



Queensland Nurses' Union

**Submission to the
Queensland Floods Commission of
Inquiry**

April, 2011



Introduction

The Queensland Nurses' Union (QNU) commends the Queensland government on its effective handling of the recent flood and cyclone crises and thanks the government for providing this opportunity to comment. This inquiry represents an important opportunity for the QNU to engage in a key public debate about staffing arrangements, infrastructure damage and repair, the effects on key workers like nurses, and the evacuation of hospitals and aged care facilities. This debate involves our members and we speak on their behalf in this submission.

The QNU is the principal health union in Queensland covering all categories of workers that make up the nursing and midwifery workforce including registered nurses, registered midwives, enrolled nurses and assistants in nursing who are employed in the public, private and not-for-profit health sectors including aged care. The QNU promotes and defends the industrial, professional, social, political and democratic values and interests of members. The vast majority of nurses and midwives in Queensland are members of the QNU.

Nurses and midwives are the largest occupational group in Queensland Health and one of the largest across the Queensland government. Nurses and midwives are the most geographically dispersed health professionals in Australia, working independently or collaboratively to provide professional and holistic care in a range of circumstances. Our more than 42,000 financial members work across a variety of settings from single person operations to large health and non-health institutions, and in a full range of classifications from entry level trainees to senior management.

In this submission we respond specifically to items (c) aspects of the response to the 2010/2011 flood events and (d) measures to manage the supply of essential services of the Inquiry's Terms of Reference.

(c) Aspects of the response to the 2010/2011 flood events

Future disaster planning

During the recent natural disasters we have learned many lessons about human endurance and resilience. Our members were victims, carers, volunteers and support workers, with many of them engaged in more than one role. We believe that one of the aims of this inquiry must be to seek improved response and recovery strategies rather than to lay blame with those who provide essential information and services. Our focus is on sharing information and responsibility so that we can work in unison with the state government in any future events of this nature.

We have reliable and efficient mechanisms in place for communicating with our members. Unions can form a useful source for providing information to members during emergency and other situations and could form part of an overall network for sharing and distributing information. Our existing systems could integrate well with other state government communication methods.

Nurses are in a unique position to contribute to the planning and implementation of disaster preparation and recovery. They provide a valuable link to communities to convey information and monitor effects. We have witnessed their critical role in providing care and health services during difficult times when their own personal circumstances placed them under further stress.

The QNU therefore requests that the government includes us in any future disaster planning processes. We are able to communicate very quickly and efficiently with our 42,000 members, many of whom remained at work for extended periods during the floods without proper accommodation or support.

Unions such as the QNU can also be important contributors to the post disaster recovery efforts. The QNU is concerned that the failure to include unions in disaster response and recovery planning results in the loss of a potentially significant point of leverage and important communication avenue. We believe that the state government needs to address this serious omission from formal response processes if we are to optimize the community's response to future disasters. The QNU is committed to the community development framework the government espouses as the "bedrock" of the disaster recovery process and as such we are a stakeholder that the government needs to include more formally and strategically in disaster planning and response processes.

Recommendation

The QNU recommends that the Queensland government:

- includes the QNU and other relevant service unions in disaster planning and community recovery processes.

Employment of Nursing Graduates

The QNU has for some time been drawing attention to the current situation where new University nursing graduates are unable to gain employment. Our recent state budget submission highlights this matter in detail. The disaster recovery effort provides a timely means of responding to this situation. The QNU suggests that Queensland Health could offer positions to graduate nurses in primary and mental health. These graduates could mentor with existing primary health care and school nurses to meet the needs of many Queenslanders whose health has been affected by these disasters. Queensland Health could also rotate new graduates through rural and remote relief positions after appropriate orientation.

██████████ has warned of the impending increase in mental health issues for those who have suffered hardships as a result of the flood. Although he praised Queensland Health's response to the initial impact of the tragedy, with teams dispensing "psychological first aid" in the hardest-hit communities, ██████████ believes some people will need support for trauma-related issues for months and years to come. As psychological problems emerge as the biggest medical issue to come out of the tragedy, he called on the Federal Government to increase mental health funding by several hundred million dollars this year and by \$3 billion over four years Australia-wide (Miles, 2011).

Employing graduate nurses in mental health could work towards alleviating some of the long term problems caused by dislocation and despair. ██████████ comments come at a time when mental health care in rural areas is already under the spotlight.

We believe that the social determinants of health will become increasingly important as Queenslanders move through the stages of rebuilding following the floods and cyclone Yasi. Graduate nurses can play a role in meeting the primary and mental health needs of those who have been and will continue to be affected by the aftermath of these natural disasters. At the same time, Queensland Health must maintain an appropriate mix of experienced, qualified community and mental health nurses to mentor the graduates.

