

# VFBV First Aid Position Paper



VFBV

VOLUNTEER FIRE  
BRIGADES VICTORIA

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## VFBV Position Paper

VFBV has completed a review of the CFA's First Aid discussion paper, with District Councils, Groups & Brigades offered the opportunity to make submissions and provide feedback to a VFBV Reference Panel made up of State Councillors, and CFA volunteer members with life experience as Paramedics and/or Health care professionals. This expert panel considered written submissions and have made detailed recommendations. These recommendations were presented and consequently endorsed by the VFBV State Council on September 19, 2010.

VFBV puts forward the following Position paper and its recommendations to the clauses contained therein:

### BACKGROUND

The issue of First Aid Training, particularly the capped or limited access at Brigade level is one of the hot issues being raised with VFBV by a large number of members. The current Brigade caps on First Aid training are heavily criticised on a regular basis through District Council and other forums. Another issue frequently raised with VFBV is the reported impact First Aid Training budgets are having on the general CFA training program, and particularly Regional/District training budgets.

As part of its review, VFBV wrote to all 140 Group Officers in the State, asking their Group Training Officers in consultation with local brigades, to complete a survey on the questions raised in the discussion paper. Over 50 submissions were received in just three weeks and were considered by the VFBV reference panel. Every CFA District was represented in the survey results.

VFBV also wrote to CFA on the 6<sup>th</sup> July 2010 requesting the following information to be supplied to assist the reference panel's deliberations & to assist VFBV to understand the current impacts that First Aid Training is having on the local level & the impact of the inefficiencies that were being brought to our attention:

- Annual First Aid Training budget by CFA Area & District
- Total annual training budget (exclusive of First Aid Training) by CFA Area & District
- Number of volunteers & staff trained in First Aid during 2009 and 2010

CFA provided a written response on 11 August 2010 informing us that:

- CFA cannot disclose its annual first aid training budget to a third party as to do so would constitute a breach of the 'commercial in confidence' provisions of their contract with St Johns.
- CFA cannot provide the breakdown of first aid training between volunteers and staff as their data only comes from session attendance figures supplied by St Johns
- Total number of CFA members who underwent some form of First Aid Training (including skills maintenance) in Financial Year 09/10 was 5,500
- Regional expenditure on First Aid across the state was an average of 23% of total Region training budgets

By not providing us with the level of detail we had requested, VFBV has been unable to do the detailed analysis of the current model and its reported inefficiencies as we are anecdotally aware that growth in First Aid Training demand is impacting on CFA operational training delivery to volunteers. As such, VFBV strongly urges CFA to conduct this analysis itself, in order to ensure the delivery of First Aid training is not only flexible and accessible to the most amount of members possible, but more importantly that it is cost effective and being properly managed so as to not negatively impact on other Volunteer Operational Training priorities.



As at September 2010, VFBV has received reports from across the state, that some brigades that trained more than their allotted First Aid Skills Profile Limit were sent a bill from CFA requesting that the brigade reimburse CFA for any members trained above their quota. Costs ranged from \$90 - \$148 per head.

This highlights the untenable situation that currently surrounds the provision of First Aid Training to volunteers across the state, and the inequities and inconsistency of how First Aid policy is being implemented across different Regions, and VFBV on behalf of its members urges CFA to address these issues as a priority.

### Summary of VFBV Recommendations:

Below is a summary of the VFBV Recommendations to CFA on their Discussion Paper. Each issue is dealt with separately and in greater detail in the body of this position paper.

#### First Aid Scope

1. First Aid Training should be delivered to provide adequate protection to other brigade members as well as provide treatment to an injured or ill member of the public where CFA is in attendance until the arrival of professional medical assistance.

#### Brigade Targets/Limits

2. Remove any limitations on Operational Member eligibility for First Aid Training. Any member that wishes to be qualified should be allowed to within the following guidelines:
  - a. First Aid Training be provided to any Operational Member that wishes to have it
  - b. First Aid Training be provided to any Non-Operational Member where it can be demonstrated that it is required in order to comply with OH&S requirements on a case by case basis (Auxiliaries etc.)
  - c. First Aid to continue to be an individual's choice. (And not a mandatory requirement.)
  - d. That CFA seek government funding for a dedicated recurring annual budget for First Aid in order to ensure it does not reduce other Operational Training priorities
  - e. That CFA First Aid Training be a State initiative and be paid for from a dedicated and quarantined State budget and is not taken from Regional/District operational training budgets
  - f. That CFA acknowledge that just as every member of Career Staff has full access to First Aid Training by their EBA – that volunteers should be afforded the same right and opportunity.
  - g. That government acknowledge by way of providing a dedicated and recurring budget for First Aid training of CFA members – that there is a significant flow on effect from CFA members being trained in first aid and the positive effect that has on their local communities
  - h. That government & CFA acknowledge that they have a moral responsibility and duty of care to ensure all CFA members are trained for the situations and risks for which they will likely encounter in performing the work required of them

#### First Aid Qualifications

3. That the standard level of First Aid Training for all CFA members be PUAEME002B (Level 2 First Aid – Managing Injuries at an Emergency Incident), but where a brigade has been approved for Oxygen and/or a Defibrillator, that they be trained to the level required by the equipment. Furthermore, CFA is to ensure that any future determination of First Aid training standards will involve genuine consultation with the volunteers before decisions are made

#### Recognition of External Qualifications

4. If First Aid training is made available to all members that wish to have it, this question becomes largely irrelevant. However where members bring existing First Aid qualifications with them, they should be recognized by CFA, and should be eligible to participate in skills maintenance and skills attainment sessions to keep that qualification. (Up to the CFA standard.)

