special report

BE ROAD safe

WHAT YOU KNOW COULD SAVE YOUR LIFE

According to research, human factors contribute 75% to 90% of all accidents, with road conditions 5% to 10% and the vehicle 5% to 20%. It’s time to change behaviour and make our roads safer. Here’s what the experts recommend.

by LYNNE GIDISH & KIM BELL
THE ROAD TRAFFIC MANAGEMENT CORPORATION reports that an average of 350 people die on our roads each month, and at certain times of the year, such as Christmas and Easter, figures reach about 40 deaths a day. In January this year, Netcare 911’s call centre despatched 12 995 responders to emergency scenes around the country, of which 4 684 were for trauma cases; 75% of these were motor vehicle accidents, 11% involved pedestrians.

And still the carnage continues...

“South Africa, sadly, still remains a world leader in terms of HIV incidence, social violence against women and children, and the number of deaths on our roads,” says emergency medicine specialist Dr Chal van Loggerenberg, regional medical director of International SOS.

“There seem to be three main reasons for the high incidence of motor vehicle accidents in our country,” he explains. “The flagrant disregard for the laws exhibited by many drivers, poorly controlled pedestrian access, and the powerful addition of alcohol. While a glass of wine may have distinct health benefits, most South Africans don’t appear to have any social restraint whatsoever and will easily mix degrees of inebriation with driving, with horrendous consequences.

“In all my years of paramedic training, the unofficial relevance of alcohol in the ongoing road carnage always exceeded 50% of cases. You’d think the sight of a small child crushed and mangled in a vehicle wreckage, or a young girl with her face destroyed following passage through a shattered windscreen would bring home the message, but unfortunately these tragedies don’t seem to be part of our learning syllabus.”

First responders on accident scenes (in a medical professional capacity) are truly an unusual breed of healthcare practitioner, he adds. “Dealing with the mayhem of a motor vehicle accident scene, with the overlay of human tragedy, does sound a bit daunting – especially since these are daily occurrences on our roads. But the truth is, we have to distance ourselves from the drama in order to be effective and to stay in the game. Having the empathy to deal with the surviving mother who needs to hear that her unrestrained child has died after being flung out of the vehicle, or the control to manage the mildly injured drunk driver next to the dead school learner pedestrian requires a particular kind of wiring.”

Dr Anchen Laubscher, medical director of Netcare and Netcare 911, agrees. She recalls responding to an accident scene on her own, late one Sunday night while working as an emergency doctor on the road, earlier in her career. “A taxi full of passengers had collided with a bakkie with two occupants. I remember the carnage – people lying all over the road, most of them seriously injured, some having died on impact. A scene like this can be overwhelming – the smell of oil and fuel, the sound of the jaws of life being used to extricate the victims from the remains of the vehicles, the emotions that accompany death and injury of this extent.

“But as an emergency worker, you’re trained to focus on the work at hand. You’re almost programmed to stabilise or resuscitate, to manage the airway, the breathing and the circulation in order to get your patients to the closest appropriate trauma centre in the shortest possible time, so you can’t be distracted by sounds or smells or emotions.”

Van Loggerenberg admits that there’s always the potential of being sucked in, “but because it’s such a privilege to apply your potentially lifesaving skills in these circumstances, you find ways of keeping sane.

“So you exercise, take your kids fishing or your partner on holiday – anything that gives you release and a break from the intensity. I like to compare it to watching an action movie, rated 18+ for violence: when you feel you’ve become a character in the movie, you need to take time out!”

Laubscher believes that maintaining a healthy lifestyle is an excellent coping mechanism, as is debriefing – talking things through with other professionals or colleagues.

“Stress management is essential, because when the helicopter or ambulance departs, the feelings of sadness and devastation do tend to kick in,” she explains. “Sadness because, despite having done the best that you can, you’re always aware that life for your patients or their loved ones will never be the same; and devastation because, most of the time, all the trauma and tragedy could have been prevented.”

