

Orders



SOUTH
AUSTRALIAN
EMPLOYMENT
TRIBUNAL

Case Details

Agreement title SA Ambulance Service Enterprise Agreement 2022
Employer Chief Executive, Attorney General's Department
Case number ET-22-03628

Orders - Approval of Enterprise Agreement SA Ambulance Service Enterprise Agreement 2022

I HEREBY APPROVE this Enterprise Agreement pursuant to section 79 of the *Fair Work Act 1994*.

This Agreement shall come into force on and from 9 August 2022 and have a nominal life extending until 31 December 2024.

A handwritten signature in blue ink, appearing to read 'A. Cairney', written over a light blue horizontal line.

Commissioner Cairney

09 Aug 2022

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**SA
Ambulance
Service**

**SA AMBULANCE SERVICE
ENTERPRISE AGREEMENT
2022**

SA Ambulance Service Enterprise Agreement 2022

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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 South Australian Employment Tribunal (“SAET”).
- 1.3 This Agreement shall be titled “SA Ambulance Service Enterprise Agreement 2022”.

2. PARTIES BOUND

- 2.1 This Agreement is binding upon:
 - 2.1.1 The Chief Executive, Attorney General’s Department (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 Workers Union.
- 2.2 This Agreement shall NOT be binding on:
 - 2.2.1 Executive level employees;
 - 2.2.2 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;
 - 2.2.3 Employees subject to the Nursing/Midwifery (South Australian Public Sector) Enterprise Agreement 2020 or its successor;
 - 2.2.4 Employees subject to the SA Health Salaried Medical Officers Enterprise Agreement 2022 or its successor; and
 - 2.2.5 Employees subject to the following enterprise agreements:
 - a) South Australian Public Sector Enterprise Agreement: Salaried 2021, or successor agreements;
 - b) South Australian Public Sector Wages Parity Enterprise Agreement: Weekly Paid 2022, or successor agreements; and
 - c) South Australian Public Sector Wages Party Enterprise Agreement (Plumbing, Metal and Building Trades Employees) 2019, or successor agreements.

3. DURATION

- 3.1 This Agreement shall commence on the date of approval of this Agreement before SAET and will operate until 31 December 2024.

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 2017* 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

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> .
“Approval”	Means approval by SAET.
“Association”	Means the Ambulance Employees Association of SA and United Workers Union.
“Award”	Means the <i>SA Ambulance Service 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.
“Chief Executive Officer”	Means the Chief Executive Officer, SAAS.
“DHW”	Means SA Health and/or Department for Health and Wellbeing.
“Declared Public Employer”	Means the Chief Executive, Attorney General's Department 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, DHW/SA Health”).
“Employee”	Means an employee bound by this Agreement.
“Enterprise Agreements (expired)”	Means previous SA Ambulance Service Enterprise Bargaining Agreements.
Ordinary Hours	Means 38 ordinary hours of work as prescribed in clause 18 of the Award and clause 18 of this Agreement.
“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.
“SAET”	Means the South Australian Employment Tribunal.
“SSA”	Means a Salary Sacrifice Agreement.
“SAAS”	Means the SA Ambulance Service.
“Shift worker”	Means an employee that works any combination of day, afternoon or night shifts 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 2022</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 SAET, 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 SAET, 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.
- 6.5 The provisions of this clause do not preclude by mutual agreement an application being made to SAET to vary the Agreement for the specified clauses below:
- Clause 42: Review of Operational Career Opportunities;
- Clause 43: Review of Emergency Operations Centre (EOC) Structure and Classifications;
- Clause 44: Review of Work Level Definitions and Position Titles in Schedules 1 and 2;
- Clause 46: Review of Level 6 Manager and Team Leaders Direct Reports;
- Clause 47: Review of Historical ‘On Call’ Clauses;
- Clause 48: Review of Regional Incentive Payments;
- Clause 49: Review of SAAS Service Delivery Model.

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 processes.
- 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" 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 *Work Health and Safety Act 2012* (SA) and in compliance with SA Health Work 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 8.19 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 Attorney General's Department.
- 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 party 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 SAET, 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 employees manager and the relevant Director.
- 8.20 If the matter remains unresolved a record of the discussions at paragraph 8.19.3 shall be forwarded to the Chief Executive Officer, who may issue directions as to the issue/s.

9. RENEGOTIATION

- 9.1 Negotiations for a new Agreement will commence six (6) months prior to the nominal expiry date of this Agreement.

10. WORKPLACE FLEXIBILITY AGREEMENT

- 10.1 The parties agree that an employing authority may negotiate and reach agreement at a workplace level with employees on more flexible employment arrangements that will better meet the operational needs of the workplace having regard to the needs of employees (including taking into account employees' family and other non-work responsibilities).
- 10.2 This clause applies to a proposal by the employer or employee/s within a workplace to negotiate and agree flexible employment arrangements, including hours of work, to operate within a workplace – a Workplace Flexibility Proposal (“WFP”).
- 10.3 Where the employer or employees intend to initiate a WFP, the initiator will notify the employer or employees (as applicable) within the workplace likely to be affected, of the terms of the proposal and the manner in which it is intended to operate. The employer will provide this information to the Association and will consult with the Association and affected employee(s) in accordance with the consultative principles in this Agreement.
- 10.4. Consultation in respect of a WFP will have regard to:
 - 10.4.1 Operational efficiency and productivity;
 - 10.4.2 Work and non-work impacts on individual affected employees;
 - 10.4.3 The health and safety of worker and workplaces; and
 - 10.4.4 Whether the WFP has policy implications across SA Health.
- 10.5 Where such policy implications arise, affected employee/s or the employer will refer the WFP to DHW.
- 10.6. Where a majority of affected employees agree (whether by ballot or otherwise) to a WFP, the employment arrangement agreed will be provided in writing as a Workplace Flexibility Agreement (WFA) specifying:
 - 10.6.1 The unit where the proposal will apply;
 - 10.6.2 The date of commencement of the varied arrangements;
 - 10.6.3 Minimum staffing levels to be maintained by the employer for the purposes of the proposal;
 - 10.6.4 A date of review for the agreed arrangements; and
 - 10.6.5 Any other agreed matter relating to the proposal.
- 10.7 The WFA will apply as if incorporated as a Schedule to this Agreement.
- 10.8 A party may apply to vary this Agreement to add any WFA as a Schedule to remove any uncertainty in the operation of this clause in giving effect to any such WFA. The parties agree that any such WFA will operate only in respect of the employing authority and workplace specified within the Schedule.
- 10.9 A WFP will not be supported where it proposes employment arrangements that are less favorable (considered as a whole) than arrangements applying pursuant to this Agreement (including the Award), provided that this requirement will be deemed to be met where SAAS and the relevant Association have agreed that this requirement has been met.

