



Tuesday, 28 January 2020

Committee Secretary
Joint Select Committee on Road Safety
PO Box 6100
Parliament House
Canberra ACT 2600
Australia

Via email: roadsafety.sen@aph.gov.au

Dear Committee Members,

Submission to the Joint Select Committee on Road Safety

St John Ambulance Australia (St John) thanks the Joint Select Committee on Road Safety for the opportunity to provide input into the future of road safety in Australia.

A trusted and reassuring presence in the Australian community for more than 135 years, St John Ambulance Australia exists to give emergency and first aid care to those in our community who are in sickness, distress, suffering or danger.

St John is a charitable, non-profit humanitarian organisation that has been an integral part of the Australian community for more than 135 years. Our volunteers and those we have trained in first aid, are willing provide help to the injured, sick and suffering, and those in distress.

Far too often St John employees and volunteers across the nation aid people who have experienced a road traffic collision. However, it is a slim chance that a paramedic or St John volunteer is immediately on scene at a road traffic collision. Victims generally rely on members of the public (bystanders) to act as Good Samaritans and come to their aid. Unfortunately, it is estimated that only 5% of the Australian population has had first aid training.

The current National Road Safety Strategy (2011–2020) (Strategy) makes no mention of first aid—anywhere. This is a gross failure on the part of the Strategy. The Strategy fails to deliver lifesaving first aid to victims of a road traffic collision—a key part of pre-hospital care linked to reducing the severity of injury and preventable death.

Background

Fatalities and injuries as a result of road traffic collisions are an unfortunate reality on Australian roads. In November 2019 alone, there were 83 fatalities.¹ For the 12 months ending November 2019, there were 1183 road fatalities across the Nation.¹

In 2016–17, road traffic collision injuries saw 60,000 cases of hospitalised injury.² The highest rate of transport injury was in 15–19-year-old males; at nearly double the rate for females.²

Young drivers are over-represented, making up about 14 per cent of all licence holders but being involved in about 25 per cent of all serious crashes.³

Australian ambulance services are continuously in high demand. In 2017–18, of the 3.7 million incidents that ambulance services attended across the nation, 37.3% were prioritised as 'emergency incidents'

(those that require an immediate response under lights and sirens—often referred to as a Code 1 incident).⁴ The time that 90% of ambulances took to arrive at emergency incidents, ranged from 14.1 minutes (NSW) to 20.8 minutes (WA) in capital cities.⁴ State-wide, response times ranged from 14.7 minutes (ACT) to 29.4 minutes (Tasmania).⁴ Generally, the further away an incident occurs from a capital city (particularly in remote areas), the greater the response time.

Short or decreasing response times suggest the adverse effects on patients and the community of emergencies requiring ambulance service are reduced.⁴

Unfortunately, accidents and emergencies *will always occur*, no matter how many precautions are taken, or preventative practices and systems put in place. For road traffic collisions, we know that medical intervention must occur as soon as possible following a collision, if the impact on patients is to be reduced.⁵ This is known as the *Golden Hour*—or the period following a traumatic injury in which providing medical intervention will prevent death.⁵

It is also an unfortunate reality that not every person who is injured on our roads is able to be saved (that is, their injuries are so significant that loss of life is not preventable). However, many prehospital preventable deaths could be averted by bystanders giving basic first aid.¹⁰ For example, opening and maintaining an unconscious patient's airway, an action which takes precedence over all other injuries.⁶

While Australian ambulance services do a remarkable job every day, and often in challenging situations, the reality is that between the time a road traffic collision occurs and the arrival of an emergency response, **only giving first aid will save that life or reduce the impact of the trauma sustained**. Often, bystanders (such as other road users) are the first on the scene of a collision. It is a fact that most people do not know how to help.

Bystander first aid is an imperative part of a Safe System approach

The first 3–5 minutes following a road traffic collision are considered crucial.⁵ In this time, there are a series of time-sensitive actions that are essential in preserving life.¹⁰

We ask Committee Members to sit with these figures, think about them and consider the following scenario—just for a moment ...

You and your loved ones are involved in a serious road traffic collision with injuries that require urgent care (your deaths are preventable). The unconscious driver is slumped over the steering wheel and consequently, their airway is obstructed. As evidenced above, the average ambulance response times vary from anywhere between 14.1 and 29.4 minutes, depending on how close a collision is to assistance.⁴ Bystanders are on the scene, but none have any basic first aid knowledge. They don't know what to look for and are unable to help other than calling for an ambulance. *You* (conscious and physically able) don't know what to do either. **That unconscious driver doesn't stand a chance of survival.**

It takes only **4 minutes** for a person injured in a road traffic collision to die from a blocked airway (hypoxia). Estimates suggest that up to 85% of preventable prehospital deaths resulting from a road traffic collision may be due to hypoxia.⁷ Even with the shortest ambulance response time, without first aid intervention, the driver in the above scenario is dead. When someone is unconscious, the simple act of lifting their chin (to unblock their airway) could save a life or lessen the impact of injury. Controlling bleeding is also essential and may both save a life and lessen the impact of injury.⁸ Some needs are so time-limited, that without early intervention, they will result in the unnecessary loss of life.

