

Work safety responsibilities

Whilst both of the examples outlined above may appear to be somewhat implausible, they are nonetheless completely possible and should be identified as part of the risk exposure that the business or activity faces and must manage as part of doing business. Many employers struggle with the concept of risk management where the risks go beyond the standard slips, trips and falls, but have a clear responsibility to identify, assess and control such risks.

Persons who are in control of any business or undertaking must take a broad view of the risks associated with work and, in relation to those risks involving potential fatigue during the use of a vehicle, must look beyond just the long journey to the combination of the work done during the day and the journey itself. It is only when these aspects are managed together that successful fatigue management for journeys involving the use of vehicles will be treated to the same level of scrutiny and management as the framework applied to heavy vehicles.

Summary

According to the NSW Road Traffic Authority (RTA), for the 12 months ended July 2010, 19.5% of all fatal accidents that occurred in NSW were able to be proven to have had fatigue as a major if not the primary element. Whilst strict fatigue management will have some impact on improving this element for the heavy vehicle industry, only action on the part of the general community and by persons in control of businesses will have an impact on the rest of the road users.

Driver fatigue is an issue for more than just the heavy vehicle industry and long distance truck drivers. It is an issue for every business, every time someone has to get into a vehicle and drive somewhere to do work. Every business has an obligation to identify, assess and control the risks associated with vehicle use, not just when they think about it, but all the time.

Blue Care road safety program

by Mark Stephens, Fleet Manager, Blue Care

This paper outlines how Blue Care moved fleet safety from an era where there was minimum focus on crash frequency or driver risk analysis and no training, to today, where fleet safety is a core function of the Fleet Management Unit. This case study reviews the processes Blue Care undertook to reduce crash rates which included (a) comprehensive risk analysis, (b) driver education, (c) thoughtful vehicle selection and (d) the development of industry partnerships to achieve the desired outcomes.

Who is Blue Care?

Blue Care is one of Australia's largest not-for-profit aged care providers with a diverse range of community and residential care services that engage with most special needs groups, specialised community social and health agencies, and the acute health care sector. Blue Care services cover large geographic regions in metropolitan, regional and remote areas of Queensland and northern New South Wales.

Blue Care's Residential Aged Care Services operate 4240 residential aged care beds and provide over 1.5 million days of care per annum. Blue Care also delivers in excess of 3 million occasions of service annually for community clients in their homes or in our community centres.

Fleet snapshot – History of growth

Since 1953, Blue Care has been delivering community nursing services. During the early days, community nurses used public transport to travel to clients' homes. Since those early beginnings, the Blue Care fleet has grown to over 1500 vehicles

that travel over 32 million kilometres per annum. This includes staff using their own vehicles. Prior to 2005, vehicles were managed at a local level using a spreadsheet or simple database. From 2005, all vehicle management was centralised on an outsourced fleet management database with the physical management split between a contracted fleet management company and the Blue Care fleet unit of four full-time staff.

Since the amalgamation of fleet from a locally managed model to a centrally managed model, the number of vehicles has grown from 1300 to over 1500 in 2010. This number will continue to grow as the demand for more community services increases. The current fleet consists of 950 pool passenger cars, 350 salary vehicles, and 200 bus people movers, light commercials and trucks.

The motivation - Vehicle crash and infringement history

Until 2008, Blue Care did not provide a coordinated staff education program in road safety or have a risk analysis process in place to identify poor driving and potential driver or vehicle risks. From the day Blue Care commenced operations until 2005, there were very few data that could have been used to analyse and determine where risks existed in order to put in place risk mitigation interventions. What data was available indicated a high number of at-fault crashes. The move to smaller cars between 2005 and 2006 went some way to reducing the number of crashes, especially reversing crashes (see Figure 1).

