



# ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

ABN 29 004 167 766

College of Surgeons' Gardens, 250 – 290 Spring Street,  
East Melbourne VIC 3002  
Telephone +61 3 9276 7404 Facsimile +61 3 9249 1208

**OFFICE OF THE PRESIDENT**  
Professor Michael Grigg

11 February 2015

Committee Secretary  
Senate Rural and Regional Affairs and Transport References Committee  
P O Box 6100  
Parliament House  
Canberra ACT 2600

Dear Sir/Madam

## **Inquiry into aspects of road safety in Australia**

The Royal Australasian College of Surgeons welcomes the Senate's invitation to comment on the Inquiry into road safety in Australia.

A Fellowship based organisation, the College is committed to ensuring the highest standard of safe and comprehensive surgical care for the community we serve through excellence in surgical education, training, professional development and support. As part of this commitment the College strives to take informed and principled positions on issues of public health.

It is my pleasure to submit the College response to aspects of road safety. We believe that, if addressed by the Government, the road safety initiatives contained within the submission could make a significant difference to public safety and well-being.

Yours sincerely

Professor Michael Grigg  
**President**

## **ROYAL AUSTRALASIAN COLLEGE OF SURGEONS**

---



**SENATE RURAL AND REGIONAL AFFAIRS AND TRANSPORT REFERENCE COMMITTEE  
ASPECTS OF ROAD SAFETY IN AUSTRALIA**

**10 February 2015**

## TABLE OF CONTENTS

10 February 2015.....	0
1. EXECUTIVE SUMMARY .....	2
2. SOCIAL AND ECONOMIC COST OF ROAD-RELATED INJURY AND DEATH.....	2
3. THE IMPORTANCE OF DESIGN STANDARDS ON IMPORTED VEHICLES, AS AUSTRALIAN VEHICLE MANUFACTURING WINDS DOWN .....	4
4. THE IMPACT OF NEW TECHNOLOGIES AND ADVANCEMENT IN UNDERSTANDING OF VEHICLE DESIGN AND ROAD SAFETY .....	4
5. THE DIFFERENT CONSIDERATIONS AFFECTING ROAD SAFETY IN URBAN, REGIONAL AND RURAL AREAS.....	4
6. APPENDICES.....	4

## 1. EXECUTIVE SUMMARY

The governments of the last decade should be congratulated for prioritising road safety and producing the National Road Safety Strategy 2011-2020.<sup>1</sup> The Strategy is an excellent document which analyses road safety risks in terms of the elements of the Safe Systems Approach to Road Safety and makes good recommendations as to how individual components of these major elements can contribute to reductions in fatalities and serious injuries.

The College of Surgeons believes that the target of a 30% reduction in fatalities will still result in over 800 deaths per year (and possibly 4,000 to 5,000 serious injuries). For surgeons who see road trauma victims on a daily basis, this is unacceptable. We urge the Government to **implement** the recommendations in the strategy as a major priority. Key initiatives, aligned to the Senate Terms of Reference, include (but are not limited to):

- Greater efforts to reduce speed
- Greater efforts to reduce the role of alcohol in road-related injuries and deaths
- Separate vulnerable road users from motor vehicles
- Rapid introduction of life-saving technologies in all new cars, and policies which encourage consumer uptake of newer vehicles
- Compulsory introduction of 'black box' technology in all heavy vehicles and cars
- Cease the open speed limit trial in the Northern Territory
- Vehicle safety and licensing

The College of Surgeons has a long history of road safety advocacy. It regularly revises and updates its positions in accordance with safety measures which undergo ongoing research and development by a large 'road safety' industry. More detailed position statements are attached to this submission.

## 2. SOCIAL AND ECONOMIC COST OF ROAD-RELATED INJURY AND DEATH

Road traffic injuries are the leading cause of death by injury worldwide (one fifth of all deaths from injury) and the tenth leading cause of all deaths (2.2% of all deaths). Road traffic injuries rank second to HIV/AIDS as the leading cause of ill health and premature death for adult men aged 15 - 44 years.<sup>2</sup>

In Australia, on average four people die and 90 people are seriously injured every day. However Australia has achieved substantial reductions in road crash fatalities over the last 30 years. Evaluation evidence indicates that many of these gains can be attributed to specific road safety interventions, such as the introduction of seatbelt laws and random breath testing.<sup>3</sup>

More can be done to reduce the number of road-related injuries and deaths.

### **Greater efforts to reduce speed**

Recognising the major role that excessive speed plays in the causation of serious road crashes, the College recommends that:

- Appropriate speed limits be adopted having regard to the environment, traffic density and other relevant considerations.
- Enforcement programs and initiatives be intensified so that there will be a higher chance of detection and penalties for drivers and riders who exceed the speed limit.
- Ban radar detection devices in vehicles.