## First Aid Delivery

5. The CFA hire a small number (2 or 3) of Fulltime First Aid Instructors to train all career staff & volunteer members of an Integrated brigade. These instructors could be used to provide training to any remote volunteer brigade that cannot be serviced by the nominated contractor with sufficient flexibility (where and when the brigade requires) and also where it is uneconomical for a contractor to train the brigade. (For example if a small brigade only requires 6 members to be trained, and the minimum session size of the contractor is 10 – then the CFA Instructor be used to deliver that training.)
6. CFA should as a matter of principle ensure that career staff and volunteers from Integrated brigades are trained together in mixed sessions at times suitable to the majority of members of the brigade. (ie: Nights and weekends) This will ensure an inclusive culture is maintained at these brigades as well as ensuring that the CFA Instructor pool is used efficiently. Running sessions for 2 or 4 career members separately should not be seen as an effective and efficient use of CFA Instructor resources. Given that sessions provided at night and on weekends can equally be attended by staff and volunteers this should be the preferred model of delivery.
7. If creating a new Classification of “First Aid Instructor” that CFA remove any limitation of this classification from only working 2 nights per week, that is currently in place for Wildfire and Structural Instructors which is currently limiting access of instructors to volunteers due to them not being available when the majority of volunteers are available to train. (Night & Weekends) If such flexibility cannot be agreed, then CFA explore the use of Sessional and Casual contractors/employees to be used instead.
8. CFA to create a Skills Pathway & Recognition process to enable suitably qualified and experienced volunteers being able to deliver CFA approved First Aid training on a voluntary basis and form a pool of approved volunteer instructors.
9. That CFA enter into a State Wide Contract (similar to existing arrangements) to service all remaining brigades. The contract should provide the flexibility for a brigade to use a different CFA approved RTO if the contractor and/or CFA Instructor is unable to service a particular brigade at times and locations convenient to the majority of members at any particular brigade. The State Wide Contract should only be short-term (1 or 2 year lengths) to allow CFA to modify the contract while it tests the proposed new delivery options.
10. That CFA instructors be used to conduct spot audits on the state wide contractor to ensure a consistent standard and level of training is being provided across the state.
11. That CFA provide a written SOP or doctrine to ensure that CFA First Aid Instructors will only provide training to the standard CFA level, and will not train to a higher level than that provided to brigades through the contractor. This is to ensure that those brigades that rely on the state wide contractor will not be disadvantaged by not having access to the CFA First Aid Instructor pool.

### CFA Discussion Paper - Issue 1:

The CFA Guideline: First Aid Assessment directs that every CFA location must have at least one trained First Aider. A CFA location is defined as any place where CFA activity is undertaken by CFA personnel. CFA OHS 10.1 contains the following note:

“While trained First Aiders may from time to time provide First Aid to persons other than CFA employees and volunteers, this procedure addresses only those arrangements necessary to provide appropriate and timely First Aid to CFA personnel.”

Given that the definition of First Aid is treatment given to an injured or ill person prior to the arrival of professional medical assistance, the implication would seem to be that CFA members who are first on the scene of an incident will administer First Aid to those in need as part of their response to the incident.

**Discussion Paper Question 1: What is the correct interpretation of the scope statement and do our current brigade targets address this interpretation of workplace requirement?**

#### VFBV Recommendation:

First Aid Training should be delivered to provide adequate protection to other brigade members as well as provide treatment to an injured or ill member of the public where CFA is in attendance until the arrival of professional medical assistance.

#### **VFBV Committees Deliberations:**

94% of respondents to the survey supported First Aid training scope be interpreted to cover injured brigade members as well as injured members of the public.

Discussion included:

- CFA is on-scene before the arrival of any other emergency service agencies due to its faster response times.
- Community expectations are that all emergency service members (and especially the first arriving agency) will provide first aid to injured civilians at an incident scene before anything else
- Under the CFA Act – CFA is charged with the statutory responsibility to protect life & property in case of fire. Therefore it poses the question of what statutory obligations CFA members have at incidents they respond to where life is at danger and what is expected of them in those situations. (Both morally and practically)
- CFA is an all hazards response agency – if it is to be dispatched to MVA’s, rescue and other incidents involving injured civilians, then CFA have a moral obligation to provide members with adequate training to respond to that risk
- CFA has a duty of care to its members where if they are to be exposed to a specific risk – that they be adequately trained for it. As CFA cannot accurately predict volunteer turnouts & availability – it cannot rely on rigid First Aid ratios to cover all eventualities.
- The CFA operational doctrine encompassing RECEO provides for Rescue as the first priority for an Incident Controller. R.E.C.E.O. instructs Incident Controllers to prioritise tasks within the incident strategy development; in decreasing order of priority Rescue, Exposures, Confinement, Extinguishment, Overhaul. It is common & stands to reason that when rescuing people from dangerous situations, they will be in need of urgent First Aid from the rescuing firefighters until professional medical assistance arrives.

- First hand accounts from a number of survey respondee's involved in Black Saturday illustrated the point where CFA members were the only emergency service in attendance at many incident sites for very long periods of time (hours).
- All Career Staff are guaranteed the opportunity to attain First Aid through their EBA
- As CFA has agreed to provide all Career Staff with First Aid through their EBA it has already moved beyond the principle of only provisioning first aid to meet OH&S guidelines.
- VFBV argues that CFA should adopt the same logic applying to paid staff to apply to volunteers, in providing volunteers with the same opportunities available to its paid staff to receive First Aid training if they so desire it.



## CFA Discussion Paper - Issue 2:

Because the issue of operational, or 'workplace', requirement has not been resolved with complete clarity, there is scope for brigades and Regions to interpret CFA guidance on First Aid requirements in a number of ways. ...In short, there are significant variations in the way brigade targets are set or allocated from Region to Region.

