

WORKERS COMPENSATION COMMISSION

CERTIFICATE OF DETERMINATION

Issued in accordance with section 294 of the *Workplace Injury Management and Workers Compensation Act 1998*

Matter Number: 5300/18
Applicant: Karen Dawson
Respondent: Secretary, Ministry of Health
Date of Determination: 13 September 2019
CITATION: [2019] NSWCC 302

The Commission determines:

1. There is an award for the respondent with respect to the applicant's claim for compensation under ss 60 and 66 of the *Workers Compensation Act 1987*.
2. The proceedings are discontinued insofar as they relate to the applicant's claim for weekly payments of compensation

A brief statement is attached setting out the Commission's reasons for the determination.

Marshal Douglas
Arbitrator

I CERTIFY THAT THIS PAGE AND THE FOLLOWING PAGES IS A TRUE AND ACCURATE RECORD OF THE CERTIFICATE OF DETERMINATION AND REASONS FOR DECISION OF MARSHAL DOUGLAS, ARBITRATOR, WORKERS COMPENSATION COMMISSION.

A Jackson

Ann Jackson
Dispute Services Officer
As delegate of the Registrar



STATEMENT OF REASONS

BACKGROUND

1. Karen Dawson suffered a fracture dislocation of her right ankle on 18 September 2015 while she was working as a volunteer for St John Ambulance Australia (NSW) (St John) at the Broadmeadow Racecourse. The Newcastle Jockey Club was conducting events, known as Ladies Day and Cup Day, at the racecourse on 18 and 19 September 2015. It had arranged with the Hamilton Division of St John for St John to provide first aid services at the racecourse for these events.
2. Ms Dawson contends that the Secretary of the Ministry of Health (the respondent) is liable to pay her compensation under s60 of the *Workers Compensation Act 1987* (the 1987 Act) for the costs she incurred for treatment of her injury and is also liable to pay her compensation under s66 for a permanent impairment she has resulting from her injury. She contends the respondent is so liable because she is deemed pursuant to cl 16 of Schedule 1 of the *Workplace Injury Management and Workers Compensation Act 1998* (the 1998 Act) to be an employee of the Health Administration Corporation (HAC) with respect to the work she did on the day. She contends that the work she did as a volunteer for St John, and specifically the work she did on 18 September 2015, was done in co-operation with HAC. The respondent denies this and therefore denies liability to pay Ms Dawson the compensation she has claimed.
3. An arbitration hearing was previously held in this matter on 6 December 2018 before arbitrator Mr Young, at the end of which the arbitrator reserved his decision. On 20 December 2019 the Commission issued a certificate of determination, which was amended on 9 January 2019, in which were recorded that the arbitrator had determined that:

“The applicant on 18 September 2015 in the course of her employment with the respondent as a deemed voluntary ambulance worker pursuant to Schedule 1 clause 16 of the Workplace Injury Management and Workers Compensation Act (NSW) 1998 Act (1998 Act) suffered injury to her right ankle and foot.”
4. The arbitrator made a “general order in favour of the worker in respect of medical and related expenses pursuant to section 60” and remitted the matter to the Registrar so that a medical dispute relating to the degree of Ms Dawson’s permanent impairment from her injury could be referred to an Approved Medical Specialist for assessment.
5. The respondent appealed the arbitrator’s decision. On 20 July 2019, Deputy President Snell revoked the arbitrator’s decisions of 20 December 2018 and 9 January 2019 and remitted the matter for re-determination pursuant to s352(7).¹
6. For completeness, I note that the proceedings when instituted nominated HAC as the respondent. Following the respondent lodging the appeal, and the Commission making an enquiry with the parties regarding the correct identity of the respondent, the parties sought that the respondent’s identity be amended to the Secretary, Ministry for Health. Deputy President Snell so ordered on 20 July 2019.²

PROCEDURE BEFORE THE COMMISSION

7. An arbitration hearing was again held on 5 September 2019. This followed a brief conference on the day in which I established that the parties were unable to reach resolution of their dispute through conciliation. Ms Dawson was present at the conciliation conference

¹ Secretary, Ministry of Health v Dawson [2019] NSWCCPD 30 (Dawson’s case)

² Ibid

and arbitration hearing. Mr Hart of counsel represented her on instruction from Mr Blisset. Ms Michelle Murphy was present on behalf of the respondent. She is employed by Ministry of Health as the "Manager-Insurance and Risk". Mr Stewart of counsel represented the respondent on instruction from Ms Blackman.