---

<sup>1</sup> National Road Safety Strategy 2011-2020,  
[http://www.infrastructure.gov.au/roads/safety/national\\_road\\_safety\\_strategy/files/NRSS\\_2011\\_2020.pdf](http://www.infrastructure.gov.au/roads/safety/national_road_safety_strategy/files/NRSS_2011_2020.pdf)

<sup>2</sup> Youth and Road Safety Report, World Health Organisation (2007)

<sup>3</sup> National Road Safety Strategy (p7)

- Cancellation of licence for drivers and riders exceeding the speed limit by a specified margin.
- Gradation of speed penalties commensurate to the level of danger.
- Regular reviews of speed limits using input from road users.
- Prominent display of signage relating to speed limit changes.

### **Greater efforts to reduce the role of alcohol in road-related injuries and deaths**

Because of the continuing major influence of the misuse of alcohol in road crash causation, assault and violence, the College supports countermeasures aimed at drink drivers, riders and the general community.

These countermeasures include:

- Fitting alcohol ignition locks to commercial vehicles such as trucks, passenger coaches and buses, taxis, trams and trains.
- Intensification of random breath testing of drivers and riders.
- Compulsory breath testing of all drivers, riders and pedestrians involved in an injury-producing crash or charged with a moving traffic offence.
- Compulsory breath testing of all adults 16 years and older who attend hospital for treatment, for the purposes of data collection to inform future policy.
- Improved drink driving education programs.
- Including knowledge of how alcohol will affect driving ability as part of driver's and rider's licence tests.
- Relicensing of drivers or riders disqualified for driving with a BAC above 0.15g/100mls, or for a second offence, compulsory installation of an alcohol ignition lock.
- Research to address the incidence of alcohol-impaired pedestrians.
- Strategies to reduce the rate of reoffending in relation to drink driving.

The College also supports measures to reduce the problem of alcohol abuse and/or misuse throughout the community more generally, in particular reducing the number of Hours alcohol is available for, reducing the number of Outlets where alcohol is sold, and introducing a volumetric Tax on alcohol (HOT issues).

### **Separate vulnerable road users from motor vehicles**

More than one fifth of the road traffic deaths that occur worldwide are pedestrians.<sup>4</sup>

Separation is essential to ensure the safety of our most vulnerable road users, for example pedestrians and cyclists. Increases in our population will only exacerbate this vulnerability, as people seek alternative, inexpensive and efficient forms of transport, while seeking to improve their health and wellbeing.

Where separation is not feasible, it is vital that efforts are made to control the speed environment. Roadway design is also an important factor and should be undertaken to maximise pedestrian safety. The World Health Organization's Pedestrian Safety manual has assessed the effectiveness of specific interventions that can be undertaken.<sup>5</sup>

---

<sup>4</sup> Pedestrian Safety: a road safety manual for decision-makers and practitioners (2013)

<sup>5</sup> Pedestrian Safety (p64)

[http://www.grsproadsafety.org/sites/grsp.drupalgardens.com/files/201304/PedestrianSafety\\_eng.pdf](http://www.grsproadsafety.org/sites/grsp.drupalgardens.com/files/201304/PedestrianSafety_eng.pdf)

**3. THE IMPORTANCE OF DESIGN STANDARDS ON IMPORTED VEHICLES, AS AUSTRALIAN VEHICLE MANUFACTURING WINDS DOWN**

The College supports all evidence-based initiatives that assist in the prevention of road trauma and the reduction of the devastating effects of injury. These include design features such as airbags, seat belt reminder systems, electronic stability control, and anti-lock braking systems.

**4. THE IMPACT OF NEW TECHNOLOGIES AND ADVANCEMENT IN UNDERSTANDING OF VEHICLE DESIGN AND ROAD SAFETY**

**Rapid introduction of life-saving technologies in all new cars, and policies which encourage consumer uptake of newer vehicles**

Mandating proven life-saving technologies (for example reversing cameras) in all new cars, including fleet cars, will significantly improve the safety of Australian vehicles overall and decrease the average age of Australian fleet vehicles.

**Compulsory introduction of 'black box' technology in all heavy vehicles and cars**

Having black boxes installed in all vehicles may act as a deterrent to unsafe driving practices, particularly with respect to truck drivers. In addition to improving law enforcement, the technology can be useful in the analysis of crashes, facilitating a better understanding of crash and injury risk factors and mechanisms. New knowledge can be utilised by the insurance industry to improve overall standards.

**5. THE DIFFERENT CONSIDERATIONS AFFECTING ROAD SAFETY IN URBAN, REGIONAL AND RURAL AREAS**

**Cease the open speed limit trial in the Northern Territory**

Numerous international studies have shown conclusively that the introduction of point to point speed monitoring for all vehicles on lengths of road known to have a high crash risk reduces the number of crashes occurring and also the severity where crashes do occur. The Northern Territory 'unlimited speed' trial contradicts the goals and recommendations of the National Road Safety Strategy (to which the Northern Territory Government is a signatory), primarily the recommendation that speeds should be reduced on high risk roads. The stretch of highway involved in the 'trial' has been assessed by the Australian Road Assessment Program (AusRAP) as a high risk road.

