

ACT Older Drivers' Handbook





COTA ACT

COTA (ACT) talks to government, the media and the community about issues that directly concern seniors, like income, taxation, health services, transport and much more including:

- Policy Analysis, policy development and advocacy;
- Provision of information and advice to seniors on ACT Government policies and programs and on issues of interest and concern to them;
- Provision of information and advice to ACT Government about issues of importance to older people and on research;
- The delivery of a range of services to older people in the ACT including the management of the ACT Government Seniors Cards Scheme, a range of Peer Education programs on issues such as falls prevention, medication management and mental health, the seniors information service and a housing option advisory service Program. COTA owns and promotes ACT Seniors Week.

Membership includes key organisations that represent consumers and service providers. These organisations make a substantial contribution to the Council policy development process.

Our membership is open to people over 50 years of age and our policy work covers a wide range of issues of concern to this group, including access to aged and community care services, financial services, housing, employment, transport and communications technology.

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It will be distributed by TAMS to older drivers in the ACT.

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- Transport Regulation and Planning
- Roads and Traffic Authority of New South Wales (NSW)
- Road User Services of the Department of Territory and Municipal Services
- St John Ambulance Australia

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If you would like more details on the information in this handbook, please contact Road Transport Section - Telephone 13 22 81

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Other available publications:

- ACT Bus and Truck Drivers' Handbook
- ACT Road Rules Handbook

This handbook is intended to assist ACT drivers, however, it is intended as a guideline only. Legislative provisions are contained in the *Australian Road Rules (1999)* and *Road Transport (Driver Licensing) Regulation (2000)*. For further information please contact Road Transport Authority (Road User Services) on telephone number 6207 7000.

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FOREWORD

I take great pleasure in endorsing this February 2008 edition of the ACT Older Drivers' Handbook which has been produced with the assistance of the Council On The Ageing—ACT Branch.

A driver licence holds a special significance for older people as mobility is an essential element in retaining independence and self-sufficiency. Most drivers choose to continue driving as long as possible, but we all need to understand the effects ageing can have on our driving skills.

This handbook focuses on giving older drivers information about how to determine for themselves whether they are driving safely, how to continue to drive safely and when to make the decision to hand in their licences. There are risks for drivers over 80 years, and as a community we need to work together to be aware of those risks, and to minimise them.

Although this handbook is directed mainly at older drivers, I hope that it is read by drivers of all ages and their families, and that they will more fully understand the difficulties faced by older drivers.

Safe driving!

A stylized, handwritten signature in black ink, appearing to read 'John Hargreaves'.

John Hargreaves MLA
Minister for Territory and Municipal Services

A MESSAGE FROM THE PRESIDENT OF THE COUNCIL ON THE AGEING (ACT)

Over the next decade we can expect the number of ACT drivers aged 70 plus to rapidly increase by 45%. Most older drivers have considerable experience and are generally good and safe drivers.

There are however, some among this group who will experience problems and difficulties that will impact on their ability to continue to drive safely. Some will need to consider retiring from driving, while others will need to adjust driving habits or become familiar with changed driving rules and circumstances.

COTA (ACT) is concerned about older drivers and we recognise the important role mobility plays in the maintenance of quality of life styles. So much so that COTA, the NRMA ACT Road Safety Trust and TAMS continue to work together to promote safe and responsible driving.

COTA strongly supports efforts to maintain and improve the driving skills of older drivers. We urge all drivers to evaluate their skills and recognize that there may be factors, which inhibit their ability to operate a vehicle as effectively as they may have in the past.

As a long-term driver myself, I realise this handbook is an important resource for older drivers. I recommend that you take the opportunity to read it thoroughly. It will provide you with good advice on a range of topics aimed at maintaining and improving your driving skills. It will also help you make vital decisions about your habits and about options other than driving.

TAMS recognises that the number of older drivers on ACT roads is increasing and the department has adopted a proactive role in maintaining the skills of older drivers. COTA strongly supports their efforts in making our roads safer for all users.

