under supervision of a qualified paramedic level 2 or higher;
- Work under decreasing levels of supervision whilst progressing through the internship;
- Accept responsibility for acquiring and applying knowledge throughout the internship.

LEVEL 2

Employees classified at this level are base line autonomous ambulance clinicians holding the qualification of Bachelor of Health Science (Paramedic), plus a minimum 12 month internship, or an equivalent as recognised by the employer. Such employees must also have the authority to practice at this level in accordance with the appropriate Clinical Practice Manual as authorised by the employer.

Employees at this level provide base line ambulance paramedic clinical services. The role at this level consolidates knowledge and skills and develops in capability through continuous professional development and experience. Employees at this level:

- Select and adapt patient intervention strategies within the clinical framework best suited to the circumstances, in a time-critical setting;
- Make complex and critical professional judgements that may have significant impact on patient outcomes;
- Accept accountability for their decisions and for their own standards of ambulance patient care.

Employees in this role will, with increasing capability:

- Provide direct ambulance clinical practice to patients on a shift by shift basis;
- Use foundation theoretical knowledge and evidence based guidelines exercising independent judgement to implement individual and/or group patient care options;
- Instigate effective patient intervention strategies autonomously within the clinical guidelines framework, with little or no direct supervision or support;
- Successfully complete annual role re-accreditation requirements;
- Participate in quality assurance and/or evaluative research activities within practice setting;
- By providing effective scene management, contribute to patient safety, risk minimisation and safe work activities within the practice setting;
- Coordinate services, including those of other disciplines or agencies, as part of scene management;
- Appropriately deal with people/patients exhibiting challenging behaviours;
- Review decisions, assessments, and recommendations from less experienced Paramedics, Level 1 Paramedics, students, PTS officers and Volunteer Ambulance Officers;
- Provide support and guidance to newer or less experienced staff, ambulance officers, paramedic interns and Volunteer Ambulance Officers;
- Support ambulance clinical practice learning experiences for students undertaking clinical placements, orientation for new staff and preceptorship of paramedics and paramedic interns;
- Act as a role model in the provision of treatment and care of patients;
- Continue own professional development, seek learning opportunities and develop and maintain own professional development portfolio of learning and experience;
- Demonstrate professional driving skills under emergency conditions, providing timely responses

without compromising a safe and stable platform for patient care.

Paramedic Defined Practice (Levels 2.1 – 2.2)

Employees at this level do not progress beyond level 2.2.

Clinical Instructor (Levels 2.5 – 2.6)

In addition to the responsibilities set out above, employees engaged in this role use their paramedic clinical knowledge and experience to provide corporate support to ambulance clinical practice in areas such as:

- Provision of guidance, instruction, mentoring and assessment for graduate interns and/or students;
- Provision of clinical development for individuals;
- Review decisions, assessments, and recommendations from less experienced Paramedics, Level 1 Paramedics, paramedic Interns, students, PTS officers and volunteer ambulance officers;
- Provision of support and guidance to newer or less experienced staff, ambulance officers and Paramedic Interns and Volunteer Ambulance Officers;
- Support ambulance clinical practice learning experiences for students undertaking clinical placements, orientation for new staff and preceptorship of Interns.

Employees in this role must have advanced to at least level 2.3, and will commence at level 2.5. Transition to level 3 is automatic.

LEVEL 3

In addition to the responsibilities set out for Paramedic Level 2, employees at this level provide more specialised levels of clinical knowledge, education provision or supervision.

Employees at this level will, according to their role:

- Have progressed to a minimum of Paramedic Level increment 2.3;
- Provide advanced clinical skills with greater independence in decision making;
- Provide instruction, guidance and assessment of paramedic interns, and undergraduate students;
- Provide leadership and supervision of a team ambulance of paramedics or teams of volunteer ambulance officers, for less than seven reports.