**Vehicle safety and licensing**

In remote Australia, where there is a high rate of injury per capita, risk factors which have improved in metropolitan areas are still very relevant. These include vehicle roadworthiness, driver training and licensing, seatbelt use and alcohol. These issues are compounded by barriers in cross-cultural communication and access to services, but can be rectified with appropriate communication and resources.

**6. APPENDICES**

Appendix 1: College Position Paper: Trauma Prevention

Appendix 2: College Position Paper: Road Trauma Prevention

**POSITION PAPER**

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

<b>Subject:</b>	<b>Trauma Prevention</b>	<b>Ref. No.</b>	<b>FES_FEL_047</b>
-----------------	--------------------------	-----------------	--------------------

**BACKGROUND**

The Royal Australasian College of Surgeons has a proud history with regard to trauma prevention. The Road Trauma Committee of the College was established in 1970 in response to the escalating road toll and the recognition that death and disability from road crashes represented a public health issue which needed urgent attention. The College Trauma Committee is based on a tradition of research, the application of fact to a defined problem, inter-disciplinary organisation, and an integrated cooperative approach with other organisations and the community to achieve successful outcomes in reducing the tragic effects from injury.

The College has been influential with policy makers and legislators and was a major contributor in the 1960s and 70s towards mandatory seat-belt wearing, drink driving countermeasures and the compulsory wearing of helmets by pedal cyclists.

Since the mid-1980s the College saw that it would need to widen its role in trauma prevention and management beyond those injuries which resulted from road crashes. In July 1991, the College Trauma Committee was formed which continued the College's double commitment: prevention and mitigation of injuries, and management of injuries, encompassing injuries resulting from all sources.

The College continues to play an active role in trauma prevention with the College Trauma Committee hosting annual trauma workshops, regular meetings, engaging with media, hosting international speakers at the annual scientific congress, supporting research, preparing submissions to inquiries and promoting and participating in trauma training such as EMST (Early Management of Severe Trauma and DSTC (Definitive Surgical Trauma Care) courses. It also plays an important advocacy role regarding issues that affect the community - such as quad bikes, alcohol-related violence and dog bites.

The College supports all evidence –based initiatives that assist in the prevention of trauma and the reduction of the devastating effects of injury. The College regularly revises and updates its positions in accordance with safety measures that are being constantly researched and developed by a growing industry. The College recommends and supports the following positions.

**CHAIN SAWS**

Endorsing Standards Australia AS 2727 Chainsaw – Guide to safe working practices, the College recommends that

- All persons intending to use a chainsaw be required to receive instruction and certification from an accredited instructor
- The use of appropriate protective equipment [i.e. approved safety helmets with visor or goggles, earmuffs, protective leggings, steel capped safety boots and gloves] be advocated at the point of sale or hire.
- Regulations into the safe use of chainsaws be developed and published by appropriate authorities in each state and territory.
- Suitable information and videos be made available to intending users of chainsaws and be advertised at the point of sale or hire

**FARM INJURY**

There are alarming statistics highlighting that deaths and injury are a significant problem on Australian farms. The College supports the following safety measures

**Tractor safety**

Division:	<b>Fellowship and Standards</b>	Original Issue:	July 2013
Document Owner:	<b>Deputy Director , Fellowship and Standards (Fellowship Services)</b>	Version:	1
Authorised By:	<b>Professional Development and Standards Board</b>	Approval Date:	July 2013
Page 1 of 6		Review Date:	July 2016

**POSITION PAPER**

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

<b>Subject:</b>	<b>Trauma Prevention</b>	<b>Ref. No.</b>	<b>FES_FEL_047</b>
-----------------	--------------------------	-----------------	--------------------

- Roll over protective structures (ROPS) and effective occupant restraints be installed on all tractors. Retrofitting of a safe tractor access platform be encouraged and the design specifications available from the Australian Centre for Agricultural Health and Safety be promoted
- Guards must be used on power-take-off assemblies, including retrofitting of a masterguard if necessary and replacement of damaged or missing PTO shaft guards.
- Passengers should not be carried on tractors, except for training purposes.

**Tetanus**

- The farming community needs to be regularly alerted to the importance of maintaining immunity to tetanus and following the immunization schedules within their jurisdiction.

**Machinery/tool design**

- Encouragement and support be offered to the National Farmsafe Farm Machinery Safety Reference Group established to examine and improve safety design in farm machinery and equipment, to review impediments to safety design, to gather relevant data and to liaise with manufacturers and suppliers.

**Child Injury on Farms**

- Farmers be made aware of the dangers of farming activities to children and be encouraged to put Farmsafe Australia age-appropriate injury prevention measures in place.

**Farm Rescue**

- The Australian Manual of Farm Rescue be made available to rural rescue personnel and the farming community.

**Emergency Care**

- Improved access to acute/emergency care management courses be provided for rural health-care professionals.

**Medical Education-Specific Injuries**

- Manuals outlining the principles of treatment of specific farm injuries be made available, with training support, to rural medical practitioners.