PART B – OBJECTIVES AND COMMITMENTS

11. IMPROVEMENT OF SERVICE AND WORK PRACTICES

- 11.1 This Agreement recognises that the SA Public Sector and SA Health/SAAS will continue to evolve as a dynamic productive and customer responsive entity.
- 11.2 Initiatives have been, and will continue to be, introduced to improve the efficiency and effectiveness of the service and provide quality services to clients.
- 11.3 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:
- 11.4 Facilitating ongoing improvements to service delivery and achievement of “best practice” through:
 - 11.4.1 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.
 - 11.4.2 Facilitating the assessment and reform of existing work processes and ongoing improvements to work practices.
 - 11.4.3 Facilitating the achievement of SAAS’s performance goals and performance measures.
 - 11.4.4 Supporting SAAS requiring employees to participate in performance or skills development and workplace related training/retraining (including accredited training).
 - 11.4.5 Facilitating SAAS identifying trends and assessing the relevance to its operations.
 - 11.4.6 Enabling improvements in cost effectiveness, timely and transparent decision-making, and delegating decision-making.
- 11.5 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.
- 11.6 The parties agree to implement new technologies and arrangements to improve the dispatch system and patient care within SAAS.

12. SOUTH AUSTRALIA’S HEALTH CARE PLAN

- 12.1 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 (and successor policies and objectives).
- 12.2 The principles include:
 - 12.2.1 improving the quality and safety of services;
 - 12.2.2 greater opportunities for inclusion and community participation;
 - 12.2.3 strengthening and reorientation of services towards prevention and primary health care;
 - 12.2.4 developing service integration and coordination;
 - 12.2.5 whole of government approaches to advance and improve health status; and
 - 12.2.6 sustainability in delivery through ensuring efficiency and evaluation.
- 12.3 The values include:
 - 12.3.1 an understanding of health and well-being, which includes a social health perspective;
 - 12.3.2 equity of access to health services;
 - 12.3.3 equality of health outcomes;
 - 12.3.4 a commitment to consultation in developing an understanding of issues and strategies for their resolution;
 - 12.3.5 participation by communities and individuals in the consultative process;
 - 12.3.6 transparency and accountability of governance;
 - 12.3.7 honesty - as to what the system can reasonably provide;
 - 12.3.8 dignity and autonomy of health service users – respectful communication and service

provisions; and

12.3.9 leadership - quality leadership that recognises and enhances the skills of staff.

13. WORK HEALTH AND SAFETY

13.1 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.

PART C – SALARY, PENALTIES, ALLOWANCES AND OTHER PAYMENTS

14. ENGAGEMENT OF CASUAL EMPLOYEES

14.1 Overarching Principles

- 14.1.1 SAAS commit to engaging adequate permanent full or part time staff to be able to meet workload demand without compromising its obligations to employees under the SA Ambulance Service Award and Enterprise Agreement, and to avoid reliance on temporary contracts and/or casual staff to meet ongoing and planned workforce requirements.
- 14.1.2 SAAS recognises that permanent full or part time employment is the preferred form of engagement for employees covered by this Agreement.
- 14.1.3 Clauses 14.2 to clauses 14.19 apply to all casual employees covered by **Schedule 1** of this Agreement other than those employees under **Schedule 1, Part 1** or those employees engaged under an annualised hours contract.

14.2 The ordinary rostered hours of a casual employee will be:

- 14.2.1 for a single shift length of up to 14 hours per week; or
- 14.2.2 for 2 shifts up to a maximum of 28 hours per week.
- 14.2.3 Where the casual employee is rostered to work the equivalent of full time hours the duration of the engagement shall be less than three months.
- 14.2.4 The ordinary hours to be worked shall vary from week to week, irrespective of the span of hours or the duration of engagement except in circumstances as prescribed in clause 14.2.3.

14.3 Those persons employed for less than 38 hours per week and who do not meet the criteria as defined in clause 14.2, shall be regarded as part-time employees. Such employees will be entitled to pro rata annual leave, sick leave and payment for public holidays on which they are rostered off, according to hours normally worked.

14.4 Casual pool numbers:

- 14.4.1 will be restricted to an average of 5% of all SAAS operational employees (other than **Schedule 1, Part 1** employees) over a twelve month period;
- 14.4.2 will be regularly reviewed to monitor activity level of pool and of individual casuals to ensure enough hours are worked to maintain Authority to Practice (ATP) or required accreditation; and
- 14.4.3 may be varied from time to time by agreement between the parties.

14.5 Permanent Employees to Casual Status:

- 14.5.1 Any permanent employee who wishes to become a casual will relinquish their permanent position (resign) and have no further claim to that position.
- 14.5.2 If applicable, notwithstanding the provision set out in 14.5.1, an employee who resigns from permanent employment in order to take up a casual position, and who has had less than three month's break in service, will maintain any points accrued as per the Non-Emergency and Emergency Operations Points Transfer System (NEEOPTS).
- 14.5.3 Annual Leave will be paid out in accordance with entitlements accrued under the SA Ambulance Service Award and this Agreement.

CONDITIONS AND PENALTIES

14.6 The casual loading rate applicable is 25%.

14.7 The application of the casual loading is based on the ordinary hourly rate of pay.

14.8 The application of shift penalties and overtime rates for casual employees is based on the ordinary hourly rate of pay.

14.9 A casual employee working on a public holiday will be paid, in addition to the casual loading, the penalties based on the ordinary hourly rate of pay.

14.10 A casual will advance through wage increments as set out in Schedule 1, Part 2 Operational – Professional (Emergency) Stream, of this Agreement, after working a minimum of 660 hours in their current increment (but no sooner than twelve (12) months in their current increment).