Clinical Instructor (Level 3.2 – 3.3)

Employees engaged in this role use their paramedic clinical knowledge and experience to provide corporate support to ambulance clinical practice in areas such as:

- Provision of guidance, instruction, mentoring and assessment for graduate interns and/or students;
- Provision of clinical development for individuals;
- Review of decisions, assessments, and recommendations from less experienced Paramedics, Level 1 Paramedics, students and volunteer ambulance officers;
- Provision of support and guidance to newer or less experienced staff, ambulance officers, Paramedic Interns and Volunteer Ambulance Officers;
- Supporting ambulance clinical practice learning experiences for students undertaking clinical placements, orientation for new staff and preceptorship of interns.

Sprint Paramedic Level 3.2

Employees classified at this level must hold the relevant qualifications identified in Paramedic Level 3 or Intensive Care Paramedic. They must maintain their authority to practice at their clinical level on an emergency ambulance. They must be able to perform in a single, autonomous role. The role includes;

- Rapidly responding to cases in an efficient and proficient manner;
- Rapid assessment and triage of patients;
- Rapid assessment of further resources or cancelling of resources whilst providing life saving treatment;
- Rapid turn-around times for increased availability for next case.

Intensive Care Paramedic (Level 3.1 – 3.5)

Employees classified at this level must hold the relevant qualifications identified in Paramedic Level 3 and are also required to have successfully completed the relevant clinical education required for

advancement to this level. Such employees must also have the authority to practice at this level in accordance with the Clinical Practice Manual Intensive Care Paramedic Guidelines as authorised by the employer.

Employees in this role will:

- Provide direct ambulance clinical practice to patients/clients on a shift by shift basis;
- Gain and sustain advanced clinical knowledge and skills to operate at the Intensive Care practice level;
- Use the advanced theoretical knowledge and evidence based guidelines to exercise independent judgement in order to implement individual and/or group patient care options;
- Successfully complete annual role re-accreditation requirements;
- Participate in quality assurance and/or evaluative research activities within practice setting;
- Instigate effective patient intervention strategies autonomously within the clinical guidelines framework, with little or no direct supervision or support;
- Appropriately deal with people/patients exhibiting challenging behaviours;
- Review decisions, assessments, and recommendations from less experienced Paramedics, Level 1 and 2 Paramedics, students, PTS officers and Volunteer Ambulance Officers;
- Provide support and guidance to newer or less experienced staff, ambulance officers, paramedics Level 2, paramedic Interns, intensive care paramedic interns and Volunteer Ambulance Officers;
- Support ambulance clinical practice learning experiences for students undertaking clinical placements, orientation for new staff and preceptorship of Interns;
- Act as a role model in the provision of treatment and care of patients;
- Continue own professional development, seek learning opportunities and develop and maintain own professional development portfolio of learning and experience.

Paramedic Clinical Team Leader (Levels 3.4 – 3.5)

Employees engaged in this role use their paramedic clinical knowledge and experience to provide pivotal coordination of patient care delivery in a defined team within an area. The main focus of this role is line management; responsibilities include:

- Maintenance of own accreditation as an paramedic level 2;
- Co-ordination and leadership of a paramedic team's activities to achieve continuity and quality of patient care;
- Lead a team of 12 or less direct reports within the professional practice framework established by the Ambulance Service;
- Role modelling professional behaviour;
- Undertake a combination of patient care / team leadership and resource management;
- Maintain productive working relationships and manage conflict resolution;
- Coordinate and oversee ambulance patient care delivery for a specific area;
- Performance management of team members.

This classification commences at level 3.4

LEVEL 4

In addition to the responsibilities set for Paramedic Level 3, employees at this level provide more specialised levels of clinical knowledge, education provision and/or Supervision:

- Higher Clinical skills
 - In an Aeromedical/rescue setting
 - Special Operations Team Intensive Care Paramedic;
 - In a road practice setting
 - Extended Practice Paramedic
 - ICP Solo Responder
- Education
 - Clinical Educator,
 - Regional Team Leader (ICP),
 - Paramedic Intern Team CTL;
- Supervisory
 - Intensive Care Paramedic Clinical Team Leader,

- Paramedic Intern Team CTL,
- ESS Clinical Team Leader,
- Paramedic RTL,
- Paramedic CTL greater than 12 reports.

