



Youth Parliament of Western Australia

**Western Australian Regional Ambulance  
Service Act 2025**



## **Explanatory Memorandum**

The Western Australia Regional Ambulance Service Act establishes legal standards for regional healthcare, a Regional Ambulance Service, and a Mental Health Ambulance Service.

The regional standards seek to establish enforceable minimum standards for health and healthcare services across regional Western Australia, addressing long-standing disparities in access, emergency response capacity, and healthcare workforce shortages. By creating baseline staffing ratios, investing in rural health infrastructure, and creating incentives for medical professionals, the Act aims to improve health outcomes and emergency responsiveness for communities that are historically underserved by metropolitan-focused service models. It also ensures that remote and high-risk areas receive tailored support through mobile services, infrastructure upgrades, and community engagement mechanisms.

The Regional Ambulance Service (RAS) aims to replace the majority volunteer ambulance service in regional WA with dedicated full-time paramedics. The service will be established such that ambulance depots are constructed in all locations with a police station, ensuring all regional areas have equitable access to ambulances.

The Mental Health Ambulance Service (MHAS) will operate as a dedicated ambulance service responding to individuals experiencing a mental health crisis, easing pressure on traditional ambulance services designed for medical emergencies. MHAS vehicles will be equipped with mental health resources and staffed by paramedics trained in de-escalation and tailored mental health care. The Act aims to incentivise individuals to become mental health paramedics and support them throughout their careers, by way of housing subsidies and salary bonuses. MHAS will initially operate in regional and remote Western Australia, with the Minister for Mental Health empowered to expand the service to Perth and its greater regions after three years.

Western Australia

# Western Australian Regional Ambulance Service Act 2025

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Youth Parliament of Western Australia

# **Western Australian Regional Ambulance Service Act 2025**

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**No. 1 of 2025**

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**An Act for**

**An Act —**

- **to set regional healthcare standards; and**
- **to establish a Regional Ambulance service; and**
- **to establish a Mental Health Ambulance service; and**
- **for related purposes.**

*[Assented to DATE MONTH 2025]*

The Youth Parliament of Western Australia enacts as follows:

## **Part 1 — Preliminary**

### **1. Short Title**

This is the *Western Australian Regional Ambulance Service Act 2025*.

### **2. Commencement**

This Act comes into operation on the day on which this Act receives the Youth Governor's Assent.

### **3. Terms used**

In this Act —

***Accredited Mental Health First Aid Training*** means a training organisation approved by the Department of Health for the purpose of delivering Mental Health First Aid training that complies with nationally recognised standards;

***AHPRA*** means Australian Health Practitioner Regulation agency which is responsible for the registration and regulation of health practitioners in accordance with the Health Practitioner Regulation National Law;

***ALGEE*** means mental health first aid action plan comprising the steps to Approach, Assess and Assist with any crisis; Listen and communicate non-judgmentally; Give support and information; Encourage appropriate professional help; and Encourage other supports;

***Ambulance Officer*** person qualified and authorised to provide pre-hospital emergency care and patient transport, including registered paramedics and other operational staff employed by or contracted to ambulance services;

***Ambulance Paramedic*** means a registered health practitioner qualified under AHPRA to provide advanced pre-hospital emergency care, clinical assessment, and patient transport;

***appropriate*** means the relevant actions to ensure the service provides sufficient healthcare to patients, within the scope of practice of paramedics;

***ambulance services*** means services relating to the work of rendering first aid to, and the transport of sick and injured persons;

***CCHO*** means Cultural Community Health organisations which are locally based health services that are governed by or work in partnership with First Nations communities to provide culturally safe, accessible health care and wellbeing services;

***Commissioner*** means the Commissioner of Western Australian Regional Ambulance Service Incorporated;

***community Elders*** means respected senior members of First Nation communities which are recognised as having authority to offer guidance and support in matters relating to health, wellbeing, and cultural practice;

***cultural liaison officer*** means a person employed to provide culturally appropriate support, communication and guidance between MHAS personnel and individuals of First Nation descent or culturally and linguistically diverse backgrounds;

