

Elliott Baldwin



10 August 2015

Finance and Administration Committee of the Queensland Parliament

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

CC: The Honourable Peter Wellington MP, Speaker and Member for Nicklin

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

CC: The Honourable Jo-Ann Miller MP, Minister for Police, Fire and Emergency Services
and Minister for Corrective Services

By email: police@ministerial.qld.gov.au

CC: Mark Furner MP, Member for Ferny Grove

By email: ferny.grove@parliament.qld.gov.au

CC: Jarrod Bleijie MP, Shadow Minister for Police, Fire and Emergency Services and
Corrective Services

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

CC: Robert Katter MP, Member for Mount Isa

By email: mount.isa@parliament.qld.gov.au

CC: Shane Knuth MP, Member for Dalrymple

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

CC: William Gordon MP, Member for Cook

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

Your ref: B6/B7.15

To whom it may concern,

Re: Inquiries into the *Workers' Compensation and Rehabilitation and Other Legislation Amendment Bill 2015* and *Workers' Compensation and Rehabilitation (Protecting Firefighters) Amendment Bill 2015*

I write to raise a serious concern I, my fellow rural firefighters and my community has with regard to the proposed [*Workers' Compensation and Rehabilitation and Other Legislation Amendment Bill 2015*](#) which will henceforth be referred to as the Bill.

Section 36B of the Bill provides definitions for the subdivision. Relevantly firefighter is defined to mean—

- (a) a fire officer under the Fire and Emergency Services Act 1990; or
- (b) *a member of a rural fire brigade registered under the Fire and Emergency Services Act 1990, section 79; or*
- (c) *a volunteer fire fighter or volunteer fire warden engaged by the authority responsible for the management of the State's fire services.*

Section 36B of the Bill rightly includes members of registered rural fire brigades and fire wardens as persons entitled to claim compensation, if able to do so within the other constraints applicable under the Bill and the existing legislation. It is important to say at the outset that looking after firefighters is something the community expects of its Government.

The proposed subsections 36D(1)(a) and 36D(1)(b) set out the following initial criteria for compensation under the scheme -

- (1) This section applies to a person who—
 - (a) is diagnosed by a doctor for the first time as having a specified disease; and
 - (b) at any time before the diagnosis, was employed as a firefighter for at least the number of years mentioned in schedule 4A...

These provisions are fair and equitable in the view of the writer as they apply to urban, auxiliary and rural firefighters universally.

Subsection 36(1)(c) is the egregious section of the Bill in the writers view –

- (1)(c) If the person was a volunteer firefighter for any period of the person's employment mentioned in paragraph (b)—*has attended at least 150 exposure incidents.*

The practical effect of this subsection is to only afford compensation for the *specified diseases* to rural firefighters if they have attended more than 150 separate *exposure incidents*.

By way of background, the [Explanatory Notes](#) to the Bill outline the Policy Objectives for the relevant change as follows (emphasis added) –

- (To) provide *greater certainty of entitlement and accessibility to compensation for firefighters* by introducing deemed disease provisions *for firefighters* with prescribed diseases.

The “Achievement of Policy Objective” is also outlined (emphasis added) –

- (To) introduce provisions for firefighters diagnosed with one of 12 specified diseases that will deem their injury to be work related *if they meet the required qualifying period of active firefighting service.*

There are also comments on the cost impact of the Bill –

The amendments to introduce the deemed disease provisions for Queensland firefighters *will have a cost impact on the Queensland Fire and Rescue Service (QFRS)*. Any additional cost as a consequence of the amendments will impact on QFRS annual WorkCover premium, *which is able to be met within existing QFRS resources.*

The Notes on Provisions only provides the following comment with regard to the relevant change –

This new subdivision specifies additional exposure requirements for volunteer firefighters.

There is no explanation as to why this is required in the Explanatory Notes. When questioned on where the 150 exposure incident requirement originated from, a Government MP referenced a study conducted by Monash University. The writer assumes that the MP was referring to the 2014 [Australian Firefighters' Health Study](#) conducted by School of Public Health & Preventive Medicine at Monash University. From a perusal of the Summary and a search of the study, no reference can be found to such a number or concept. One of the key findings of the study was that prostate cancer and melanoma are the major conditions where firefighters face a significantly higher risk than the broader population. If the Government was serious about dealing with the findings of this report, they would include both major at-risk conditions in the specified disease list, instead they have only included prostate cancer. Whilst the writer acknowledges that it would be most difficult to determine whether a firefighter contracted a melanoma through their employment, the Government cannot lean on this study to support an figure not at all referenced in the study whilst ignoring one of its key findings. This number seems to have been arbitrarily created by legislatures in other jurisdictions and the Government proposes to adopt it seemingly "because the other States are doing it." This in and of itself is not a good enough reason for the discriminatory entitlement difference. If Queensland wants to be the Smart State, it should be a leader.