Employees classified at this level accept accountability, as appropriate to their specific role, for:

- Providing expert ambulance clinical care;
- Providing clinical leadership to paramedics, ambulance officers and volunteer ambulance officers;
- Ambulance clinical practice outcomes;
- Addressing inconsistencies between practice and policy;
- Developing team performance in the interest of patient outcomes;
- Providing specialist aeromedical retrieval and rescue operations;
- Contributing to ambulance service clinical governance.

Employees at this level who do not work shift cycles may receive an allowance equivalent to the Metropolitan Composite Rate as payment in lieu of shift penalties depending upon the extended practice and the flexible environment in which the work is performed.

ICP Solo Responder Level 4.1

Employees classified at this level must hold the relevant qualifications identified in Intensive Care Paramedic (Level 3.1 – 3.5) descriptor. Intensive Care Paramedics must be appointed to this role and have successfully completed the single response training program. They must maintain their authority to practice at their clinical level. They must be able to perform in a single, autonomous role. The role includes;

- Rapidly responding to cases in an efficient and proficient manner either as a solo responder or providing intensive care support to other crews.
- Rapid assessment and triage of patients;
- Rapid assessment of further resources or cancelling of resources whilst providing life saving treatment; and
- Rapid turn-around times for increased availability for next case.

This classification has no incremental advancement.

Special Operations Team Intensive Care Paramedic (Levels 4.1 - 4.4)

Employees engaged in this role have built on their advanced clinical knowledge and experience to provide expert ambulance clinical care beyond that of intensive care paramedic, and specialist skills and physical fitness to ensure ambulance service response capability for:

- aeromedical retrievals;
- confined space rescue;
- vertical rescue;
- urban search and rescue;
- helicopter search and rescue;
- emergency medical support for SAPol Special Task and Rescue Group;
- HAZMAT/CBR incidents;
- Health care/ medical support to multi agency rescue and/or response teams;
- Provision of expert technical/clinical advice to the organisation, and to external agencies.

Employees in this role will:

- Maintain accreditation as an Intensive care paramedic;
- Maintain accreditation as a Special Operations Team member;
- Maintain personal fitness to the standard required.

Paramedic Clinical Team Leader (Levels 4.3 – 4.4)

Employees engaged in this role use their paramedic clinical knowledge and experience to provide pivotal coordination of patient care delivery in a defined team within an area. The main focus of this role is line management:

- Maintenance of own accreditation as an paramedic level 2;
- Co-ordination and leadership of a paramedic team's activities to achieve continuity and quality of patient care;
- Lead a team of greater than 12 direct reports within the professional practice framework established by the Ambulance Service;
- Role modelling professional behaviour;

- Undertake a combination of patient care / team leadership and resource management;
- Maintain productive working relationships and manage conflict resolution;
- Coordinate and oversee ambulance patient care delivery for a specific area;
- Performance management of team members.

Regional Team Leader (Paramedic) (Levels 4.3 – 4.4)

Employees engaged in this role use their advanced clinical knowledge and experience to provide corporate support services to ambulance clinical practice in areas such as:

- Provision of learning experiences, educational materials, knowledge access systems, and expertise to support volunteer and career clinicians undertaking local teaching;
- Co-ordination and leadership of a number of volunteer ambulance officer team's activities to achieve continuity and quality of patient care;
- Lead multiple volunteer ambulance officer teams within the clinical practice framework established by the Ambulance Service;
- Undertake a combination of patient care area/ team leadership and resource management;
- Maintain productive working relationships and manage conflict resolution;
- Coordinate and oversee, ambulance patient care delivery for specific areas;
- Role modelling professional behaviour.

Paramedic Intern Development Team Clinical Team Leader (Levels 4.3 – 4.4)

Employees engaged in this role use their paramedic clinical knowledge and experience to provide line management and clinical guidance and development of Clinical Instructors and paramedic interns in areas such as:

- Co-ordination and leadership of a paramedic intern development team's activities to achieve continuity and quality of patient care;
- Lead a team within the professional practice framework established by the Ambulance Service;
- Undertake a combination of patient care area/team leadership and resource management;
- Maintain productive working relationships and manage conflict resolution;
- Performance management of team members;
- Provide guidance, instruction, mentoring and assessment of Graduate Interns and/or students;
- Provide clinical development for individuals and groups;
- Role modelling professional behaviour.