- 14.11 A casual employee is engaged for a minimum of 3 hours or the remaining duration of the allocated shift, whichever is the greater.
- 14.12 Where possible, shifts will be offered in advance however there may also be a requirement to offer shifts on the day.
- 14.13 If a casual employee arrives for an allocated rostered shift and is no longer required, a minimum 3 hours work and payment will apply.
- 14.14 Where relevant, in order to maintain an ATP SAAS will ensure casuals are offered sufficient hours of operational duty to complete a minimum of 160 hours and facilitate all necessary professional development requirements for the scope of the role. Casuals will be required to undertake and successfully complete all the ATP requirements.
- 14.15 Where SAAS requires a casual employee to continue to work beyond the ordinary rostered hours of a specified shift then overtime will be payable.
- 14.16 Any such overtime will become payable after the rostered shift length has been worked. I.e. if the employee is rostered to work a 10 hour shift and is then required to work an additional 2 hours that additional 2 hour period will be paid at overtime rates.
- 14.17 In recognising service as a casual employee (for long service leave purposes only), effective service includes service where an employee is not actually working but where there is a continuing relationship between the employee and the employer. Note that a period of more than 3 months between employment (other than for 'Parental leave') during such a relationship is considered to be a break in service, and service prior to such a break will not be considered as effective service for the purposes of accruing future long service leave.
- 14.18 Any casual employee engaged and paid in accordance with this clause who has been engaged, rostered and worked 660 hours or more for a period greater than 12 months, either on a regular and systematic basis for several periods of employment, or on a regular and systematic basis for an ongoing period of employment is eligible to request conversion to permanent part-time or full-time (as appropriate) employment. The employer must notify the employee in writing of the status of the election within 3 months of receipt of such election.
- 14.19 This clause does not apply to casual employees who request set days or shifts.

15. SALARY ADJUSTMENTS

15.1 This clause refers to the salary schedules appearing in Schedule 1: Salaries of this Agreement.

15.2 Salary increases will apply from the first full pay period on or after the following dates:

- 31 December 2018 (2.5%);
- 31 December 2019 (2.5%);
- 31 December 2020 (2.5%);
- 31 December 2021 (2.5%);
- 31 December 2022 (2.5%);
- 31 December 2023 (2.5%); and
- 31 December 2024 (2.5%).

NOTE: The final increase (31 December 2024) coincides with the nominal expiry date of this Agreement.

15.3 The salary payable to an employee as at the applicable date shall not be reduced by reason of a salary schedule in this Agreement.

16. SALARY SACRIFICE ARRANGEMENTS

16.1 This clause applies for the period an employee enters into a Salary Sacrifice Arrangement (SSA). A SSA is the formal administrative instrument between the employer and the employee that enables salary packaging arrangements to be put in place.

16.2 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.

16.3 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.

- 16.4 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.

17. EARLY MORNING PENALTY AND NIGHT SHIFT PENALTY

- 17.1 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).
- 17.2 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.
- 17.3 Shift workers are entitled to a **night shift penalty** of 20.5% when working on night shifts between the hours of 7.00pm and 7.00am. The night shift penalty applies in lieu of the early morning penalty at clause 17.2 of this Agreement.

18. AFTERNOON SHIFT

- 18.1 Afternoon shift means any shift that satisfies all of the following:
- 18.1.1 Commencing on or after 1100 hours; and
 - 18.1.2 Finishes on or after 1900; and
 - 18.1.3 Finishes on or before 2400 hours.

- 18.2 This clause applies in lieu of clause 18.2.2(b) of the Award.

19. MEAL ALLOWANCES

- 19.1 The Meal Allowance rates shall be as outlined in the SA Health (Health Care Act) Human Resources Manual (as varied from time to time).

20. OPERATIONS MANAGER ALLOWANCE

- 20.1 An Operations Manager (OM) Allowance of 20% of their base rate of salary will apply to OM 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.
- 20.2 The allowance will be paid for all purposes.
- 20.3 Notwithstanding clause 20.1, Operations Managers will be paid overtime in circumstances where they are not on-call and return to work to fill a vacant on road/clinical shift as approved.

21. REGIONAL INCENTIVE PAYMENTS

- 21.1 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:
- 21.1.1 Payments for part-time employees will be based upon a pro-rata payment calculated on the average ordinary hours per week;
 - 21.1.2 RIP is not payable when an employee is on long service leave, Paid Maternity and Adoption leave or while on approved leave without pay;
 - 21.1.3 RIP is paid in lieu of the locality allowances in the SA Health (Health Care Act) Human Resources Manual;
 - 21.1.4 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
 - 21.1.5 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.

22. SPECIAL ON-CALL PAYMENTS

- 22.1 In addition to the RIP in clause 21 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.

- 22.2 The applicable rate for each location is specified in Schedule 3 Part B of this Agreement.
- 22.3 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.
- 22.4 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.

23. QUALIFICATION ALLOWANCE

- 23.1 A qualification allowance 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), provided that this training is not a core part of the role of the trainer.
- 23.2 This clause applies to the area of Chemical Biological Radiological, driver training, manual handling and other courses that may be initiated by SAAS and that comply with the criteria in clause 23.1 of this Agreement.

24. SAAS AWARD TRAINING ALLOWANCES – NOT APPLICABLE

- 24.1 The allowance at Clause 17.6 of the Award, In Service Training Officer Allowance, is no longer payable, except to Patient Transport Service, Emergency Operations Centre and Emergency Support Service employees where SAAS has determined that such an employee is required to provide training to employees.
- 24.2 The allowance at Clause 17.7 of the Award, Advanced Life Support Allowance, is no longer payable.

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

- 25.1 This clause provides for payment of the RIR allowance when taking accrued long service leave entitlements and applies to:
- 25.1.1 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
- 25.1.2 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.
- 25.2 The allowance specified in clauses 25.1.1 and 25.1.2 of this Agreement will be payable when an employee accesses long service leave entitlements accrued from 1 January 1994.

25A. PAYMENT OF THE ROLLED IN RATE ALLOWANCE DURING PAID MATERNITY LEAVE

- 25A.1 This clause provides for payment of the RIR allowance for employees who take paid maternity leave (including paid adoption and paid surrogacy leave) in accordance with clause 37 of this Agreement.
- 25A.2 This clause applies where the paid leave is taken after date of approval of this Agreement by SAET.

26. INTENSIVE CARE PARAMEDICS CLINICAL INSTRUCTOR ALLOWANCE

- 26.1 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 Intensive Care Paramedic Internship, will be paid an allowance equivalent to the difference between their current pay point and the next highest pay point for the duration of the clinical instructor duties.

27. OPERATIONAL FOOTWEAR

- 27.1 This clause operates in lieu of Clause 37.2.3 of the Award.
- 27.2 All employees required by the employer to wear an operational uniform must wear approved operational footwear as defined in the relevant *SA Ambulance Service Operations policy*.
- 27.3 An annual allowance shall be paid by the employer for the purchase of approved footwear, as set

out in Schedule 3 of the Award.