**Rehabilitation Services for those injured on farms**

- Manuals on injury rehabilitation, specific to returning workers to farming activities, be made available to rural physiotherapists with training support.

**Counselling Services**

- Counselling services be made available for families and others affected by farm injury and debriefing and counselling services be made available for rural health and emergency care workers.

**Developing Safety Skills and Resources in the Farming Community**

- The farming community continue to be targeted in farm safety programs.

Division:	<b>Fellowship and Standards</b>	Original Issue:	July 2013
Document Owner:	<b>Deputy Director , Fellowship and Standards (Fellowship Services)</b>	Version:	1
Authorised By:	<b>Professional Development and Standards Board</b>	Approval Date:	July 2013
Page 2 of 6		Review Date:	July 2016



**POSITION PAPER**

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

<b>Subject:</b>	<b>Trauma Prevention</b>	<b>Ref. No.</b>	<b>FES_FEL_047</b>
-----------------	--------------------------	-----------------	--------------------

- An emergency card with emergency telephone numbers, instructions to the site of accidents/emergency, nature and cause of the injury/emergency and initial assessment, be available to all farming communities.
- Improved access to relevant first aid training be facilitated for farming communities.

**Farm Injury Data**

- Data on farm injury be standardised, using the National Farm Injury Optimal Dataset as guidance, so that useful preventative and management strategies can be developed.
- Effective coordinating mechanisms be established.
- Rural general practitioners and surgeons be encouraged to participate in farm injury data collection.

**Trauma Communication Systems**

- The National Road Trauma Advisory Council of Australia (NRTAC) Report of the Working Party on Trauma Systems, 1993, be implemented.
- A suitable identification system of farm location be adopted by emergency services in all states and territories of Australia and New Zealand.
- Direct communication systems between ambulances and treating doctors be established.
- Communication technology be exploited to improve emergency communication in rural areas, and the digital/CDMA system be extended to cover all areas.

**Ongoing Collaboration for Improving Farm safety**

- The College continues its involvement with the Australian Centre for Agricultural Health and Safety, Farmsafe Australia (and the equivalent organisation in New Zealand) on Farm Safety Reference Groups, to oversee progress on resolutions and to collaborate on key programs in the farm safety area

**QUAD BIKES**

Recognising the seriousness and frequency of injuries and fatalities caused by Quad Bikes, the College recommends that public awareness of the problems associated with the use of Quad Bikes be raised, with particular reference to

- Instability of Quad Bikes
- Dangers associated with children using Quad Bikes
- Recommendation of restriction of their use by the under-16 age group
- Severity of injury of the head, spine, chest and pelvis associated with their use.
- Limitation of speed to less than 55 km / hr
- Restriction to use to be off public roads.
- Use only in situations where risk of collision with another vehicle is removed
- Strong recommendation of wearing of helmets for riders. Until an appropriate helmet specific to the use of Quad Bikes is developed, the use of AS NZS 3838 (2006) helmets for horse riding and horse related activities is suggested.
- Promotion of research regarding the design of an appropriate helmet for Quad Bike use.
- Recommendation that information on the safe use and dangers of Quad Bikes be available at point of sale or hire
- Encouragement of research into the design and development of Quad Bikes which allow for roll over protection.
- Consideration of mandatory provision of speed limiters

Division:	<b>Fellowship and Standards</b>	Original Issue:	July 2013
Document Owner:	<b>Deputy Director , Fellowship and Standards (Fellowship Services)</b>	Version:	1
Authorised By:	<b>Professional Development and Standards Board</b>	Approval Date:	July 2013
Page 3 of 6		Review Date:	July 2016

**POSITION PAPER****ROYAL AUSTRALASIAN COLLEGE OF SURGEONS**

<b>Subject:</b>	<b>Trauma Prevention</b>	<b>Ref. No.</b>	<b>FES_FEL_047</b>
-----------------	--------------------------	-----------------	--------------------

- Recommendation for the requirement for training of workers who operate Quad Bikes to ensure competency and knowledge of safety measures.
- Provision of information to users of Quad Bikes, as to the most appropriate form of transport for particular tasks.
- Removal from sale 3-wheel ATVs [all-terrain vehicles/trikes]

**BURNS**

Burns are very common and affect approximately 1% of the population each year. Recognising the seriousness of burn injuries and the preventative measures available in domestic and workplace settings, the College supports the following

**Prevention**

- Safe practices and support prevention programs
- Safe handling of flammable liquids, away from naked flames, is paramount.
- Properly fitted and functional smoke alarms
- Temperature regulators for domestic hot water supply should be obligatory - special precautions need to be made for children and the elderly.

**First Aid**

The College recommends the Australian & New Zealand Burn Association's (ANZBA) guidelines on first aid for Burns.

**Treatment**

The College strongly supports the Australian & New Zealand Burn Association's (ANZBA) guidelines on the prevention and treatment of Burns.