Paramedic ESS Clinical Team Leader (Levels 4.1 -4.4)

Employees engaged in this role use their paramedic clinical knowledge and experience to provide pivotal coordination of patient care delivery for multiple teams within the Metropolitan Area, and elective ambulance activities in regional areas. The main focus of this role is line management:

- Co-ordination and leadership of multiple ESS teams' activities to achieve continuity and quality of patient care;
- Lead ESS teams within the professional practice framework established by the Ambulance Service, including specialist/multidiscipline functions such as bariatric care and transport, and mental health care and transport;
- Establish and maintain sound working relationships with external agencies such as RFDS and Mental Health;
- Maintaining own accreditation as Paramedic Level 2;
- Role modelling professional behaviour;
- Undertake a combination of patient care / team leadership and resource management;
- Maintain productive working relationships and manage conflict resolution;
- Coordinate and oversee ambulance patient care delivery for a region;
- Performance management of team members;
- Provide guidance, instruction, mentoring and assessment of Graduate Interns and/or students;
- Provide clinical development for individuals and groups;
- Provide strategic leadership in support of operational management for innovation, change processes and coordinated responses in the Ambulance Transfer Service;
- Provide upward relief for Operations Manager, Transport Services.

Clinical Educator (Level 4.2)

Employees in this role:

- Hold training and assessment qualification (ie Certificate IV in Training and Assessment) or able to show past experience in this area;
- Use their clinical knowledge and experience to deliver educational services, and programs and participate in the assessment process;
- Participate in the development of course material and assessments;
- Provide advice and clinical expertise to students;
- Provide individual coaching/mentoring to students as required.

Employees undertaking the role of Clinical Educator are remunerated at level 4.2 for the period during which they are undertaking that role only.

LEVEL 5

This level includes Clinical Support Officers, SOT Team Leader, Area Team Leaders, ICP Clinical and Regional Team Leaders, Extended Care Paramedic and Retrieval Paramedics.

In addition to the requirements set out in level 4, employees classified at this level use their clinical knowledge and experience to provide a corporate support service to ambulance practice and services in areas such as education methodologies, staffing methodologies, recruitment and selection, human resource management, financial administration, risk management processes and information systems management.

Employees classified at this level will:

- Accept accountability, as appropriate to their specific role;
- Initiate and formulate programmes;
- Undertake projects/investigations of significant complexity;
- Provide specialist advice and consultancy within the ambulance service and to external agencies;
- Interpret and implement policy;
- Maintain own accreditation as an Intensive care paramedic where appropriate to the role;
- Provide clinical development for individuals and groups;
- Role model and manage professional behaviour.

Various roles may be used to enact this role, which is focused on providing management support to specific portfolio/s.

Employees at this level who do not work shift cycles may receive an allowance equivalent to the Metropolitan Composite Rate as payment in lieu of shift penalties depending upon the extended practice and the flexible environment in which the work is performed.

Employees in this role may, as appropriate to the role:

- Provide, oversee and advise on corporate management and systems services that are by complexity or breadth, demonstrably beyond the usual range; OR
- Lead a team of greater than 12 direct reports and/or accept accountability for a major administrative portfolio demonstrably beyond the usual range; OR
- Initiate and lead projects of significant scope and complexity such as capital works developments or major systems changes;
- Integrate corporate and local service coordination to achieve continuity of patient services;
- Integrate contemporary information and research evidence with personal experience to support the decision making, innovative thinking and objective analysis that are expected at this level;
- Maintain productive working relationships and manage conflict resolution;
- Use and develop or make significant adaptation to clinical and/or management information systems;
- Develop customised Key Performance Indicators and/or outcomes measurement models that influence organisation wide reporting processes;
- Directly undertake and/or oversee a major research or evaluative project;
- Identify the need for, lead implementation of, and evaluate changes in organisational processes and practices in response to emerging service and workforce needs;
- Hold a contemporary professional practice portfolio containing evidence of postgraduate qualifications and learning and practice experiences that underpin a demonstrable application of knowledge and skills commensurate with the level of autonomy, decision making authority and influence of recommendations expected of the role;
- Use their advanced clinical knowledge and experience to provide pivotal coordination of patient care delivery in a defined team within an area;