***digital infrastructure*** means the technology and programs used to support the delivery and coordination of health services, including telehealth and electronic records for the MHAS and RAS;

***DFES*** means the Western Australian Department of Fire and Emergency Services;

***lived experience advisor*** means a person who has personal experience of mental health challenges and recovery who provide advice and guidance or peer support to inform development and delivery of mental health services;

***duties*** means the functions and obligations as outlined in section 7 and section 8;

***Health and Emergency Ambulance Station*** means an ambulance depot with medical facilities to treat patients;

***mental health professional*** means a qualified and registered mental practitioner such as a psychologist, social worker, or mental health nurse who is trained to assess, support, and manage individuals experiencing mental health conditions or crises;

***MHAS*** means Mental Health Ambulance Service which is a specialised service to provide trauma informed mental health crisis intervention and de-escalation;

***mental health service paramedic*** means a registered paramedic who has completed additional accredited training in mental health crisis response and is authorised to operate as part of the Mental Health Ambulance Service (MHAS);

***paramedic*** means an Ambulance Paramedic as outlined in Section 50;

***paramedics' scope of practice*** means the professional capabilities for registered paramedics specified by the Paramedicine Board of Australia;

**RAS** means the Western Australian Regional Ambulance Service Incorporated;

**patient** means any person currently or imminently under the care of RAS;

**regional** means areas classed as inner regional, outer regional, remote, or very remote in Western Australia, by the most recent edition of the Australian Statistical Geography Standard;

**Regional Health Infrastructure Fund** means a dedicated fund established to support the construction, upgrade, and maintenance of clinics, depots, and emergency stations in regional areas;

**social worker** means someone who is a registered social worker with the Australian Association of social workers and who has completed a degree or other relevant qualification in social work;

**telehealth** means digital communication to deliver mental health care services or support. Used and offered by mental health professionals for patients;

**The Service** means RAS;

**WA** means the state of Western Australia.

## **Part 2 — Regional Healthcare Standards**

### **4. Integrated regional standards**

- (1) Regional towns or communities with less than 1000 residents require a nursing post and formal emergency transport links to the nearest town or city with a hospital, using emergency referral pathways to connect them.
- (2) Towns with 500 people or fewer are entitled to government funded, free first aid courses, to combat the impacts of lack of medical access.

### **5. Emergency transport and retrieval services**

All regional ambulance depots must have at least one emergency transport vehicle (ambulance or multi-role 4WD) capable of reaching outlying areas.

### **6. Telehealth and digital health access**

- (1) All regional health clinics and emergency stations must be equipped with secure Telehealth facilities, enabling access to metropolitan-based specialists for consultations, diagnosis and follow-up care.
- (2) The Department of Health shall provide grants for internet upgrades to ensure remote communities can reliably access Telehealth services.
- (3) Training programs for regional healthcare staff will include modules on delivering digital health services effectively and securely.
- (4) A cultural liaison officer must be included in plan making of delivering mental health first aid to First Nations and CALD peoples.

**7. Culturally safe and inclusive healthcare**

- (1) All regional health services must implement cultural safety training for staff, with particular focus on the needs and experiences of First Nation patients.
- (2) All regional health services must have access to a way of communicating with CALD patients, which may be in the form of an in-person translator, or through 24/7 translation hotlines.

**8. Mental health services in regional areas**

- (1) Every regional town with more than 2,000 residents must have access to at least one registered mental health professional.
- (2) Regional crisis response teams must be established and operate in coordination with police and emergency services, including the provision of 24/7 phone and mobile outreach services.
- (3) Professional peer support and supervision programs shall be funded to prevent isolation and burnout in rural practice.
- (4) Regional health workers must receive access to on-site or subsidised mental health and wellbeing support.
- (5) A rural leadership development program will be created to prepare local clinicians and managers for senior roles within the regional health system

**9. Rural postgraduate medical postings**

- (1) To establish a continuous pipeline of healthcare providers in rural towns, where access to medical services ranges from basic healthcare facilities to areas with inadequate healthcare infrastructure, graduate medical and allied health professionals are strongly encouraged to complete one-year at a regional health service with the reward of WA Health Relocation Incentives in designated rural areas within 10 years of graduating from their services.