**Discussion Paper Question 2: What factors should be used to determine approximately consistent brigade targets across CFA?**

### VFBV Recommendation:

Remove any limitations on Operational Member eligibility for First Aid Training. Any member that wishes to be qualified should be allowed to within the following guidelines:

- i. First Aid Training be provided to any Operational Member that wishes to have it
- ii. First Aid Training be provided to any Non-Operational Member where it can be demonstrated that it is required in order to comply with OH&S requirements on a case by case basis (Auxiliaries etc.)
- iii. First Aid to continue to be an individual's choice. (And not a mandatory requirement.)
- iv. That CFA seek government funding for a dedicated recurring annual budget for First Aid in order to ensure it does not reduce other Operational Training priorities
- v. That CFA First Aid Training be a State initiative and be paid for from a dedicated and quarantined State budget and is not taken from Regional/District operational training budgets
- vi. That CFA acknowledge that just as every member of Career Staff has full access to First Aid Training by their EBA – that volunteers should be afforded the same right and opportunity.
- vii. That government acknowledge by way of providing a dedicated and recurring budget for First Aid training of CFA members – that there is a significant flow on effect from CFA members being trained in first aid and the positive effect that has on their local communities
- viii. That government & CFA acknowledge that they have a moral responsibility and duty of care to ensure all CFA members are trained for the situations and risks for which they will likely encounter in performing the work required of them

### **Committees Deliberations:**

70% of respondents to the survey supported First Aid training being made available to any member that wishes to have it. The remaining 30% strongly supported increasing limits based on factors such as brigade activity, and risk profiles.

A separate & dedicated budget to actually accommodate First Aid Training was not suggested in the survey, which may have influenced those who did not select that option in fear that additional First Aid training would continue to dilute the funds available to the districts to provide existing operational training. In questioning some of the respondents it was also clear that the intent was to ensure that First Aid Training be done by choice and not mandated.



### Discussion included:

- Not all members will want to attain First Aid qualifications. Even if we assume a 50% uptake, that would mean that only between 15,000 – 20,000 of all operational members would actually want to perform this training so budgets need not be based on a 100% up-take making it more economically viable to remove limits and artificial barriers
- All Victorian Police Officers are provided with First Aid, which makes CFA the only primary emergency response agency that is not training all its members in First Aid
- CFA OH&S Manager has indicated that upcoming OH&S changes to the Victorian OH&S law will come into affect in 2012 which will change the status of volunteers in such a way that they will be considered the same as employees in regards to employer duty of care in the workplace.
- Under the CFA Guideline “First Aid Assessment” a CFA Location (workplace) includes crews responding in cabins of appliances, Staging Area’s, and Forward Command points. Under this interpretation the committee was of the view that CFA would not be able to comply using the existing rigid limits set on brigades, as it cannot currently predict crew mixes with any accuracy.
- Brigade Caps & Limits on First Aid Training ranges from District to District. Many districts have applied the 1:5 ratio (1 member can be trained in First Aid for every 5) while others have used 1:3, 1:6 and 1:8
- First Aid training has a flow on effect to Victorian communities, in those skills can be used in their everyday lives to their communities benefit such as when they attend school functions, kids sporting activities and other community activities.

### State Funding

- CFA have advised that on average 23% of District Training budgets are now being spent on First Aid training. Advice from the Districts has been that they have not been receiving any additional funding to provide for this training, and it is being deducted from their operational training budgets, limiting other operational training that needs to be provided to their members.
- A dedicated State Budget for First Aid would not only recognize the duty of care to all CFA members, but would also ensure that CFA’s ability to provide its members with First Aid Training would not be diluted or compromised over time by competing priorities and other budgetary pressures.
- A dedicated recurring State budget specifically targeted to first aid training would provide the Victorian Government a practical initiative to deliver a tangible benefit to local communities right at the coal face and on the ground that would have good grass roots support and present the government with a good PR opportunity.

### Career Staff Implications

At present, all CFA Career Staff are required to complete First Aid Training. Normal practices for Career Staff State training requirements is it is funded from a CFA State budget. This ensures EBA mandated training etc can be costed, and does not dilute the District training budgets which mostly caters for volunteers. However at present, First Aid Training of Career Staff is being solely deducted from each Districts Operational training budget. This has several implications:



- All career staff are required to have First Aid Training under their EBA. Volunteers are discriminated against in that they are held to various budget driven limits or caps of how many members for each brigade can actually apply for First aid training. (e.g.: 1 in 5 or 1 in 8)
- The majority of Volunteer Training is provided through the District Training budgets. In Districts where there are a large number of Career Staff, the funding available for volunteer training is being diluted by the District being obligated to fund all career staff first aid training. In Districts 8 & 14 which each have 8 integrated brigades, the money being spent on providing First Aid Training for every career staff member under the current isolation approach is diluting the funds available to volunteers in those districts by significant amounts. (Minimum of 40 First Aid sessions per each of these districts just for career staff.) It has been reported that in one District alone, First Aid Training is taking up approximately 50% of their operational training budget.
- The approach currently taken to delivery of First Aid training to career staff is extremely inefficient and more should be done to make these sessions open and available to volunteers and at times that suit volunteers. Due to policies to reduce overtime, Districts are being instructed that Career Staff must be trained on shift. Under the current contract with St Johns, CFA get charged for a minimum of 10 participants, regardless of how many actually attend a session. In the case of Integrated Brigades that only have 2 or 4 career staff on duty, this requires the Manager of Training & Development to schedule a minimum of 5 sessions per Integrated brigade (4 platoons + 1 relief platoon). In many cases, Districts are only running these sessions during the day, and as such many of these sessions are only being run for 2 people, even though CFA is being charged for 10. This is having an enormous detrimental effect on those Districts with high numbers of career staff and is hugely inefficient.
- Anecdotal evidence suggests that as much as 30 – 40% of courses being run are for less than 10 people representing a significant amount of funding being taken from District training budgets to fund a highly inefficient model of training



### CFA Discussion Paper - Issue 3:

Career firefighters require PUAEME002B. However the level required for volunteer members is not specified.