- Provide line management of a team as a main focus;
- Undertake a combination of patient care / team leadership and resource management;
- Co-ordinate and lead a paramedic team's activities to achieve continuity and quality of patient care;
- Lead a team within the professional practice framework established by the Ambulance Service;
- Lead, coach, coordinate and support direct reports;
- Provide instruction, guidance and assessment of paramedic interns, and undergraduate students;
- Support ambulance clinical practice learning experiences for students undertaking clinical placements, orientation for new staff and preceptorship of Interns;
- Coordinate and oversee ambulance patient care delivery for a specific area;
- Performance manage team members;
- Manage major incidents at operational and tactical level, coordinating all participating resources including other agencies in all aspects of patient care.

Employees in this role may be required to:

- Act as a consultant to the state or national health system in area of expertise;
- Provide a support/advisor role to other Managers;
- Undertake the work of a portfolio beyond the usual range for the setting, within the corporate administrative framework and delegations of responsibility;
- Where required by the organisation, provide "after hours" oversight and management of the activities of the ambulance service including staff allocation, implementation of disaster response and recalling staff beyond the usual range of responsibility;
- Provide learning experiences, educational materials, knowledge access systems, and expertise to support clinicians undertaking local teaching;
- Develop curricula for ambulance clinicians;
- Provide clinical development of individuals and groups;
- Influence and/or develop corporate policy;
- Provide a first response capability to support other clinicians and in the interests of patient care.

Regional Team Leader (ICP) (Levels 5.3 – 5.4)

Employees engaged in this role use their advanced clinical knowledge and experience to provide corporate support services to ambulance clinical practice in areas such as:

- Provision of learning experiences, educational materials, knowledge access systems, and expertise to support volunteer and career clinicians undertaking local teaching;
- Co-ordination and leadership of a number of Volunteer Ambulance Officer team's activities to achieve continuity and quality of patient care;
- Lead multiple volunteer ambulance officer teams within the clinical practice framework established by the Ambulance Service;
- Undertake a combination of patient care area/ team leadership and resource management;
- Maintain productive working relationships and manage conflict resolution;
- Coordinate and oversee, ambulance patient care delivery for specific areas;
- Role modelling professional behaviour.

LEVEL 6

Employees classified at this level use their clinical knowledge and experience to provide strategic and operational leadership, governance, and direction for the state's ambulance services. These roles balance and integrate strategic and operational perspectives within a specified span of appointment.

Employees in this role accept accountability for the governance and practice standards of ambulance clinicians in a division, region and/or on a state wide basis; the effective implementation of corporate systems to support, evaluate and consistently improve ambulance practice and healthy work environments, and the cost effective provision of health services within their span of appointment.

Employees at this level will typically, depending on the role:

- Provide corporate professional ambulance practice advice, leadership, and management for a specified Region or Division with less than 5 direct reports;
- Provide professional ambulance practice advice and leadership to less than 5 direct reports at Level 3, 4 and/or 5;
- Initiate and/or oversee innovations, systemic change processes, and co-ordination of responses to