Keep this booklet as a handy reference take note of its advice and stay safe on the roads.



Ms. Elizabeth Grant AM
President
Council on the Ageing (ACT)

CONTENTS

Test your own performance	1
Self-assessment	2
Discussion of answers	5
Driving habits	5
Checking and signalling when changing lanes	6
Staying informed of road rules	7
Physical conditions	8
Intersections	9
Joining traffic on busy roads	10
Using seat belts	12
Emotions	13
Angry and impatient	14
Wandering thoughts	15
Health	16
Sleepy during the day	17
Regular eye checks	18
Medications and driving	20
Information on current health practices	22
Records and other indicators	23
Concerned family and friends	23
Infringements, cautions, etc	24
Crashes in the last two years	26
Frequently asked road rule questions	28
More helpful information	36
Maintaining your car	36
The role of the Road Transport Authority	38
Alternative transport	39
Road Transport Authority Offices and Shopfronts	40
ACT Licence Codes	40
Vehicle weights and axle configurations	41
What to do after an accident	44
First Aid	44

TEST YOUR OWN PERFORMANCE



The motor car has had a profound impact on life-style and mobility. The car has played and will continue to play an important part in the independence and life-style of older drivers.

Older drivers make up a fast growing part of the Australian population. Freedom to travel by car will continue to be an important part in your independence and quality of life.

Almost everyone seriously concerned with road safety wants to keep drivers on the road for as long as they can drive safely. Growing older should never be taken as an indicator of reduced driving ability. In fact older drivers represent a wide range of abilities, and no individual should have a licence taken away from them solely because of age.

However, there is evidence that for many drivers the skills necessary for safe driving begin to decline at about age 60 and decline quickly after about age

75. There is also evidence that older drivers can cope safely with this decline. While you cannot stop ageing you can try to limit the way any change in function affects your driving.

Included in this handbook is a Questionnaire to help you assess your driving performance. The rating form on the next few pages is for your use only. After answering the 15 questions, add up your score and refer to page four to determine the result. In the detailed explanation that follows the form, actions you will need to take to deal with any problems revealed are explained. You may even decide to stop driving. The purpose is to help you drive as long as possible with safety to yourself and others. The score is based on your answers to some important questions.

For a complete evaluation of your driving ability, an answer to many more questions would be required, along with a medical, physical and driving test. Your answers and score will give some indication of how well you are coping and what can be done if you need to improve your driving performance.

SELF-ASSESSMENT

For each of the following 15 questions, tick the symbol of the one answer that most applies to you.

QUESTIONS	ALWAYS OR ALMOST ALWAYS	SOMETIMES	NEVER OR ALMOST NEVER
1. Do you signal and check for cars behind and beside you when you change lanes?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Do you stay up-to-date on changes to the road rules?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Do intersections bother you because there is so much to watch?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
4. Do you find it difficult to decide when to join traffic on a busy road?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
5. Are you slower than you used to be in reacting to dangerous driving situations?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
6. Do you wear a seat belt?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Do traffic situations make you angry or impatient?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
8. Do your thoughts wander when you are driving?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
9. Do you find that you are sleepy at times during the day?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
10. Do you get regular eye checks to keep your vision at its sharpest?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Do you check with your doctor about the affects of your medications on driving ability?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

(If you do not take medication, tick this box ☐ and skip this question)

QUESTIONS	ALWAYS OR ALMOST ALWAYS	SOMETIMES	NEVER OR ALMOST NEVER
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12. Do you stay up-to-date with current information on health practices and habits?

		
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13. Are your children, other family members or friends concerned about your driving ability?

		
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QUESTIONS	NONE	ONE OR MORE	THREE OR MORE
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14. How many traffic tickets or cautions from Police Officers have you had in the past two years?

		
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15. How many accidents have you had during the past two years?

		
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SELF-SCORING

Count the number of ticks in the red squares and write the total in the red box below. Follow the same procedure for the yellow triangles. You do not need to count the ticks in the green circles.



