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25 September 2020

Committee Secretary
Education, Employment and Small Business Committee
Parliament House
George Street
Brisbane Qld 4000

By email: eesbc@parliament.qld.gov.au

RE: Workers' Compensation and Rehabilitation and Other Legislation Amendment Bill 2020

Dear Committee Secretary

I refer to the Workers' Compensation and Rehabilitation and Other Legislation Amendment Bill 2020 which was referred to the Education, Employment and Small Business Committee on 12 February 2020.

The Australian Workers' Union (AWU) represents workers across a diverse range of industries in Queensland including but not limited to pastoral, agriculture, construction, hospitality, retail, tourism, health, aged care, youth justice, manufacturing, disability care, mining, construction and local government.

The AWU have had many members who work within youth justice, public and private health and disability care who suffer psychological injuries including Post Traumatic Stress Disorder (PTSD) due to ongoing exposure to traumatic and stressful incidents in their workplaces.

This submission contains statements from AWU members providing their perspectives in relation to their workplaces. The AWU has de-identified the members so as not to open them up to adverse action in the workplace or prejudice any current or future worker's compensation claims.

PRESUMPTIVE LEGISLATION

The AWU supports the implementation of presumptive legislation for first responders or front-line workers who are exposed to traumatic and stressful incidents in their workplaces.

The union can also confirm that our members advise that although such injuries can occur after one incident they can also occur after cumulative exposure to trauma over a period of time.

The AWU also submits that the presumption that the worker has met the legislative requirements of a work related injury by reversing the onus of proof will reduce the stress of an adversarial worker's compensation process which only compounds the stress and trauma and impedes the recovery of the member.

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Members have advised the union that in many instances employers such as Hospital and Health Services which make up Queensland Health (HHSs), Department of Youth Justice (Youth Justice) and Department of Communities, Disability Services and Seniors (DCDSS) will on many occasions not only oppose worker's compensation applications relating to stress and trauma but also take no action to manage the risk of trauma in their workplaces. This is unacceptable to the AWU.

That said, the AWU commends Workcover for some of its recent initiatives to better support those with psychological injuries. Generally, the decisions made on claims of this type are well-considered and supportive. However, we continue to see instances where the "reasonable management action" exclusion is sought to be used in ways which are unwarranted, by both Workcover and self-insurers. When this occurs, it is almost invariably at the behest of the employer who wishes to avoid accountability for the injury. Rejection of such claims adds stress and distress to our members who are already traumatised, and forces legal processes which ought not in many cases be necessary. Whatever the ultimate shape of this legislation, it will be important for Workcover and the Regulator to continue to have high levels of vigilance over the quality of decision-making particularly for those with psychological injuries.

The AWU has significant membership of Youth Workers in Youth Justice who are required to undertake roles where they are confronted with incidents involving "serious injury or death, or threat to life, safety or property". They also provide "assistance in time-critical, often life-threatening situations."¹

The AWU supports the Bill applying proscriptive legislation to youth justice staff.

The risks that these members exposed to was demonstrated 10 December 2016 when a riot occurred at the Cleveland Youth Detention Centre in Townsville which led to serious injuries and threat to the safety of our members. In what will become a reoccurring theme, the findings of the investigation found that the employer had not developed appropriate risk assessments or operational plans to eliminate the risks or implement controls to ensure the physical and mental safety of members at that time.

Below are a selection of statements from Youth Worker members who took the time to respond to the Committee indicating why they support the proposed Bill and giving an insight into their personal experiences of their roles:

I write this as a response to industry concerns and to my current health concerns. I have been employed by a youth detention centre since 2009.

I have a permanent role as a section supervisor but am currently on suitable duties after I was a First responder in back to back incidents involving a young person attempting suicide

¹ The Commonwealth Senate Education and Employment References Committee Report The People Behind 000: mental health of our first responders, February 2019, p.3

on [provided date]. If we go back even further to [provided date] I was involved in an attempt to suicide/self-harm by a Young person.

To give some background of the incident, I was entering a section on night shift where I was a night senior. Whilst checking all Y/P in their rooms, I pulled back a curtain and witnessed a Y/p had tied a ligature around his neck and was attempting to suicide. I called the appropriate code and asked another staff member to retrieve cut down knives. No assistance was provided.