#### Discussion Paper Question 3: What percentage of volunteer brigade members require:

- HLTF301B Apply First Aid
- HLTF404A Apply Advanced Resuscitation Techniques
- PUAOPE010B Operate Semi-Automatic Defibrillator

#### VFBV Recommendation:

That the standard level of First Aid Training for all CFA members be PUAEME002B (Level 2 First Aid – Managing Injuries at an Emergency Incident), but where a brigade has been approved for Oxygen and/or a Defibrillator, that they be trained to the level required by the equipment. Furthermore, CFA is to ensure that any future determination of First Aid training standards will involve genuine consultation with the volunteers before decisions are made.

#### Committees Deliberations:

84% of respondents to the survey supported Managing Injuries at an Emergency Incident (Level 2 First Aid Training - PUAEME002B) being the standard for all CFA members.

Discussion included:

- Where a Brigade has been approved for Oxygen, that PUAEME003B – Administer Oxygen in an Emergency Situation be offered
- Where a Brigade has been approved for a Defibrillator, that PUAOPE010B – Operate a Semi-Automatic Defibrillator be offered
- From a quality control perspective, having one base standard of first aid common to all CFA members regardless of pay status was seen as essential.
- The committee acknowledged that changes to the national Framework of First Aid (and a move to the HLTF competencies may be mandated in preference to the Public Safety Modules) that regardless of what changes take place – that CFA adopt a single common competency to cover both Career Staff & Volunteers alike and that there be no differentiation.
- Acknowledging that there may be a move away from the Public Safety modules for First Aid, that CFA ensure that any future determination of First Aid training standards will involve genuine consultation with the volunteers before decisions are made.
- CFA as a matter of principle adopt one standard level of First Aid to apply to all CFA members (Both Volunteer & Career Staff)



#### **CFA Discussion Paper - Issue 4:**

A number of CFA members bring existing First Aid qualifications with them when they join their brigades. In some cases these members, or existing members with First Aid qualifications, fall outside the brigade BOSP targets for First Aid skills maintenance and are therefore theoretically, or practically, unable to maintain their First Aid qualifications at CFA expense.

**Discussion Paper Question 4: Should members with First Aid qualifications who fall outside their brigade First Aid BOSP targets be able to maintain their qualifications at CFA expense?**

#### **VFBV Recommendation:**

**If First Aid training is made available to all members that wish to have it, this question becomes largely irrelevant. However where members bring existing First Aid qualifications with them, they should be recognized by CFA, and should be eligible to participate in skills maintenance and skills attainment sessions to keep that qualification. (Up to the CFA standard.)**

#### **Committees Deliberations:**

84% of respondents to the survey supported the position that CFA should recognize and take on the responsibility of maintaining First Aid qualifications that are procured elsewhere.

Discussion included:

- If a member brings with them a higher qualification (Say Level 3 First Aid) CFA is only responsible for maintaining training for that member to Level 2 (The CFA standard recommended in this position or where their Brigade has other equipment – then to that standard.)
- This position may be seen as a benefit to employers of CFA members – as First Aid will now be provided by CFA and may in some cases release the employer from having to provide it to that employee at their expense. This was seen as a major advantage to thank employers for releasing employees to support CFA incident response and a way of giving back.



### CFA Discussion Paper - Issue 5:

Whilst the requirement for career firefighters to undertake First Aid training and to receive an allowance for maintaining currency is relatively well defined, the issue of personal responsibility for attendance at skills maintenance sessions is less well defined.

**Discussion Paper Question 5: Is an individual career firefighter responsible for managing their own attendance at a skills maintenance session or is the MTD responsible for ensuring that sessions continue to be scheduled at times and places that suit the firefighter until all firefighters have completed skills maintenance?**

#### VFBV Recommendation:

The VFBV reference panel choose not to survey people about this issue. The VFBV position is that this is a matter between the employee and its employer and VFBV do not wish to interfere in matters that do not concern it.

However, VFBV acknowledge that the reason the question was asked in the CFA Discussion Paper, is that under current arrangements, we are led to believe that a significant amount of extra sessions are being booked exclusively to pick up career staff who have been unable or unwilling to attend a planned First Aid training session. Anecdotal evidence suggests there are a significant number of these sessions that are extremely costly and are being run for only 2 to 4 people at a time, even though CFA is required to pay the minimum cost for a 10 person session. These inefficiencies are being paid for out of District Training budgets – meaning they are diluting funds available for volunteer training. Such inefficiencies must be addressed or removed from impacting on District Training budgets in any way.

### CFA Discussion Paper - Issue 6:

Prior to 2003, CFA First Aid training in rural brigades was delivered chiefly by small local providers with a smaller number of larger providers delivering in regional centres and out metro areas.

**Discussion Paper Question 6: Which of the following four delivery options should be pursued to deliver all future First Aid training?**

1. Establish an internal capacity to meet CFA First Aid training requirements by hiring seven fulltime qualified First Aid instructors
2. Use a combination of contracted First Aid training delivery with the option of reimbursement to brigades or individuals for training delivered by local Registered Training organizations
3. Retain existing system of State Wide contract
4. Employ a limited number of fulltime CFA First Aid instructors (to predominately train career firefighters at Integrated brigades) combined with a contract to meet the remaining demand.

### VFBV Recommendation:

1. The CFA hire a small number (2 or 3) of Fulltime First Aid Instructors to train all career staff & volunteer members of an Integrated brigade. These instructors could be used to provide training to any remote volunteer brigade that cannot be serviced by the nominated contractor with sufficient flexibility (where and when the brigade requires) and also where it is uneconomical for a contractor to train the brigade. (For example if a small brigade only requires 6 members to be trained, and the minimum session size of the contractor is 10 – then the CFA Instructor be used to deliver that training.)
2. CFA should as a matter of principle ensure that career staff and volunteers from Integrated brigades are trained together in mixed sessions at times suitable to the majority of members of the brigade. (ie: Nights and weekends) This will ensure an inclusive culture is maintained at these brigades as well as ensuring that the CFA Instructor pool is used efficiently. Running sessions for 2 or 4 career members separately should not be seen as an effective and efficient use of CFA Instructor resources. Given that sessions provided at night and on weekends can equally be attended by staff and volunteers this should be the preferred model of delivery.
3. If creating a new Classification of “First Aid Instructor” that CFA remove any limitation of this classification from only working 2 nights per week, that is currently in place for Wildfire and Structural Instructors which is currently limiting access of instructors to volunteers due to them not being available when the majority of volunteers are available to train. (Night & Weekends) If such flexibility cannot be agreed, then CFA explore the use of Sessional and Casual contractors/employees to be used instead.
4. CFA to create a Skills Pathway & Recognition process to enable suitably qualified and experienced volunteers being able to deliver CFA approved First Aid training on a voluntary basis and form a pool of approved volunteer instructors.