Multiply the number above by 5 then write it below



Multiply the number above by 3 then write it below

$$\underline{\hspace{2cm}} + \underline{\hspace{2cm}} = \underline{\hspace{2cm}}$$

Add them together

Your score

IF YOUR SCORE IS 35 OR OVER

Beware! You have too many unsafe driving practices. You are a potential or actual hazard to yourself and others. Examine the questions where you have ticked a red square or a yellow triangle and read the next section about how you may be able to improve your driving ability. It might be worthwhile to speak to your doctor, or the Road Transport Authority (contact numbers are shown on page 40) about having your driving ability properly evaluated.

IF YOUR SCORE IS 16 TO 34

Caution! You have some unsafe driving practices which need improvement to keep you safe. Examine the red squares or yellow triangles you have ticked for areas requiring change.

IF YOUR SCORE IS 15 OR BELOW

Good! Your responses indicate that you are aware of what is important for safe driving.

You are practising what you know. Nevertheless, examine the red squares or yellow triangles

you have ticked. They are areas where you can improve on your driving skills.

A ticked red square response to a question indicates an unsafe practice or situation that you should address immediately. A ticked yellow triangle means a practice or situation that is potentially unsafe and should be improved. Green is a sign that you are a safe driver.

Most of the red and yellow responses represent practices or situations that can be improved on by most drivers. The next section discusses the questions on the self-rating form you have completed.

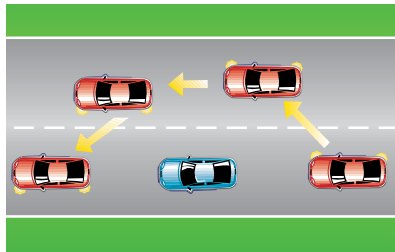
DISCUSSION OF ANSWERS

The discussion which follows is presented in six categories:

1. Driving habits (Items 1–2)
2. Physical conditions (Items 3–5)
3. Using seat belts (Item 6)
4. Emotions (Items 7–8)
5. Health habits (Items 9–12)
6. Driving records and other indicators (Items 13–15)

DRIVING HABITS (QUESTIONS 1–2)

Driving habits are everyday driving practices – from starting the car and joining traffic to leaving traffic and parking.



1. *Do you check and signal for cars behind and beside you when you change lanes?*

The only acceptable answer is *always*.

Even those of you who have ticked a red square probably know that always is not only the best but also the only acceptable answer. Good driving includes checking the rear view mirrors, looking to the rear to cover the blind spots, and signalling before changing lanes.

FACT

ONE OF THE SPECIFIC UNSAFE DRIVING HABITS OF MANY OLDER DRIVERS IS FAILING TO LOOK FOR CARS BEHIND AND BESIDE THEIR VEHICLE.

When under observation some older drivers report that they are not aware of having not looked behind and beside their vehicle before changing lanes or reversing. The fact that some do not realise they have this dangerous habit might be due to gradual changes in driving habits. These changes often result from chronic stiffness and/or pain in the upper body and neck due to arthritis. As well they may not know how important it is to always check to the rear because they have driven accident-free for a long time without following this practice. These drivers have been lucky.

Suggestions:

- Understand that if you do not check for cars behind and beside your vehicle you can cause a serious accident.
- Examine your lane-changing and reversing behaviour and resolve to improve if *always* is not your answer.
- If you have arthritis or joint stiffness which interferes with turning your head, inquire through your doctor and other sources about medications and exercises which might improve your flexibility.

If stiffness, arthritic pain or other physical problems keep you from turning your head and looking to the rear as easily as you should and would like to, install a larger rear-view mirror inside your car to ensure that you have complete vision through your rear window. If you do not already have one, install a left hand side exterior mirror on your vehicle to aid in checking to the rear.

Most drivers are unaware that a 'blind spot' exists between the interior mirror and the left hand or right hand exterior mirrors and, often change lanes without checking this blind spot. If you find that you have problems turning to check these 'blind spots', small fish-eye mirrors can be attached to the exterior mirrors of your vehicle to assist with vision. If you decide to fit such a mirror, ensure that it is small and that you have ample standard viewing.