- It is recommended that doctors who encounter burns patients in their practice should refer to the ANZBA website ([www.anzba.org.au](http://www.anzba.org.au)) which contains information on
  - criteria for specialized burns treatment
  - clinical guidelines
  - prevention
  - first aid
- It is recommended that doctors who are likely to encounter burn patients in their practice should attend an Emergency Management of Severe Burns (EMSB) course. The EMSB course is designed for workers in the healthcare industry that would come into contact with burns victims. This course is run by the Australian and New Zealand Burn Association (ANZBA), PO Box 550, Albany Creek, QLD 4035; Telephone: 61 7 3325 1030 or email [info@anzba.org.au](mailto:info@anzba.org.au)

**GUNS**

Recognizing the seriousness and frequency of trauma associated with firearms in our two countries the College recommends

- Strict gun control including the compulsory national register of all firearms, the banning and prohibition of importation by individuals of semi-automatic and pump-action rifles and shotguns.
- Compulsory training, education and licensing measures in Australia that have been in place since 1996 should continue.
- A mechanism for regular review of firearms control measures.
- That New Zealand toughen its gun control laws and review licensing and prohibition aspects of gun ownership including high powered air guns that should be registered in the same way as other fire-arms.

Division:	<b>Fellowship and Standards</b>	Original Issue:	July 2013
Document Owner:	<b>Deputy Director , Fellowship and Standards (Fellowship Services)</b>	Version:	1
Authorised By:	<b>Professional Development and Standards Board</b>	Approval Date:	July 2013
Page 4 of 6		Review Date:	July 2016

**POSITION PAPER****ROYAL AUSTRALASIAN COLLEGE OF SURGEONS**

<b>Subject:</b>	<b>Trauma Prevention</b>	<b>Ref. No.</b>	<b>FES_FEL_047</b>
-----------------	--------------------------	-----------------	--------------------

**ALCOHOL AND DRUGS****Alcohol**

Because of the continuing major influence of the misuse of alcohol in road crash causation, assault and violence, the College supports the following countermeasures aimed at drinking drivers and riders and the general community:

- The law of 0.05g/100mls blood alcohol concentration (BAC) for fully licensed drivers and riders should remain in place or be implemented where it is not already legislated
- Learner and probationary licence holders not be permitted to have any alcohol in their blood whilst in charge of a motor vehicle or motor cycle.
- Drivers of commercial vehicles such as trucks, passenger coaches and buses, taxis, trams and trains as well as operators and/or drivers of machinery (eg. Farm machinery), not be permitted to have any alcohol in their blood whilst driving or in charge of such a vehicle
- That alcohol ignition interlocks be fitted to commercial vehicles such as trucks, passenger coaches and buses, taxis, trams and trains as well as operators and/or drivers of machinery.
- Investigation and research into the potential for the lowering of the 0.05 general BAC limit be explored.
- Intensification of random breath testing of drivers and riders.
- Compulsory breath testing of all drivers, riders and pedestrians involved in an injury-producing crash or charged with a moving traffic offence, and that police be empowered to perform such breath tests regardless of whether or not a traffic law infringement has been committed.
- All road casualties of 16 years or older who attend hospital for treatment be tested for blood alcohol for both evidentiary purposes and for data collection for further research to inform future policy.
- Improved drink driving education programs dealing with the effects of alcohol on driving skills and the incidence of road crashes. Further programs educating drinkers on the amount of alcohol consumption which will lead to the legal limit being exceeded.
- That driver's and rider's licence tests include testing of knowledge of the effects of alcohol on driving skills, the role of alcohol in road crashes and the amount of alcohol consumption which will lead to the legal limit being exceeded.
- Relicensing of a driver or rider disqualified for having a BAC above 0.15g/100mls, or for a second or subsequent drink driving offence, be restricted to drive only vehicles fitted with an alcohol ignition interlock for a specified time as recommended by further research – and rehabilitation be encouraged for such recidivists.
- Special attention be paid to the problem of aberrant behaviour by alcohol impaired pedestrians.
- Corporations be encouraged to develop responsible drink driving programs including driver education and the fitting of alcohol ignition interlocks to their vehicle fleet.
- Strategies to reduce the rate of reoffending in regards to drink driving.
- Documentation of blood alcohol level in all patients who present to hospital with an injury
- Strategies be formulated and implemented to reduce the problem of alcohol abuse and/or misuse throughout the community such as:
  - Regulating the availability of alcohol such as restricting the hours and days of sale of alcohol, the density of outlets.
  - Clear labelling of alcohol strength, and mandatory and enforced server liability programs.
  - Effective alcohol taxation and pricing policies
  - Readily accessible early treatment and intervention programs particularly in the primary health setting and the workplace to reduce the hazards of excessive alcohol consumption
  - Proactive policing of licensed venues
  - That suitable breath alcohol testing devices (hand-held, coin-in-slot machines) be installed in hotels, restaurants and clubs