ISSUES FOR DETERMINATION

8. The parties agreed that the issue in dispute that the Commission must determine is whether, pursuant to cl 16 of Schedule 1 of the 1998 Act, Ms Dawson is taken to be a worker employed by HAC. The parties also agreed that this issue turns on whether the work Ms Dawson did on 18 September 2015, which the parties agree was ambulance work within the meaning of clause 16, was done in co-operation with HAC. If it was then the respondent is liable to pay Ms Dawson compensation. If it was not, then there must be an award for the respondent with respect to Ms Dawson's claim.

EVIDENCE

9. The following documents were in evidence before the Commission and taken into account in making this determination:
 - (a) Application to Resolve a Dispute (ARD) and attached documents;
 - (b) Reply and attached documents;
 - (c) Statement of Ms Dawson signed on 16 December 2019;
 - (d) Original of an OB12 form, in blank, being version 3/2016 of the "Patient Record St John Ambulance Australia".
10. The respondent at the Arbitration tendered statements of Tony Chin and Brian Knowles and sought that these be received into evidence. I declined to do so and gave oral reasons for not doing so at the Arbitration. Those oral reasons are recorded, but by way of a brief summary of them I note that my reasons were that no explanation had been provided for tendering the statements so late, noting that the proceedings were commenced on 8 October 2018. Further, neither Mr Chin nor Mr Knowles were available at the Arbitration to be cross-examined. Were I to have regard to the evidence of either of these witnesses without it being tested by cross-examination by Ms Dawson's counsel there was potential for Ms Dawson to be prejudiced.
11. Ms Dawson was cross-examined under affirmation by Mr David Stewart and re-examined by Mr Hart. Ms Murphy was cross-examined under affirmation by Mr Hart.

FINDINGS AND REASONS

Ms Dawson's evidence

12. Ms Dawson signed three statements that are in evidence. She signed the first on 16 December 2016, the second on 15 June 2018 and the third on 26 September 2018.
13. She revealed in her earliest statement that she has been a member of St John since January 2008, and a member of its Hamilton Division since July 2015. She told in her statement of arriving at the Broadmeadow racecourse on 18 September 2015 at 9.45am. Shortly thereafter, she and her superintendent, Graeme Stoddart, commenced setting up a first aid post. This involved erecting a "quick shade". Whilst they were doing that, a gust of wind caused a wall of the shade to wrap around Ms Dawson's legs. She attempted to step out, and in doing this, she fell to the ground fracturing her right ankle.

14. Mr Stoddart gave her pain relief in the form of methoxyflurane and nitros oxide. Mr Stoddart called an ambulance. One of the paramedics who attended administered morphine and splinted Ms Dawson's foot. Mr Stoddart completed an "OB12" form, which Ms Dawson said in her statement of 16 December 2016 he gave "to the ambulance officers to go with me to hospital".
15. Ms Dawson attached to her statement of 15 June 2018 a copy of the OB12 form, in blank, that St John was using at the time she suffered injury. The form was titled "Confidential Patient Record (OB12)" (I shall refer hereafter to the OB12 form as the Confidential Patient Record). Within the header of the form, there was typed "© St John Ambulance 11/2010" and:

"Top copy to State / Territory office
Pink copy to Patient"
16. The form contained fields into which details relating to a patient could be inserted, such as the patient's name, address, allergies, medications and history, including past medical history. The form included a table into which the observations that a St John member made of the patient could be inserted. The form had provision for inserting details of any treatment that was administered to the patient. It had drawings depicting the front and back of an unclad adult person and of the front and back of an adult head. These figures could be marked according to a legend to show the nature and site of a patient's injury.
17. Ms Dawson said in her statement of 15 June 2018 that the pink copy of the form was given to the "attending responding officers of the health network, to take with the patient to the Emergency Department".³ I infer the pink copy was identical, other than with respect to colour, to the front page of the form that was attached to Ms Dawson's statement, and hence contained all the data that a St John member would insert into the front page.
18. In her statement of 26 September 2018⁴ Ms Dawson said that on the back of the pink copy of the Confidential Patient Record there was a "privacy statement". She attached "another copy" of the Confidential Patient Record to that statement which included the privacy statement.⁵ The privacy statement recorded that the information that St John collected for the patient's health care may be exchanged with "other health professionals involved in your treatment". The back side of the pink copy also contained a statement that "all patients with a history of loss of consciousness or altered conscious state must be referred to a health professional or hospital".
19. Ms Dawson also attached to her statement of 26 September 2018 copies of the Confidential Patient Record that St John was using at the time she signed her statement.⁶ I observe that the document has on its front page "version 3/2016". I infer from that, that St John did not use that version of the form before March 2016.
20. In her statement of 26 September 2018, Ms Dawson made reference to the guidelines within the 2016 version of the Confidential Patient Record relating to "the escalation of patient care to State/Territory ambulance services". The instruction on the form with respect to this is "escalate care of the patient immediately to appropriate health professionals (usually the State/Territory ambulance service) unless a St John health professional, health emergency response team (HERT) or medical assistance team (MAT) is on site and available to assist". It is implicit from Ms Dawson's statement, and I infer that this practice was in place as at 18 September 2015.