Many drivers, regardless of age, have the opinion that to change lanes all they need do is use their indicators and all other traffic will give-way to them. This of course is a dangerous attitude as indicators simply warn other traffic that you are about to change direction. Drivers must

give-way to traffic in other lanes when making a lane change.

- The correct procedure when making a lane change is to check your interior mirror, check your left or right hand mirror (depending on whether you are changing to a left or right hand lane) indicate, look over the appropriate shoulder to check your blind spot, if the way is clear, make your lane change. Many drivers already use this procedure, however if you are not one of those who do, perhaps now is a good time to start.
- Take a refresher driving course with a driving school who can highlight any problems a driver may have and suggest what can be done to reduce them. Check with the driving schools in your local area.

FACT

MANY DRIVERS DO NOT HAVE AN UP-TO-DATE KNOWLEDGE OF NEW DEVELOPMENTS IN THE ROAD RULES.

2. Do you stay informed on changes to the road rules?

The best answer is always, but sometimes is obviously better than never.

Testing indicates that older drivers are less familiar than younger drivers with the meaning of current traffic control laws, road signs and devices. For example, some drivers do not know about *left-turn with care at traffic lights* regulations, *slip lane* laws, *form one lane* regulations, or how to use *roundabouts*.

Knowledge of signs and symbols is vital because the ability to see and interpret them lessens with age. Therefore, all drivers must keep up with new road rules so they can instantly interpret all road signs and symbols and know how to cope with new situations. Drivers of all ages can be hesitant in traffic and a danger to themselves and others if they do not know and follow the rules of the road.

Suggestions:

- Convince yourself that knowledge of current traffic laws, devices, signs and symbols is essential for your safety and that of other road users. Being dependent on your driving experience alone rather than keeping yourself informed on changes to the road rules could be costly and result in injury.

- Read and study the *ACT Road Rules Handbook*. This book may be obtained at a cost of \$5.00 at the ACT Canberra Connect Shopfronts (cost of the handbook is correct from effect Jan 2007 but is subjective to change). Contact the Road Transport Authority and ask for any other pamphlets or books that can offer helpful information.
- Enrol in a driver refresher course with a local driving school.

PHYSICAL CONDITIONS (QUESTIONS 3–5)

Driving requires *sensing*, *deciding* and *acting*. *Sensing* means being alert through all senses to what is happening in traffic. This information reaches you through your eyes, ears and through the senses of touch and smell. After you pick up cues for action through *sensing*, you then have to decide what to do about them. *Deciding* refers to all of the thought processes which occur between your impression of events and your response to those events. You must assess actions you might take, and choose those least likely to cause a crash or interfere with traffic.

After *deciding* what to do, you have to translate your decision into *acting*: braking or accelerating, steering, signalling, etc. Unfortunately for older drivers, ageing can reduce your ability to sense, decide and act. Though people age at different rates and in different ways, in general as people become older they do not hear and see as well, they process information more slowly and do not act as quickly. Adding to driving difficulties for some are such

medical conditions as cataracts and arthritis.

3. *Do intersections bother you because there is too much to watch in all directions?*

Ideally you might like to answer *never*, but if you ticked the yellow triangle *sometimes* or the red square *always* you are not alone. Intersections are complicated centres of fast-moving traffic, and it is difficult to take everything in at once.

FACT

INTERSECTIONS ARE ONE OF THE MORE COMMON SITES OF CRASHES INVOLVING OLDER DRIVERS (PARTICULARLY WHEN THEY ARE TURNING RIGHT).

The more complicated intersections are among the most complex situations a driver faces. Older drivers often fail to see and stop at STOP signs or give way to other cars at intersections.