I entered the room by myself to offer assistance and waited for further response from staff. I sat with that young boy for 4 hrs after that event, waiting for a relieving staff member to take over his observations. Once this was done I received no debrief or offer of counselling. Instead I was asked how many rounds of the centre I had done. As if to say well carry on, work as usual. I for many years since have had flashing images of the Y/P's face in the porthole window during different times of my career. I would need to ask staff to check rooms with me so I didn't have to lift curtains on porthole windows, just so the image would not come back into my head. During my home life I started drinking heavily and it subsequently affected my health and family life substantially.

The most recent incident I was involved in was multiple suicide attempt by a Y/p within 2 hours of each other. The first incident he collapsed and I entered with other staff, removed the ligature and assisted him in regaining consciousness. He was moved to a different location where he attempted a 2nd time. These images and the image of him holding his arm out in front of him to try and stop me from saving him, now take up room in my mind.

I have been assaulted multiple times over my 12 years, including a Y/p attempting to stab me in the neck with a pencil, fortunately for me he only stabbed my hand, if you call that fortunate. I have had hot coffee thrown into my face and an unknown quantity of violent encounters including having bodily fluid thrown on me as well as being spat on. Once directly in the mouth. These events have taken a toll on my body, mind and spirit.

I have been diagnosed with PTSD, depression and anxiety and am currently on medication. This has affected my ability to go out in public most days. Apart from home and the centre I vary rarely go anywhere? It has affected my family greatly and continues to affect my sleep and wellbeing on a daily basis.

It feels that the employer is slow to acknowledge that these types of claims are serious and staff are rarely helped to find alternative work and it feels that we are almost pushed back into our roles.

Whilst I am receiving treatment. I feel like I'm almost challenged to prove that I need continued therapy and am questioned by WorkCover and return to work planners as to when I will be so called "fixed". You are made to feel that PTSD needs to be fixed within a certain period or you need to move on. This adds even further to my anxiety in a way that makes me feel that if I don't return soon that I will be discarded because I am no longer of any use to the department. The department has a real lack of upskilling front line staff in the

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event of career ending injuries or mental health complications. More often than not those staff are left holding the bag after their career is over and everyone else has moved on and no longer being assisted.

Thank you for this opportunity to tell my story, this is only one but I know personally many more staff who are going through the same obstacles.

Member A , Youth Justice

I have worked in both CYDC and BYDC during this time as a Detention Youth Worker and Section Supervisor. During my time in working with Youth Detention, I have endured several traumatic events. These events included:

- Being assaulted numerous times by Young Persons punching or attempting to hit me; and
- having been spat upon which has struck me on the arms and in the face;
- having urine thrown at me;
- projectiles striking me which were thrown by an aggressive Young Person;
- dislocating a finger whilst defending myself from being punched;
- receiving multiple kicks to my head while I was assisting another staff member in restraining a Young Person;
- being sexually assaulted by a Young Person when they rubbed their genitals against my upper leg moving towards my groin;
- removal of ligatures from Young Persons' necks by cutting them off when the Young Person was actively attempting to take their own life.

I have also taken the responsibility of being a workplace delegate for the Australian Workers' Union as I have a keen desire to help my work colleagues in our challenging working environment.

I worked at CYDC before the riot on 11th November 2016. I was scheduled to do a night shift on the day of the riot. I was fortunate enough that a colleague had asked me to swap shifts with them, this exchanging of shifts has caused me a great concern of feeling that I had let my colleagues down as I was not at work at the time of the riot. A psychologist has advised me that what I still feel today, some four years later is called survivors' guilt. I am yet to view any video footage of the riot. As a union delegate, I became a key person for all of my now broken work colleagues to lean upon in assisting them in their great time of need.