³ ARD page 376

⁴ ARD page 399

⁵ ARD page 404

⁶ ARD pages 405-408

21. Ms Dawson said in her statement of 26 September 2018 that “the provision of pink copy ...occurs during co-operation and supervised transfer of care within the [Hunter New England Local Health District] run by the HAC”.⁷ She did not in her evidence clarify what she means by “supervised transfer of care”, other than that she said a St John volunteer would often stay with a patient once a paramedic of the Ambulance Service of NSW had attended. She also said that a St John volunteer would receive direction from HAC or Hunter New England Health or the attending paramedic. She did not reveal in her evidence what those directions were. Ms Dawson in her statement of 26 September 2018 said that she always followed the guidelines of St John when a patient’s condition deteriorated in that she would call “NSW Ambulance”.

Michelle Murphy’s evidence

22. Ms Murphy signed a statement on 31 October 2018. In that she revealed, as mentioned above, that she is employed within the NSW Ministry of Health as a manager-insurance and risk. She said in her statement that her “responsibilities include overall leadership and strategic management of workers compensation across health through all of the local health districts, and management of other insured and registered hospital volunteers”⁸. Under cross-examination she said that the main focus of her job is to ensure that her staff provides the required support to all employees and volunteers of NSW Health who are injured and to ensure the recovery of those employees and volunteers. She agreed under cross-examination that NSW Ambulance is part of the organisation for which she is responsible. In other words, her evidence was to the effect that her responsibilities included those employees of NSW Health who comprise the Ambulance Service of NSW.⁹
23. In her statement she said that she had no knowledge of there being a relationship between HAC and St John. She said that HAC does not exercise control over the operations of St John. She said HAC does not give instructions to St John with respect to St John’s attendance at an event. She said HAC have had no “awareness” of the work Ms Dawson did for St John’s.
24. She said with respect to St John completing a patient record for persons whom St John had treated and St John then providing the “pink copy” of that record to HAC through NSW Ambulance, that that was an internal procedure of St John and was not required by NSW Health. She said that NSW Ambulance has its own paperwork and patient records that it completes and provides to a hospital if a patient is transferred to a hospital.
25. Under cross-examination she disagreed that there would need to be “some transfer of care from St John to NSW Ambulance to ensure best outcomes for a patient”. Her evidence under cross-examination was that it was not necessary that there be a handover of patients from St John to HAC to ensure a best outcome for a patient. Her evidence was to the effect that this is because the paramedics of the Ambulance Service of NSW are all professionally trained and do not need any assistance from St John or need any information from St John to ensure the best possible health outcome for a patient. She said under cross-examination that all paramedics do their own observations when attending a patient. She said it was her understanding that when paramedics attend a patient they immediately commence treatment of the patient, which is their first priority, but also commence a process of gathering information regarding the patient. She said that paramedics elicit all necessary information regarding the patient and would not need information from St John members. With respect to a circumstance where a St John member handed a paramedic a completed Confidential Patient Record relating to a patient, she could not say whether the paramedic would not rely

⁷ ARD page 399 at [7]

⁸ Reply page 2

⁹ Section 67A of the *Health Services Act 1997* provides that the Ambulance Service of NSW comprises those staff of the NSW Health Service who are employed primarily in connection with the provision of ambulance services

upon information within that form. She said however that the paramedics would themselves still obtain the information relating to the patient.