Suggestions:

- Take a good look at your driving skills regarding intersections. Do you have an ability to process the information quickly enough? If not, you should discuss this with your doctor. Is it
- that you are not sure how to position your car for a left or right turn? You may like to discuss your uncertainties with a licence examiner at the Road Transport Authority. Is it difficult turning the steering wheel because of arthritis or some other physical problem? You may need to discuss this with your doctor and seek advice on making adjustments to your vehicle to help you.
- Perhaps you simply are uncertain about what you are supposed to do at an intersection and when you should do it. Studying an intersection while you are a passenger may help you negotiate it later when driving.
- Take a driving lesson with a driving school. What you learn may give you the confidence to recognise what you can do, or that you are doing everything correctly at intersections and that intersections are not as dangerous as they once appeared.
- Plan your trips to avoid busy intersections or drive at less busy times. Plan an alternative route to avoid right turns from busy intersections.

4. Do you find it difficult to decide when to join traffic on a busy road?

Most of us would like to answer *never*, but if you ticked *sometimes* or *always*, you are also not alone.

FACT

SURVEYS ABOUT DRIVING ATTITUDES SHOW THAT SOME OLDER DRIVERS LACK CONFIDENCE AND FEEL NERVOUS ON BUSY ROADS.

Ageing and the normal decline in *sensing*, *deciding* and *acting* abilities can make an aware person uneasy on busy roads. The reason most often expressed is that other people drive too fast. To some older drivers this might be a valid reason for avoiding peak traffic times and busy roads. However, better knowledge of how to drive on busy roads should make it easier when you do need to use them.

Suggestions:

- You may want to take a refresher course with a driving school to build up your confidence and update your driving skills.
- If, regardless of what you learn to do, you are still nervous

and have doubts about driving on busy roads, try to avoid them.

5. Are you slower than you used to be in reacting to dangerous driving situations?

The only acceptable answer is *never*.

Emergencies and dangerous driving situations may be fairly uncommon, but fast and safe reactions are essential. While good *sensing*, *deciding* and *acting* are all necessary for safe driving, these skills come together in acting, what you do, or do not do, quickly enough to avoid an accident. It is *acting* that some older drivers are slowest at.

You are subject to the physical and psychological changes of ageing. Some of these changes can adversely affect your driving capacity unless you adapt to the changes. You may need to develop new ways to help you to continue to drive safely.

Changes in the muscles and bones are part of the reason for the increase in the rate of crashes and severe injury of drivers over 70. Reaction time is slowed down by arthritic joints and tight muscles. Joint flexibility

and muscle strength also diminish with age. But there are steps that most drivers can take to improve their response to dangerous situations.

FACT

OLDER DRIVERS TAKE MORE TIME TO INTEGRATE INFORMATION FROM SEVERAL SOURCES AT ONCE, AND THEREFORE MAY RESPOND MORE SLOWLY IN DANGEROUS SITUATIONS.

Suggestions:

- Keep yourself physically fit and mentally alert and avoid driving if you are tired, ill, or have taken any drugs (including alcohol) that will slow your mental or physical responses. Ask your doctor or chemist if you are not sure.
- Exercise to maintain or increase the flexibility of your joints and your muscular strength.
- If joint and muscle impairments are serious, investigate medical and surgical therapies. Anti-inflammatory drugs and various surgical procedures, including total joint replacement, will in some

cases lessen impairment sufficiently to permit safer driving.

- Fitting devices such as power steering, power brakes, power seats and wide rear-view mirrors to your vehicle can help to compensate for any loss of flexibility, strength or movement.
- Enrol in a refresher course where you can learn to anticipate and avoid dangerous situations.
- If possible, avoid driving in busy, complex and fast-moving traffic.

USING SEAT BELTS (QUESTION 6)

6. Do you wear a seat belt?

The only acceptable answer is *always*.

Regardless of your age, you are always safer with a seat belt on. This is why the law has no age exemption for seat belt use. Seat belts must be properly worn to give you maximum protection.

Listed below are a few easy steps to wearing a seat belt correctly:

- make sure the belt is tight.
- make sure the belt sits flat against you. It should not be twisted.
- wear the lap part below your stomach, sitting over the upper thigh.
- make sure the sash part goes across your chest and over your shoulder. If it rubs your neck or is too low on your arm you can get a sash guide to make it fit better.