5. That CFA enter into a State Wide Contract (similar to existing arrangements) to service all remaining brigades. The contract should provide the flexibility for a brigade to use a different CFA approved RTO if the contractor and/or CFA Instructor is unable to service a particular brigade at times and locations convenient to the majority of members at any particular brigade. The State Wide Contract should only be short-term (1 or 2 year lengths) to allow CFA to modify the contract while it tests the proposed new delivery options.
6. That CFA instructors be used to conduct spot audits on the state wide contractor to ensure a consistent standard and level of training is being provided across the state.
7. That CFA provide a written SOP or doctrine to ensure that CFA First Aid Instructors will only provide training to the standard CFA level, and will not train to a higher level than that provided to brigades through the contractor. This is to ensure that those brigades that rely on the state wide contractor will not be disadvantaged by not having access to the CFA First Aid Instructor pool.

#### Committees Deliberations:

Respondents had a fairly even mixture of opinions between the four suggested options, which endorses the view the most respondents were after greater flexibility and access than that which is currently offered. The committee's deliberations spent time looking into where the current inefficiencies are, with the view that its recommendations should attempt to address problems with the current policy and its application – without introducing new problems or inefficiencies. Thus the interlinked nature of the 7 recommendations put forward.

Discussion included:

- The current approach to the training of Career Staff in First Aid accounts for the single biggest inefficiency in the State Wide Contract.
- Moving to the reliance on fulltime CFA First Aid Trainers is not seen as a viable option due to the current restrictions in the Career Staff EBA. (Career Instructors can only be fulltime, and can only work a maximum of 16 nights in an 8 week period (2 nights per week), and CFA's inability to attract persons to fill these roles with any reliability. Volunteers frequently complain they are unable to get access to existing CFA Instructors – and thus have no faith that moving to a fulltime CFA First Aid Instructor pool will address any of the issues around providing volunteers with greater access to First Aid Training and at a cheaper cost than the State Wide Contract.

Most Brigades appear happy with the general nature of the State Wide Contract arrangements. Some additional flexibility in the contract would address most issues surrounding their concerns with the State Wide contract.

- Under the State Wide Contract, training groups smaller than 10 is an extremely costly option. The appointment of a small group of CFA First Aid Instructors & a pool of approved volunteer instructors that would predominately target brigades that require less than 10 to be trained – is seen as providing a large cost efficiency.
- The committee is very mindful of not replacing one inefficient model with another. CFA must commit to ensuring that CFA First Aid Instructors would be fully utilized and would provide training to the most amount of people possible, so as to achieve cost savings in brigades consequently no longer needing to use the contractor. Artificial barriers should not exist that make getting access to the CFA First Aid Instructors more inconvenient than using the contractor.



- CFA First Aid Instructors would train all Integrated brigades and sessions would be planned at times when most members (Career & Volunteer) are available to attend.
- All Integrated brigade sessions should be open to all brigades and members. The sessions should be advertised State Wide to ensure that any volunteer who would find it convenient to attend an Integrated brigade session is able to do so, and would ensure class sizes are kept to an optimum level and alleviate the need especially for surrounding brigades to have to use the contractor which would deliver significant cost savings.
- CFA to encourage First Aid sessions be mixed sessions to ensure that career staff and volunteers are not trained in virtual silo's and the intent is to make them as inclusive as possible. The principle should be to schedule sessions when the majority of people can attend. (Nights and weekends.)
- The concern that CFA may be tempted down the track to have their First Aid Instructors training to a higher level of first aid (as it would be cost neutral to do or perhaps from Industrial pressures) which would then create 2 levels of training – 1 for the Integrated brigades and another for most of the rest of the state. Hence the committees view that CFA commit to a level of parity between the CFA Instructor pool and their state wide contractor to ensure brigades relying on the state wide contractor do not get a second class service.
- If CFA are not able to deliver the above mentioned concessions with regards to the flexibility required of the CFA First Aid Instructor positions – then the cost efficiencies need to be remodelled to determine if hiring CFA First Aid Instructors would in fact provide any cost efficiencies at all. If it does not – or is only marginal – CFA should remain with the State Wide Contract and work on introducing efficiencies to the current model and how it is delivered.

Regardless of if CFA modify how they will deliver First Aid Training in the future, the committee strongly urges CFA to look into the current inefficiencies and address these as a matter of priority. As an immediate step, ensuring First Aid sessions currently being delivered by a contractor is done at Integrated brigades in the evenings and on weekends and ensuring the classes are mixed and open to all, and provided at times convenient to most volunteers will deliver significant cost savings and would immediately allow more volunteers to have access to First Aid training under the current budget.

The VFBV position is that CFA must review and improve the way First Aid Training is delivered & accessed by volunteers. Direction should be given to Regions on what delivery modes are acceptable and those that are not. Managers should be accountable for any sessions booked for less than 6 to 8 people, and they should only be done if they can be operationally justified or where the limited availability or number of brigade members makes it appropriate.



### **CFA Discussion Paper - Issue 7:**

An option also exists for a contractor to undertake a significant part of the administrative work associated with coordinating bookings and arranging attendance. Whilst this would cost more, the extra cost may well be offset by the capacity freed up for regional training administration staff and coordinators.

### **Discussion Paper Question 7: Should CFA contract out the task of coordinating bookings for first aid sessions?**

#### VFBV Recommendation:

No. CFA should continue to manage and administer the task of coordinating first aid bookings.