28. CRIB ANYWHERE ALLOWANCE

- 28.1 Where an employee undertakes a shift with a requirement to take their crib breaks away from their home station they will be paid an allowance equal to 5% of their base rate salary.
- 28.2 Patient Transport Service employees who receive the allowance in clause 31.1 of this Agreement will not receive separate payment under this clause (as the crib anywhere allowance is included in the 10% Patient Transport Service Allowance).

29. COUNTRY EXCESS ON-CALL ALLOWANCE

- 29.1 Where clause 18.5.3 of the Award applies to a country employee (as defined in the Award), that employee will be paid at the rate of 100% in lieu of the 50% prescribed by the Award.

30. METROPOLITAN EMERGENCY SPARE ALLOWANCE

- 30.1 Where clause 17.8.1 of the Award applies to an metropolitan emergency employee (being metropolitan employees who fall under Schedule 1 – Part 2 and Part 3 of this Agreement), that employee will receive an allowance of 15% of their base hourly rate of pay, in lieu of the 10% prescribed by the Award.
- 30.2 This allowance is paid to fully compensate spare staff for the additional inconvenience and uncertainty associated with change of roster and work location. In addition, the allowance compensates staff for the first 40 kilometers of total travel, calculated from the spare members home station, for each rostered shift that the spare member is required to work at any other station.
- 30.3 SAAS and the AEA commit during the life of this Agreement to review the scope of this allowance in relation to metropolitan employees who fall under Schedule 1 – Part 1.2 of this Agreement.

31. PATIENT TRANSPORT SERVICE ALLOWANCE

- 31.1 A Patient Transport Service employee who works a shift within the Patient Transport Service will receive an allowance equivalent to 10% of their base rate of pay (inclusive of the 5% crib anywhere allowance in clause 28.1 of this Agreement).

PART D – OTHER CONDITIONS

32. PERSONAL/ CARER'S LEAVE

- 32.1 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.
- 32.2 Non-shift employees
- 32.2.1 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.
- 32.2.2 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.
- 32.2.3 The ability to access this leave does not in any way limit an employee's right to apply for special leave in accordance with arrangements provided elsewhere for this leave.
- 32.3 Shift Workers
- 32.3.1 Each shift worker (other than a casual employee) is credited with 120 hours Personal/Carer's Leave per annum.
- 32.3.2 All employees (excluding casual employees) who are absent from work on account of matters relating to personal/carer's leave, as defined above, are on application, eligible for personal/carer's leave without deduction of pay as provided in this clause.
- 32.3.3 An employee's entitlement to Personal/Carer's 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.
- 32.3.4 Personal/Carer's 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; or
 - c) In the case of Urgent Pressing Necessity – reasonable evidence of the event as defined in clause 5.4 of this Agreement.
- 32.3.5 Personal/Carer's Leave for part-time employees is to be paid at the employee's usual salary for the number of hours normally worked.
- 32.3.6 Personal/Carer's Leave accrues from year to year without limit.
- 32.3.7 Before being entitled to be paid Personal/Carer's 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.
- 32.3.8 An employee who claims Personal/Carer's 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.

33. ANNUAL LEAVE FOR SHIFT WORKERS

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

34 CRIB BREAKS

- 34.1 *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 minimise such occurrences.*
- 34.2 This crib break provision applies to all employees except Ambulance Officers prescribed in Schedule 1, Part 1.1 of this Agreement, except in circumstances where SAAS has determined that a specific crew is required to be rostered with a crib break.
- 34.3 Employees specified in clause 34.2 will be entitled to paid crib breaks during rostered shifts on the following basis:
- 34.3.1 For shifts of between eight (8) hours and less than ten (10) hours, one twenty (20) minute crib break;
- 34.3.2 For shifts of ten (10) hours or ten and a half (10.5) hours, one thirty (30) minute crib break; or
- 34.3.3 For shifts in excess of ten and a half (10.5) hours and up to fourteen (14) hours, two thirty (30) minute crib breaks.
- 34.4 Commencement of crib breaks shall be as follows:
- 34.4.1 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.
- 34.4.2 When working a shift of ten (10) hours or ten and a half (10.5) 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.
- 34.4.3 When working a shift in excess of ten and a half (10.5) 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.
- 34.4.4 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.
- 34.5 Crib Break Penalties
- 34.5.1 Penalty payment of time-and-a-half will apply where the crib break is taken outside of the crib break window as per clause 34.4.
- 34.5.2 Where the circumstances in Clause 34.4 arise, penalty payments will apply from:
- a) The end of the fifth (5th) hour from the commencement of duty until the commencement of the first crib break; and / or
- b) The end of the ninth (9th) hour for shifts of 10 or more hours until such time that a crib break is taken or until the end of the shift
- c) The end of the 10th hour for shifts in excess of 12 hours until such time that a crib is taken or until the end of the shift
- 34.6 Commencement of crib breaks must be authorised by the relevant manager.
- 34.7 The second crib break must not be taken less than two (2) hours after the end of the first crib break.
- 34.8 Evaluation and Review
- 34.8.1 The parties agree that the Crib Break provisions in clause 34 of this Agreement will be

monitored by SAAS and the AEA.

- 34.8.2 The monitoring process will review whether the 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.
- 34.8.3 SAAS will provide a report to the AEA on reasons for those that occur outside the crib window.

35. TRANSPORT HOME AFTER AN EXCEPTIONALLY FATIGUING SHIFT

- 35.1 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.
- 35.2 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

36. VOLUNTARY FLEXIBLE WORKING ARRANGEMENTS (VFWA)

- 36.1 The parties acknowledge the mutual benefit to the employer and employee of VFWA to balance work and other (including family) commitments.
- 36.2 SAAS will promote and improve the awareness of VFWAs in the public sector during the life of this Enterprise Agreement.
- 36.3 The Chief Executive Officer (or Delegate) will consider an employee's request to participate in a VFWA having regard both to the operational needs of the agency or particular workplace, and the employee's circumstances.
- 36.4 This clause applies for the period an employee participates in a VFWA.
- 36.4.1 Subject to this clause, where an employee elects to participate in a VFWA, the salary or RIR allowance payable to 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.
- 36.4.2 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.
- 36.4.3 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.

