CORRECTED TRANSCRIPT

RURAL AND REGIONAL SERVICES AND DEVELOPMENT COMMITTEE

Inquiry into cause of fatality and injury on Victorian farms

Modewarre – 9 March 2004

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Witness

Mr B. Wright, Grazer.
The CHAIR — Is there anyone else who would like to make a comment this morning?

Mr WRIGHT — My name is Ben Wright, and I live at 45 Hortips Road in Modewarre. I am listed on your entry document as a grazier, but I am also a retired paramedic with 35 years in that profession. I am still teaching first aid to our community around here. I listened to some of the debates here. You are talking mainly of ATVs and I immediately think of ride-on lawnmowers. If you are going to look at ATVs you are going to have to broaden your overview, because there are as many accidents caused by that piece of equipment.

Any equipment in a rural environment is as safe as the user. Too often rural people tend to utilise equipment for other than the design of manufacture. I totally object to the system of reward. If you as a parliamentary body look at legislation, as you have done in industry with Worksafe safety, you make an expectation of the way equipment is being utilised. Perhaps the rewards, if there are some, could well work with insurance by demand. We know that the prime cause of fatalities on the land are head injuries, the most debilitating are spinal. With your ATVs, ride-on mowers and certainly tractors, perhaps a tractor might give you a pattern of crush injuries that are more consistent with long-term expense to our community.

I think we certainly need to teach. There should be far more literature put out as to the expectation of a vehicle, of any description, and what it can do and certainly the negatives, what it cannot do and what should not be done. I have got a three-wheeler that has been in my family since 1980. Still stamped on its petrol tank are some of the negatives that you should not do, otherwise that vehicle will give you some form of long-term injury. I believe somewhere along the line we have to put the onus. Sadly, when I am teaching first aid classes I often relate that some of the children I have seen with the most serious head injuries in road trauma have had their helmets in their schoolbags. The Brain Injury Foundation is still caring for many of those young people. We can align that to members of our rural community. Many of them are debilitating, but one can parallel that to a horse because our statistics of horseriding are just as damaging as the specific ATV. If you ride the horse regardless, there is an injury. It is an unknown quality, and I think it is an unknown quantity and quality with your ATV. Certainly it can come backwards and go sideways, but perhaps there may have to be legislation that there is a governor on it. Perhaps there may have to be legislation as to the recommended speed that they should comply with.

I know you can chase a sheep and tip them over, but perhaps it is cheaper to buy a dog than hospitalisation as a result of tipping your ATV over when doing something that it is perhaps not designed for. One only has to look to America, which has done a lot of banning of ATVs and the type of uses they are put to simply because they go over backwards. Spinal injuries are well recorded throughout the world for that particular piece of equipment.

I put the onus back on the rural person. I wonder in training, and I know from training rural people, who do you accredit? There are many people amongst us who will just meet an expectation. There will be some other people who will fly through an expectation only to go home and never implement it. So how do you do it? That is my reason for sitting back there and thinking, ‘Perhaps insurance’. There is always an inquisition on any injury or farm accident, whether it is done by the police, insurance companies, hospitals or through someone you develop as an accountable body. I do not know. I would wonder how we are going to go. Is it going to be an expense? Are we going to publicise? Are we going to make more video concepts and have people — — I teach first aid. Perhaps if you are teaching rural people someone should be able to give the rural ambulance service, which is paying for public education people, the option that we may show something to favour you and the work that you are doing now, and not at a cost to people. It can be given to them quite readily as an education thing, and perhaps an initial something for them to be accredited. I do not know. I do not know the end product, but I am just saying that I am saddened when I see head injuries and long-term debilitating injuries, and I certainly saddened when I hear people blaming equipment. I hear someone putting their foot down beside a worm. I have many people like that, but everyone knows about it. You read last week of someone doing it. You read about some of these bouncers. How many have we had? You read one one week and there is a continuation when somebody does the same thing. That is going to happen with rural people. There is no two ways about it. How do you get to them? I wish you well. I have not got the answer. For 35 years I have seen people in the spinal units and transported them, using the old road method and the helicopter method, but we are still getting them. What do you do? I wish you well with what you are doing. I hope we are winners above all. Thanks for your time.

Witness withdrew.