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- (2) After the implementation of the Act, postgraduates within two years of implementation, are eligible for this one-year rural service requirement.
- (3) Towns without hospitals must be prioritised for the allocation of medical staff appropriate to the available healthcare infrastructure, including but not limited to nursing posts and clinics, in collaboration with the relevant medical personnel

**10. Incentives for medical and allied health professionals**

- (1) Targeted statewide advertising campaigns must be implemented to promote the WA Health Relocation Incentives for medical and allied health professionals.
- (2) WA Health Relocation Incentives will be provided in the form of a payment that is additional to the salary of medical and allied health professionals before taxation
- (3) Payments will be made every three months after the completion of four months of work at a regional health service.
- (4) Payments cannot be made retrospectively.
- (5) Regional, remote and very remote can be defined as per the Australian Statistical Geography Edition 3.
- (6) For the first two years of full-time work at a regional health service, payments will be made according to the location of the health service that they work at—
  - (a) medical and allied health professionals working at inner and outer regional health services will be paid per annum an additional 1.75% of their salary pro rata;
  - (b) medical and allied health professionals working at a remote health service will be paid per annum an additional 2.5% of their salary pro rata;
  - (c) medical and allied health professionals working at a very remote health service will be paid per annum an additional 3.5% of their salary pro rata.

- (7) After the completion of three years of full-time work at a regional health service, payment will increase accordingly—
- (a) medical and allied health professionals working at inner and outer regional health services will be paid per annum an additional 2.5% of their salary pro rata;
  - (b) medical and allied health professionals working at a remote health service will be paid per annum an additional 3.75% of their salary pro rata;
  - (c) medical and allied health professionals working at a very remote health service will be paid per annum an additional 5% of their salary pro rata.

## **Part 3 — Establishment of the Regional Ambulance Service**

### **Division 1 — Establishment**

#### **11. Establishment of RAS**

- (1) The Western Australian Regional Ambulance Service (RAS) is established as a statutory service under the Department of Health.
- (2) RAS is a body corporate with perpetual succession.

#### **12. Purpose of RAS**

RAS is responsible for the provision of emergency ambulance services and mental health crisis responses across the regional areas of WA.

#### **13. Powers of RAS**

RAS has the power to—

- (a) enter into agreements or contracts with third parties, including WA state health services, local health providers, and community organisations, for the delivery of its services;
- (b) be a member of, form or participate in the formation of a company, association, trust or partnership, of which the objects or purposes include one or more objects or purposes that are incidental or conducive to the exercise of the duties of the Service;
- (c) enter into a joint venture with another party or other parties, of which the objects or purposes include one or more objects or purposes that are incidental or conducive to the duties of the Service;
- (d) acquire, hold, manage, produce and dispose of real and personal property;



- (h) to set objectives and determine priorities, and to monitor whether those objectives are achieved; and
- (i) to plan and coordinate future development of ambulance services.

**15. Obligations of RAS**

The obligations of RAS are as follows—

- (a) the relevant authority must adopt and implement necessary systems of planning, management, and quality control to ensure efficient and cost-effective use of resources in delivering the service;
- (b) to ensure a safe work environment for its employees as outlined in Part 4 Division 2;
- (c) to fulfil its duty of care to patients;
- (d) skips straight to the lettering scheme because it is only one sentence;
- (e) to maintain patient confidentiality; and
- (f) to make reports and information concerning the operations and funding of the service available to the public.

**Division 2 — Management and Finances**

**16. Appointment of a Commissioner**

- (1) The Director-General for the Department of Health shall appoint a Commissioner to operate RAS, under advice from the Minister for Health.
- (2) A Commissioner must be reappointed every 3 years.
- (3) A Commissioner may serve more than one term.
- (4) The Commissioner shall be remunerated at the discretion of the Director-General and the Minister for Health.



made by that person in Western Australia would have constituted an indictable offence; or

- (c) are not capable of continuing to be the Commissioner.