- ambulance practice and ambulance service needs within span of control;
- Integrate contemporary information and research evidence with personal knowledge and experience to support executive level decision making;
- Contribute to and implement the corporate ambulance professional practice framework established by the employer;
- Implement the corporate administrative and risk management frameworks within span of responsibility;
- Contribute to financial budgeting and management within a culture of due diligence;
- Guide the use of information systems to inform decision making, and manage practice;
- Oversee human resource systems implementation including processes and standards of ambulance clinical staff recruitment, performance, development and retention;
- Lead, coach, coordinate and support direct reports;
- Lead the establishment of healthy working environments, respectful relationships and learning cultures across span of appointment;
- Provide strategic leadership for innovation, change processes, and coordinated responses to emerging service and workforce needs within span of control;
- Provide corporate professional ambulance practice advice, leadership, and management for a specified service division or function; OR
- Provide corporate professional ambulance advice and leadership to a specified group ambulance clinicians;
- Hold a contemporary professional practice portfolio containing professional development evidence commensurate with the level of autonomy, authority and influence expected of the role.
- Provide corporate management of ambulance services for a specified division or region;
- Provide corporate management of specified functional services within the ambulance service;
- Undertake financial budgeting and management within a culture of due diligence;
- Develop and guide the use of information systems to inform decision making, and manage practice;
- May be required to manage or oversee an organisational portfolio or long term and/or significant project;
- May be required to provide management of services other than direct ambulance clinical practice.
- Provide collegiate and professional leadership to and for Level 2, 3, 4 and/or 5 ambulance clinicians;
- Develop an integrated, collaborative and evaluative practice culture for Level 2,3,4 and/or 5 ambulance clinicians across span of appointment;
- Collaboratively develop and monitor a strategic framework for ambulance clinical practice research and practice development in the South Australian public sector;
- Provide high level advice at ambulance corporate level. Provide high level advice to other Health agencies, Health Units, Community Services and/or Clinical Networks on all aspects of ambulance clinical practice;
- Co-ordinate the participation of ambulance clinicians in clinical guideline and protocol development;
- Liaise between Clinical Networks and the ambulance service in regard to ambulance clinical practice that will achieve enhanced patient journeys and population health targets;
- Participate in clinical services planning and review at State level;
- The role may be sessional in combination with clinical practice responsibilities.

OPERATIONAL – EMERGENCY OPERATIONS CENTRE STREAM

Probationary EMDSO (Emergency Medical Dispatch Support Officer) – means a Trainee EMDSO who has successfully completed the initial 6 weeks service as a Trainee EMDSO and who in addition is continuing to undertake completion of the Certificate III Ambulance Communications (EMDSO).

EMDSO – means an EMDSO who has completed a further 12 weeks service and achieved the authority to practice as a EMDSO and who in addition is continuing to undertake completion of the Certificate III Ambulance Communications (EMDSO).

Probationary Co-ordinator – means a Call Taker who has completed a minimum of 1 year service after achieving authority to practice as a Call Taker and who has been selected and appointed to undertake a probationary period of 9 weeks service.

Co-ordinator Level 1 – means a Probationary Co-ordinator who has successfully completed 9 weeks service as a Probationary Co-ordinator and has completed the Certificate IV Ambulance Communications (Dispatch).

Co-ordinator Level 2 – means a Co-ordinator Level 1 who has successfully completed the Certificate IV Ambulance Communications (Dispatch) and who in addition has completed a minimum of 1 year service as a Co-ordinator Level 1. In addition, a Co-ordinator Level 2 is required to mentor the development of other co-ordinators within the Communications Centre.

Co-ordinator Level 3 – means a Co-ordinator level 2 who has completed a minimum of 2 years service as a Co-ordinator and who has been selected and appointed to be trained in the co-ordination of ambulance resources in South Australia. In addition, a Co-ordinator Level 3 is required to commence the Team Leader Technical Training & Development program which must be completed within 2 years of commencement.

Co-ordinator Level 4 – means a Co-ordinator Level 3 who has completed a minimum of 2 years service as a Co-ordinator Level 3 and who has completed the Team Leader Technical Training & Development program.

Communications Team Leader – means a Co-ordinator who has completed the Team Leader Technical Training & Development program in addition to a minimum of 2 years service as a Co-ordinator and who has been selected and appointed as a Communications Team Leader to provide leadership to Communications Teams within the Communications Centre.