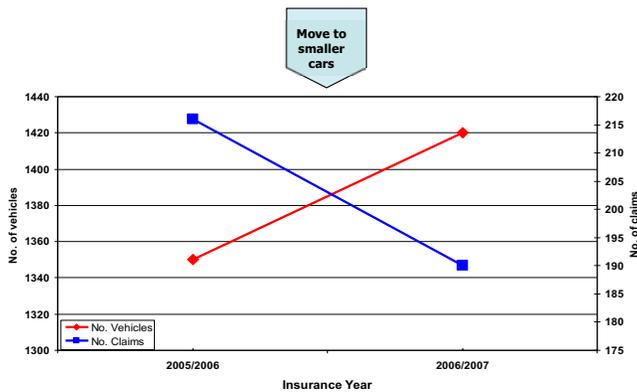


Figure 1. At-fault claims in relation to vehicle numbers

A number of significant issues have highlighted the importance of fleet vehicle and road safety as an imperative for modern-day fleets. Driven by legislated changes in Europe, Australia has recognized that ‘duty of care’ compliance encompasses all aspects of working life and should include every aspect of fleet operations from the purchase and operation of fleet vehicles to staff training in their ‘duty of care’ to other road users and pedestrians.

Additional financial motivators to develop and implement a fleet road safety campaign include:

- the high cost of a road accident, which can be greater than 20 times that of the actual physical damage to the vehicle
- escalating insurance premiums, as insurers recognize the higher risk of insuring fleet vehicles
- the potential negative impact on organisational reputation if road safety programs are not implemented.

Partnerships and the development of the driver safety campaign

A road and vehicle safety program was designed and delivered in consultation with internal stakeholders and peak bodies. This ensured that acceptance by staff and the embedding in organisational culture from the top level of management to the drivers at the coalface. It became obvious that the acceptability of the program and compliance with the program would be more likely if key external partners were associated with the program. To add credibility to the program, external collaborators were selected because they were icons that Blue Care drivers recognised and respected for their contributions to driver safety more broadly.

Both the Centre for Accident Research and Road Safety Queensland (CARRS-Q) and the RACQ have had long relationships with Blue Care and were obvious partners for designing, developing and implementing the program. CARRS-Q’s involvement started as a research program with Australian Research Council funding in 2006. This research program contributed to the first interventions, with CARRS-Q providing technical assistance in the development of slogans

and the review of resources during the development phase of the program.

The RACQ has for many years provided road side assistance to Blue Care. Currently, Blue Care uses a number of the RACQ services to develop and review road safety and the operation of fleet vehicles. The RACQ road safety education unit has been pivotal in providing the technical support to develop internal education resources and in delivering the education sessions. Since 2008, over 3000 Blue Care staff and volunteers have attended the two-hour driver safety awareness sessions, with over 150 hours of driver safety sessions being delivered across Blue Care’s metropolitan and regional centres.

The development of the resources to support the education program and to provide continuing reminders to existing and new staff was essential and was the first task completed before the rollout of the regional training program. With the assistance of RACQ and CARRS-Q, the Blue Care marketing team’s graphic designers developed a range of posters aimed at protecting drivers and also reminding them of their responsibilities to their families and the public.

These posters were designed from the driver view of the road, reinforcing that, as drivers, people are depending on them (Figure 2). Other communication and dissemination strategies included stickers and driver safety handbooks and brochures. To ensure that all Blue Care staff, volunteers and their families receive the road safety message, over 20,000 copies of the road safety manual were printed and distributed. Copies were made available for visitors to pick up in Blue Care centres.



Figure 2. Road safety poster developed in-house

Delivery of driver safety awareness training

As a not-for-profit organization, funding of the fleet safety program was always going to be a challenge. It was important that training sessions and printing of resources would have no impact on individual cost centres. Finding external funding for the program also ensured buy-in and the goodwill necessary to ensure acceptance of this initiative by managers who would engage maximum staff participation in training opportunities.

Special Feature

The sources of funding to implement the program included:

- rebates from CTP insurance that committed 100% to driver training
- a grant from the Community Benefit Fund (CBF) for regional and remote driver training
- additional costs borne by the fleet management cost centre.