**19. Vacation of office**

The office of the Commissioner becomes vacant if the Commissioner—

- (a) dies;
- (b) becomes physically, emotionally or intellectually incapable of continuing as the Commissioner;
- (c) provides written resignation to the Director-General and the Director-General returns a written acceptance;
- (d) becomes physically, emotionally or intellectually incapable of continuing as the Commissioner;
- (e) is released from appointment by the Director-General;
- (f) is disqualified from appointment as outlined in section 18;
- (g) engages in any employment outside the Commissioner's duties, without the approval of the Director-General; or
- (h) is absent from duty for a period of 14 days without reasonable excuse.

**20. Commissioner's duties**

The Commissioner is obliged to—

- (a) manage RAS operations;
- (b) develop policy and plans with respect to the administration and operation of the Ambulance Service;
- (c) arrange appropriate continual professional development for all clinical staff;
- (d) ensure the service complies with occupational health and safety standards as outlined in Part 6 Division 2; and



- (c) are an Australian permanent resident; or
- (d) hold a valid Australian humanitarian or student visa.

**24. Funding the service**

- (1) The Service shall be funded primarily through annual State Government budget allocations, under advice from the Department of Health.
- (2) The Service may receive additional funding via—
  - (a) partnership agreements with community organisations or local governments to co-fund infrastructure; and
  - (b) earnings from lawful use or disposal of property held by RAS, including decommissioned equipment, government allocated assets, and unused facilities.

**Division 3 — Offences**

**25. Impersonating the Service**

Unless written consent is given by the Commissioner, a person must not—

- (a) use the words “Western Australian Regional Ambulance Service”, “RAS” or any other name, title or description that implies an association with the Service, including on vehicles, should they not be owned or operated by the Ambulance Service, and online;
- (b) represent that the person is associated with the Service unless such an association exists; or
- (c) impersonate any employee or contractor of the Service.



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**Part 3** Establishment of the Regional Ambulance Service

**Division 3** Offences

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- (a) RAS employee
- (b) RAS contractor; or
- (c) party associated with the provision of care for the Service.

## Part 4 — Mental Health Ambulance Service

### 30. Mental Health Ambulance Service

A specialised emergency service known as the Mental Health Ambulance Service (MHAS) as part of RAS.

### 31. Purpose of the MHAS

- (1) Provide urgent trauma informed mental health support to individuals experiencing a mental health crisis.
- (2) Deliver de-escalation, assessment and transport services in a culturally sensitive manner.
- (3) Respond to the mental health and social needs of rural and remote communities across Western Australia.

### 32. Metropolitan expansion

The MHAS may be expanded to operate outside regional areas 3 years after commencement if deemed feasible and an effective use of resources, by the Director-General and the Minister for Health; Mental Health.

### 33. Area of operation of the MHAS

- (1) The MHAS will be stationed in the following regions—
  - (a) Kimberly;
  - (b) Pilbara;
  - (c) Gascoyne;
  - (d) Goldfields;
  - (e) Midwest;
  - (f) Great Southern;
  - (g) Wheatbelt; and
  - (h) Southwest.
- (2) MHAS will operate out of RAS depots.

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- (3) The Department of Health (WA) may designate more stations of operation for the MHAS given that the expansion is preceded by consultations of local communities and local mental health services.

**34. Design of the Mental Health Ambulance Service**

- (1) Vehicles operated by the MHAS will be designed specifically to support the psychological, emotional, and physical needs of individuals experiencing mental health distress.
- (2) MHAS vehicles must prioritise trauma informed, de-escalation environment friendly and must—
  - (a) feature a calming and non-clinical layout;
  - (b) low stimulation and lighting with a muted colour scheme;
  - (c) provide seating arrangements that promote conversational and non-confrontational engagement between responders and the patient; and
  - (d) include privacy features such as soundproofing and internal partitions.
- (3) MHAS vehicles must be stocked with materials and resources that support patient de-escalation and comfort, including:
  - (a) sensory tools or comfort items;
  - (b) basic mental health and crisis response kits as approved by the Department of Health; and
  - (c) secure, discreet transport options for patient belongings.
- (4) In developing the MHAS vehicle design standards, The Department of Health must consult with:
  - (a) mental health professionals;
  - (b) lived experience advisors; and
  - (c) First Nations Peoples and community representatives.