I read most of the reports from the staff members that were working during the riot, and this has had an impact on my mental wellbeing as I grappled with what each of them had to

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endure whilst many of them feared that they were going to die. Some of what they experienced include:

- A female staff member hiding behind bushes and praying that the angry mob didn't find her out in the open and not safely secured in a building;
- A female staff member assisting another in dragging a male colleague that was unconscious into a building;
- A young female staff member being told repeatedly that the Young Persons were going to rape her when they got to her;
- A female staff member having to secure herself in a cell with a tradesman to prevent themselves from being attacked after the Young Persons had breached the building and were now inside the building looking for females that they had threatened to rape;
- A male staff member losing sight in one eye from being struck by a projectile;
- A male Young Person attempting to leap over a shield barrier and attempting to slash staff with a sharp kitchen knife;
- A female staff member calling her family to say goodbye to them as she felt that she was not going to survive the riot;
- A young male staff member that tried to answer the call from a colleague requesting assistance and being surrounded by four male Young Persons and assaulted with items they were using to strike him;
- My line supervisor calling me from her doctor's office crying and asking me to speak to her doctor to explain what she had endured as she could not regain her composure long enough to be able to talk to the doctor herself;
- The wife of a seriously injured colleague crying on the phone about the financial impact that her family were now forced to endure from the injuries that her husband had received at work;
- Meeting with a female colleague for emotional support that had checked into a facility for treatment of her mental health.

I am sure that I have not listed all of the trauma that I was exposed to as a result of a single incident of violence in my workplace. Working as a Detention Youth Worker, we face issues regularly that many people would not be able to cope with.

We genuinely love the work that we do with Young People which is why we keep going back. It takes a while to understand that each incident has left you just a bit more worse for wear. The best way that I think to describe the impact that it has on us is that it could be seen as a death by a thousand cuts.

Member B, Youth Justice

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SCOPE OF COVERAGE

In relation to the scope of coverage of the proposed Bill, the AWU supports the inclusion of youth justice workers as well as doctors and nurses employed in specific areas in health facilities.

However, the AWU submits that there are other callings and occupations that should also be captured under the proposed Bill as they also are confronted with incidents involving “serious injury or death, or threat to life, safety or property” as well as “providing assistance in time-critical, often life-threatening situations.”

The AWU submits that Disability Services Workers and Carers should be captured under the scope of coverage of the proposed Bill. AWU members working in these roles are regularly exposed to incidents where there is a threat to life, serious injury and safety from the behaviour of clients with disabilities.

Below is a statement from a disability worker member who took the time to respond to the Committee indicating why they support the proposed Bill and giving an insight into their personal experience of their role:

Exposure to trauma within the Forensic Disability Service (FDS)

Incidents where staff are exposed to trauma within the FDS fall into both acute and cumulative categories, with the type of traumatic exposure also being highly varied. Compounding the exposure to trauma is the limited capacity of the service to provide trauma interventions to staff in any meaningful way. The result of ongoing exposure to traumatic events, combined with a complete failure of the service to provide any support or training to staff has a significant detrimental impact on the mental health of the staff at the FDS.

Acute Trauma

Incidents that may result in acute trauma for staff at the FDS can include, but are not limited to verbal abuse including direct threats by clients to rape or kill staff, witnessing severe self-harming behaviours by clients, assault by projectiles such as rocks, remote controls, telephones, faeces or spit and direct physical assaults with or without weapons.

During my time working within the FDS (since [date provided]) I was subjected on numerous occasions to verbal and physical assaults. These include threats to kill, being spat on, having faeces thrown at me, being punched and having improvised weapons swung at me.

On [date provided] I was subjected to a serious assault by a client whilst in the community (on Limited Community Treatment) that has resulted in a diagnosis of chronic PTSD. I have not been able to work since this time and will never be able to work with clients again. Whilst I have sought professional assistance to manage my PTSD, at no point did the FDS

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offer any debriefing for the incident, management's complete disregard of my physical and mental health following the incident further compounded my injury.

Cumulative Trauma Exposure

Whilst acute incidents of trauma are common within the FDS, it is often the chronic exposure to these traumas over an extended period of time that can lead to significant mental health problems amongst the staff at the facility. Whilst staff may appear to manage the stress of an acute trauma incident at the time of the event, continued exposure to these stressors and anxiety triggers reduces an individual's resilience and can result in Cumulative PTSD. Exposure to Vicarious Trauma can also have a significant impact on cumulative trauma. That is to say, staff seeing other staff seriously injured within the workplace, be it through direct interaction with other staff member or through reading the reports of assaults on staff. This vicarious trauma is also impacted by the disregard of the management team to the safety and wellbeing of injured staff members.