FACT

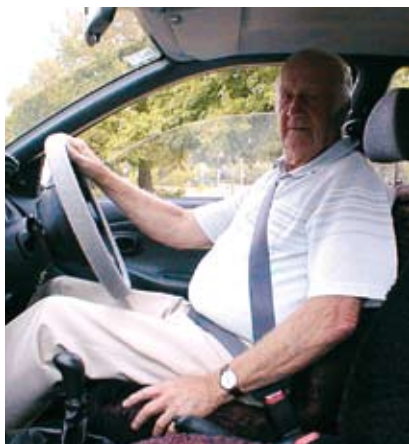
SEAT BELTS GIVE YOU AROUND A 50% BETTER CHANCE OF SURVIVING A CRASH WITHOUT BEING KILLED OR SERIOUSLY INJURED THAN NOT WEARING ONE AT ALL. WHEN INVOLVED IN A CRASH, THOSE 65 AND OLDER ARE MORE LIKELY TO BE INJURED OR KILLED THAN YOUNGER PEOPLE.

Your body may not be as resilient as it was when you were younger and it will not heal as quickly or as well. In a crash, two things happen:

- the vehicle hits another vehicle or object.
- the people inside hit the interior of the vehicle.

The fastened seat belt protects you against the second collision.

Properly fastened seat belts are the best available way to reduce injuries and fatalities in a crash. If you buy a car with an air bag, you must still wear your seat belt to ensure that you have even greater protection in a crash.



Suggestions:

Accept the fact that seat belts save lives and reduce injuries. Convince those you care about and who travel with you of this. Then make sure that you and all who ride in your car wear them properly fastened, at all times.

If your seat belt is very uncomfortable or cannot be properly fastened, take your car to a reputable mechanic or car repair facility. The mechanic or repair facility will be able to put in a sash guide to make the sash part of the belt fit more comfortably.

EMOTIONS

(QUESTIONS 7–8)

Driving, as we have said, is a complicated task requiring continuous concentration. Emotional feelings which interfere with this concentration are dangerous.

7. Do traffic situations make you angry or impatient?

The best answer is *never*.

Those who have been stuck in traffic for a long time understand the possibility of it being *sometimes*. However, a tick for *always* reveals that some changes are needed. Most people trapped in slow moving traffic feel frustrated. Their frustration can lead to anger or impatience.

Fear can cause anger. Older drivers who are afraid of finding themselves in difficult situations and not knowing what to do sometimes respond with anger, in the actual situation or even at the thought of it. Or they may be afraid of drivers who drive too fast or cut them off. Again they may respond with anger. The danger is that anger will make drivers less rational and lessen their driving ability.

Additionally, out of anger or impatience, drivers may be tempted to take risks they otherwise might not take. Many drivers who do this do not recover their skills quickly enough to avoid trouble.

Suggestions:

- Awareness is the first step in controlling anger. The second step is handling it in a healthy way. Getting behind the wheel in a highly emotional state, whether joy or anger, takes attention away from driving and invites trouble.
- Accept the fact that anger will do nothing to get you out of irritating traffic situations. On the contrary, it may involve you in a crash.
- Recognise when you are becoming angry. Then examine why anger seems to reach irrational proportions. Say to yourself, "Why am I getting upset?" Try to take positive steps, instead of letting your anger mount up. Take deep breaths and try to remain calm.
- Try to avoid the kind of traffic you know is likely to make you angry. The smoother the traffic flow, the less the anger,

the fewer the crashes.

- If you are converting fear into anger, try to take the steps necessary to overcome the fear. Perhaps the knowledge and special training through refresher driving courses will help.

8. *Do your thoughts wander when you are driving?*

The ideal answer is *never*.

Even the best drivers catch themselves *sometimes*. However, if you ticked the red square for *always* you are a dangerous driver. Again, driving is complicated and demanding. It takes continuous concentration, so even momentary lapses can lead to danger.

FACT

INVESTIGATIONS OF CRASHES AND FATALITIES OF OLDER DRIVERS SHOW THAT THEY ARE MORE LIKELY THAN OTHER DRIVERS TO OVERLOOK ROAD SIGNS AND SIGNALS WHILE DRIVING.