Recommendation

The QNU recommends that the Queensland government:

- provides sufficient funding to offer new graduate nurses and midwives placements in mental and primary health areas to assist in dealing with disaster recovery.

(d) Measures to manage the supply of essential services

Nurses' Experiences

Both Queensland Health and the QNU have published stories of the extraordinary efforts of nurses, midwives and other health professionals during the floods. Here we give the personal first hand accounts of three of our members whose dedication and commitment enabled the Queensland health system to continue operating at this crucial time. These stories appeared in the February edition of *The Queensland Nurse*.

At first our job was to support the rest of the district, but as the floodwaters moved towards Rockhampton, a large percentage of our nursing staff became flood-bound. The community of Gracemere is just outside Rockhampton, and it was cut off during the floods. We worked in partnership with a GP surgery over there to set up a primary care clinic, and we had a lot of nursing staff working over there. Lots of nursing staff volunteered to come over on the SES boat across the floodways between the towns. They climbed into lifejackets and brought their luggage over to work their shifts then caught the boat back home. They swapped shifts, some came back when they were on annual leave, they worked overtime and additional shifts.

Only a small proportion of our nursing staff had flood-affected property, but a much larger proportion had loved ones who were affected. So staff were tired, but they were also stressed about friends and family. They just put up their hands, and worked with energy to get the job done here – then a lot of them went to help clean up flood-affected properties around the area.

It wasn't just about the work, it was about caring for each other. Everyone was watching out for each other and looking after each other. The caring attitude of the nurses is what got us through. Nurses are part of this community, and because of that, they don't just go 'Oh well, it's not my job'. They take responsibility for making sure that the job gets done.

Things are getting back to normal now. We've developed some partnerships we didn't have beforehand – in the town, but also across the state. Brisbane protected us when we were in flood initially by keeping patients down there. Then when Brisbane went into flood, we immediately mobilised to bring our patients back up. There is camaraderie between nurses across this state which is just wonderful. You don't have to know each other, you just feel the connection.

It will take a long time to recover, but we've had to start the year with such a can-do approach, we know that if we work together we can do anything. I am so proud of everyone. They really pulled together and kept the health service working for the community.

 Nursing Director, Rockhampton Hospital

I am in awe of my colleagues who put in extra hours of work this week to keep the hospital running. Some friends came in from holiday leave to ensure our patients received safe care, and others were 'trapped' at work for several days, unable to return home due to the flooding on roads and around Ipswich. I know of one workmate who drove 2 hours to get to work when it normally took her 20 minutes. I'd also like to thank our managers for their support as they worked VERY long days, attempting to staff the hospital adequately and maintain sanity in the chaos that was the emergency department and wards this week! It's great to know that so many are willing to step up to the plate when things are so desperate! My heart also goes out to those I work with who have lost homes and in essence life as they knew it. Hearing stories around the lunch table has brought me to tears. You are fighters.

Kirsty, Ipswich

Two days after Christmas, the Central Highlands Regional Council advised us to prepare for flood levels of 14 metres – similar to the flooding in 2008. By late afternoon the next day, the water was expected to rise another 0.8 metres, and at that height the town power supply and sewage plant would fail. The Emerald Hospital is in the west. We knew from 2008 that the town gets separated by floodwaters into east and west. So we had to set up a primary care clinic in the east, and transported all the necessary equipment and medical supplies over to that side of town.

That afternoon was extremely busy. Teams of workers lifted all equipment and furnishings in the staff accommodation one metre off the floor. Three shelves of medical records had to be transported upstairs. We prepared clinical teams and rosters for the eastern and western sides of town. A number of east-side staff consented to stay on the west side to work at the hospital, even though they would be separated from their families and homes.

On New Year's Eve, Emerald Hospital evacuated all in-patients. By 10:30pm, the floodwaters were surrounding the hospital and water levels on access roads were too deep for the vehicles to traverse. We had to use 4WDs and Black Hawk helicopters to evacuate six patients and four staff. We also had to set up a third primary care clinic in the middle of town. That was unexpected, but everyone pulled together.

Emerald Hospital continued to operate the labour ward, operating theatre, pathology, x-ray, and emergency department. On-call theatre and maternity staff stayed overnight. Staff were becoming fatigued, so we contacted some of our flood-stranded colleagues, and helicopters were sent to bring them in. Midwife [REDACTED] kids thought mum was 'pretty cool' getting a lift in from Capella to Emerald in a helicopter 'just to go to work'.

It was a lot of effort to restore all the equipment and supplies once the floodwaters subsided, but we were back to normal operations by 3 January.