- (5) Vehicle designs must be reviewed every five years to incorporate evolving best practices in trauma-informed and culturally safe care.

**35. Vehicle supplies**

- (1) All vehicles will be equipped with a revised list of basic life support equipment appropriate for the purpose of the mental health ambulances including—
- (a) an oxygen cylinder with masks;
  - (b) a blood pressure monitor;
  - (c) a glucometer;
  - (d) a thermometer; and
  - (e) a fully stocked first aid kit containing wound care supplies, bandages, gloves and antiseptics.
- (2) Vehicles will also carry emergency medications, to be used in accordance with clinical guidelines and only by authorised personnel, including but not limited to—
- (a) epinephrine;
  - (b) naloxone;
  - (c) intravenous glucose;
  - (d) paracetamol;
  - (e) ibuprofen;
  - (f) anticonvulsants; and
  - (g) sedatives.

**36. Ambulance staffing**

- (1) Each MHAS station in operation, must include—
- (a) at least one qualified Paramedic with accredited training in mental health crisis response; and

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- (b) at least one other qualified mental health clinician which may be a social worker, counsellor or psychologists or other mental health professional.
- (2) A cultural liaison officer may be included as a part of a MHAS station in locations where the service is being delivered to First Nations or CALD communities, as determined by the Commissioner.

**37. Additional training requirements**

All MHAS personnel must complete—

- (a) approved training in trauma-informed care; and
- (b) approved training in de-escalation in mental health crisis.

**38. Becoming a Mental Health Ambulance Service Paramedic**

- (1) A person is eligible to be qualified as a Mental Health Ambulance Service paramedic given they;
  - (a) hold a valid qualification and registration to practice as a paramedic in WA;
  - (b) have completed accredited Mental Health First Aid (MHFA) training outlined in this clause
- (2) MHAS Paramedic Training must include the following core competencies—
  - (a) crisis intervention and de-escalation techniques;
  - (b) identification and recognition of mental health conditions;
  - (c) application of the ALGEE action plan;
  - (d) delivery of dual benefit health care that integrates physical and mental health responses;
  - (e) strategies to improve patient outcomes in mental health related emergencies; and
  - (f) peer-to-peer support for front line workers.

- (3) Completion of MHAS training grants the paramedic a certification in both;
  - (a) Standard Operational Paramedic; and
  - (b) A MHAS certified paramedic with specialisation in mental health emergency response.
- (4) Paramedics primarily employed as MHAS Paramedics are still certified to perform regular paramedic duties as part of RAS but should not interfere with their duties as a MHAS Paramedic.

**39. Ongoing training and certification for MHAS Paramedics**

- (1) All MHAS paramedics must complete an annual refresher course in MHFA and crisis response as a condition of ongoing certification.
- (2) The Department of Health (WA) must ensure MHAS training is accessible in both—
  - (a) in person delivery in centralised training locations and;
  - (b) online or hybrid formats for staff working in rural and remote communities.
- (3) The MHAS training framework must be developed in consultation with the Western Australian Mental Health Commission.
- (4) The Department of Health must establish an evaluation system to assess the effectiveness of the MHAS including—
  - (a) it's impact on patient outcomes in mental health emergencies and;
  - (b) it's impact on paramedic wellbeing, stress levels and peer support networks.
- (5) A report on the outcomes must be tabled by the Minister for Health annually.

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**40. Dispatch of the Mental Health Ambulance Service**

- (1) The MHAS will be integrated into the existing triple zero (000) emergency call system and recognised as a frontline emergency response service.
- (2) MHAS units may be dispatched—
  - (a) independently, in response to calls assessed as mental health related emergencies; or
  - (b) in coordination with Western Australian Police Force or standard ambulance services, where there is a potential or identified threat to the safety of the individual or others.
- (3) The Department of Health in consultation with relevant emergency services must develop protocols and training to ensure clear triage, referral and dispatch procedures for MHAS operations within the 000 call system.