The Bill does not achieve the policy objective of providing *greater certainty of entitlement and accessibility to compensation for firefighters* as whilst it provides clarification, it limits the compensation available to rural firefighters and inserts a pre-requisite of attending 150 *exposure incidents* before being entitled to compensation. It would be the writers contention that the reason rural firefighters are not on the same footing as their full-time or auxiliary counterparts is that this would obviously increase the QFRS WorkCover premium which is to be met with existing funding. Presumably if rural firefighters were to be covered, the premium would increase to a point that the QFRS may struggle to cover within its existing resources and the Government may be reluctant to confer more funding to the organisation on this ground. This is an understandable concern at a time where fiscal responsibility is paramount in this heavily debt laden State.

This fiscal consideration still does not outweigh the important public policy consideration. The public, particularly in rural areas, understand that rural firefighters are volunteers who take time out of their lives to assist their communities and in doing so sometimes risk injury or illness. Rural firefighters are not paid for their service, indeed for some they may incur lost commercial opportunities when responding to incidents. If a rural firefighter contracts a *specified disease* during the course of their volunteer service (having met the relevant service periods which apply to firefighters of all services) the public would expect that they at least be on the same footing for compensation as their paid QFRS colleagues considering they voluntarily put themselves in harms way.

Whilst it is acknowledged that across the board there are minimum periods of service for application to all firefighters before they are eligible for compensation, the requirement that rural firefighters must attend 150 exposure incidents in addition to these periods of service does not make any logical sense, and as noted above is not supported by literature. Given

the rural nature of rural fire brigades, there will often be less incidents attended than in urban centres but this does not mean that there is less danger. There are still the same chemical and substance hazards applicable.

*There is a conceivable situation where a rural fire brigade and local urban or auxiliary station may be responded to the same incident where there may be carcinogens. For example a car fire at Mt Nebo where the Mt Nebo Brigade responds as well as an urban station. The firefighters would all be working on the same fireground, breathing the same smoke. Whilst the rurals may not be directly combatting the fire, they may be doing traffic control or supplying water and be thereby exposed. Over the next 5 years the urban/auxiliary firefighter remains employed and the rural firefighter remains active but due to the remoteness/ level of engagement attends less than 150 exposure incidents over that same period (= **30 incidents a year or 2.5 incidents a month on average over 5 years**). Being able to respond to an average of 2.5 incidents per month in rural areas could be conceivably quite difficult, indeed the writer has been told that Mt Nebo responds to about 11 incidents a year. Both firefighters contract primary site brain cancers and claim compensation. As a result of the Bill, the urban/auxiliary firefighter is then, subject to the other provisions, prima facie entitled to compensation whereas the rural firefighter is not despite them being at the same job and having served the same amount of time.*

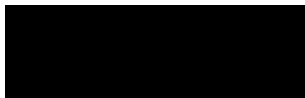
Fundamentally this appears to be a budget saving at a cost to the health and wellbeing of volunteer rural firefighters without any scientific justification. If the public, particularly the rural public, were to be presented with examples like this in the media they will be outraged at the Government and Members who voted for what is discriminatory legislation.

The [*Workers' Compensation and Rehabilitation \(Protecting Firefighters\) Amendment Bill 2015*](#) provides relevantly –

32A(4) To remove any doubt, it is declared that a disease taken to have been contracted in the course of a person's employment as a rural firefighter or volunteer is taken to be an injury sustained while—
(a) for a rural firefighter—performing duties as a member of a rural fire brigade; or
(b) for a volunteer—attending at a fire as a volunteer firefighter or volunteer fire warden.

The *Workers' Compensation and Rehabilitation (Protecting Firefighters) Amendment Bill 2015* does not include the requirement for rural firefighters to attend 150 exposure incidents to be placed on the same footing as their urban/auxiliary counterparts. This proposed legislation is in line with community expectations and has my wholehearted support and the support of my brigade and community.

Regards,



Elliott Baldwin
Rural Firefighter
Samford Rural Fire Brigade

