TRANSCRIPT

ROAD SAFETY COMMITTEE

Inquiry into motorcycle safety

Wangaratta — 29 November 2011

Members

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Mr P. Lemin, executive director, Accident Scene Management Australia.

The CHAIR — Ladies and gentlemen, we will be resuming our proceedings for the final session for Tuesday. I would like to extend a welcome to Mr Phil Lemin. Mr Lemin previously spoke to our inquiry in Melbourne, and just for the record we have received over 72 written submissions and we have taken on a number of others through our inquiry process through Geelong and Ballarat to date. The purpose of these hearings is to take further evidence from selected witnesses. We thank you for giving your time here today. You will get a copy of your Hansard record, which you can amend for typographical errors and then send back to our executive officer.

Mr Lemin has indicated that he would like to speak for 20 minutes or so, taking us through his presentation, following which we will have the opportunity to ask him a number of questions. I note for the record that just before we conclude we may take a 5-minute statement from another member of the public who has been observing proceedings today. It has been a long day for our staff and people from Melbourne, so I am reasonably keen to keep our timing parameters under control.

Mr Lemin, you already know my colleagues and the parliamentary staff from earlier times. Over to you.

Overheads shown.

Mr LEMIN — Firstly, thank you for the opportunity to come again. Last time, 10 minutes was a short period to get a lot of information through. Again, I thank you for the opportunity. I will briefly run through a presentation that we give to clubs et cetera about the activities of Accident Scene Management and the crash course for the motorcyclists.

What is it all about? This lady here, Vicki Sanfelipo, is a registered nurse in the USA. She won American nurse of the year. She is also a trained paramedic. When she was riding with her friends, her friends used to say, 'It's really good we have a nurse — you can look after us when we ride together'. She thought about that and thought that her nurse training did not give her any insight into motorcycle trauma. Then she also thought about the concept of, 'Who is going to look after me?'. She is a very tenacious lady, and if you say no to her, that is a challenge.

She developed Accident Scene Management in 1996. There are over 18 000 riders trained in the USA. The training sets a benchmark for trauma training for motorcyclists. A number of Motorcycle Safety Foundation instructors have to do this course. The course was developed over a period. There are 140 instructors in the US. We have five here in Australia at the moment. There is a plan to have instructors around Australia.

One of the differences that we like to make is that with road safety there is a lot of concentration on prevention. We support that, but there seems to be little thought given to the post event. Further down with rehabilitation and the hospitals, that is all well done, but the post event is a place where we fall down. Even the military has a what-to-do-if-it-goes-wrong plan. That is where we come in, and hopefully we can train people so that if they do happen to have an accident, then there are some basic principles that they can use. I set up Accident Scene Management Australia this year. Our plan is to bring the training to Australia and to have as many motorcyclists trained as possible, so as a motorcycle community we can actually look after ourselves.

I made a presentation about road safety to the local council, and the local policeman made the statement, 'I don't want bikies taking over motorcycle accidents'. He reminded me of the emergency services act. That is not our intention. Our intention is just that something proactive is done before emergency services arrive.

Some of the reasons why motorcyclists should be trained include that they are more likely to come across a motorcycle accident. Some of the black spots in the Upper Yarra Ranges, the Great Ocean Road and the Great Alpine Road are frequented by motorcyclists on weekends, when most of the accidents occur. It is a motorcyclist who is most likely to come across the incident, so we should be trained. Again, those areas are difficult for ambulance response. As the Auditor-General reported in his last report on ambulance services, the response times in those areas are lacking.

Training in early intervention can be life saving. Today there is a trend amongst people, both in the United States and here, to ring 000 and do nothing. Our point is to train people so that that does not occur. It is really not good enough. Even at fatalities, the scene needs to be controlled, so parts of our course look into that.

Video shown.

Mr LEMIN — This is what we would not like to see happen. This is from Asia. It is a busy street. I would hate to think that that would happen in Australia, that people were just left in that condition. It goes on, but it takes quite a while for anyone to actually render assistance.

Mr ELSBURY — Whereabouts was that one?

Mr LEMIN — I believe it was in Thailand. The patient does start to move.

The other part of our training is that standard first aid is not best practice for trauma victims; we need trauma-specific training. I also teach standard first aid. It has a lot of shortfalls in the treatment of trauma victims, so we emphasise the differences between trauma patients and heart attack patients, which most general first aid is aimed at. The changes to particularly CPR have made it simpler, so people take it up more — there is a higher rate of pick up with CPR — but for a trauma victim that can be a life sentence. The survival rate among trauma patients that have CPR is around 1 per cent, so it is not best practice.