**POSITION PAPER****ROYAL AUSTRALASIAN COLLEGE OF SURGEONS**

<b>Subject:</b>	<b>Trauma Prevention</b>	<b>Ref. No.</b>	<b>FES_FEL_047</b>
-----------------	--------------------------	-----------------	--------------------

- Restriction of Alcohol Advertising particularly restricting advertising to young people, with effective enforcement of the Alcohol Beverages Advertising Code (ABAC) Scheme.
- General support for both Government and broader community action to acknowledge the problem of alcohol misuse, to introduce legislation and regulation to protect the community, encourage appropriate alcohol use and support, embrace and model ways of responsible drinking; and respond with compassion to people who drink excessively and consequently cause harm to themselves and others. For example supporting the Recommendations from the NSW Summit on Alcohol 2003 and Victoria's Alcohol Action Plan 2008-2013.

**Drugs Other Than Alcohol**

Recognising that other drugs taken alone or in combination with alcohol may seriously impair driving and riding ability, the College suggests that the following measures be supported:

- Continued research and improved data collection through the testing of all road traffic casualties whereby the effect on driving performance of drugs, whether prescribed, sold without prescription or illegal, when taken with or without alcohol, may be measured.
- Support for improved methods of detection of any medications or drugs which result in impairment of judgment and such tests be performed on all road casualties.
- Support for improved methods of detection at the roadside, of medications or drugs which result in impairment of judgment,
- Support for the intensification of the random drug testing of drivers and riders and that the results for initial roadside tests be confirmed via analysis of urine or blood samples.
- Guidelines for doctors and pharmacists to enable them to properly warn patients concerning any likely impairment of driving or riding skills which may result from the taking of a particular drug or other substance, separately or in combination, and all such drugs that may diminish or impair driving performance be labelled by the manufacturers and pharmacists with appropriate warning.
- Programs to educate that a person using prescription drugs that may cause impairment with or without the addition of alcohol should not consume any alcohol then drive or ride, and should maintain safe pedestrian practices.

**DOG BITES**

Recognising the widespread effects of dog bites in the community resulting in devastating and sometimes fatal injuries the College recommends the following

- Support for the updating of data and further research into the epidemiology of dog-bite related injury.
- The development of education programs for dog owners and potential owners with particular emphasis on breed suitability, dog obedience training, dog socialisation programs, awareness and respect for public safety and safety programs particularly relating to dog and child interactions
- Dog management programs, such as those which restrict the number of dogs per household,
- Requirement for registration and encouragement for de-sexing of dogs.
- The onus of responsibility for dogs is clearly placed upon the owner of the animal.
- For bites on the face or hand, or if the wound is more than superficial and cannot be cleaned appropriately at home, that medical attention be sought.

**Approver:** Chief Executive Officer

**Authoriser:** Professional Development and Standards Board

Division:	<b>Fellowship and Standards</b>	Original Issue:	July 2013
Document Owner:	<b>Deputy Director , Fellowship and Standards (Fellowship Services)</b>	Version:	1
Authorised By:	<b>Professional Development and Standards Board</b>	Approval Date:	July 2013
Page 6 of 6		Review Date:	July 2016

**POSITION PAPER****ROYAL AUSTRALASIAN COLLEGE OF SURGEONS**

<b>Subject:</b>	<b>Road Trauma Prevention</b>	<b>Ref. No.</b>	<b>FES_FEL_046</b>
-----------------	-------------------------------	-----------------	--------------------

**BACKGROUND**

In 1965 the Royal Australasian College of Surgeons (the College) recognized that road trauma was a serious public health problem reaching epidemic proportions. A Road Trauma Committee was appointed to report to Council on measures needed to prevent or reduce serious injury (trauma). The College has been influential with policy makers and legislators and was a major contributor towards mandatory seat-belt wearing, drink driving countermeasures and the compulsory wearing of helmets by pedal cyclists.

Since the mid-1980s the College saw that it would need to widen its role in trauma prevention and management beyond those injuries which resulted from road crashes. In July 1991, the College Trauma Committee was formed which continued the College's double commitment: prevention and mitigation of injuries, and management of injuries, encompassing injuries resulting from all sources.

The College's position on road trauma has been developed and continually updated since the original standing committee was formed in 1970. Many of the recommendations have been introduced around Australia and New Zealand although some jurisdictions are slow to take up new initiatives – such as graduated licensing and even BAC (blood alcohol content) in drivers which the College recommends should remain at .05.

The College continues to play an active role in road trauma prevention. The College Trauma Committee hosts annual trauma workshops, holds regular meetings, engages with the media, hosts international speakers at the annual scientific congress, supports research, prepares submissions to inquiries and promotes and participates in trauma training such as EMST (Early Management of Severe Trauma and DSTC (Definitive Surgical Trauma Care) courses. It also plays an important advocacy role regarding issues such as Quad Bikes, Speed, Vehicle Safety and alcohol.

Many Fellows of the College see the effects of road safety issues on a regular basis and in the case of trauma surgeons, almost daily.