26. During cross-examination, counsel for Ms Dawson put to Ms Murphy a hypothetical in which a large patient, having been treated by a St John volunteer, needed to be transferred to hospital. Mr Hart suggested that the paramedics would, if necessary, seek the assistance of the St John volunteer to ensure safe transfer of the patient to the ambulance. Ms Murphy did not agree with that saying the Ambulance Service of NSW had been using electronic stretchers for several years, and from 2015, which made it unlikely for the situation to occur whereby a paramedic would need the assistance of someone to lift or transport a patient. She also said that paramedics never work alone and there are always two paramedics on hand to attend to a patient. She said that if an occasion did arise in which the paramedics could not on their own transfer a patient into the ambulance that the paramedics may seek the assistance of anyone who was about, including a St John member.
27. She denied a suggestion from Mr Hart that she provided her evidence in a partisan way seeking to advocate the case for the respondent.
28. The impression I formed of Ms Murphy when giving her oral evidence is that she did so thoughtfully and with circumspection, seeking to take care to provide accurate and truthful answers to the questions that were put to her. I consider she was a truthful witness. I accept the evidence she gave.

The HAC and the Ambulance Service of NSW

29. The respondent is, in accordance with s9 of the *Health Administration Act 1982*, incorporated as HAC for the purpose of exercising the functions expressed to be conferred or imposed on the corporation by that Act or any other Act.¹⁰ Pursuant to s8A of the *Health Administration Act*, a function of the respondent may, if the respondent so determines, be exercised by HAC.
30. The manner in which this case proceeded was on the basis that the respondent had determined, in accordance with s8A of the *Health Administration Act*, that her functions with respect to ambulance services were to be performed by HAC. Certainly the respondent did not seek to put that in issue. Given that, I proceed on the basis that the functions of the respondent with respect to ambulance services were exercised by HAC.
31. Section 67B of the *Health Services Act* imposes on the Health Secretary several functions relating to the provision of ambulance services.¹¹ The section enables the respondent to co-operate with other organisations, which would include St John, to ensure that first aid can be rendered to injured persons. The respondent's functions include cooperating with and providing assistance to any organisation for the purpose of providing and maintaining ambulance services¹²; consulting and co-operating with organisations, including voluntary agencies, concerned with the provision of ambulance services¹³; and coordinating and planning for future development of ambulance services and facilitating the organisation of community involvement in the planning of those services¹⁴.
32. The fact that the respondent had power to co-operate with St John with respect to the ambulance work St John did is one thing- the issue in this case is whether the respondent actually did so with respect to the work that Ms Dawson was doing voluntarily for St John on

¹⁰ See also definitions of "Health Secretary" and "Ministry" in s 4 of the *Health Administration Act 1982*

¹¹ The term "ambulance services" is defined within the dictionary at the end of the Act, which has force by s 3 of the Act, in substantially the same terms as that which ambulance work is defined in Clause 16 of Schedule 1 of the 1998 Act

¹² S 67B(1)(b)

¹³ S 67B(1)(e)

¹⁴ s 67B(1)(f)

the day she had suffered her injury. As mentioned, it is uncontroversial that the work she did that day was ambulance work within the meaning of that term in Clause 16 of Schedule 1 of the 1998 Act.

Co-operation

33. Deputy President Snell in Dawson's case considered what is required for a putative worker to be engaged in ambulance work in co-operation with HAC. Deputy President Snell held that it was not necessary for the putative worker to be obliged to do that work.¹⁵ He said that clause 16, with respect to whether the work is done in co-operation with HAC, directs attention to the relationship between the putative worker and HAC.¹⁶ He held that the word "co-operation" as used in clause 16 should have its primary and natural meaning as defined in the Macquarie Dictionary, being "to work or act together or jointly".¹⁷
34. Given what Deputy President Snell held in Dawson's case, in order that I can find that Ms Dawson is to be taken to be a worker employed by HAC pursuant to clause 16 of Schedule 1 of the 1998 Act, I must be satisfied that she was working or acting together with or jointly with HAC when she was engaged in ambulance work on 18 September 2015.
35. In my view, the evidence does not establish that she was.
36. The arrangement whereby St John, and thereby Ms Dawson, came to be at the Broadmeadow Racecourse on 18 September 2015 so as to provide first aid services to the patrons attending the event the Newcastle Jockey was that day conducting, was an arrangement made between St John and the Newcastle Jockey Club. There is no evidence that HAC was informed that St John would be providing first aid services to the patrons of the Newcastle Jockey Club attending the event. There is no evidence that reveals, or from which I could infer, that HAC was aware before the time the Ambulance Service of NSW was called to the event to treat Ms Dawson, that St John would be providing first aid services at the racecourse on that day. Indeed, the evidence of Ms Murphy, which I accept, is such that in all likelihood there was no relationship between HAC and St John, which in my view makes it unlikely that HAC would have had knowledge before the time that the Ambulance Service of NSW was called to the event to assist Ms Dawson, that St John was providing first aid services at the event, and hence HAC was unaware that Ms Dawson was providing first aid services that day.
37. There is no evidence that St John and HAC had ever planned together or co-ordinated or even discussed how first aid services would or might be provided at any events at which St John might be engaged by others to provide first aid services. There is simply no evidence of there ever being any prior organisation between St John and HAC regarding this.
38. The responsibility of Ms Murphy within her position at the Ministry of Health is such that, in my view, she is familiar with the work paramedics of the Ambulance Service of NSW perform when attending a patient. She has a leadership role and responsibility for the strategic management of the insurable risks relating to the employees and volunteers across NSW Health, which includes the employees comprising the Ambulance Service of NSW. In my view, her responsibilities with respect to strategic management of the insurable risks would require her to know what the work is that is done by those persons within the employ of the NSW Health who are responsible for providing ambulance services, which includes paramedics.