#### **Committees Deliberations:**

89% of respondent's agreed with the position that CFA should continue to manage and administer First Aid bookings.

Discussion included:

- CFA should approach all training in a holistic manner. Separating the management of one skill set did not seem appropriate.
- CFA should not outsource the management of its training delivery to a third party. Each Region & District are unique, and managers of Training & Development are best placed to coordinate bookings in order to fit around other training requirements and commitments of the Region or District.
- From a pure financial accountability point of view – as CFA are paying for the training, it should manage its own administration to ensure cost and resource efficiencies are being met in line with CFA's corporate policies.

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#### **Issues Not Covered in the Discussion Paper:**

Under the current First Aid Advisory Council of Australia guidelines, First Aid competencies only need to be maintained every 3 years. The only requirement for an annual update is the CPR component.

VFBV strongly urge CFA investigate adopting a multi-year First Aid Training strategy, that would allow members to participate in shorter annual CPR (only) refreshers, and then only be required to attend their full refresher course every 3 years in line with the Australian Standards. This would minimize the time commitment required to maintain the qualification, as well as being fiscally responsible with the budget and not conducting unnecessary training.

VFBV also urge CFA to investigate other Flexible Learning modes being offered by St Johns and other contractors in the industry, that allows participants to complete some pre-course work (either on-line or by hard copy pre-course reading & activities) that allows the face to face time to be better utilized doing practical simulations and not taken up by theory, and allows the 2 day courses being condensed to just one day.

VFBV believe this change would yield substantial cost and time savings.





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# Appendix



## **DISCUSSION PAPER**

# **FIRST AID TRAINING IN CFA**

Version Date: 5 July 2010

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### **Disclaimer:**

The views contained in this Discussion Paper reflect those of the author and do not represent the adopted policy, strategy or views of the CFA Board or CFA management.

The purpose of this Discussion Paper is to inform and encourage discussion about the subject matter. No assumptions should be made about future adoption of any course of action proposed herein.

# INTRODUCTION

CFA delivers First Aid training to approximately 3500 members each year. At present the total annual expenditure on First Aid training is approximately \$800,000 per year. This training is conducted throughout the state for staff and volunteers and is delivered by a single provider under contract (currently St Johns).

The single provider contract commenced in 2005 as a response to the realisation that, despite coordination taking place across nine CFA Areas, CFA First Aid training was largely being provided by a single provider already. In order to comply with Victorian Government guidelines, CFA initiated a competitive tendering process and entered into a contract with a single provider.

The current contract expires 30 September 2010. It is proposed to enter into another contract with the existing provider for six months whilst we determine the most appropriate option or options for delivery of First Aid training in CFA.

It is important to note that across CFA, overall response to the current single provider system has been positive. There have been a variety of issues raised with the contractor as the result of feedback through Areas and the contractor has been responsive and flexible. The only consistent criticism of the current arrangements has been related to that of cost and the difficulty of budgeting, particularly for those Areas with significant numbers of integrated stations.

## AIM

The aim of this discussion paper is to identify the issues relevant to the delivery of First Aid training in CFA and to present viable options which build on the advantages of the current system and, as far as practicable, address any disadvantages and to elicit feedback from CFA stakeholders.

This discussion paper provides background information on a range of issues related to First Aid training in CFA. Stakeholders are asked to provide feedback on their position with regard to these issues and on which options best meet their needs. Once all feedback has been considered, a consolidated report will be circulated making a number of recommendations in relation to First Aid capacity and related training in CFA. The following four issues are examined and options presented where appropriate:

- For what purpose does CFA provide First Aid training to its' members?
- What level of training is appropriate to achieve that purpose?
- How many people should be trained in each brigade to achieve the desired skills mix at the 'CFA work location'?, and
- What is the most appropriate delivery option for CFA First Aid training?

## DISCUSSION

### History

The provision of First Aid services, facilities and equipment for all employees is a requirement of the **Occupational Health and Safety Act 2004**. The **Code of Practice for First Aid in the Workplace 1995** provides guidance on how to fulfil these requirements. CFA corporate policy on First Aid consists of the *CFA Health and Safety Policy statement* of Feb 2004, CFA Policy *HR.52 CFA Occupational Health and Safety* of Dec 1999 (currently under review) and the relevant Safety First System procedures, in particular:

- OHS4 Health and Safety Resources
- OHS6 Health and Safety Training and Competency
- OHS10 Emergency Preparedness & Response
- OHS10.1 Emergency Preparedness & Response – First Aid

Unfortunately, these documents provide some scope for ambiguous or inconsistent interpretation of operational requirements and associated training need.

### Operational Requirement

The **CFA Guideline: First Aid Assessment** directs that every CFA location must have at least one trained First Aider. A CFA location is defined as any place where CFA activity is undertaken by CFA personnel. This may be an office, fire station, incident site or a vehicle on the road. OHS10.1 contains the following note:

*While trained First Aiders may from time to time provide First Aid to persons other than CFA employees and volunteers, this Procedure addresses only those arrangements necessary to provide appropriate and timely First Aid to CFA personnel*

Given that the definition of First Aid is treatment given to an injured or ill person prior to the arrival of professional medical assistance, the implication would seem to be that CFA members who are first on the scene of an incident will administer First Aid to those in need as part of their response to the incident.

If the position is adopted that brigade members are trained in First Aid only in order to provide adequate protection to other brigade members during operational activities, then brigade targets would be generally lower. However, there has been criticism from some stakeholders concerning the inconsistency of brigade First Aid targets across the state. Some regions are applying a blanket '1 in 5' policy, others are allowing anyone who wants to to remain qualified whilst others are using primarily operational factors as a basis for calculating targets.

**Issue 1.** What is the correct interpretation of the scope statement and do our current brigade targets address this interpretation of workplace requirement?