The timing and delivery of the program across a large geographical area was a key challenge. There was also a funder requirement from the CBF that the program had to be delivered within a specified timeframe. Road trips were undertaken across Blue Care's care delivery clusters with Blue Care fleet staff accompanying the RACQ trainers. This allowed local Blue Care staff to meet Blue Care fleet staff to discuss issues openly, with the added benefit of reinforcing the road safety message to participants. This approach resulted in excellent up-take of the program.

Outcomes

Evidence from data shows a significant drop in 'at fault' accidents and infringements over the last 12 months. Figure 3 depicts reductions that have been achieved against the number of vehicles in the Blue Care fleet since 2005. The following points highlight the success of the program to date:

- no increase in Blue Care's insurance premium for the 2010-11 insurance year, as compared with most fleets where there was at least a 10% increase
- a projected 30% decrease of at-fault accidents between 2008 and 2011
- a 35% reduction in 'fail to give way' accidents
- a current infringement rate at an average of one per month for every 150 cars on the road compared with a range of 1 to 95 in 2008. This has occurred in the context of increases in the number of fixed and mobile photo units during the last three years
- the building of a solid foundation that will ensure a culture of road and vehicle safety within Blue Care

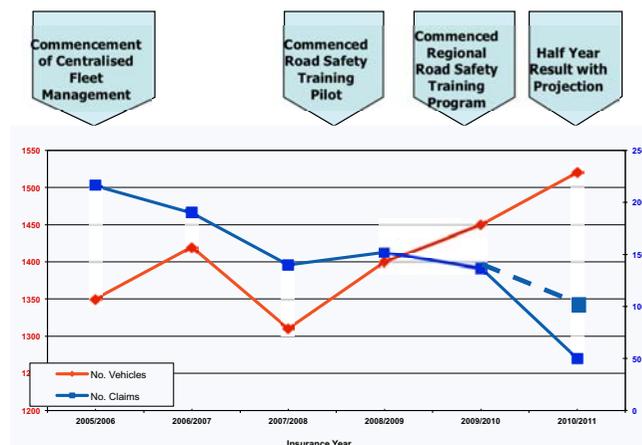


Figure 3. Incidence of at-fault crashes in relation to fleet growth

Where to from here?

Blue Care is currently developing a number of new programs and resources to enhance the existing programs and fill any future gaps. These include the following:

- A bus driver program specifically for bus drivers transporting the elderly. This program is being developed in partnership with the RACQ and Mount Cotton Driver Training Centre. Once developed, this program will be able to be delivered to any organisation.
- A range of DVDs used to orientate drivers to specific vehicle groups, which cover topics such as safety checks and safe driving techniques.
- A driver assessment program that provides options for managers when employing staff. These programs will be aimed at inexperienced drivers, international drivers or drivers identified as 'at risk'.
- New resources to build on the current road safety messages, including a web-based skills and assessment program and new posters with messages targeting specific areas such as the use of mobile phones in vehicles and respect for other road users.

Implications for future practice

Blue Care believes that a level of best practice in fleet safety has been achieved. However, the question of how to extend this initiative needs further consideration. This could also inform other organisations with large numbers and varieties of vehicles to have the confidence to provide best practice initiatives in fleet safety and to also address their duty of care.

To achieve these outcomes, all fleets need to address the following:

- providing drivers with all the current knowledge in road and vehicle safety, as well any traffic regulation changes.
- multimedia educational strategies that include print materials and structured training sessions
- comprehensive data collection on all facets of vehicle operation that will enable the analysis and identification of 'at risk' drivers and/or centres of operation
- use of data analysis to determine the effectiveness of interventions to improve vehicle operations and driver safety, e.g., training, HR intervention
- use of GPRS technology as an additional means of providing data to improve vehicle and driver optimisation and safety
- procurement policies for the selection of safe and sustainable vehicles that will lead to reductions in vehicle incidents, carbon emissions and improvements in vehicle operating costs
- organisational policies and procedures for the operation of vehicles that provide clear direction on the operation of vehicles.