[REDACTED] *irector of Nursing,*
Emerald Hospital

Protocol initiated discharge

Although we recognise that this inquiry relates to the floods, during the recent medical evacuation that occurred in North Queensland for cyclone Yasi, nurses efficiently undertook protocol initiated discharge without problems. Under normal circumstances, Queensland Health nurses would not carry out this function, however it is one that the QNU has consistently sought Queensland Health to implement in budget submissions for the last few years. The successful medical evacuation indicates that we should continue the momentum and introduce nurse protocol initiated discharge as a matter of course.

This is an opportunity to keep the momentum going and introduce a formal trial of protocol initiated discharge at a trial site. This is particularly relevant given that it was a 2009 Queensland Australian Labor Party policy commitment. The scope for implementing protocol initiated discharge within a nursing and midwifery model is wide and critical. Contributing to the “access block” currently is the inability to access inpatient beds. Nurses in clinical units (including Emergency Department’s) know when a patient will be discharged and plan admissions based on this. We believe Queensland Health should conduct a trial of protocol initiated discharge to improve the streamlining of health care. The emergency medical evacuation has shown that it can work efficiently and we believe that Queensland Health should now look to introducing the practice throughout the state.

Recommendation

The QNU recommends that Queensland Health:

- implements a trial of nurse protocol initiated discharge with a view to wider introduction throughout the state.

Leave Provisions

A key workplace issue arising from the floods and cyclone and one that is also emerging in Christchurch is the pressure on people who are both victims or potential victims as well as key workers required for the emergency response. The mental and physical well-being of these staff is obviously a major health and safety concern and while there has been some recognition of this issue, government needs to give more attention to areas such as rostering systems, emotional support and counselling, post-event support and debriefing.

The floods have also highlighted the inconsistencies and inadequacies in the provision of special or emergent leave for staff unable to attend work or to safeguard or attend to their homes during and after flooding. While there were many incidents of nurses and midwives performing admirably during flood events across the state, in a number of instances, Queensland Health management did not act with such generosity of spirit in their approach to industrial entitlements, a response that required intervention by the Deputy Premier and Health Minister to correct.

There are two situations where there are industrial implications for nurses viz:

- 1 Where nurses were unable to attend work due to the floods and;
- 2 Where nurses who remained at work beyond their normal rostered shifts were required to maintain adequate clinical care because of the floods.

With respect to point 1 above, Queensland Health has a Human Resource policy C7, entitled *Special Leave*, which provides for an entitlement to a maximum of 5 non-cumulative days leave per calendar year with respect to floods, cyclones, bush fires and storms. The policy also allows the District CEO to exercise discretion in approving additional special leave on full pay in exceptional or deserving cases. However, approval of this leave is subject to the District CEO being satisfied that the absence was unavoidable or justified.

The Queensland Health flood leave entitlement is a mirror of the provisions of the Ministerial Directive No. 18/09 *Special Leave* which applies to public servants. However, this Directive provides for an additional entitlement above the 5 days paid leave with respect to floods, cyclones, bush fires etc. This entitlement relates to emergency or compassionate grounds and provides for up to 3 days paid leave in any 12 month period. Queensland Health employees have no such entitlement as Queensland Health has not extended or adopted this provision.

In the private and aged cares sectors, not all employees have the benefit of such entitlements either. If there are no provisions for emergency leave in an award or agreement, the employer may decide to approve paid or unpaid leave at their discretion. These employees are therefore subject to their employer's largesse in these circumstances.

In relation to point 2 above, the QNU contends that Queensland Health should make specific provisions for nurses who are required to remain at work throughout a natural disaster. Often such nurses are stranded at work while their colleagues are stranded at home. Such provisions should include access to adequate meals; access to adequate sleeping arrangements and the provision of all industrial entitlements.

In addition, disaster planning at hospital/facility level should also include essential staffing arrangements because the unpredictability of natural disasters leaves some staff able to travel to work while others cannot. Despite their willingness, it is not reasonable to expect front line clinical staff such as nurses to resort to transport via trucks or canoes to travel to work. Queensland Health should have appropriate safe alternatives to ensure essential staff are able to travel to and from health facilities during natural disasters.

Recommendation

The QNU recommends that the Queensland government:

- amends its Directives to ensure consistent application of industrial entitlements across all agencies within the Queensland public sector including Queensland Health with respect to the impact of natural disasters. Specifically, Queensland Health should grant employees immediate access to paid leave in relation to emergency or compassionate grounds as enjoyed by the general public service in Queensland;
- approaches the federal government to establish an industrial entitlement of 5 days paid emergency leave for all employees under the national industrial relations system. This could be achieved through legislation to create this entitlement as National Employment Standard;
- ensures disaster management procedures include appropriate, safe means of travel to and from health facilities for front line staff during natural disasters.

References

Miles, J. (2011) *Courier Mail*, 22 January.