The College supports all evidence –based initiatives that assist in the prevention of road trauma and the reduction of the devastating effects of injury. Initiatives such as speed control, airbags, seat belt reminder system, electronic stability control and countermeasures for alcohol and driver distraction can all make a difference to reduce the road toll. The College regularly revises and updates its positions in accordance with safety measures that are being constantly researched and developed by a growing industry. The College recommends and supports the following positions.

**FRONTAL PROTECTION SYSTEMS (FPS)**

The College supports the following safety measures:  
That

- Australasian FPS be compliant with standards that offer the best outcome for pedestrians eg the current Economic Commission for Europe (ECE) pedestrian impact standard
- Policies to reduce the number of non-conforming FPS particularly in the metropolitan-based fleet, perhaps including the prohibition of sale and use of non-compliant FPS to all vehicles from a specified date
- Consideration be given as to the legality of some FPS in urban areas where the probability of a crash occurring involving a pedestrian is much higher.
- Consideration be given to research and development of removable FPS for use by vehicles that are used in both urban and rural areas.

**POSITION PAPER****ROYAL AUSTRALASIAN COLLEGE OF SURGEONS**

<b>Subject:</b>	<b>Road Trauma Prevention</b>	<b>Ref. No.</b>	<b>FES_FEL_046</b>
-----------------	-------------------------------	-----------------	--------------------

**RAILWAY CROSSINGS**

Recognizing the seriousness and frequency of trauma associated with Railway Crossings, the College recommends the following safety measures:

- A program to eliminate level crossings be pursued and, where this is not possible, that automatic boom gates, rumble strips, warning signs with flashing lights and speed restriction zones be installed.
- Level crossings frequented by heavy vehicles be prioritised for safety improvement.
- All level crossings be illuminated when trains are crossing.
- All rail cars and engines be marked with appropriate reflector tape along the sides.
- When railway crossings are used infrequently and seasonally, the decision to use the crossing should be assessed by safety officers from the road traffic authority, police and rail authorities before and during use, and signage and illumination be installed.
- Police be given powers to veto the use of such a crossing if considered unsafe.
- A campaign be run to educate drivers about the dangers of level crossings.

**PEDAL CYCLING**

The very nature of cycling makes riders extremely vulnerable to injury either by falls or collisions. The College supports the following safety measures.

- Adequate enforcement of legislation for mandatory wearing of nationally approved safety helmets with regular review of compliance
- Continued promotion of bicycle helmet wearing by national, state and local campaigns, through community road safety councils, municipal councils, school authorities and parents
- Expansion of bicycle path networks in cooperation with local government and other agencies, supporting those networks that separate motor vehicles, bicycles and pedestrians
- Mandatory use of approved tail lights, fixed reflectors, light-coloured clothing and reflectors on clothing and helmets particularly for night cycling.
- Support for initiatives which encourage all road users to 'share the road'
- Development of national primary school bicycle education programs

**MOTOR CYCLING**

After a crash motorcycle death and injury rates are significantly higher than those involving motor vehicles. The College supports the following strategies to reduce the risk of death or injury to motorcycle riders

- Mandatory wearing of approved helmets by all motorcycle riders and pillion passengers on and off public roads –with no exemptions on medical grounds.
- Support for further research into injury patterns of motorcycle riders, pillion and sidecar passengers and motorcycle protective clothing suitable for Australasian conditions.
- Support for further research into the effectiveness of Daytime Running Lights for all motorcycles in Australasia.
- Support for further development and research into other safety features such as motorcycle airbags, airbag jackets, ABS (automatic braking systems).
- Motorcycle licensing programs to take into account the higher levels of vehicle control and cognitive skill required to ride a motorcycle compared to driving a vehicle
- Support for graduated licensing programs which require a minimum age for solo riding equal to the minimum age for obtaining a probationary car driver's licence with longer probationary periods.

Division:	<b>Fellowship and Standards</b>	Original Issue:	July 2013
Document Owner:	<b>Deputy Director , Fellowship and Standards (Fellowship Services)</b>	Version:	1
Authorised By:	<b>Professional Development and Standards Board</b>	Approval Date:	July 2013
Page 2 of 4		Review Date:	July 2016

**POSITION PAPER****ROYAL AUSTRALASIAN COLLEGE OF SURGEONS**

<b>Subject:</b>	<b>Road Trauma Prevention</b>	<b>Ref. No.</b>	<b>FES_FEL_046</b>
-----------------	-------------------------------	-----------------	--------------------

- Support for increasing restrictions regarding alcohol and other drugs, in light of the knowledge that riding a motorcycle requires high levels of vehicle control and cognitive skill than driving a motor vehicle.
- Support for governments to view motorcycles as a significant, increasing and distinct mode of transport and form of recreation when planning roads and safety strategies.
- Support for governments to place emphasis on off-road motorcycle strategies and measures such as age restrictions, mandatory helmet wearing, appropriate training and supervision, particularly for younger riders, to reduce off-road motorcycle injuries.
- Support for identifiers on all motorcycles.