¹⁵ Dawson's case at [71]

¹⁶ [72]

¹⁷ [74] and [76]

39. I accept Ms Murphy's evidence to the effect that paramedics attending an event at which St John's members were present had responsibility to elicit the necessary information relating to the patient in order to treat the patient. I also accept Ms Dawson's evidence that the pink copy of the Confidential Patient Record that St John members completed was handed to an attending paramedic. It is feasible that on some occasions a paramedic may have read and had regard to the information within the form so as to confirm the detail therein with the patient being treated. But it was Ms Murphy's evidence, which I accept, that the paramedics were all professionally trained and did not require that information from St John and would make their own observations and would prepare their own paperwork and complete their own records relating to the patient.
40. It is apparent from the Confidential Patient Record that the pink copy of the form was intended for the patient's safekeeping. The notation on the form, "Pink Copy to Patient", can mean nothing else. Whilst Ms Dawson said that the form was taken by the paramedics to the Emergency Department, there is no evidence that HAC retained the form, either through the Ambulance Service of NSW or the local health district who had responsibility for the hospital to where the patient may have been transported. There is no evidence that staff at the Emergency Department made use of any information within it.
41. If an attending paramedic resorted to the information in a Confidential Patient Record for the purpose of gathering information about the patient so as to create their own record relating to the patient, then that in my view does amount to the St John member, who provided the form to paramedic, having worked or acted together or jointly with the paramedic. The attending paramedics themselves had the responsibility to elicit from the patient or other sources the data they needed to provide treatment to the patient. Any use by a paramedic of any information within a Confidential Patient Record was, in my view, a perchance occurrence of the paramedic using that particular information to discharge his or her responsibility of gathering that detail about the patient.
42. I do not therefore consider that a St John member completing the form and providing it to a paramedic of the Ambulance Service of NSW amounts to co-operation between the member and HAC.
43. It seems to me likely that if a St John member called an ambulance to an event at which St John was providing first aid, so as to take a patient whom the member had been providing first aid to a hospital, there would have been some dialogue between the member and the call centre of Ambulance Service of NSW at the time it took the call, and also dialogue between the member and the paramedics at the time the paramedics attended the event. To my mind however, that does not substantiate that the member of St John who made the call or who provided first aid to the patient to that point, worked or acted together or jointly with the paramedics of the Ambulance Service of NSW. All that it indicates is that the St John member provided first aid to the patient up to the point in time where the member no longer had the competency to provide the treatment that the patient required. That does not in my view, amount to St John and HAC working or acting together to provide first aid services, particularly in the circumstance where there was no prior discussion or pre-planning between the two organisations regarding how they would arrange or divide responsibilities with respect to the provision of first aid to patients at events at which St John may be engaged by other organisations to perform first aid services. Each organisation performed their own and separate work. Any dialogue on a particular occasion between a St John member and a paramedic was in the nature of a perchance occurrence.
44. Simply put, what emerges from the evidence is that St John and HAC worked independently of each other with respect to providing first aid or treatment to a patient who had been injured at an event at which St John had been engaged to provide first aid services. They did not combine so as to provide treatment to the patient. St John provided services to the patient to a point where its members did not have sufficient skill or expertise to continue providing first aid services to the patient. There may have been communications between a member and

paramedic regarding a particular patient, but that to my mind would have been of a co-incident nature. It was not the consequence of any arrangement or planning between the two organisations regarding how first aid would be provided to persons attending events at which St John was present. It was not required or necessary that the paramedics of the Ambulance Service of NSW have any discussion with the members of St John, given they were skilled and tasked and had the responsibility to gather the necessary information needed to treat the patient.