FAST FACT:

AN ESTIMATED

33% OF ACCIDENTS HAPPEN WHILE COMMUTING TO AND FROM THE WORKPLACE.
special report

“A decade of action:
National Road Safety Strategy 2011 to 2020
As part of meeting the Decade of Actions for Road Safety 2011-2020, which seeks to reduce road accidents by 50%, the Road Traffic Management Corporation (RTMC) has embarked on an ongoing programme of promoting good road behaviour to motorists through various road safety campaigns, according to RTMC spokesperson Ashref Ismail. This includes the recent introduction of the “Get There. No Regrets” campaign, which includes face-to-face interaction with road users through roadshows, exhibitions, demonstrations and presentations.

“The central message is that users must be vigilant and be able to get to their destinations safely, without inflicting hurt and suffering on themselves or other road users,” he explains. “We also have the National Rolling Enforcement Plan in place to encourage road users to be vigilant each day, since people don’t die on our roads only during the Festive Season and over the Easter weekend. This involves stopping one million vehicles a month to check for driver and vehicle fitness, with specific targets for each province. Furthermore, the RTMC’s National Traffic Police are deployed on our national roads, where they target hot spots and carry out road traffic management responsibilities.”

According to the SA Road Safety Strategy document, on review of the 2006 road safety strategy, it is evident that a majority of the intended initiatives were not fully implemented, and there had been no “appreciable reduction” of road carnage. “To achieve the current goal of a 50% reduction by 2015 (the same goal as set in 2006), a decrease of 1.5% in fatalities per annum is required. Achieving this would translate into a saving of around 27 000 lives over the next five years,” the strategy outlines.

Unfortunately, the greatest challenge to addressing road safety is primarily human behaviour, says the strategy. This includes a lack of knowledge of the rules of the road and a willingness to abide by those rules, as well as inadequate enforcement and a lack of follow-up of fines, resulting in a “culture of impunity” in respect to punishment of offenders.

According to research, human factors contribute 75% to 90% of all accidents, with road conditions 5% to 10% and the vehicle 5% to 20%. To this end, several countries worldwide, including South Africa, have adopted the 4 E Strategy. While there are variations, this system is considered a world’s best practice.

THE 4 E STRATEGY:
1. Heavy and visible ENFORCEMENT;
2. EDUCATION to support the enforcement;
3. ENGINEERING, involving low-cost remediation in hazardous locations, as well as vehicle engineering standards; and
4. EVALUATION, which is research and data collection.
(To download the full SA Road Safety Strategy, visit www.arrivealive.co.za.)

“How safe is your car?”
The US-based Insurance Institute for Highway Safety (IIHS) released its Safest Cars on the Road report in December. This independent, non-profit, scientific and educational organisation is dedicated to reducing the losses, including death, injuries and property damage, from crashes. The organisation rates the vehicles based on all-around crash protection in a moderate overlap frontal crash, small overlap frontal crash, side impact and rollover.

Its recommendations for the safest cars are: Chrysler 200 4-door, Dodge Avenger, Ford Fusion (built after December 2012), Volvo S60, Honda Accord 2-door, Honda Accord 4-door, Kia Optima, Nissan Altima 4-door (built after November 2012), Subaru Legacy (built after August 2012), Subaru Outback (built after August 2012), Suzuki Kizashi and Volkswagen Passat (built after October 2012).
KEEP IN YOUR CAR
According to www.legalcities.net and arrivealive.co.za, always have:
1. A notebook and pencil
2. An insurance claim form
3. A steel tape measure
4. A piece of chalk or crayon
5. A flashing torch
6. A first-aid kit
7. Red reflective triangles
8. A camera

SAVE A LIFE
Drive More Safely, an NPO dedicated to promoting road safety in South Africa, has created a campaign that requests donations of new and used car seats. These are refurbished and given to those who cannot afford them, for a minimum fee of R100. Once the child outgrows the seat, it is returned and exchanged for the next size up. For more information or how you can assist, email Alida Jones at alida@drivemoresafely.co.za or Stephen Roland at stephen@drivemoresafely.co.za, or call 081 311 3223 or 082 320 2186.