37. PAID MATERNITY LEAVE AND PAID ADOPTION LEAVE

- 37.1 Paid maternity leave, paid adoption leave and paid leave to enable parent-child relationships through surrogacy parenting applies in accordance with this clause. This clause comes into effect from date of approval of this Agreement by SAET.
- 37.2 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/adoption/surrogacy leave (as applicable) on or after date of approval (the "applicable maximum period").
- 37.3 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 twenty (20) weeks (the "applicable maximum period").
- 37.4 The following conditions apply to an employee applying for paid maternity leave or paid adoption leave:
- 37.4.1 The total of paid and unpaid maternity/adoption/surrogacy/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/surrogacy.
- 37.4.2 An employee will be entitled to the applicable maximum period, paid at the employee's ordinary rate of pay (excluding allowances, penalties or other additional payments) from the date maternity/adoption/surrogacy leave commences. The paid maternity/adoption/surrogacy 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.
- 37.5 At the time of applying for paid maternity/adoption/surrogacy leave, the employee may elect in writing:
- 37.5.1 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
- 37.5.2 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/surrogacy leave commences; or
- 37.5.3 A combination of clauses 37.5.1 and 37.5.2 of this Agreement.

- 37.6 Where both prospective parents are employees of CE, DHW / [SA Health/SAAS], the period of paid maternity/adoption/surrogacy leave (as applicable) may be shared between employees, provided that the total period of paid maternity/adoption/surrogacy 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.
- 37.7 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).
- 37.8 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.
- 37.9 The entitlements available to an employee pursuant to the *Paid Parental Leave Act 2010* (Cth) (as amended from time to time) or any other federal parental leave scheme will be subject to criteria and eligibility as determined by such scheme.
- 37.10 Provisions relating to unpaid maternity/adoption/surrogacy 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.

38. RETURN TO WORK ON A PART TIME BASIS

- 38.1 Subject to this clause, an employee is entitled to return to work after maternity/adoption/surrogacy leave on a part time basis, at the employee's substantive level, until the child's second birthday. The days and hours for the part time arrangement will be as agreed between the Chief Executive Officer and the employee and may then revert to full time.
- 38.2 The following conditions apply to an employee applying to return on a part time basis:
 - 38.2.1 The employee will provide such request at least six (6) weeks prior to the date that the employee's maternity/adoption/surrogacy leave is due to expire, and will provide to the Chief Executive Officer such information as may reasonably be required, including the proportion of time sought, and the date of the relevant child's second birthday.
 - 38.2.2 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.
 - 38.2.3 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.

39. PAID PARTNER LEAVE

- 39.1 Subject to this clause, an employee (other than a casual employee) is entitled to access up to one calendar week (i.e. five working days) (*pro rata* for part-time employees) of their accrued sick leave entitlement on the birth or adoption of a child/ren for whom the employee has direct parental care responsibility. The leave will be taken as full working day/s within 3 months of the birth or adoption of the child/ren.
- 39.2 It is not intended that this paid partner leave entitlement will detract from any more beneficial entitlement or arrangement applicable within an agency as at the commencement of this clause (i.e. an 'existing arrangement'). An employee can make use of that existing arrangement or the paid partner leave, but not both.
- 39.3 Except in relation to an existing arrangement; an agency's specific paid partner leave policy; or a requirement of this clause, the administrative arrangements within an agency for taking this leave will generally be as applicable to Family Carer's Leave.

40. REIMBURSEMENT OF CHILDCARE COST

- 40.1 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.
- 40.2 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.

- 40.3 The prior period of 24 hours is to be calculated from the time at which the work outside of ordinary hours is to begin.
- 40.4 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.
- 40.5 The reimbursement will be in respect of the reasonable costs incurred by the employee in respect of the work.
- 40.6 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.
- 40.7 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.

41. DOMESTIC/RELATIONSHIP VIOLENCE

- 41.1 The parties acknowledge that an employee who is experiencing domestic or relationship violence (actual or threatened) can make reasonable use of, and SAAS will provide reasonable access to, existing leave and flexible and safe working arrangements.
- 41.2 The parties note that Regulation 9(8) of the *Public Sector Regulations 2010* operates to apply the domestic/family violence leave provisions of up to 15 days of special leave with pay per annum to all Public Sector employees.
- 41.3 The Chief Executive Officer, or delegate, will allow employees to access special leave in accordance with Commissioner's Determination 3.1 – Employment Conditions – Hours of Work, Overtime and Leave, Section F – Special Leave with Pay and Leave Without Pay, clause f) Domestic/Family Violence Leave. In order to maintain confidentiality, public sector agencies may record special leave approved in such circumstances as "urgent pressing necessity."

PART F – CAREER STRUCTURE / REVIEWS

42. REVIEW OF OPERATIONAL CAREER OPPORTUNITIES

- 42.1 Operational career opportunities, career structure and specialist roles will be reviewed in line with and to support future service delivery models state wide.
- 42.2 SAAS will work in partnership with the AEA to:
- 42.2.1 Review and identify enhanced improvements for career opportunities, career structure and specialist roles based on a contemporary service delivery model inclusive of professional development opportunities for all operational employees and career opportunities in the broader health context. Arising from this review the parties will prepare and issue a document for staff consultation containing options for future clinical career structure, opportunities and education requirements during the life of the Agreement.
- 42.2.2 Agreed outcomes may be implemented during the life of the Agreement and/or inform parties during the next round of enterprise bargaining.

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

- 43.1 SAAS will conduct a review of the structure of the EOC within six (6) months of the date of approval of this Agreement, or as agreed between the parties.
- 43.2 The review will consider improvements to service delivery in accordance with the SAAS service delivery model, staff development and support and appropriate classification levels.
- 43.3 SAAS will consult with the AEA in relation to the outcomes and implementation of the review.
- 43.4 Where the parties agree that implementation of any aspect of the review requires a variation to this Agreement, an application to SAET may be made to that effect.

44. REVIEW OF WORK LEVEL DEFINITIONS AND POSITION TITLES IN SCHEDULES 1 AND 2

- 44.1 SAAS and the AEA will conduct a review of the work level definitions in Schedule 2 of this Agreement within twelve (12) months of the date of approval of this Agreement or in a time-frame as agreed between the parties.
- 44.2 As part of this review, SAAS and the AEA agree to removal of position titles outlined in Schedules 1 and 2 of this Agreement and will establish a working group to develop revised Schedules (1 and 2).
- 44.3 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.
- 44.4 Existing positions agreed by the parties that do not appear in Schedule 1 or 2 will continue to operate and will be included in this review.

45. ANNUAL AUTHORITY TO PRACTICE

- 45.1 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.
- 45.2 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 maintain a Professional Development Program. This 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.

46. REVIEW OF LEVEL 6 MANAGER AND TEAM LEADERS DIRECT REPORTS

- 46.1 Within twelve (12) months from the date of approval of this agreement, or in a time-frame as agreed between the parties, the parties will conduct and finalise a review of the number of direct reports and span of control for all SAAS' Operational Managers and Team Leaders . Whilst the review is being undertaken and until completed, all current Operational Managers will continue to oversee

the number of direct reports that they have as at the date of approval of this agreement.