**SCHEDULE 3 – REGIONAL INCENTIVE PAYMENTS AND SPECIAL
ON CALL PAYMENTS**

(A) Regional Incentive Payments (RIP)

(1) **REGIONAL INCENTIVE PAYMENTS - PAYABLE FROM DATE OF APPROVAL OF THIS AGREEMENT**

Station	Year 1 \$ per week	Year 2 \$ per week	Year 3 \$ per week	Year 4 \$ per week	Year 5 \$ per week
Angaston	23.59	26.21	30.16	36.67	41.92
Barmera	23.59	26.21	30.16	36.67	41.92
Berri	23.59	26.21	30.16	36.67	41.92
Bordertown	23.59	26.21	30.16	36.67	41.92
Ceduna	52.41	89.10	94.36	99.59	104.82
Clare	23.59	26.21	30.16	36.67	41.92
Cooper Pedy	52.41	89.10	94.36	99.59	104.82
Kangaroo Island	47.18	52.41	55.50	58.96	65.52
Loxton	23.59	26.21	30.16	36.67	41.92
Millicent	47.18	52.41	55.50	58.96	65.52
Mt Gambier	23.59	26.21	30.16	36.67	41.92
Murray Bridge	23.59	26.21	30.16	36.67	41.92
Naracoorte	47.18	52.41	55.50	58.96	65.52
Pt Augusta	47.18	52.41	55.50	58.96	65.52
Pt Lincoln	23.59	26.21	30.16	36.67	41.92
Pt Pirie	23.59	26.21	30.16	36.67	41.92
Renmark	23.59	26.21	30.16	36.67	41.92
Tanunda	23.59	26.21	30.16	36.67	41.92
Victor Harbour	23.59	26.21	30.16	36.67	41.92
Waikerie	23.59	26.21	30.16	36.67	41.92
Walleroo	23.59	26.21	30.16	36.67	41.92
Whyalla	47.18	52.41	55.50	58.96	65.52
Woodside	23.59	26.21	30.16	36.67	41.92

(2) **REGIONAL INCENTIVE PAYMENTS - PAYABLE 12 MONTHS AFTER THE DATE OF APPROVAL OF THIS AGREEMENT**

Station	Year 1 \$ per week	Year 2 \$ per week	Year 3 \$ per week	Year 4 \$ per week	Year 5 \$ per week
Angaston	24.18	26.87	30.91	37.59	42.97
Barmera	24.18	26.87	30.91	37.59	42.97
Berri	24.18	26.87	30.91	37.59	42.97
Bordertown	24.18	26.87	30.91	37.59	42.97
Ceduna	53.72	91.33	96.72	102.08	107.44
Clare	24.18	26.87	30.91	37.59	42.97
Cooper Pedy	53.72	91.33	96.72	102.08	107.44
Kangaroo Island	48.36	53.72	57.20	60.43	67.16
Loxton	24.18	26.87	30.91	37.59	42.97
Millicent	48.36	53.72	57.20	60.43	67.16
Mt Gambier	24.18	26.87	30.91	37.59	42.97
Murray Bridge	24.18	26.87	30.91	37.59	42.97
Naracoorte	48.36	53.72	57.20	60.43	67.16
Pt Augusta	48.36	53.72	57.20	60.43	67.16
Pt Lincoln	24.18	26.87	30.91	37.59	42.97

Pt Pirie	24.18	26.87	30.91	37.59	42.97
Renmark	24.18	26.87	30.91	37.59	42.97
Tanunda	24.18	26.87	30.91	37.59	42.97
Victor Harbour	24.18	26.87	30.91	37.59	42.97
Waikerie	24.18	26.87	30.91	37.59	42.97
Walleroo	24.18	26.87	30.91	37.59	42.97
Whyalla	48.36	53.72	57.20	60.43	67.16
Woodside	24.18	26.87	30.91	37.59	42.97

(B) Special On Call Payments

(1) SPECIAL ON-CALL PAYMENTS – PAYABLE FROM THE FOLLOWING DATES

LOCALITY	FROM DATE OF APPROVAL \$ per week	12 MONTHS AFTER DATE OF APPROVAL \$ per week
Barossa	42.52	43.58
Barmera	42.52	43.58
Loxton	42.52	43.58
Millicent	42.52	43.58
Naracoorte	42.52	43.58
Pt Augusta	42.52	43.58
Pt Pirie	42.52	43.58
Renmark	42.52	43.58
Waikerie	42.52	43.58
Whyalla	42.52	43.58