This is Cat Hammes. She is one of our instructors in the US. She is an intensive care nurse and has been in charge of hospitals, so she knew all the technical stuff. Quite often from medical people we get, 'I know what to do'. She was knocked off her motorcycle. In that accident she received two skull fractures, five fractures in her neck, a punctured lung, fractured ribs and a broken wrist, and she lost her lower leg at the accident scene. Fortunately for her two men came along who were not known to her but had done the Accident Scene Management course. They applied the principles that they had learnt, and she was able to be flown off and now she is a very active person in the community. Because she was unconscious and not breathing normally, if they had applied the normal first aid procedures, current first aid practices would have said that they would have done a head tilt and started CPR straight away.

Her doctors have told her that with five neck fractures and two skull fractures, that would have killed her — and she was not breathing normally, because she had a punctured lung. It was not until later that she found out that those two people she never knew had done the course. She owes her life to them and Vicki, who set up the course.

I am just going to show you a video. It is pretty old, but it gives you the basis of what the bystander assistance program is about.

Video shown.

Mr LEMIN — I might cut it short there. From my thirty years as an ambulance paramedic, if I arrive at an accident scene and the scene management and all that is done, it means I can do my job better. As a paramedic, if the scene is not safe, your first role is to make it safe. With the training here, what we are encouraging is that people actually take that active role: make the scene safe, prevent further injuries, treat properly.

Everyone who does the course gets a patch. Ideally later on, if there are two of you and one comes down and your friend is there and another group rides along and you notice that they have the patches on, you realise, 'You've done the course, so you can do traffic control and you can do this' — so it is a much more coordinated thing.

It is American. Is it really relevant to us? In some ways, even more so, because the US has a much bigger population and much bigger emergency services. Motorcyclists tend to ride in areas that do not have good service, so we have much longer response times and that sort of thing. We are built the same as Americans, we ride the same sorts of machines and we suffer the same injuries, so it is quite relevant to us.

As I said, we teach PACT — preserve the scene, traffic control and making the area accessible for emergency services. I have been at an accident where on a charity ride a fellow went down. He was actually under the Armco. The 200-plus motorcyclists that were on that ride all congregated together and blocked the road. It was just mayhem. So part of our training is to move everything away and allow access for emergency vehicles, and also to identify yourself and make yourself safe.

We also talk about form — the mechanisms of injury. We get the students to think further than just what they see and to the type of injuries that can occur. Contacting emergency services — we spend a bit of time on trying to ensure that the emergency services get correct information. As a paramedic working in country areas the

information we got was very unreliable, but we are hoping to train our students to give much better information to the emergency services, and we also suggest that only one person does the phone call. The emergency services will quite often gets 15 phone calls for one accident, and the controller says, 'Do we have 15 accidents or do we have one?'. So we look at that.

We talk about the concerns with haemorrhage, head injuries and those sorts of things. We make the students think more about looking for gravel rash than actually thinking about internal injuries. We teach helmet removal — when, why and how. We also have advanced programs and a remote course. Our professional course is to train emergency services, and part of that training is to give some insight as to motorcyclists and motorcycle culture. We also try to personalise motorcyclists as people, not 'donor cyclists' — that sort of thing. We also plan to hold other events, with our emphasis on education.

There is another program called Road Guardians. It is not developed here just yet, and it requires riders to abide by the six principles that are best practice in motorcycling. By being identified as a road guardian you are seen as someone practising best practice or a role model for other cyclists. It will be fairly selective; you have to earn your stripes to become a road guardian. We want to build the program up a bit and make them role models for everyone else.

We have a website. We are trying to establish training providers around Australia. All our instructors have to have high-level medical training. The lead instructor has to be a paramedic or nurse so that we cover the medical issues properly, but more importantly they have to be a motorcyclist first. Our assistant instructors or instructors have to have level 3 first aid, and they have to be motorcyclists as well. If you have someone standing up in front of a class and saying, 'You should not ride motorbikes; they are dangerous', you are going to lose your audience straightaway. If you are there to say, 'We all like to ride bikes, but sometimes a ride goes wrong. We need to have a way to work it out', you have a lot more credibility.

The next little ad — I am going to show you. This is not from Accident Scene Management. I do not know if you have seen this ad. It comes from Britain, from the THINK! campaign.

Video shown.

Mr LEMIN — I think that ad is brilliant.

The CHAIR — What country is that from?

Mr LEMIN — It is from England. There has been debate about visibility, et cetera, but there are more aspects to visibility than wearing fluorescent things. That is helping us educate drivers to actually look for us. How much do you want us to have? I think it is really good.

The CHAIR — Thank you. Are you ready for questions?

