

IN THE FAIR WORK COMMISSION

Matter No: AG2014/5121

Applicant: **METROPOLITAN FIRE AND EMERGENCY SERVICES BOARD**

**Section 225 Application for termination of enterprise agreements after their nominal
expiry date**

WITNESS STATEMENT OF RODNEY JOHN EGGLESTONE

I, RODNEY JOHN EGGLESTONE, Station Officer with the Metropolitan Fire and Emergency Services Board (**MFB**), 3 Mitchell Street, Northcote, in the State of Victoria, say as follows:

1. I have been employed by the MFB for 25 years. I currently hold the rank of Station Officer and I have held that rank for approximately 16 years. I hold the current specialist qualifications:
 - Ladder Platform;
 - Mark 3;
 - Mark 4;
 - Certificate 4 Workplace Training Assessor; and
 - Certificate in Team Building.

Peer Support Program

2. From 2010 to June 2014 I was the MFB Peer Support Coordinator. The role of the MFB Peer Support Officers is to coordinate and support fifty-three peers within the MFB. The Peer Support Program provides 24 hours a day seven day a week support avenue for MFB employees. Between 8am on Monday and 5pm on Friday I provide the majority of the ongoing on-call assistance to anyone who contacts the program. During the weekend, there is a pager which is voluntarily staffed by a peer officer who is critical incident stress trained. Peer Support Officers are MFB employees who volunteer to provide emotional support to their colleagues, some will be CIS trained, others not. The Peer Support Officers' role has been in existence in some form for roughly twenty years. It is a full-time role within the MFB. The duties of the MFB Peer Support Officers include:
 - Being available between the hours of 8am Monday to 5pm Friday to provide the necessary support to any MFB employee who contacts the program;

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- Managing the other Peer Support Officers and providing assistance to them as necessary;
 - After notification from the FSCC of a traumatic incident, for example suicides, any incident involving children or particularly bad road accident rescues, contacting all crew involved to undertake a welfare check;
 - Having a presence on each recruit and promotional and other training courses within the MFB to ensure knowledge of the program is widespread;
 - Keeping confidential statistical records regarding the program; and
 - Providing assistance to the CFA as a Peer Support Officers in their EMR program.
3. MFB Peer Support Officers all receive a minimum of six days training including a two-day course in mental health first aid. The “Peers” are required to attend at least three skill sessions a year. Some do extra CIS training as mentioned above. This is specialist training to be able to provide a higher level of assistance. One of the roles of the Peer Support Coordinator is to coordinate all the training of the Peers.
 4. The Peers provide crisis and/or emotional support to firefighters and their families. This includes assisting after critical incidents and educating firefighters about coping with and managing stress. The Peers also assist firefighters and their families to access professional counselling or health and welfare services.
 5. The profession of firefighting is a very dangerous occupation. Attending fire and accident scenes is part of the role. However MFB firefighters are also first responders with appliances, simultaneously dispatched with ambulances to medical emergencies. Often they are first on the scene and must not only assist the patient but contend with any circumstances such as family and members of the public in the area. This role is the MFB’s EMR program.
 6. As Peer Support Officers the issues about which firefighters may contact a Peer or me are extremely varied. They can advise from the impact of the EMR role or attending traumatic incidents and from personal circumstances such as family break downs, financial troubles and so on. We can be asked to assist in providing support to firefighters suffering from psychological or physical injuries. Traumatic incidents have increased significantly since the MFB began the EMR program. The EMR program has had a significant impact on firefighter mental health. Firefighters are now responded to incidents such as;

- suicides (including hangings, people who have jumped in front of trains);
- SUDI (sudden unexplained death of an infant); and
- Drug overdose.

I have seen firsthand the cumulative effect of attending these types of incidents. When firefighters are turned out time and time again to events which so often result in death to the patient, their mental and physical health suffers. I know of firefighters suffering from extreme conditions such as PTSD or other psychological illnesses such as depression and anxiety. I know from experience that firefighters can reach a point where they dread being turned out to another EMR call.

Trust in Systems

7. Firefighters have to have the psychological fortitude to do their job. We have to be able to walk into fires, or do whatever is necessary to protect life and property. To do that job we have to be able to trust our crew, all other firefighters on the fire ground or incident, our gear, our trucks and our systems of work.
8. I can trust my equipment and personal protective clothing because I know that before I am issued with any such equipment or gear it has been through a consultation process that has involved operational firefighters and the union. It is very important that the union is involved in decision-making as the union ensures firefighters are directly involved and that decisions are made regarding the interests of the safety of firefighters and not for budgetary reasons.
9. I can also rely on the fact that every firefighter at an incident or on the fireground has been trained and has the competencies and skills required for the firefighter's rank. I know this because that is a requirement in the MFB – no one can take a short cut into an operational position because every firefighter has to meet the requirements of the rank or classification. That requirement is expressly provided for in the agreement.
10. I oppose the termination of the operational staff agreements because I do not want the process of consultation and decision-making weakened in any way. I do not want our systems of work undermined in any way. I do not want to lose the confidence in my crew, the other fighters I work alongside, the equipment and gear. I do not want to have to think whether the gear I am issued is suitable or have to ask all the probing questions myself. I

want to be able to rely on a robust process that ensures these decisions are made with the health and safety of firefighters being paramount.

11. I can honestly say I cannot recall ever having a firefighter come to me for support or comfort or anxiety because he cannot trust his gear or personal protective gear or the training and skills and competency of those he works alongside on the fire ground or at an incident. I can only imagine that if we could not rely on a robust consultation process or the fact that every firefighter has been through the recruit course and undertaken all the current requirements for progression through the ranks, our ability to do our job safely would be seriously undermined. The confidence necessary to walk into a life threatening situation would be eroded. It may mean we would hesitate or even balk at walking into a burning building to perform a rescue.
12. If the Agreement was terminated and minimum crewing was lost I would be very concerned about the impact this would have on firefighter safety and welfare. Firefighters have told me that they have concerns about crewing levels. For example, attending an emergency event or EMR calls with multiple casualties is very difficult even with four firefighters on an appliance. Some appliances in the MFB only carry three firefighters, and generally only one appliance is initially dispatched to an EMR call. If we arrive on scene with only three firefighters but multiple patients, providing patient care is extremely difficult given the level of training of firefighters. For example, if there are two patients on scene requiring resuscitation and only three firefighters, this is difficult as we generally need two firefighters per patient. I believe that psychological illnesses of firefighters would increase if minimum crewing was lost due to the added pressures of less crew available to assist.
13. If the Agreements are terminated there is a risk that firefighters would be offered varying terms and conditions or treated differently. The ability to rely on fairness and transparency in our terms and conditions would be lost. Firefighters could be singled out for different treatment. That could have a devastating effect on station and our ability to do our job. It would erode the trust and camaraderie required in station life.

Rodney Egglestone

June 2014