- 46.2 Where the parties agree that implementation of any aspect of the review requires a variation to this Agreement, an application to SAET may be made to that effect.

47. REVIEW OF HISTORICAL 'ON CALL' CLAUSES

- 47.1 SAAS and the AEA will conduct a review within the first six (6) months after the date of approval of this agreement, or within a time-frame as agreed between the parties, into the application of historical 'on call' clauses within SAAS (these clauses have been the subject of discussion during enterprise bargaining negotiations).

- 47.2 The parties may by mutual agreement vary the Award to insert these historical 'on call' clauses into the Award.

48. REVIEW OF REGIONAL INCENTIVE PAYMENTS

- 48.1 SAAS and the AEA will conduct a review of the Regional Incentive Payments provided for by this Agreement within two (2) months of the date of approval of this Agreement.

49. REVIEW OF SAAS SERVICE DELIVERY MODEL

- 49.1 The parties bound by this Agreement are committed to service delivery reform across SAAS focused on improving the welfare of SAAS staff and the care provided to patients.

- 49.2 SAAS will conduct a review, in consultation with its employees and the AEA, of its service delivery model within the life of this Agreement which will include but not be limited to:

49.2.1 Workforce Planning;

49.2.2 Operational workforce reform initiatives, aimed at improving patient care and safety outcomes, through performance improvements within the ambulance service and the healthcare system more broadly;

49.2.3 Clinical and educational change including changes to span and scope of practice;

49.2.4 Provision of safe levels of alternative care pathway strategies.

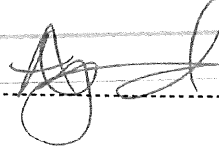
- 49.3 This review will be undertaken consistent with clause 11, 12 and 13 of this Agreement.

PART G – SIGNATORIES TO THE AGREEMENT

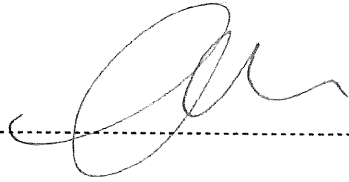
50. SIGNATORIES



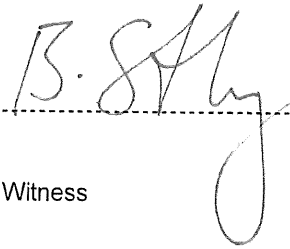
Chief Executive, Attorney General's
Department, as the Declared Public Employer
under the *Fair Work Act 1994* (SA)



Witness



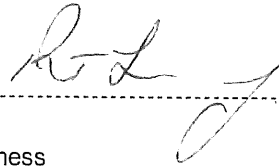
Chief Executive, SA Health, as the
Employing Authority



Witness



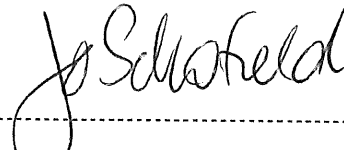
Secretary, Ambulance Employees
Association of SA



Witness



Secretary, United Workers Union SA



Witness

SCHEDULE 1 - SALARIES

PART 1: OPERATIONAL - PATIENT TRANSFER SERVICE STREAM

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

Part 1.1 Ambulance Officers								
Pay point	Classification	31-Dec-18	31-Dec-19	31-Dec-20	31-Dec-21	31-Dec-22	31-Dec-23	31-Dec-24
PTS 1.1	Ambulance Officer	\$49,218	\$50,448	\$51,709	\$53,002	\$54,327	\$55,685	\$57,077
PTS 1.2	Ambulance Officer	\$52,073	\$53,375	\$54,709	\$56,077	\$57,479	\$58,916	\$60,389
PTS 1.3	Ambulance Officer	\$56,350	\$57,759	\$59,203	\$60,683	\$62,200	\$63,755	\$65,349
PTS 1.4	Ambulance Officer	\$60,632	\$62,148	\$63,702	\$65,295	\$66,927	\$68,600	\$70,315
PTS 2.1	Team Leader	\$67,054	\$68,730	\$70,448	\$72,209	\$74,014	\$75,864	\$77,761
PTS 2.2	Team Leader	\$71,332	\$73,115	\$74,943	\$76,817	\$78,737	\$80,705	\$82,723
PTS 2.3	Team Leader	\$73,472	\$75,309	\$77,192	\$79,122	\$81,100	\$83,128	\$85,206
PTS 2.4	Team Leader	\$75,676	\$77,568	\$79,507	\$81,495	\$83,532	\$85,620	\$87,761

Part 1.2 Emergency Support Service								
Pay point	Classification	31-Dec-18	31-Dec-19	31-Dec-20	31-Dec-21	31-Dec-22	31-Dec-23	31-Dec-24
ESS 1.1	ESS Ambulance Officer	\$60,632	\$62,148	\$63,702	\$65,295	\$66,927	\$68,600	\$70,315
ESS 1.2	ESS Ambulance Officer	\$63,489	\$65,076	\$66,703	\$68,371	\$70,080	\$71,832	\$73,628
ESS 2.1	ESS TL	\$78,466	\$80,428	\$82,439	\$84,500	\$86,613	\$88,778	\$90,997
ESS 2.2	ESS TL	\$81,320	\$83,353	\$85,437	\$87,573	\$89,762	\$92,006	\$94,306

PART 2: OPERATIONAL – PROFESSIONAL (EMERGENCY) STREAM

Part 2.1 Sponsored Paramedic Degree Program								
Pay point	Classification	31-Dec-18	31-Dec-19	31-Dec-20	31-Dec-21	31-Dec-22	31-Dec-23	31-Dec-24
SPDP 1	Probationary Ambulance Officer	\$49,218	\$50,448	\$51,709	\$53,002	\$54,327	\$55,685	\$57,077
SPDP 2	Student Ambulance Officer	\$53,499	\$54,836	\$56,207	\$57,612	\$59,052	\$60,528	\$62,041
SPDP 3	Student Ambulance Officer	\$57,064	\$58,491	\$59,953	\$61,452	\$62,988	\$64,563	\$66,177
SPDP 4	Student Ambulance Officer	\$61,346	\$62,880	\$64,452	\$66,063	\$67,715	\$69,408	\$71,143

Part 2.2 Intern								
Pay point	Classification	31-Dec-18	31-Dec-19	31-Dec-20	31-Dec-21	31-Dec-22	31-Dec-23	31-Dec-24
1.1	Intern	\$61,346	\$62,880	\$64,452	\$66,063	\$67,715	\$69,408	\$71,143
1.2	Intern	\$64,198	\$65,803	\$67,448	\$69,134	\$70,862	\$72,634	\$74,450