HOW TO HANDLE EMERGENCIES:
ER24 and Arrive Alive report that witnessing a car accident can be a frightening and stressful experience. “Not only is it a dangerous environment disembarking from your vehicle, but the sight of injured, bleeding people or children can induce panic in the toughest of people,” they say. Emergency personnel are equipped to deal with such incidents, but what happens if you are first on the scene? Who do you call and what can you do to help?

FIRST:
- Pull your vehicle over and park in a safe position, off the road.
- Turn on your hazards and headlights.
- If the accident is on a blind rise or bend, try to park your vehicle in a “tend-off” position, so other vehicles can be warned to slow down, which in turn will prevent further accidents.
- Place your warning triangles.
- Look at the flow of the traffic. Does it pose a danger to you or others? Can it be controlled by bystanders? If people are available, get someone up road and down road to wave down traffic. How are the vehicles in the accident positioned? What risks do they pose?
- Turn off all the vehicles involved in the accident.

NEXT:
- Phone ER24 on 084 124. This national number will connect you with the contact centre emergency line. You will be asked your telephone number (in case you are cut off), your location (street name and closest cross road), details of what has happened.
- The dispatchers will also be able to give you telephonic advice on how else to help.
- If you have a first-aid kit, take it out and put on the rubber gloves.
- Calm and reassure those who have been involved in the accident, making them aware that you have called emergency services and that help is on the way.
- Don’t attempt any heroics that may potentially jeopardise your own safety.
- If there is fire and you have a fire extinguisher, use it by directing the foam or water at the base of the flames.
- Check to see whether the person is breathing.
- If they are breathing, leave them in the position you find them and monitor them.
- If the person isn’t breathing, and you have done a first-aid course or have had CPR training, you can begin to do so.
- Don’t move the patient unless there is an immediate threat to life. There may be an injury to the neck or spine, which could be made worse with unnecessary movement.
- If the person is unconscious, open the mouth and check for any obstruction.
- If the person is bleeding heavily, take any available material and place it over the wound. Press tightly, applying direct pressure to the wound. Maintain pressure until help arrives. Don’t stop pressure to check on the wound.

DID YOU KNOW?
The first hour after an accident is known as the Golden Hour. Doctors say seriously injured victims need to get comprehensive medical care within 60 minutes to ensure a better chance of survival. This generally leaves just 12 minutes for rescuers to extricate those injured and get them to hospital.
**PROTECT YOUR CHILD**

Road crashes claim the highest mortality in the age group one to 18 years worldwide, reports www.childsafe.org.za. In South Africa, an estimated 250 children are killed each year because they weren’t wearing a seatbelt or weren’t in an age-appropriate car seat.

- **1011** children were treated for road traffic injuries at the Red Cross Children’s Hospital in Cape Town last year.
- A 2012 Red Cross Children’s Hospital survey revealed that 79% of children are not buckled up in vehicles.

According to the Volvo For Life Children in Cars safety manual, knowledge saves lives. All children should be wearing seatbelts when in the car, and, under the age of at least three, should be restrained in either an infant or car seat that is secured.

According to research carried out by Volvo, a child weighing 30kg, travelling in a car at 40km/h, will weigh a ton in a front-end collision with an unyielding object. “If a weight that size hits you in the back, all your ribs are likely to break, and then they puncture your lungs. You’re dead within 60 seconds. Or the child may go straight through the car windscreen and hit the same object that stopped the car dead in its tracks – a scenario every bit as nightmarish as the first,” say the authors of the manual.

**THE FACTS:**

- If you were to climb onto a dining room chair and fall flat on your face, the effect would be the same as not wearing a seatbelt in a car that crashed at 1.5km/hour.
- For 20km, it would be the equivalent of stacking four chairs high and falling off.
- For 30km, it would be the equivalent of stacking eight chairs high and falling off.
- Further research shows that if a vehicle hits a solid object at 40km, and your baby or child is unrestrained, the baby will still be travelling almost 40km/h when he or she hits the windscreen or dashboard.
- It is impossible to maintain your hold on a child in a crash at any speed above working pace, as the forces are too great.