**41. Collaboration with Local Health Services**

- (1) The MHAS will work with local and surrounding mental health and health services to ensure thorough care.
- (2) If an individual is deemed in need of more care and support after the initial response the ambulance service shall—
  - (a) refer the patient to a local mental health service suitable to their situation; and
  - (b) assist the patient, by referring and connecting them to a support service where appropriate; or
  - (c) in dire situations where the patient poses a risk to themselves or others, the MHAS is to transport the patient to the nearest hospital or medical facility for urgent care.

**42. Cultural and regional partnerships**

- (1) The MHAS will collaborate with local Cultural Community Health Organisations (CCHOs), regional mental health services and rural outreach programs to ensure culturally appropriate place based mental health crisis response
- (2) Where appropriate, MHAS teams will—
  - (a) include or coordinate with a Cultural Liaison Officer or Community Elders;
  - (b) apply culturally safe and trauma informed practices tailored to specifically to the context of the community; and
  - (c) develop localised referral pathways that connect individuals to appropriate community-based care following crisis response.

**43. Independent Evaluations**

- (1) The Department of Health must commission independent evaluations of the MHAS, annually from the date of commencement of the station.
- (2) Each evaluation must assess, at a minimum—
  - (a) patient health and wellbeing outcomes following the MHAS interventions;
  - (b) community satisfaction and perceived effectiveness of MHAS services; and
  - (c) rates of police involvement in mental health emergencies in regions serviced by the MHAS.
- (3) If after 3 years of continuous operation, the MHAS is deemed successful by the Minister of Health based on the evidence of the independent evaluations and public consultations, the service may be expanded to the Perth Metropolitan area.
- (4) If the Minister decides under subsection 3, the Department of Health must, within 12 months of that determination, table a

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proposed expansion plan for the MHAS to the Perth  
Metropolitan area.

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## Part 5 — Infrastructure

### 44. Acquisition of existing infrastructure

RAS may purchase or lease existing real and personal property for the operations of the Service.

### 45. Development of infrastructure

- (1) RAS must develop, upgrade, and maintain depots, either by acquisition as outlined in section 43, or by construction. The size of these depots shall be developed based on—
  - (a) population density and projected population growth;
  - (b) demand for services; and
  - (c) health outcome data as provided by the Australian Bureau of Statistics and the Western Australian Planning Commission.
- (2) RAS must establish and maintain a fleet of ambulances stationed at each depot.
- (3) RAS must establish and maintain a fleet of regionally deployed mental health response vehicles stationed in particular depots as outlined in Part 4.
- (4) RAS must supply depots and ambulances with adequate resources to fulfil its duties, and in accordance with standards set by the Paramedicine Board of Australia, and AHPRA.
- (5) RAS-owned or leased facilities must meet WA and Australian health standards, as outlined by AHPA, the Australian Department of Health, the WA Department of Health, and other relevant statutory authority and services.

### 46. Ambulance depot co-location with police stations

- (1) RAS must ensure that an operational ambulance depot is established within a 10-kilometre radius of every regional police station.

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- (2) Where the establishment of such a depot is not immediately practicable, RAS must provide a written report to the Director-General outlining—
  - (a) the reasons for non-compliance;
  - (b) proposed interim coverage arrangements; and
  - (c) a timeframe for the establishment of the required depot.

**47.        Communications and digital infrastructure**

- (1) RAS shall implement digital infrastructure that ensures—
  - (a) communication systems are effective in low connectivity, using satellite, radio, or broadband technologies;
  - (b) real-time access to patient data, GPS tracking, and dispatch information;
  - (c) real-time coordination between ambulance crews, dispatch centres, regional hospitals, and emergency services;
  - (d) patient confidentiality; and
  - (e) recording of relevant data for the effective operation of the Service.
- (2) Digital infrastructure must be maintained to ensure operations can occur at all times.
- (3) RAS must provide training to staff to use the digital infrastructure.
- (4) RAS may use existing digital infrastructure, and may integrate with third parties to fulfil the functions described in section 46 (1).
- (5) RAS must review and maintain digital infrastructure.
- (6) RAS must ensure compliance with cybersecurity standards set by the Office of Digital Government WA and relevant WA and Commonwealth of Australia privacy legislations.