Not seeing road signs and stop signs, not giving way and so on, are thought to be partly due to inattention to the driving task.

The first rule for all drivers should be undivided and concentrated attention.

Yet many of us have seen drivers in animated conversation and looking at others in the car with minimum attention to the road. Other drivers will drink coffee, try to glance at a newspaper or talk on a mobile phone while driving. In an emergency they may not be able to return from their diversion in time to avoid a crash. Getting older may slow down your ability to switch your attention from one thing to another. Many conditions can interfere with your ability to concentrate:

- emotional upset
- tiredness
- illness
- medications
- alcohol
- full meals
- pain
- a loud radio
- hot or cold weather

If your mind wanders, pull it back to the task at hand.

Suggestions:

- Accept that driving is a complex task and requires your full attention.
- If you catch yourself day dreaming or otherwise not concentrating on your driving, identify what is diverting you and return your attention to driving.
- Check with your doctor or chemist if any medication you are taking affects your driving.
- Take the necessary steps to remove or reduce distractions, whether they are those over which you have control or those for which you will need help.
- If you are tired or emotional do not drive – take a taxi or bus instead.

HEALTH

(QUESTIONS 9–12)



Your health can be affected by physical fitness and interest in nutrition. Good health habits include regular medical check-ups and keeping up-to-date on health issues. This can improve the *sensing*, *deciding* and *acting* skills required for safe driving. Good vision can keep you out of accidents. Remaining mentally alert can help you decide more quickly. Good nutritional habits can strengthen your bones against injury.

9. Do you find that you are sleepy at times during the day?

The best answer is *never*.

It is quite possible that you experience day-time sleepiness sometimes when you have been pushing yourself too hard. However, if you find yourself *always* or *almost always* sleepy during the day, you may need to look into the causes of this tiredness.

Day-time sleepiness is a common and serious complaint, and

is an important cause of road traffic accidents. It occurs more frequently among older people than other age groups, which is due to changes in the sleep cycle with age such as the inability to sustain sleep during the night because of age-associated biological rhythm changes. However, day-time sleepiness may also indicate that you are suffering from a medical condition. For instance, common causes of persistent day-time sleepiness include: insomnia, tiredness and fatigue resulting from a long-term viral illness (post-viral fatigue syndrome); and types of drugs and medications, such as benzodiazepines, which can induce day-time sleepiness.

FACT

SLEEP APNOEA IS A COMMON DISORDER AFFECTING APPROXIMATELY 10% OF MALES OVER THE AGE OF 40.

Sleep apnoea most often affects men who are middle aged or older, heavy snorers, overweight and medium to heavy drinkers of alcohol.

People with sleep apnoea stop breathing repeatedly during their sleep. Lapses from breathing can

last anywhere between 10 and 60 seconds, sometimes even longer. It is possible for a person to stop breathing 400 times during one night, resulting in having very little sleep.

People with sleep apnoea are often very sleepy during the day. They get very tired while driving, and even fall asleep at traffic lights or while driving. Sleep apnoea is thought to be a significant factor in many road crashes. A study conducted in NSW found that 19% of sleep apnoea sufferers had been involved in a crash caused by their sleepiness. In adults, being overweight, drinking alcohol, and taking medication such as sleeping tablets can increase the likelihood and severity of the condition. Sleep apnoea if left untreated can lead to serious life-threatening conditions such as high blood pressure, heart disease and brain damage due to low blood oxygen levels (hypoxia). Unfortunately, not all individuals who suffer from sleep apnoea realise that they have it.

Suggestions:

- Make yourself aware of your own sleep patterns and feelings of sleepiness during the day and remind yourself

of how this can relate to your driving ability. Try to ascertain if you are a snorer or a restless sleeper, or if you sometimes stop breathing whilst sleeping.