Mr LEMIN — Yes, I will give it a go.

The CHAIR — Are you finished, though?

Mr LEMIN — Yes.

The CHAIR — Thanks for taking the time to give us the benefit of your insight, experience and expertise in this important field, Mr Lemin. Perhaps I will ask my colleagues just to kick off with the questions. I will ask Mr Perera down the end to start, and then we will just work our way along.

Mr PERERA — Thank you very much for your presentation. One question is: in the United States, how much state funding is involved and how does it work? Who funds those programs, and what is your proposal here?

Mr LEMIN — The funding that ASMI receives is very limited; they actually do a lot of fundraising to promote their own activities. Like the situation in most places, there are limited funds. Vicki has been using the example here in Victoria that we have just recently received funding from TAC to train 100 Ulysses riders as a trial program. America is a very fragmented place. There are individual small things happening but nothing on a

major basis. There are lots of all-state insurance companies who sponsor the program. That video originally got some money from the Department of Transport.

Mr PERERA — So no state government funding in the States?

Mr LEMIN — No.

Mr PERERA — The second question is how this particular training course differs from the standard, traditional first aid training courses.

Mr LEMIN — One of the major differences is that standard first aid, over the years, has become very complicated. There was not an uptake of skills. Then they have made, particularly with CPR, which is shown to be the fix-all for everything — it has been made a lot simpler so there is a much higher uptake. There is no more breathing; it is just compressions, et cetera, which have been proven to be quite effective for cardiac conditions. The difference from cardiac conditions to trauma is that in a cardiac condition your body is in good condition but your heart has stopped, and if you can restart it, there is no damage. In a trauma situation the heart stops because it has damaged itself; it has run out of oxygen or has run out of blood. If you have damaged organs, et cetera, if you start jumping on the chest too early you are principally pumping the person dry. So the emphasis here is that we reinstall the couple of layers that there used to be, so we get a better outcome for motorcyclists. Lots of them we are not going to save, but, for example, Cat — if the standard principles had been applied, she would be dead, so she was in that marginal area, and because correct care was given she is around today. I teach normal first aid. Now it is sort of like, 'This is okay for someone, but if they come across a trauma victim, it is not the best practice'.

Mr PERERA — So those trainers are medically trained doctors or people like that?

Mr LEMIN — Sorry?

Mr PERERA — The trainers who train the people who qualify in this course — they are medically qualified people?

Mr LEMIN — Vicki is a nurse. She is the founder. There are doctors on her advisory board. At the moment we are trying to get a motorcycling trauma person onto our advisory board so that they can handle medical professionals.

The principles we use have been around for a long time, and one of them is jaw thrust rescue breathing, where we clear the airway not by rotating the head, because of neck injuries. That has been around for a long time, but it has just been taken out because it was a difficult skill to teach. Now there are new mannequins et cetera which allow it to be taught. It is nothing new; it would just be that we are going back to the start.

Mr ELSBURY — You mentioned that the Ulysses club has been involved in some of your work. How many other motorcycle clubs have got involved?

Mr LEMIN — We have had the Geelong HOG club and the Dandenong HOG club who have had their road captains trained. We trained 17 students on Sunday. We have about 60 students in Australia trained now. We have some more courses coming up. It is a bit of a hard sell, first aid, because they do not want to get involved.

Mr LANGUILLER — Why not?

Mr ELSBURY — You have those situations over in China at the moment where people are not doing anything when there is a clear issue going on.

Mr LEMIN — Yes.

Mr ELSBURY — It is similar to the lady in Thailand where someone was in the middle of the road having had a major accident and no-one did anything because of litigation.

Mr LANGUILLER — That is the point I was trying to make.

Mr LEMIN — A lot of people use that as a cop-out here as well, but we go through and explain the protection of the good Samaritan act so that as long as you are acting in good faith and you do not go outside your skills base, then there is protection there. This is one of the things that attracted me to motorcycling: we always tend to look after each other; there is a bit of on-the-road camaraderie. We are hoping that will overcome that thing.

There are lots of first aid courses around that I have also looked at. They sell themselves as motorcycle courses, but in reality they are just the same things with helmet removal. Even the helmet removal gets to an end to go straight into CPR, whereas this course offers a few more options.

Mr ELSBURY — Do you think in the basic motorcycle training there would be any value in actually having 5 minutes on — if one of your mates gets into a crash, do not just rip off the helmet and do not try to do CPR: if anything, just try to keep people away who are going to do that?

Mr LEMIN — Yes.

Mr ELSBURY — So you do not cause more damage.