Conclusion

Blue Care is committed to furthering the development of initiatives that add value to current strategies. The future direction in road safety will be exciting and challenging as Blue Care looks to enhancing the use of data, introducing new technologies and developing new training methods to further

reduce the incidence of road crashes. The lessons learned in the delivery of this road safety program may inform similar organisations. Through continued engagement and input of internal and external stakeholders, Blue Care will continue to take a leadership role in the delivery of road safety.

Helping the helpers: The role of EMSPA in paramedic practice

by Ben Goodwin, State Liaison Officer, Emergency Medical Service Protection Association (Queensland)

Danger is the first step in the analysis of a critical situation. Paramedics have this entrenched in them from the first day of their education with the acronym 'Dr. ABC' applied in the systematic assessment of almost all patients. The theoretical knowledge and awareness of potential hazards is an essential element in the training and day-to-day practice of a paramedic. It stands to reason, though, that while paramedics are immersed in such a dynamic work environment, recognising dangers and then taking steps to avoid harm can be an art as much as a science.

There are multiple policies and procedures in place in an attempt to keep paramedics safe; however, new dangers arise and inevitably injuries occur. The Emergency Medical Service Protection Association (EMSPA) is an organisation that was founded by front-line paramedics for the support of ambulance service personnel. EMSPA is constantly engaged in communication with paramedics across Australia, assisting them with legal and workplace issues. As a non-politically aligned, democratic association, we are solely focused on giving essential support to members and improving work conditions for all emergency medical service personnel.

EMSPA currently represents over 1600 paramedics and, as an organisation driven from the ground up, is constantly seeking ways to improve the health and safety of ambulance service personnel. One of the most visible and also most dangerous aspects of a paramedic's profession is the rapid response to an emergency situation. While most patients will be inside a dwelling, the dynamics of this line of work is exemplified by the attendance at a road traffic accident.

The health and safety of paramedics attending a road traffic accident is a multi-faceted issue. The EMSPA liaison network has given support to paramedics for many incidents that have unfortunately not gone according to plan. These situations typically arise due to the number of uncertainties that are inevitable when working in the field. EMSPA has received feedback from concerned or affected members about issues that have occurred while they are involved in the following activities:

- Driving with lights and sirens on through traffic
- Dealing with potentially irate patients or bystanders

- Attending an accident with other vehicles driving quickly past or causing another accident from slowing down and showing too much interest
- Manually handling patients and equipment
- Using sharps and pharmacological agents in an uncontrolled or dangerous environment.

The situations mentioned above have all been raised by EMSPA members but are by no means the only issues confronting paramedics. The scope of the concerns raised, however, does provide some insight into the diverse nature of hazards for ambulance service personnel.

Psychological issues affect many paramedics, and there are support organisations within many of the services throughout Australia. Every call-out is different, and the multitude of possibilities that necessarily runs through the minds of paramedics in an attempt to consider possible injuries, other resources or services that may be required and the most appropriate medical facility for casualties must be dealt with before arriving at the scene of the accident.

Fatalities and serious injuries have enormous impact on all people present, and debriefing is performed informally between colleagues and, if needed, formally by support networks developed by employers. EMSPA members are directed to the independent counselling service provided for free by the association for any psychological complaints. If they just want someone to talk to, they can contact their EMSPA Regional Liaison Officer, as there is often no one better placed to offer support than a fellow paramedic.

The altruistic nature of the ambulance profession implies that the well-being of front-line staff is not always their highest priority, and this is most clearly evident in an actual emergency situation, such as a road traffic crash (RTC), where lives are at stake. Different services throughout Australia have different driver training regimes for new paramedics. While some states have intensive five-day courses followed by on-road supervised driving and mentoring, other states have a briefer introduction to 'code 1' or 'hot response' driving. Most states have legislative provisions that provide drivers of emergency vehicles with