### Brigade Targets

Because the issue of operational, or 'workplace', requirement has not been resolved with complete clarity, there is scope for brigades and Regions to interpret CFA guidance on First Aid requirements in a number of ways. Some brigades maintain that First Aid qualifications are one of the few things that CFA is in a position to offer them as recompense for their time and request high targets or open access to training for all interested members.

Others believe that CFA has a responsibility not just to ensure First Aid services are provided to its own members but also to those non-members who are in need. In some cases, operations staff are involved in providing guidance for targets and in other cases, Managers Training and Development are setting targets. In short, there are significant variations in the way brigade targets are set or allocated from Region to Region.

In any event, each brigade will need a specific number of people qualified in order to achieve some level of probability that a suitably qualified person will turn out with each

brigade at each operational response in accordance with **CFA Guideline: First Aid Assessment**. The guideline suggests only that:

*'Brigades should endeavour to have at least one trained member who can provide First Aid if needed.'*

The total number of qualified members that each brigade needs to achieve the appropriate skills mix will vary with the number of members and the number of turn-outs that the brigade experiences rather than the brigade risk profile and the associated Brigade Operational Skills Profile.

Scenarios relevant to the issue of brigade targets include:

- typical rural responses where a single appliance may turn out with two crew and be some distance from medical support.
- typical urban responses where multiple appliances with three or more crew may respond and the probability that someone with appropriate qualifications will be present is commensurately higher.

**Issue 2.** What factors should be used to determine **approximately** consistent brigade targets across CFA?

Some examples of variables might be:

- Number of operational members?
- Number who attend more than 25%, or even 50%, of brigade turn-outs?
- Number of brigade turn-outs
- Risk profile of brigade?
- Distance of brigade response area from professional medical help?
- Most common types of brigade response and likelihood that more than one first-aider might be required?

### Level of Training

Career firefighters require PUAEME002B. However, the level required for volunteer members is not specified.

**Issue 3.** What percentage of volunteer brigade members require:

- **HLTFA301B APPLY FIRST AID:**
- **HLTFA404A APPLY ADVANCED RESUSCITATION TECHNIQUES**
- **PUAOPE010B OPERATE SEMI-AUTOMATIC DEFIBRILATOR**

### Additional members with qualifications

A number of CFA members bring existing First Aid qualifications with them when they join their brigades. In some cases these members, or existing members with First Aid qualifications, fall outside the brigade BOSP targets for First Aid skills maintenance and are therefore theoretically, or practically, unable to maintain their First Aid qualifications at CFA expense.

**Issue 4.** Should members with first aid qualifications who fall outside their brigade First Aid BOSP targets be able to maintain their qualifications at CFA expense?

### **Management of career firefighter training**

Whilst the requirement for **career firefighters** to undertake First Aid training and to receive an allowance for maintaining currency is relatively well defined, the issue of personal responsibility for attendance at skills maintenance sessions is less well defined.

**Issue 5.** Is an individual **career firefighter** responsible for managing their own attendance at a skills maintenance session **or** is the MTD responsible for ensuring that sessions continue to be scheduled at times and places that suit the firefighter until all firefighters have completed skills maintenance?

### **Delivery Options**

Prior to 2003, CFA First Aid training in rural brigades was delivered chiefly by small local providers with a smaller number of larger providers delivering in regional centres and outer metro areas.

The advantages of this system were primarily:

- Reduced administrative workload at Area/ Region HQ level
- Ability to negotiate on session cost
- Support to local business
- Greater flexibility for brigade members with regard to time place and format

The disadvantages were as follows:

- Inability to standardise outcomes
- Additional administrative workload at brigade or individual level
- Inconsistency of pricing

The advantages of the current single provider contract system are:

- Standardisation of delivery time and content
- Pricing consistency
- Single point of contact for issues and evaluation

The disadvantages of the current system include:

- Having set a minimum of 10 attendees we pay a set fee even if fewer than 10 attend
- Different course maximum numbers for First Aid and Oxygen sessions means inefficient programming
- High administrative workload at Area HQ level
- Restrictions on flexibility of delivery time and place, particularly for volunteers in remote brigades
- Inability to support local business

Four basic options for delivery of First Aid training exist:

1. Develop an 'in house' capability to deliver First Aid training through the employment of full-time 'First Aid' instructors within Area Training & Development functions or centrally coordinated from a site such as Fiskville, or
2. Retain a single provider system for the delivery of First Aid training to career staff and some volunteers whilst allowing brigades the flexibility to source their own training locally, within certain defined constraints.
3. Continue to use the single provider system for all CFA First Aid training.
4. Develop a limited 'in-house' capability to deliver First Aid training and supplement that capability with a contractor to meet remaining demand for training.

### **Option 1 - Establish an internal capacity to meet CFA First Aid training requirements using CFA resources**

Across the state, CFA delivers approximately 800 First Aid training sessions of all types to a student population of approximately 3500. Using the Midlands Wimmera Instructor Capacity model, this training delivery workload equates approximately to seven EFT instructors. Therefore, an option for future delivery of First Aid training in CFA is to create the capacity internally through employment of seven appropriately qualified instructors on a full-time basis.

#### **Cost of internal capacity**

The costs to CFA of establishing and maintaining a single instructor with associated training support equipment necessary to deliver First Aid training are estimated in the table below.

<b>item</b>	<b>Base/ initial cost</b>	<b>Annual Recurrent cost</b>
instructor	74,055	74,055
Superannuation (11.5% of base)	8,516	8,516
Tax (4.95% of base)	3,665	3,665
Workcover (1.5% of base)	1,110	1,110
Long Service Leave (2.5% of base)	1,851	1,851
Car	31,860	6,200
Laptop bundle		608
Software	1,090	
Next G card	355	895
Mobile phone	385	1,272
Desk & chair	1,050	
Cisco IP phone + voicemail	360	
Mannequins x 10 @ 395	3950	200
SAED training unit x 4 @ 4500	18,000	200
Oxy unit x 2 @ 2800	5600	200
First Aid books @ \$25	1500	1500
<b>total</b>	<b>140,627</b>	<b>100,272</b>



**Delivery Option 1** for future delivery of First Aid training in CFA is to create the capacity internally through employment of appropriately qualified instructors on a full-time basis.