**VEHICLE SAFETY - CAR**

Recognising the major role that vehicle standards and features play in the reduction of road trauma, the College recommends the following measures be supported:

- Vehicle safety features such as, but not limited to, front, side and curtain airbags, anti-lock braking systems, electronic stability control and aggressive seat belt reminder systems be installed in all new cars.
- Close liaison between vehicle designers, road engineers and those who treat road trauma victims to ensure vehicle safety improvements are in line with world's best practice.
- Clinical representation on a National Design Rules Committees ;
- Programs such as the Australian New Car Assessment Program (ANCAP) and mandatory display of car safety ratings at point of sale to communicate the importance of safety
- Vehicle safety advertising codes that place safety as the highest priority
- Mandatory wearing of approved seat belts or other restraints by all occupants wherever seated in a motor vehicle including buses, and there be no exemption from wearing a restraint on medical grounds.
- Mandatory wearing of approved child restraints and use of booster seats for all children up to 135 cm.
- Support for Government loan and community-based schemes designed to improve availability of approved infant and child restraints.

**SPEED**

Recognising the major role that excessive speed plays in the causation of serious road crashes; particularly in combination with alcohol. The College supports the following: That

- Appropriate speed limits be adopted having regard to the environment, traffic density and such other considerations as may be relevant to safe road usage
- Enforcement programs and initiatives be intensified so that there will be a higher chance of detection and penalties for drivers and riders who exceed the posted limits.
- Radar detection devices in vehicles be banned. Speed limits be reduced on both urban non-arterial roads and regional/small towns, and that there be consistency of speed limits in shopping centres, school zones and precincts of high risk to pedestrians, and cyclists..
- Cancellation of licence for drivers and riders exceeding the speed limit by the specified margin be supported.
- The gradation of speed penalties be commensurate with the level of danger
- All heavy vehicles such as trucks, coaches and buses be fitted with speed governors and effective monitoring programs and adequate penalties for tampering with such devices be enforced.
- Regular reviews of speed limits occur, taking into consideration what road users suggest are appropriate in the particular situation.
- Signs advising changes in speed limits be prominently displayed on all roads.

Division:	<b>Fellowship and Standards</b>	Original Issue:	July 2013
Document Owner:	<b>Deputy Director , Fellowship and Standards (Fellowship Services)</b>	Version:	1
Authorised By:	<b>Professional Development and Standards Board</b>	Approval Date:	July 2013
Page 3 of 4		Review Date:	July 2016

**POSITION PAPER****ROYAL AUSTRALASIAN COLLEGE OF SURGEONS**

<b>Subject:</b>	<b>Road Trauma Prevention</b>	<b>Ref. No.</b>	<b>FES_FEL_046</b>
-----------------	-------------------------------	-----------------	--------------------

**LICENSING**

The College, aware of the diversity of licence regulations in various jurisdictions, recommends the following licensing initiatives:

**Young Drivers**

- The application of a graduated licensing system whereby newly licensed drivers have a period of time in which to gain experience
- Increasing the probationary period to an age which research shows a greater ability to assess risks, control impulsive behaviour and handle distractions.
- A national minimum driving age of 18 years.
- A national minimum learner driver age of 16 years and at least 120 hours of supervised pre-licence driving (a minimum of 10% of these to be with a fully qualified driving instructor) in varying conditions.
- Passenger restrictions, particularly in the first year of licenced driving
- Night time curfews, particularly in the first year of licenced driving
- Zero blood alcohol for all probationary drivers
- Prohibition of use of telephones within motor vehicles by learner or probationary drivers
- Vehicle power restrictions for all learner and probationary drivers
- A graded demerit point allowance system for drivers up to the age of 25 years

**Older & Impaired Drivers**

- Policies which strike a balance between the rights of our senior community for mobility and independence and their responsibilities as safe drivers
  - Further research and development into effective methods of identifying hazardous drivers
  - Self-assessment style tools which older drivers should be asked to consider at licence renewal. These could also have potential for use by a General Practitioner. For example a driver could be asked to respond to a health questionnaire either by themselves or in conjunction with their regular medical practitioner which would provide the driver with an opportunity to seriously consider their driving ability on a regular basis. A General Practitioner could use these tools to monitor a patient on a regular basis.
  - Restricted licences which can allow drivers to maintain mobility and independence in lower risk situations. An 'R plate' system is supported.
  - Policies which improve the availability of alternative transport options and encourage their use by senior community members
- Policies which improve the safety of the Australasian vehicle fleet and encourage their purchase by older drivers as a way of reducing injury severity.

**Approver:** Chief Executive Officer

**Authoriser:** Professional Development and Standards Board

Division:	<b>Fellowship and Standards</b>	Original Issue:	July 2013
Document Owner:	<b>Deputy Director , Fellowship and Standards (Fellowship Services)</b>	Version:	1
Authorised By:	<b>Professional Development and Standards Board</b>	Approval Date:	July 2013
Page 4 of 4		Review Date:	July 2016