Mr LEMIN — The current VicRoads motorcycle handbook virtually says, 'Get the helmet off and do CPR'. The Western Australia motorcycle handbook, just in the way it is worded, allows for that little bit of expansion. Five minutes, when our course is 8 hours — but you come out of it with a first aid certificate as well. Recently I was at a motorcycle show and people were handing around stickers that said, 'Do not remove helmets'. Of course we say that the only reason we remove a helmet is if they are not breathing or cannot manage their airway, so you are really only taking it off a dead person.

Mr ELSBURY — Yes.

Mr LEMIN — Should these stickers say, 'Do not remove unless trained'?

Mr ELSBURY — Yes.

Mr LEMIN — On one of the student feedback forms that we had from the group we had on the weekend the student said, 'I am not prepared to ride with anyone now who is not prepared to do this and look after me'. That is the message we are trying to get across; we do it to look after each other, and that was in her comments.

Mr LANGUILLER — Thanks for coming back again.

Mr LEMIN — No worries.

Mr LANGUILLER — We appreciate your contribution. Have any of your trained motorcyclists had to use the skills that they had acquired, given your experience — —?

Mr LEMIN — We had one student who sent us an email saying he had used it, but it was basically the traffic control component. It was a small scooter incident in Melbourne. He said his training clicked in and he went and did the traffic control component. One of our past students is a police officer. He has done the course and he mentioned the traffic control side of things. At an incident he was at in Melbourne, half the police resources were involved in traffic management. If we can get that happening — we tell our students they do not have any legal right to stop traffic or anything, but identifying themselves correctly, et cetera, can reduce those problems.

Mr LANGUILLER — I heard with interest the comment you made — and I am speaking from the point of view of somebody who does not ride.

Mr LEMIN — Yes.

Mr LANGUILLER — You said that motorcyclists tend to ride long distances and far away and into remote areas where, perhaps, an ambulance and paramedics are not around the corner. Not everybody lives in Melbourne's CBD. I appreciate that because similar things can happen in other sports. For example, if you go surfing or windsurfing or swimming in remote areas typically you go in a group, and I do a little of that. You tend to feel safer if you go with somebody who could do something if required because, for example, the mobile

phone might not work, and I have been in areas where mobile phones do not work. You are miles away and you start to feel very vulnerable. It is a completely different experience when you know that the phone is not around the corner and it is up to you and your mates, whether you are riding a bike, surfing or windsurfing in remote areas. I appreciate that. I have another question, but I will — —

Mr LEMIN — Can I just reply to that? If you went to the Marysville bakery at the weekend, and Marysville is quite a remote area, it is like a motorcycle show. There are hundreds of motorcycles there and I would say that 90 per cent of the people there are from Melbourne or from other places. If you went there on a Tuesday, you could wander around and probably not see anyone for ages. The upper Yarra Ranges shire realises the amount of potential that motorcycle tourism has in remote areas. The Great Alpine Road is a mecca for motorcyclists.

Mr LANGUILLER — I appreciate that and, if I may, I will repeat the same point. I think it is particularly important when you apply the regional-rural dimension in remote areas in terms of motorcycling. I can assure you we will not lose sight of the regional and rural component of this inquiry. We are certainly not focused exclusively or largely on the city of Melbourne and the two or three other major components. We are very cognisant that riders tend to go far and into remote areas. I appreciate your comments.

Mr LEMIN — One of the other things we do is to show how little you have to carry to be able to provide quite good coverage. At the end of the course most of the riders have bought space blankets, shears and things. You do not need to carry a huge first aid kit; you can do quite a lot with a minimum amount of gear.

The CHAIR — Is there a differentiation between dealing with off-road accidents as opposed to on-road accidents?

Mr LEMIN — The trauma is much the same. Even on trails there may be times when you need traffic control. Instead of first aid — we do not teach how to move anyone — in this course we teach you how to get someone off the road if you cannot make it safe, how to move them. It would be the same off-road. You might need to move someone off the trail, especially if there are only a couple of you, to save your friend from being run over. Again, we teach you how to do that with minimal equipment and considering spinal care.

Mr TILLEY — I just want to go back. You mentioned something about a TAC program that you had some funds from?

Mr LEMIN — They have funded us to train 100 Ulysseans.

Mr TILLEY — You mentioned just briefly some funding or something from the Department of Transport?

Mr LEMIN — That was in the United States.

Mr TILLEY — Sorry, okay.

Mr LEMIN — They funded that little video years ago.

Mr TILLEY — As Accident Scene Management Australia what organisations have you approached, and how has that gone?