Part 2.3 Paramedic								
Pay point	Classification	31-Dec-18	31-Dec-19	31-Dec-20	31-Dec-21	31-Dec-22	31-Dec-23	31-Dec-24
2.1	Paramedic, Paramedic Defined Practice	\$69,904	\$71,652	\$73,443	\$75,279	\$77,161	\$79,090	\$81,067
2.2	Paramedic, Paramedic Defined Practice	\$72,757	\$74,576	\$76,440	\$78,351	\$80,310	\$82,318	\$84,376
2.3	Paramedic	\$75,611	\$77,501	\$79,439	\$81,425	\$83,461	\$85,548	\$87,687
2.4	Paramedic	\$78,466	\$80,428	\$82,439	\$84,500	\$86,613	\$88,778	\$90,997
2.5	Paramedic	\$81,320	\$83,353	\$85,437	\$87,573	\$89,762	\$92,006	\$94,306
2.6	Paramedic	\$84,171	\$86,275	\$88,432	\$90,643	\$92,909	\$95,232	\$97,613

Part 2.4 Clinical Instructor								
Pay point	Classification	31-Dec-18	31-Dec-19	31-Dec-20	31-Dec-21	31-Dec-22	31-Dec-23	31-Dec-24
2.5	Clinical Instructor	\$81,320	\$83,353	\$85,437	\$87,573	\$89,762	\$92,006	\$94,306
2.6	Clinical Instructor	\$84,171	\$86,275	\$88,432	\$90,643	\$92,909	\$95,232	\$97,613
3.2	Clinical Instructor	\$87,027	\$89,203	\$91,433	\$93,719	\$96,062	\$98,464	\$100,926
3.3	Clinical Instructor	\$89,877	\$92,124	\$94,427	\$96,788	\$99,208	\$101,688	\$104,230

Part 2.5 Intensive Care Paramedic (ICP)								
Pay point	Classification	31-Dec-18	31-Dec-19	31-Dec-20	31-Dec-21	31-Dec-22	31-Dec-23	31-Dec-24
3.1	Intensive Care Paramedic Intern	\$85,598	\$87,738	\$89,931	\$92,179	\$94,483	\$96,845	\$99,266
3.2	Intensive Care Paramedic	\$87,027	\$89,203	\$91,433	\$93,719	\$96,062	\$98,464	\$100,926
3.3	Intensive Care Paramedic	\$89,877	\$92,124	\$94,427	\$96,788	\$99,208	\$101,688	\$104,230
3.4	Intensive Care Paramedic	\$92,733	\$95,051	\$97,427	\$99,863	\$102,360	\$104,919	\$107,542
3.5	Intensive Care Paramedic	\$95,582	\$97,972	\$100,421	\$102,932	\$105,505	\$108,143	\$110,847

Part 2.6 SPRINT Paramedic								
Pay point	Classification	31-Dec-18	31-Dec-19	31-Dec-20	31-Dec-21	31-Dec-22	31-Dec-23	31-Dec-24
3.2	SPRINT Paramedic	\$87,027	\$89,203	\$91,433	\$93,719	\$96,062	\$98,464	\$100,926

Part 2.7 ICP Solo Responder								
Pay point	Classification	31-Dec-18	31-Dec-19	31-Dec-20	31-Dec-21	31-Dec-22	31-Dec-23	31-Dec-24
4.1	ICP Solo Responder	\$99,865	\$102,362	\$104,921	\$107,544	\$110,233	\$112,989	\$115,814

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

Pay point	Classification	31-Dec-18	31-Dec-19	31-Dec-20	31-Dec-21	31-Dec-22	31-Dec-23	31-Dec-24
5.1	SOT/Retrieval ICP, ECP	\$112,704	\$115,522	\$118,410	\$121,370	\$124,404	\$127,514	\$130,702
5.2	SOT/Retrieval ICP, ECP	\$115,556	\$118,445	\$121,406	\$124,441	\$127,552	\$130,741	\$134,010
5.3	SOT/Retrieval ICP, ECP	\$119,838	\$122,834	\$125,905	\$129,053	\$132,279	\$135,586	\$138,976

PART 3: OPERATIONAL – PROFESSIONAL (EMERGENCY) STREAM - MANAGEMENT

Part 3.1 Paramedic Team Leader: Clinical (CTL), Regional (RTL), Paramedic Development Intern Team Leader (PIDTL)

Pay point	Classification	31-Dec-18	31-Dec-19	31-Dec-20	31-Dec-21	31-Dec-22	31-Dec-23	31-Dec-24
3.4	CTL/RTL <12 reports	\$92,733	\$95,051	\$97,427	\$99,863	\$102,360	\$104,919	\$107,542
3.5	CTL/RTL <12 reports	\$95,582	\$97,972	\$100,421	\$102,932	\$105,505	\$108,143	\$110,847
4.3	CTL/RTL/PIDTL >12 reports;	\$105,571	\$108,210	\$110,915	\$113,688	\$116,530	\$119,443	\$122,429
4.4	CTL/RTL/PIDTL >12 reports	\$108,423	\$111,134	\$113,912	\$116,760	\$119,679	\$122,671	\$125,738

Part 3.2 Intensive Care Paramedic Team Leader: Clinical (CTL), Regional (RTL), Area (ACTL)

Pay point	Classification	31-Dec-18	31-Dec-19	31-Dec-20	31-Dec-21	31-Dec-22	31-Dec-23	31-Dec-24
4.1	CTL/RTL <12 reports	\$99,865	\$102,362	\$104,921	\$107,544	\$110,233	\$112,989	\$115,814
4.2	CTL/RTL <12 reports	\$102,716	\$105,284	\$107,916	\$110,614	\$113,379	\$116,213	\$119,118
5.3	CTL/RTL >12 reports, ACTL	\$119,838	\$122,834	\$125,905	\$129,053	\$132,279	\$135,586	\$138,976
5.4	CTL/RTL >12 reports, ACTL	\$122,689	\$125,756	\$128,900	\$132,123	\$135,426	\$138,812	\$142,282

Part 3.3 Clinical Education, Support and Governance

Pay point	Classification	31-Dec-18	31-Dec-19	31-Dec-20	31-Dec-21	31-Dec-22	31-Dec-23	31-Dec-24
4.2	Clinical Educator	\$102,716	\$105,284	\$107,916	\$110,614	\$113,379	\$116,213	\$119,118
5.3	Clinical Support Officer	\$119,838	\$122,834	\$125,905	\$129,053	\$132,279	\$135,586	\$138,976
5.4	Clinical Support Officer	\$122,689	\$125,756	\$128,900	\$132,123	\$135,426	\$138,812	\$142,282

