



position statement on

COMPULSORY FIRST AID FOR NEW DRIVERS

Bystander first aid has been proven to aid in the prevention of pre-hospital deaths at the scene of land transport accidents (LTAs) before medical aid arrives.¹ St John Ambulance Australia (SJAA) believes that a contributing factor to morbidity and mortality for many Australian victims of LTAs is a lack of first aid provision by trained bystanders.

Humans do, and always will, make errors. Despite a general trend for decreases in fatalities and serious injury over time, significant technological advances and a relatively high awareness of road safety behaviours, accidents can and will continue to occur. This is particularly so for young drivers, who are overrepresented in both fatality and injury statistics, accounting for 20% of deaths in 2014.² Risk taking, experimentation, influences of peer pressure, fatigue, inexperience and speed jeopardise young Australians' safety on our roads daily.^{3,4} The period of highest risk for new drives is shortly after obtaining their licence.⁵

With Australia's road toll reaching a 5 year high in the year ending June 2016, SJAA believes further action and investment by governments in the response to LTAs is essential.⁶ It is imperative that all governments uphold their commitment to reducing the number of deaths and trauma by 30% under Australia's National Road Strategy, and alternate models of pre-hospital care such as increasing the opportunity for bystander first aid, must become part of the Safe Systems solution if progress towards this target is to be made.⁷

BACKGROUND

LTAs are an important national public health issue resulting in an estimated 4.92 deaths per 100,000 population.⁸ Sadly, 2016/2015 fatality statistics show a 10.9% increase in road fatalities since 2014/2015.⁶ The rate of hospitalisations is 27 times the death rate, impacting significantly on precious health resources.⁸ Given the magnitude and significance of the problem, SJAA suggests that the solution requires not only prevention initiatives but also sound post-crash management measures that include the actions of the community.

Making first aid a part of everybody's life.

SJAA believes that models of emergency care must be developed, based on two key assumptions:

1. accidents and emergencies will occur, no matter how many precautions or preventative practices are put in place, and
2. medical intervention must occur as soon as possible following the incident if the burden is to be reduced.

The first 3–5 minutes following a LTA are crucial.⁹ Deaths from traumatic injuries are classified into immediate (and are generally inevitable), early (and potentially preventable) and late causes. The provision of first aid will have the greatest impact on attenuating early deaths, in particular preventable deaths due to unrelieved airway obstruction and uncontrolled bleeding. Bleeding following traumatic injuries is estimated to be responsible for over 35% of pre-hospital deaths and over 40% of deaths within the first 24 hours.¹⁰ There is evidence to support that applying first aid during this small window following a LTA affords casualties a greater chance of survival and injury reduction.⁷

Unrelieved airway obstruction and severe bleeding can result in reduced oxygen delivery to the brain potentially leading to death, but in survivors may lead to both severe disability and loss of productivity.¹¹ It is highly plausible that early provision of first aid by trained bystanders will not only reduce the number of preventable deaths but will also reduce injury severity and morbidity. This will likely translate into a reduced economic burden (eg the estimated life-time cost is \$2.5 million per incident for a moderate traumatic brain injury compared with \$4.8 million for a severe traumatic brain injury).¹¹

The median response time for Australian ambulance services is approximately 8 minutes.¹² It takes only minutes for a person injured in a LTA to sustain an irreversible brain injury, or die from an obstructed airway or severe bleeding if no treatment is provided. A first aid trained bystander will have the confidence to assess the victim, relieve the airway obstruction, control external bleeding and maintain circulation via commencing cardiopulmonary resuscitation prior to the arrival of medical aid.^{1,13,14} In addition, there is evidence to support that first aid learning may lower the rate accidents in the community, such as LTAs, as first aid trained persons are more motivated to avoid situations that can lead to an emergency.¹⁵

The current National Road Safety Strategy 2011–2020 targets safe roads, speeds, vehicles and people. Safe people focuses on changing the behaviours that may cause LTAs, such as through education campaigns and penalties for misconduct (e.g. compulsory seat belts, drink and drug driving campaigns and speeding).¹⁶ While these initiatives have had a significant impact on the road toll over time, they do not prepare road users to act to save lives or reduce serious injury between when the incident occurs and medical aid arrives—first aid does.

Australia must rethink its approach to post-crash management to be one that incorporates members of the community as part of the solution. Mandatory first aid learning for new drivers is a vital initial step in the provision of such care and is essential for ameliorating the consequences of LTAs.

POSITION STATEMENTS

1. **REPRESENTATION:** St John remains deeply concerned, despite the obvious benefits and available evidence, that the numerous representations made to governments to date have resulted in no concerted and effective initiative to prevent the loss of life and reduce injury severity between when an LTA occurs and medical aid arrives. St John will continue to make representations to governments regarding the introduction of compulsory first aid training for new drivers as a measure for lessening the burden of LTAs.

2. **RESPONSIBILITY:** St John believes that first aid should be a part of everybody's life. First aid organisations, like St John, and governments have a responsibility in providing the community with the opportunity to learn the necessary knowledge and skills to help victims of LTAs. St John will develop a national new driver first aid course focused on injuries common to LTAs that can be rolled-out by governments/regulatory bodies.
3. **ACCESSIBLE:** First aid learning for new drivers should be made freely accessible for young people, using the platforms young people are comfortable in accessing, such as via online learning or an app. St John will seek partnerships with governments and/or corporates (as appropriate) in the funding (and maintenance) of technologically appropriate new driver first aid platforms.
4. **EVIDENCE-BASED:** St John Ambulance Australia calls for ongoing funding of the National Trauma Research Institute's Australian Trauma Registry in order to ensure the collection of up-to-date information regarding the extent of, and trends in, serious injury resultant of LTAs.

MONITORING AND REPORTING

Annually, the Chief Executive Officer of the Australian Office will report on progress against this Position Statement, and make recommendations regarding revision as required.

The National Board of Directors is responsible for monitoring and reporting against this Position Statement.

CHAMPIONS

Actions in relation to this Position Statement in St John will be led by the Chancellor of St John Ambulance Australia and the Chief Executive Officer of the Australian Office.

NOTES

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