**BE ROAD-SAFE THIS EASTER – AND ALWAYS**

Dr Charl van Loggerenberg, an emergency medicine specialist and regional medical director of International SOS, offers the following advice:

- Assume every other road user to be a potential hazard.
- Don’t have alcohol if you are going to drive.
- Remember that fatigue requires rest, not caffeine and “pushing on”.
- Plan properly, in terms of distance to travel, time of day, etc.
- Keep the passengers amused, otherwise they become distractions.
- Accept that aggressive behaviour may save you 20 minutes on a trip from Johannesburg to Durban, but is it worth risking your family’s lives?

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of children are not buckled up in vehicles.

**1011**

Children were treated for road traffic injuries at the Red Cross Children’s Hospital in Cape Town last year.

**20x**

If a child weighs 30kg, the force at the point of impact will be equivalent to 600kg, or 20 times the child’s own weight.
DON’T DRINK AND DRIVE
In January, the Road Traffic Management Corporation announced that drunk driving and speeding remain the biggest contributors to accidents, with Transport Minister Ben Martins suggesting that the government will be reviewing existing legislation.

Currently if you are caught drunk driving, you need to appear before court. Found guilty, you could face a fine of up to R120 000 or up to six years in jail. The legal blood alcohol limit is less than 0.05g per 100ml, while the legal breath alcohol limit is less than 0.24mg in 1 000ml of breath. This means that two drinks in just over an hour would put you over the limit.

Here is a breakdown of alcohol units per drink type from www.drivesouthafrica.co.za:
- 1 x 75ml glass of wine: 1 unit
- 1 x 250ml glass of wine: 3.3 units
- 1 x shot/shooter: ½ unit (in most cases)
- 1 x spirit cooler: around 1.25 units
- 1 x beer: around 1.5 units
- 1 x cider: 2 units
- 1 x 25ml tot of spirits: 1 unit
- 1 x cocktail: between 2 and 4 units.

DON’T DRIVE TIRED
Alida Jones, director of Drive More Safely, says that driver fatigue is linked to more than 60% of the road crashes and fatalities on South African roads. “We are losing 54 lives per day on our roads and government is spending more than R175 billion on road crashes.”

AT A GLANCE: TIPS FOR HOLIDAY TRAVEL
- Make sure your vehicle is roadworthy and all lights are working before you set off.
- Check tyre pressure, coolant, fluids and oil levels.
- Have a good night’s sleep of at least six hours before you drive.
- Drink enough fluids to keep you dehydrated and alert.
- Take a 15-minute break every two hours or 200km.
- Wear sunglasses to prevent glare and eye fatigue.
- Try to have a passenger in the car who can keep you company and share the driving, should you tire.
- Try to avoid driving during your body’s natural downtime, between 1am and 5am.

It’s time for a break when:
1. You start blinking more than usual.
2. You start wandering on the road.
3. You are yawning excessively.
4. Your eyes burn.
5. You experience double vision.
6. You can feel your blood pressure rising.

REAL LIFE STORY:
SHELLEY KLOTNICK (34)

ON 30 JULY 2009, SHELLEY KLOTNICK AND HER FAMILY WERE INVOLVED IN A SERIOUS MOTOR VEHICLE ACCIDENT WHILE EN ROUTE TO MADIKWE. ALTHOUGH THEY ALL MIRACULOUSLY WALKED AWAY WITH ONLY MINOR INJURIES, SHE HAD NO IDEA THAT POST-TRAUMATIC STRESS WOULD TRANSFORM HER LIFE ...

“I vividly recall the screeching of tyres, the crunching of metal, the feeling of the car rolling over and over again, the taste of sand in my mouth and the very strong smell of petrol and dust. I remember seeing my 3-year-old son hanging upside down in his car seat and someone crawling through the shattered back window. I recall passing her my 14-month-old daughter and my son, being assisted as I crawled out too, and begging people to help my husband, who was stuck in the vehicle.

We spent the next few days at the lodge nursing our bruises and injuries, and went for a few trauma counselling sessions when we returned home. I thought that everything was behind me. However, I’d wake up screaming in the middle of the night, with the horrific sounds ringing in my ears, smelling petrol and tasting dirt. I thought this was a normal response to the trauma and that, in time, it would go away. But I also started having flashbacks during the day; the smell of dust in the air would trigger a memory of the accident and every loud bang had me in fight-or-flight mode.