SCHEDULE 4 - ROLLED IN RATES

Location	Rolled in Rate
Metro Emergency Operations Day/Night ("Metropolitan Composite Rate")	37.57%
Metro Emergency Operations Day/Afternoon	36.66%
Metro Emergency Operations E Shift	36.79%
Metro Emergency Operations Spare Pool	37.57%
Emergency Operations Centre 4x4 rosters for Dispatcher or EMDSO	37.57%
Emergency Operations Centre alternate roster for Dispatcher	29.77%
Emergency Operations Centre alternate roster for EMDSO	27.88%
ESS 7 Day roster, day shift only	30.00%
ESS Day/Afternoon	36.66%
ESS Day/Night	37.57%
ESS Bariatric 3x3 (DDN)	34.02%
Barmera	55.703%
Barossa	47.14%
Berri	37.57%
Fleurieu RMTS	36.00%
Loxton	55.703%
Millicent	55.703%
Mount Barker	37.57%
Mount Gambier	37.57%
Mount Gambier RMTS	36.00%
Murray Bridge	37.57%
Murray Bridge RMTS	36.00%
Naracoorte	55.703%
Port Augusta	47.14%
Port Lincoln	37.57%
Port Pirie	47.14%
Port Pirie – 10/14 no on call	37.57%
Renmark	55.703%
Victor Harbor	37.57%
Victor Harbor RMTS	36.66%
Wallaroo RMTS	36.00%
Waikerie	55.703%
Whyalla	47.14%
Woodside	37.57%

SCHEDULE 5 – ADMINISTRATIVE NON-OPERATIONAL EMPLOYEE PROVISIONS

Administrative Non-operational employees who satisfy the pre-requisites of clause 35.2 of this Agreement and elect to 'opt in' to this Agreement will be subject to the following terms and conditions:

Salary

- i. Salary and wage adjustments as outlined in clause 6 and Schedule 1 of the WPEA Salaried 2010 (and any successor WPEA Salaried), applicable to the appropriate classification of the relevant employee; and
- ii. 'One-off payment' outlined under clause 7 of the WPEA Salaried 2010 subject to the criteria in clause 7.4 of the WPEA Salaried 2010 being satisfied; and

Other Terms and Conditions

- iii. The terms and conditions (where applicable) of this Agreement and the Award; and
- iv. Clause 12.2 (On-Call allowances) of the WPEA Salaried 2010 will apply. Accordingly, the following on-call rates will apply to Administrative Non-operational employees who 'opt in':

Operative Date First full pay period on or after the following dates	(Mon to Fri)	(Weekends/public holidays)
1 October 2009	\$25.70	\$44.95
1 October 2010	\$26.30	\$46.10
1 October 2011	\$27.00	\$47.20

On-Call Conditions

- v. No Administrative Non-operational employee should be rostered or required to be on-call more frequently than a total of 7 days every 14 days. Any arrangement that would require an employee to be on-call more frequently than this must only be introduced where the employee concerned genuinely agrees to it.
- vi. The frequency, duration, etc. of being on-call is to be established through consultation with the Administrative Non-operational employees affected and if requested by the employees, their representatives, having particular regard to occupational health and safety considerations.
- vii. Administrative Non-operational employees who are on-call must be contactable whilst on-call but will not be restricted to their residence. Operational requirements and practical considerations will determine reasonable response times (telephonically or physically).
- viii. Administrative Non-operational employees rostered to be on-call, have to be in a state of readiness to respond physically if required.
- ix. Administrative Non-operational employees who are on-call will be provided with any equipment required for their work (except where existing award provisions or other agreed arrangements, which require employees to provide their own equipment, are in place).
- x. Existing telephone arrangements provided in the SA Ambulance Service Award regarding the provision of mobile phones or reimbursement of rental and business calls will continue to apply.