Provision of first aid by bystanders has been directly linked to ameliorating ambulance response times and road traffic collision outcomes, particularly in rural and remote areas that generally experience longer response times than in capital cities. Error! Bookmark not defined. Collisions that occur in rural and remote areas generally have higher morbidity and mortality rates than those in capital cities, often due to the length of time taken to discover a collision, and longer emergency response and transport times.⁹

Potentially, the impact speeds on country roads are also higher than those sustained in urban areas. This increases the potential for more serious and life-threatening injuries.

Even the most sophisticated approaches to emergency care following a road traffic collision are rendered ineffective if bystanders fail to identify serious injury and do not know how to provide basic care.¹⁰ The World Health Organisation suggests that an effective Safe Systems approach to road traffic collisions:

- commences with the activation of the emergency care system (e.g. bystanders calling Triple Zero),
- **provides care at the scene** (with bystanders taking simple, potentially life-saving actions before advanced care arrives)
- provides advanced care and transport (via ambulance), and
- includes facility-based emergency care.¹⁰

By integrating first aid awareness learning into the current driver licensing system, state and territory governments would address a current and significant gap in the Safe Systems approach and help to deliver effective post-collision management care to those most in need. More lives can be saved with better skilled bystanders providing more effective care.

Basic first aid awareness is easy to achieve

In an ideal world, every person would have comprehensive, experienced-based first aid training. St John, however, is not advocating that every licenced Australian driver attend a face-to-face, paid first aid course. **Achieving basic first aid awareness does not have to be costly or time-consuming.**

For example, St John Ambulance Australia (WA) and (NT) have developed free, online basic first aid awareness training courses: *Click to save* and *First@scene*. These short courses directly target the first aid knowledge and skills for the types of injuries common to road traffic collisions. The aim is for bystanders to have the knowledge and skills to provide immediate treatment until advanced care arrives. These courses take around 30 minutes to complete and prepare participants to respond at a road traffic collision. For example, these courses provide essential knowledge for:

- activating the emergency care system
- safely approaching the vehicle and assessing the scene
- airway management
- controlling bleeding
- cardiopulmonary resuscitation (CPR), and much more.

Developing basic first aid awareness can be **as simple as the click of a button.**

How state and territory governments can help save more lives

St John advocates that state and territory governments mandate basic first aid awareness training for all drivers granted or renewing their driver's license. This is part of rethinking Australia's approach to post-crash management care and mitigating the first aid preparedness gap that currently exists in the Australian community.

Past road safety strategies are largely targeted at behavioural change (e.g. speed, seatbelts), technology (e.g. vehicle safety systems, and mobile device cameras) and infrastructure (e.g. improving roads). These have all had a significant impact over time.

However, the unfortunate reality is that humans do, and always will, make errors on our roads resulting in injuries and fatalities. By incorporating members of the Australian community as part of a post-collision management care model included in a Safe Systems approach, we will create an army of Australians who are ready and able to aid in the prevention of the unnecessary loss of life between when an accident occurs and the arrival of advanced care.

The solution already exists—it's readily and freely available and accessible. Australians need state and territory governments to act to make this model of post-collision care a reality, and address the current gap in the National Road Safety Strategy and state and territory government policy.

A final word

During an emergency, basic first aid awareness can mean the difference between life and death. It can also be the one thing to lessen the degree of serious injury a person experiences before the arrival of emergency services. Currently, there is no coordinated life-preserving and injury-reducing strategy for the time between a collision occurring and emergency services arriving. Bystanders *can* be part of this solution.

The lack of compulsory first aid training directly linked to the licensing system is an enormous gap in Australia's Safe Systems approach and the National Road Safety Strategy (2011–2020). It is imperative that first aid becomes a primary part of models for emergency care if we are to reduce preventable deaths and the burden of injury. The next National Road Safety Strategy must include compulsory first aid awareness training for drivers. Building first aid awareness doesn't have to be hard. It can be as simple as an online course that takes around half an hour to complete.

St John Ambulance Australia strongly urges the Joint Select Committee on Road Safety to consider mandating basic first aid awareness training as part of the licensing of all road users, as a measure for decreasing fatalities and serious injury on Australian roads.

Yours sincerely,

Chief Executive Officer
St John Ambulance Australia

Notes

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2. AIHW: Pointer SC 2019. *Trends in hospitalised injury, Australia 2007–09 to 2016–17*. Injury research and statistics services no. 124. Cat. no. INJCAT 204. Canberra: AIHW.
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4. Productivity Commission. *Report on Government Services 2019*. Australian Government: Canberra. Retrieved on 17 December 2019 from <https://www.pc.gov.au/research/ongoing/report-on-government-services/2019>
5. British Red Cross. *Anyone can save a life: Road accidents and first aid*, 2001. British Red Cross: London.
6. Australian Resuscitation Council & New Zealand Resuscitation Council. ANZCOR Guideline 4–Airway, 2016. ANZCOR: Melbourne. Retrieved on 28 January 2019 from <https://resus.org.au/guidelines/>
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8. World Health Organisation. *World report on road traffic injury prevention: summary*, 2004. World Health Organisation: Geneva.
9. Bakke H, Hansen I, Bendixen A, et al. Fatal injury as a function of rurality: A tale of two Norwegian countries. *Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine* 2013, 21(14).
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