**48. Maintenance of ambulances and equipment**

- (1) Ambulances and equipment must be maintained to ensure all ambulances are equipped and stocked with medical supplies required to fulfil its duties; and
- (2) RAS must conduct regular and adequate inspections of ambulances and other equipment and to withdraw service of any that does not meet WA or Commonwealth of Australia health or operational standards.
- (3) The appointment of a person as an employee is to be—
  - (a) as a permanent employee; or
  - (b) for a specified term, or for the duration of a specific task.
- (4) RAS may provide additional remuneration for clinical staff to retain sufficient employment levels to fulfil its duties.

## **Part 6 — Staffing the Regional Ambulance Service and clinics**

### **Division 1 — RAS conditions of employment**

#### **49. Appointment of staff**

RAS, under direction from the Commissioner, shall employ persons to perform its duties.

#### **50. Conditions of employment**

- (1) Persons referred to in Section 48 are to be employed and remunerated subject to any relevant industrial award, order, or agreement, as well as any additional terms or conditions determined by the Commissioner.
- (2) The appointment of a person as an employee, or the promotion of a permanent employee is to be based on merit and shall be made in accordance with the Commissioner.
- (3) The appointment of a person as an employee is to be—
  - (a) as a permanent employee; or
  - (b) for a specified term, or for the duration of a specific task.
- (2) RAS may provide additional remuneration for clinical staff to retain sufficient employment levels to fulfil its duties.

#### **51. Employment of Ambulance Paramedics**

Persons employed as paramedics must—

- (a) be registered as a paramedic with the Paramedicine Board of Australia;
- (b) have obtained a degree in Paramedical Science or equivalent which is recognised as an approved program of study by the Australian Health Practitioner Regulation Agency (AHPRA);

- (c) hold a current Western Australian Class C or C-A driver's licence, with no restrictions; and
- (d) have the right to work in Australia by virtue of—
  - (i) Australian or New Zealand citizenship;
  - (ii) Australian permanent residency; or
  - (iii) a valid Australian visa with permission to work.

**52. Employment of Ambulance Officers**

- (1) Persons may be employed as Ambulance Officers, given they meet the conditions in Section 50, and—
  - (a) are currently enrolled in a Paramedical Science degree, or equivalent, which is recognised as an approved program of study by the AHPRA;
  - (b) currently reside in WA;
  - (c) complete and provide a National Police Check;
  - (d) hold a valid Working with Children Check;
  - (e) provide proof of immunisation against Hepatitis B, Hepatitis A, Pertussis, Diphtheria, Tetanus, Measles, Mumps, Rubella, and Varicella, unless a valid medical exemption is provided; and
  - (f) obtain and provide proof of yearly immunisations against Influenza, unless a valid medical exemption is provided.
- (2) Ambulance Officers must operate under adequate supervision of Ambulance Paramedics.

**53. Volunteer Ambulance Officers**

- (1) The Commissioner may appoint such persons as necessary to be volunteer Ambulance Officers.
- (2) A volunteer Ambulance Officer—

- (a) shall perform, without remuneration, such functions relating to the provision of ambulance services as the Commissioner may from time to time direct; and
- (b) shall be subject to the control and supervision of the Commissioner.

**54. Responsibility of officers of Ambulance Services at scene**

- (1) Ambulance staff providing ambulance services at an incident are responsible for assessing patients and providing treatment at the scene of the incident and during transportation to any secondary locations.
- (2) Ambulance staff may only disclose patient information subject to the *Health Services Act 2016*.

**55. Mental health paramedics**

Persons may be employed as Mental Health Paramedics to staff the MHAS, given they meet the criteria outlined in section 50 and have completed the additional training requirements outlined in section 37 and 38.