Mr LEMIN — We had the founder, Vicki Sanfelipo, and Cat Hammes out here last year to train our instructors. We organised a day in Melbourne and we invited VicRoads, the TAC, the police, the ambulance, the CFA, the SES, Terry Mulder and Peter Ryan's office. It was just an information day on the programs we had. We got a letter back from Peter Ryan and Terry Mulder saying it was a really good program and they gave us some contacts. The police rang us and said they could not attend because it might be seen as being that they favour the course. The ambulance rang and said, 'Do we really need to be there?'. We had no reply from the CFA, the SES, the TAC or from VicRoads.

Vicki Sanfelipo speaks regularly in Washington to the road safety council. She talks to the motorcycle sector. She is a very learned person. We have the opportunity for these people to at least hear what she has to say, because she also has some other programs which we hope to develop about best practice for responses to motorcycle accidents. Ambulance Victoria uses the same card system that is used in America. If you go through that system, it does not allow for motorcyclists and helmet removal.

Vicki has also, with funding from ASMI itself, developed a one-person helmet removal technique. Currently the recommended technique involves two people; that is what we teach. She has developed a technique which she has tested in a laboratory which puts no extra stress on the neck. It can be done by one person. When you actually do it, it is easier because you do not coordinate between two people. She needs money to get it signed off.

The Australian Resuscitation Council was doing a review on helmet removal. We gave it all of Vicki's information. I am not sure whether that study is finished yet. We had quite a knowledgeable person here, but we did not get the response. Again, we are only new. Part of this from the point of view of Vicki and myself is that you have to be quite committed and persistent. If I did a business study approval, I would have said, 'I will go and do something else'. We are fairly passionate about it. It is an ideal thing for the motorcycle communities.

Mr LANGUILLER — If you do not mind, I would like to come back to one question, especially those that we have to have clearly on the record. My colleague Mr Elsbury raised a question which is important, from my point of view, to be clear on. It is about the legality of your work. What component is there in terms of advice you provide to people who you actually train in relation to the potential legal questions in our jurisdiction? I think it is fair to suggest, and that is my anecdotal experience from hearing and talking to people, that sometimes they do not wish to intervene or help for fear of being sued or for fear, with the best of intentions and in good faith, of making a mistake that may actually aggravate the situation. You in fact say very much so, that you need to try to prevent and not cause further damage. What is the legal aspect to all of this?

Mr LEMIN — The Australian Resuscitation Council currently says that any attempt at resuscitation is better than nothing. It governs first aid services in Australia. There is nothing that we teach that is not in its practices that it already has. It is just that we have gone a little bit to what was taught once before, because that was a better thing for trauma. There is the good Samaritan act. As long as a person is providing care without the intention of financial reward and they stay within the scope of training — the good Samaritan act is in different acts around Australia but it is basically the same — then they are protected in that way.

Mr LANGUILLER — Are you aware of any litigation against anyone who might have intervened?

Mr LEMIN — No.

Mr LANGUILLER — Not to your knowledge.

Mr LEMIN — From standard first aid, I believe no-one has ever got to the point of needing the good Samaritan act to protect them. In the United States — in the American unit — there are 50 different good Samaritan acts. They are suggesting that depending which state you are in, you need to know the particular act. In some states it only protects professionals, not lay people.

The CHAIR — Just to clarify, when did you bring Vicki to Melbourne?

Mr LEMIN — That was in May this year.

The CHAIR — If you have copies of any correspondence you sent out or replies, we would be pleased to receive them. If they could be directed to Kylie, we will review that.

Mr LEMIN — I am hoping to have Vicki here next March. Now we are a little bit more known, we might be able to arrange the same sort of thing.

The CHAIR — It is not our job to elevate expectation.

Mr LEMIN — Not at all.

The CHAIR — I just wish to clarify that point, and I would be pleased to have a look at it and perhaps communicate with you. For the Hansard record, could you give us your postal address.

Mr LEMIN — It is <address confidential>. The Ulysses AGM is in late March and early April in Mildura. We hope to culminate this training of the 100 Ulysseans at that meeting. Vicki is also going to speak to the Ulysses road safety committee. People from all over the country who are members of the Ulysses road safety committee will be at that meeting. She is quite an interesting lady to listen to.

The CHAIR — She is travelling through Melbourne as well. We may not be able to make it to Mildura, but there may be an opportunity for her to meet with numbers of us or at least the secretariat at that time. Please keep us on your mailing list for that purpose.

Mr LEMIN — Certainly. She would be more than pleased. She does not have trouble speaking.

The CHAIR — Good! Thank you very much for your time. We are nearing the end of our day, but we have had someone who has sat in here during the day from the local area. We may move quickly to a 5-minute run, and then we will be closing down.

Witness withdrew.