The advantages of option 1 include:

- Flexibility of deployment – one or more instructors could be seconded to a region for a period to deliver all First Aid training in a specified period before moving to another region. Or, instructors could be assigned one or more regions within which they would deliver training throughout the year.
- Greater flexibility of delivery to staff stations where sessions are regularly interrupted or inefficient because of shift numbers.
- Some cost savings over the medium to long-term compared to single contract option based on reduced cost of delivery to station staff.

Disadvantages of option 1 include:

- Initial establishment and recurrent costs are such that for most regions, little or no budget would be left to provide supplemental First Aid training using a contractor. This would be necessary in circumstances where multiple sessions were requested at the same time.
- Delivery to remote/ rural areas may not significantly improve or may deteriorate because full-time instructors will not have flexibility of contractor network of sessional instructors
- Requirement to purchase and maintain training support equipment
- Delivering First Aid training unlikely to be perceived as core CFA business

### **Option 2 – Use a combination of contracted First Aid training delivery with the option of reimbursement to brigades for locally delivered training**

Use a contractor to deliver primarily to staff stations and give volunteer brigades flexibility to use local RTOs to deliver on a reimbursement basis. This option combines the advantages of a standardised delivery system for career staff whilst retaining the options for volunteer brigades to support local training providers.

Advantages of option 2

- Gives Training Manager flexibility to meet the needs of different customers with different delivery options.
- Potentially provides greater support for local RTOs

Disadvantages of Option 2

- Unlikely to reduce costs associated with delivery to station staff
- Standardisation of delivery costs and training outcomes became an issue when this option was used in the past. Difficult to overcome either problem.

**Delivery Option 2** is a combined system of contracted First Aid training delivery with the option of reimbursement to brigades or individuals for training delivered by local RTOs.

### **Option 3 – retain existing system of statewide contract.**

This system has been in place since 2003 and has addressed a number of criticisms of the previous system of local reimbursement. Foremost amongst these criticisms was standardisation of both cost and training outcomes across the state. Evaluation feedback shows that both of these issues are much less of a concern to members than under the previous system of First Aid training delivery. The two key concerns remaining with this model of delivery are the high cost of delivery to station staff and the associated issue of wastage resulting from automatic payment for a minimum of 10 attendees regardless of how few actually attend session.

#### Advantages of Option 3

- Higher level of standardisation of training outcomes across the state
- Effective standardisation of session costs across the state

#### Disadvantages of Option 3

- High cost of delivery to station staff because of requirement for separate sessions for each shift or payment of overtime to deliver off-shift.
- wastage resulting from automatic payment for minimum of 10 people per session but less than 10 attendees at session.
- Some criticism of the single provider arrangement has come from volunteers who believe that it has reduced flexibility to have training delivered at a time and place that suits them.

**Delivery Option 3** for future delivery of First Aid training in CFA is to retain existing system of a single statewide contract

### **Option 4 – use a combination of internal resources (CFA First Aid instructors) with a contract to meet remaining demand.**

In this option, CFA First Aid instructors would be established in those districts or regions where they could be most efficiently and effectively utilised while a contractor would be engaged to deliver First Aid training to meet the remaining demand.

One key disadvantage of the current contract is the high cost and waste associated with delivery of First Aid training to career staff at integrated stations. Currently, this process usually involves conducting multiple sessions and the payment of overtime in order to ensure that all staff attend a session. A full-time CFA First Aid instructor would be an optimum solution to these issues. However, an EFT instructor would be increasingly less efficient if they had to travel to deliver after-hours sessions and were therefore unable to deliver training during the day. Therefore, as a principle, EFT instructors may be more efficiently utilised in regions where there are concentrations of integrated stations. There are 30 integrated stations in CFA. These are concentrated primarily around metropolitan Melbourne (17), Geelong (3) and other regional centres (10). Two instructors, based in metropolitan regions would be able to address the career staff requirements of Melbourne and Geelong (theoretically approximately 80 sessions per year) while a further two instructors could adequately cover the regional integrated station requirements (approximately 40 sessions per year). These four instructors would have significant capacity over and above that required to deliver to integrated stations and would therefore be able to deliver other sessions to volunteer brigades. The gap

between CFA instructor capacity and overall demand would be made up by using a contractor.

#### Advantages of Option 4

- Satisfactory level of standardisation of training outcomes across the state
- Effective standardisation of session costs across the state
- Improved efficiency in delivery to staff stations.
- Option has potential to achieve balance between delivery of training at a time and location that suits the members and overall cost.

#### Disadvantages of Option 4

- Initial establishment costs and recurrent costs are high.
- Requirement to purchase and maintain a quantity of specialised training support equipment

**Delivery Option 4** for future delivery of First Aid training in CFA is to employ a limited number of full-time CFA First Aid instructors combined with a contract to meet the remaining demand.

#### Contracted Administration

An option also exists for a contractor to undertake a significant part of the administrative work associated with coordinating bookings and arranging attendance. Whilst this would cost more, the extra cost may well be offset by the capacity freed up for regional training administration staff and coordinators.

**Additional Option** for future administration of First Aid training in CFA is to contract out the task of coordinating bookings for first aid training sessions. Regions would need to provide contractor a schedule and with parameters for how many members can be trained and which qualifications - brigades/ groups could then nominate for courses direct to contractor.

## Conclusion

Feedback with regard to the above issues will be used to guide the drafting of the specifications for a contract for delivery of training with sufficient clarity to respond to the concerns or criticisms of all stakeholders.

## Feedback

Feedback on this paper should be provided to the John Hollway by 03 September 2010. I will consolidate the feedback and circulate the outcomes for final comment.

Please provide feedback on the questions posed in highlight boxes.

Comments about other First Aid related issues are welcome.