**56. Engaging contractors**

- (1) RAS may engage contractors for the purpose of performing duties
- (2) The engagement of contractors may be necessary in situations including, but not limited to—
  - (a) a surge in demand for ambulance services beyond the capacity of existing employees;
  - (b) provision of specialised medical services or expertise not readily available within the ambulance service;
  - (c) temporary staffing shortages due to leave, training or other operational requirements; and
  - (d) augmentation of resources during major emergencies, disasters or planned events.

- (3) The engagement of contractors shall be subject to the provisions of relevant laws, regulations, and policies governing procurement, employment and contractual obligations.

**57. Selection of contractors**

- (1) RAS shall establish a transparent and fair selection process for engaging contractors and ensuring compliance with applicable procurement regulations and guidelines.
- (2) The selection process must address—
- (a) the qualifications, experience and competence of the contractor in providing the required services;
  - (b) their adherence to relevant quality standards, protocols and guidelines applicable to ambulance services;
  - (c) their experience with the specific equipment, resources and facilities required for service provision;
  - (d) their compliance with legal and regulatory requirements, including insurance coverage; and
  - (e) any additional criteria deemed appropriate by the Commissioner.

**58. Contracts obligations**

- (1) RAS shall maintain a register of approved contractors and periodically review their performance to ensure continued compliance with contractual obligations.
- (2) When entering into written agreements with contractors, RAS shall clearly define the scope of services, deliverables, performance standards and remuneration terms.
- (3) Contractors engaged by RAS shall be subject to the same obligations, standards and accountability as required of ambulance service employees.
- (4) RAS shall establish appropriate mechanisms for ongoing monitoring and evaluation of contractor performance to ensure

adherence to contractual obligations and maintain service quality.

### **Division 2 — RAS conditions of employment**

#### **59. Minimum staffing requirements**

- (1) All regional ambulance depots must have a minimum of two Ambulance Officers on call at all times, including nights, weekends, and public holidays.
- (2) It is the role of the Commissioner to ensure that each Ambulance Service Area is overseen by a designated Ambulance Paramedic responsible for clinical leadership, training, and operational coordination of ambulance services within that area.
- (3) The boundaries of each Ambulance Service Area shall be prescribed by the relevant Minister, having regard to—
  - (a) geographical and community considerations;
  - (b) population density and growth;
  - (c) the need for effective emergency medical response coverage based on past emergency response records.
- (4) Each designated paramedic shall be available to respond to emergencies within their area and to provide oversight and support to volunteer and career ambulance officers.
- (5) High-risk or geographically isolated areas, such as but not limited to mining towns, agricultural zones, and Indigenous communities, must receive priority allocation of emergency response units, including on-call relief paramedics and 4WD-equipped ambulances suited to remote terrain.

#### **60. Maintaining occupation health and safety standards**

- (1) The Commissioner must maintain sufficient occupational health and safety standards for all RAS employees under the *Work Health and Safety Act 2019*.

- (2) All RAS employees and contractors are protected from workplace discrimination, harassment and bullying, as specified by the *Fair Work Act 2009*.

**61. Mental health consultations for clinical employees**

- (1) RAS shall contract clinical psychologists for the provision of psychology consultations to all clinical employees. These consultations must operate such that—
- (a) they are provided at no cost to all clinical employees;
  - (b) all clinical staff employed by RAS, excluding the psychologists providing consultations to clinical staff, attend a mandatory consultation every six months from the date of commencement of their employment; and
  - (c) clinical employees are entitled to at least twenty-six consultations annually.
- (2) RAS must ensure the early intervention for trauma, provision of psychological support, and ongoing assessment of the wellbeing of clinical staff, including but not limited to—
- (a) timely access to services; and
  - (b) availability of trained personnel.
- (3) Consultations provided under subsection (2) must remain confidential.
- (4) Clinical psychologists providing support under this Division must operate independently of RAS.
- (5) RAS must ensure that additional consultations are made reasonably accessible to clinical staff.
- (6) RAS must maintain records confirming that all clinical staff have complied with subsection (2).
- (7) Records maintained under subsection (6) must be made accessible only to—
- (a) the Commissioner;

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- (b) the Director-General; and
- (c) the Minister for Health, and the Minister for Mental Health, on request.