45. In the circumstance where HAC was unaware that St John would be attending a particular event to provide first aid services and in the circumstance where there had been no earlier discussion or earlier planning between HAC and St John with respect to how each organisation would work or act together or jointly to ensure the provision of ambulance services to patients attending the event, the ambulance work that Ms Dawson did on 18 September 2015 in erecting a first aid post, could not have been, and indeed was not, in my view, work that was done together with HAC. To say that in another way, absent HAC being aware of the work Ms Dawson was to do on 18 September 2015 and absent there having been some earlier arrangement or planning between St John and HAC regarding how they would work together to provide ambulance services at event at which St John was engaged by others to do so, the work in which Ms Dawson was engaged on 18 September 2015 was not work that was done in co-operation with HAC.
46. With respect to the hypothetical Mr Hart put to Ms Murphy relating to transferring a large patient to an ambulance, there is simply no evidence to substantiate that a St John member ever assisted a paramedic with such a task. Having regard to Ms Murphy's evidence, it is unlikely in my view that such a situation ever occurred. Even if it did happen in the past, it could not be concluded from that, that the ambulance work in which St John members were engaged later at other events was done in co-operation with HAC. What would have occurred, at the most, is co-operation with the lifting of the patient on the day (assuming this had occurred). It does not mean that the work Ms Dawson did on 18 September 2015 was done in co-operation with HAC.
47. The evidence of Ms Dawson to the effect that preceding her injury there were occasions when a St John member might stay with a patient once a paramedic attended to treat the patient does not in my view substantiate the member and the paramedic were working or acting together or jointly to treat the patient. Ms Murphy's evidence, which I accept, was to the effect that once the paramedics attended they were responsible for treatment and did not need assistance with respect to treating the patient. Staying with the patient does not therefore amount to co-operating in the provision of treatment to the patient. The St John member staying was likely to have been an act of kindness.
48. Ms Dawson also gave evidence that attending paramedics had in the past provided directions to St John members. She did not specify what directions. Having regard to Ms Murphy's evidence to the effect that the paramedics of the Ambulance Service of NSW are professionally trained and do not need any assistance from St John to ensure the best possible health outcome for a patient, I consider it is unlikely that such directions would have been provided or, if any direction had, that it related to treatment or care of the patient. In any event, absent any arrangement or planning between St John and HAC regarding how each organisation would work or act together or jointly to ensure the provision of ambulance services to patients attending events at which St John was present, what may have occurred in the past, in a coincidental fashion, does not, in my view, permit a conclusion being made that the ambulance work Ms Dawson did on 18 September 2015, of which HAC was unaware until after she suffered injury, was done in co-operation with HAC.
49. Mr Hart submitted that the Workers Compensation (Ambulance fees) Order 2015, published in the NSW Government Gazette on 12 June 2015, "provided evidence of an appropriate inference, favouring "co-operation", because it is logically open that the volunteers in St John would bring patients to the care of the HAC". In my view, no such inference can be drawn.

The order was made by the Chief Executive Officer of the WorkCover Authority of NSW pursuant to s 63(1)(b) of the Act. The order prescribes the maximum amount of compensation for which an employer is liable under s 60(1) to pay a worker for any cost the worker has incurred for any ambulance service as a result of an injury a worker has received arising in or out of the course of employment. It is fanciful to suggest, in my view, that the making of the order provides a basis from which an inference can be made that St John and HAC co-operate with respect to the performance of ambulance services.

50. I accordingly make an award to the respondent with respect to Ms Dawson's claims for compensation under s 60 and s 66.
51. I note that in the ARD that Ms Dawson filed with the Commission she also sought determination of a disputed claim for weekly payments of compensation. However, she discontinued the proceedings insofar as they related to that claim. That circumstance was recorded in the earlier Certificates of Determination the Commission issued in this matter. Given the decisions recorded in those Certificates were revoked by Deputy President Snell, for the sake of completeness I shall also record that the proceedings were discontinued insofar as they related to Ms Dawson's claim for weekly payments of compensation.