The FDS does not have any processes to support staff who are routinely exposed to trauma within the workplace, they go so far as to actively refuse appropriate debriefings for staff after serious incidents. The FDS provides no trauma informed supports for staff or any form of trauma training.

Member C, Disability Services

The AWU submits that Protective Security Officers (PSOs), and other operational services staff at public and private health facilities, working in high-risk areas such as Emergency Departments and Mental Health Units should be captured under the scope of coverage of the proposed Bill. AWU members working in these roles are regularly exposed to incidents where there is a threat to life, serious injury and safety from the occupational violence of patients in these areas.

The AWU is advised that our members have been assaulted, spat on, verbally and physically abused and threatened whilst undertaking their roles of restraining or confronting violent and abusive patients (code blacks).

They also routinely witness threats and assaults of colleagues and clinicians at close quarters.

The AWU is aware that a PSO died of a cardiac arrest at the Gympie Hospital after restraining a violent patient in the ED after a chain of custody failure; that a Wardsperson member at the Logan Hospital was stabbed by a violent patient in the ED; that a PSO member was assaulted by a patient in the Mental Health Unit at the Prince Charles Hospital ... and the list goes on.

Below is a statement from a PSO member who took the time to respond to the Committee indicating why they support the proposed Bill and giving an insight into their personal experience of their role:

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I'm writing this statement to a parliamentary committee supporting presumptive worker's compensation laws for first responders who suffer trauma/PTSD

1) work place violence e.g. Spitting, biting and being exposed to bodily fluids.

Possible side effects. Fear of taking diseases home to family members, fear of testing positive after exposure and impact on home life.

2) Prolonged exposure to trauma events e.g. Assisting clinical staff in resus of patients in seizures ,overdoses, dementia brain injury, and people with disabilities.

Possible side effects. Fear of hurting elderly people in restraints. Fear of repercussions if a death of a patient happens or permeant injury that could land officers in court for assault. No support from Qld health

3.) Assisting child services with the removal of new born baby's from mothers and fathers.

Possible side effects. As we get told little information about why this is happening, this is one of the hardest things I find to do in my role having children myself it is very hard to assist in this role and plays heavy on the mental health and emotions of officers.

Unlike the police we are not equipped to deal with the ever increasing violence of the public we have nothing to defend our self, our ppe is rubber gloves, safety glasses and wearable cameras that can also be used against us.

Possible side effects. Being expected to protect staff with nothing and being injured and off work at a lower income is very hard mentally. Most protective services staff now understand we have low value in the health service and are easily replaced when hurt. When off on WorkCover the HHS try's everything they can to deny claims therefore it takes a huge mental toll on officers and makes you feel worthless.

When four to six police officers walk an aggrieve patient in handcuffed for their safety, uncuff and leave with two Security officers to look after it takes a huge mental toll. It is completely insane and we get hurt all the time and it's just expected.

There is little support after a mental or emotional injury happens to an officer. Officers are left to deal with the issues themselves and are handed a support number for counselling (with people that have no idea what we are seeing or going through) from health and this leads to long term side effect to WorkCover claims that are hard to prove down the track.

Member D, Hospital and Health Service

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OTHER ISSUES

Th AWU submits that many on our members in youth justice, disability services and health are placed in situations with heightened risk because the employers are not seeking to eliminate risks as far as practicable.

The feedback from members to the AWU in relation to risks encountered by first responders is that PCBUs are not complying with their duty of care to remove and control trauma and stress related risks. The feedback generally provided to first responder members when an incident occurs is generally either words to the effect of 'that's the job you signed up for so if you can't get back out there maybe you should move on' and/or 'you know the risks and you shouldn't have let the incident happen' ie. blame the victim.

The AWU is also aware that rehabilitation and return to work for first responder members is often difficult and many employers seek to use the rehabilitation and worker's compensation process to try and manage out the injured worker rather than help the member recover.

For many members in these agencies suffering stress, the employer simply provides contact details for an EAP provider. This sends a message that it is not the responsibility of the employer if you're stressed at work but that there must be something wrong with the individual member, it's their problem!

In summary, the AWU supports the Bill and requests that relevant amendments are made to include disability care workers and operational staff in hospitals, especially PSOs.

If you require any further information in relation this matter please contact [REDACTED] on [REDACTED]
[REDACTED]

Yours Sincerely



STEVE BAKER
SECRETARY

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