I was extremely anxious, so I went onto medication. My husband and family were very supportive and kept trying to refocus me on the fact that we had all survived; I couldn’t understand why I was unable to move on. Whenever we had to do a long-distance trip, I’d get quite hysterical, and threw up before I even got into the car the first time we went away.
One year later, my husband decided that we both needed to go past the accident site to get closure, and I was in such a state that I needed a tranquiliser to calm me down. When we got to the area, we couldn’t find the place where it had happened, which we found really amusing. Surely if I could laugh about it, I must be OK?

We accepted that I’d never be happy driving long distances, so I started flying with the kids while my husband went by car, and that was that. Two years down the line, I was cut off by a truck on the highway, swerved off the road and promptly fell apart.

My mom sat me down and told me she was convinced I was suffering from PTSD (Post-Traumatic Stress Disorder), which was affecting my whole life. She said that I was too young to be a victim, and insisted that I see a psychologist who specialises in the field and was an EMDR (Eye Movement Desensitisation and Reprocessing) practitioner. When I read up on EMDR, I thought it would be a waste of time, but was willing to give it a shot. I was constantly anxious, emotional, weepy and on edge, and was tired of feeling that way.

When the psychologist confirmed that I had PTSD, I felt a huge sense of relief that there was a reason why I was unable to pull myself together. But then she gave me two vibrating probes to hold (part of a machine designed specifically for EMDR) and I thought it was a joke. How could something like this help me? She made me visualise the accident and slowly got me to invoke my senses – sight, touch, sound, hearing and taste, which was really frightening, because all of a sudden I was right there.

It was very emotional, but by the end of the session, somehow, magically, I wasn’t a participant, but a spectator. I was also no longer a victim; I had disassociated myself from that role, and whenever I thought about what had happened, strange as it sounds, I viewed it as an outsider, looking in. It’s the most bizarre thing to explain, but it really worked!

I was exhausted, and had a terrible headache afterwards, but a few sessions later I stopped having flashbacks and started sleeping well. I’ve had one setback since then, when we drove past a very bad accident while heading off on our holiday in December. It was an enormous trigger. I stopped sleeping again and needed another EMDR session to get me right.

Getting diagnosed and being treated for PTSD was the best thing I’ve ever done. It’s so important to take back control and to stop being a victim after a trauma. If not, you simply exist, missing out on enjoying the life that, thankfully, has been spared. There is help out there, so make sure you get it!

FACT FILE

- Post Traumatic Stress Disorder (PTSD) is an anxiety disorder which develops as a result of exposure to a traumatic event – a sudden and unexpected experience that may be a threat to your life or wellbeing – and shatters your basic assumption of safety, leaving you feeling vulnerable and out of control, says Dr Robyn Rosin, a counselling psychologist in Johannesburg.

- Symptoms include:
  - Re-experiencing of the event
  - Flashbacks
  - Nightmares
  - Sleeping difficulties
  - Loss of appetite
  - Hypervigilance (startled response)
  - Feeling fearful
  - Anxiety
  - Depressed mood
  - Agitation and aggression
  - Concentration problems and memory difficulties
  - Avoiding people, places or things that remind you of what happened

- Worrying about the safety of the people you love

- All of these symptoms are very normal reactions to an abnormal set of circumstances, but if these persist one month after the event, the diagnosis of PTSD can be made.

- You do not have to live with the debilitating effects of PTSD, as symptoms are completely treatable.

- Eye Movement Desensitisation and Reprocessing (EMDR) is a tried and tested treatment tool for PTSD and was initially used to treat Vietnam war veterans following their exposure to combat situations.

- EMDR aims to reduce the emotional intensity of the memories associated with the event by stimulating both left and right brains. It causes an integration of emotion and memory, aims to address faulty thought processes and to establish more functional coping mechanisms, and also helps to deal with any flashbacks and disturbing pictures that may have been imprinted at the time of the trauma.

- Ensure that your EMDR practitioner is trained and certified in the technique.

Contact SADAG’s toll-free helpline: 0800 21 22 23, SMS 31393 or check out their website at www.sadag.org.