Part 3.4 Special Operations Team Leader

Pay point	Classification	31-Dec-18	31-Dec-19	31-Dec-20	31-Dec-21	31-Dec-22	31-Dec-23	31-Dec-24
5.4	SOT Clinical Team Leader	\$122,689	\$125,756	\$128,900	\$132,123	\$135,426	\$138,812	\$142,282

Part 3.5 Operational Management								
Pay point	Classification	31-Dec-18	31-Dec-19	31-Dec-20	31-Dec-21	31-Dec-22	31-Dec-23	31-Dec-24
6.1	Operations Manager, Risk and Safety Manager, Special Operations Manager, State Duty Manager, Operations Manager Performance & Logistics, Manager Emergency Preparedness, Business Operations Manager	\$136,956	\$140,380	\$143,890	\$147,487	\$151,174	\$154,953	\$158,827

PART 4 – OPERATIONAL: EMERGENCY OPERATIONS CENTRE (EOC)

Pay Point	Classification	31-Dec-18	31-Dec-19	31-Dec-20	31-Dec-21	31-Dec-22	31-Dec-23	31-Dec-24
	Probationary EMDSO	\$54,721	\$56,089	\$57,491	\$58,928	\$60,401	\$61,911	\$63,459
	EMDSO	\$60,740	\$62,259	\$63,815	\$65,410	\$67,045	\$68,721	\$70,439
	Probationary Coordinator	\$61,165	\$62,694	\$64,261	\$65,868	\$67,515	\$69,203	\$70,933
	Coordinator Level 1	\$66,038	\$67,689	\$69,381	\$71,116	\$72,894	\$74,716	\$76,584
	Coordinator Level 2	\$69,714	\$71,457	\$73,243	\$75,074	\$76,951	\$78,875	\$80,847
	Coordinator Level 3	\$73,392	\$75,227	\$77,108	\$79,036	\$81,012	\$83,037	\$85,113
	Coordinator Level 4	\$76,427	\$78,338	\$80,296	\$82,303	\$84,361	\$86,470	\$88,632
	Communications Team Leader	\$83,166	\$85,245	\$87,376	\$89,560	\$91,799	\$94,094	\$96,446

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; and
- 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;
- Fulfil 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.

ESS Team Leader (Levels 2.1-2.2)

Employees engaged in this role use their clinical knowledge and experience to provide pivotal coordination of patient care delivery for multiple ESS teams within the Metropolitan Area, and non-emergency ambulance activities in regional areas.

Employees in this role:

- Hold a Certificate IV or equivalent recognised by the employer;
- Have worked to at least ESS1.1, either as a substantive or existing reliever;
- Maintain basic emergency care first response capability;
- Coordinate and lead multiple ESS team activities to achieve continuity and quality of patient care;
- 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;

- Lead ESS teams and provide transport and care as required within the professional practice framework established by the Ambulance Service, including but not limited to specialist/multidiscipline functions such as bariatric care and transport, and mental health care and transport;
- Maintain own accreditation to operate at the defined clinical level for ESS;
- 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 within ESS;
- Performance management of team members;
- Provide support and guidance to newer or less experienced staff, PTS ambulance officers, students and Volunteer Ambulance Officers;
- Support ambulance clinical practice learning experiences for students undertaking clinical placements, orientation for new staff and preceptorship of students;
- Provide clinical development for individuals and groups;
- Participate in curriculum development;
- Role model professional behaviour;
- Liaise with and maintain sound working relationships with external agencies and healthcare providers;
- Fulfil roles at major incidents which could include command and control;
- Review decisions, assessments, and recommendations from less experienced students, ESS officers and Volunteer Ambulance Officers;
- Provide strategic leadership in support of operational management for innovation, change processes and coordinated responses in ESS;
- 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.

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 using any care setting;
- 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 2. 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 using any care setting;
- 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 a 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 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;
- Rapid turn-around times for increased availability for next case.

This classification has no incremental advancement.

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 ESS Clinical Team Leader (Level 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 team's activities to achieve continuity and quality of patient care;

* The ESS CTL classification at pay-point 4.4 only apply to those employees grandparented under the SA Ambulance Service Enterprise Agreement 2017.

- 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.

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.

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, SOT ICPs (Retrieval) 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.

Special Operations Team Intensive Care Paramedic / Retrieval (Levels 5.1 - 5.4)

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.

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 an 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)

REGIONAL INCENTIVE PAYMENTS

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
Baramba	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 Harbor	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

SPECIAL ON-CALL PAYMENTS

LOCALITY	FROM DATE OF APPROVAL \$ per week
Barossa	43.58
Baramba	43.58
Loxton	43.58
Pt Pirie	43.58
Cooper Pedy	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%
Metro Emergency Operations Day/Afternoon/Night 10.5	30.631%
Metro Emergency Operations Day Shift Only 10/10	23.881%
Metro Emergency Operations Day/Afternoon 10/10	30.647%
Metro Emergency Operations Leave Relief 10/10	28.894%
Clinical Telephone Assessment Day Only 10/10	23.881%
Clinical Telephone Assessment Day/Afternoon 10/10	29.303%
Clinical Telephone Assessment Day/Afternoon 2/3 and Day Only 1/3 10/10	27.496%
Clinical Telephone Assessment Day Only 4x4 12/12	30.00%
Emergency Operations Centre 4x4 rosters for Dispatcher or EMDSO	37.57%
ESS 7 Day roster, day shift only	30.00%
ESS Day/Afternoon	36.66%
ESS Day/Night	37.57%
Barmera	55.703%
Barossa	47.14%
Berri	37.57%
Fleurieu RMTS	36.00%
Loxton	55.703%
Millicent	37.57%
Mount Barker	37.57%
Mount Gambier	37.57%
Mount Gambier RMTS	36.00%
Murray Bridge	37.57%
Murray Bridge RMTS	36.00%
Naracoorte	37.57%
Port Augusta	37.57%
Port Lincoln	37.57%
Port Pirie	47.14%
Port Pirie – 10/14 no on call	37.57%
Renmark	37.57%
Victor Harbor	37.57%
Victor Harbor RMTS	36.66%
Walleroo RMTS	36.00%
Waikerie	37.57%
Whyalla	37.57%
Woodside	37.57%
Ceduna	37.57%
Cooper Pedy – 10/14 no on call	37.57%
Cooper Pedy	55.703%