- If you think you may have sleep apnoea, speak to your doctor and limit your driving as much as possible. Your doctor may give you a referral to a sleep disorders clinic, where a sleep analysis will be conducted. If the sleep study shows that you have sleep apnoea, there are effective treatments available.

Regardless of whether you have sleep apnoea or not, make sure that you do not drive a car when you are feeling tired. If you are sleepy, have a nap before you set out on your journey. If you become tired while driving, stop the car at the nearest safe place and rest until you are feeling alert.

FACT

IT IS ESTIMATED THAT
NATIONALLY 15% OF FATAL
CRASHES ARE CAUSED BY
DRIVER FATIGUE.

Many people are under the impression that they can stay awake if they try hard enough.

However, once drowsiness sets in, there is nothing you can do about it except stop immediately.

Suggestions:

- If possible, start your trip early in the day and do not drive late at night. The chances of crashing are much higher at night.
- Take regular breaks, stop in a town on the way or use a roadside rest stop. Getting out of the car and walking around will stretch stiff muscles and joints.
- Driver Reviver Stations make good rest stops.
- Share the driving, if you can.
- Stay somewhere overnight so you can arrive safely – even if not until the next day.
- Eat properly on journeys – not too much and not too little – and at your regular meal times. This will ensure you take regular breaks

10. Do you get regular eye checks to keep your vision at its sharpest?

The only acceptable answer is *always*.

FACT

85% – 95% OF ALL SENSING CUES IN DRIVING COME THROUGH THE EYES. POOR EYESIGHT CAN AFFECT DRIVING ABILITY.

Poor vision makes you respond slowly to signals, signs and traffic events in ways that can lead to a crash.

Decline in the ability to see detail comes naturally with ageing. The ability of the eyes to focus decreases with age and it becomes more difficult to change focus from distant to near objects and vice-versa. The pupils become smaller, the muscles less elastic, and the lenses become thicker and less clear, so consequently you need more light.

The amount of light required to detect an object increases with age. A 45 year old driver must have about four times the light required by a 19 year old to detect the same object. This is only one of the factors that

makes night driving especially difficult for older drivers. Older drivers do not recover from glare as quickly or as fully as younger drivers.

Peripheral vision, the ability to see to the side while looking straight ahead, also lessens with age. This may explain why older drivers have trouble picking up information from the side of the car. Those with poor peripheral vision in both eyes have crash rates twice as high as those with normal peripheral vision. It becomes more difficult to distinguish colour as you age and traffic signals appear dimmer. Red colours do not appear as bright to many older drivers and it may therefore take some older drivers twice as long to detect the flash of brake lights as it used to.

Another visual ability that declines over the years is depth perception: the ability to tell how close or how far you are in relation to a car or object ahead. Depth perception is especially important when trying to judge how fast other cars are coming.

Such medical conditions as cataracts, glaucoma, and diabetes are more common with age and can also be dangerous for driving.

Suggestions:

- Firstly, have regular examinations with your eye doctor. Tell the doctor that you want a thorough examination which will help you remain a safe driver. From the time you reach 75 years of age, the Road Transport Authority will require an annual medical report from your own doctor or a Health Services Australia Medical Officer prior to the renewal of your driver's licence. Take the corrective steps your doctor recommends. If glasses are prescribed, keep them up-to-date by letting the doctor know at once if they are not working well for you.
- Enrol in a driver retraining course where you can learn specific techniques for coping with the limits imposed by ageing eyes.
- Reduce the amount of driving you do after dark and at twilight (one of the most dangerous times of the day). The chances of having a crash are three times greater at night than during the day-time.

- Be especially careful when you are going into tunnels and undercover parking lots. Be aware that your eyes will need time to adjust to the dimly lit surroundings.
- Always keep your windscreen and headlights clean to reduce glare.

11. Do you check with your doctor about the effects of your medication on your driving ability?

The only acceptable answer is *always*.

Some of the most innocent sounding medications (including those bought without a prescription) can affect your driving. The drugs that slow you down generally reduce your ability to process information rapidly enough to drive a vehicle safely. Another drug (which many may not think of as one) with the same effect is alcohol. It is probably the single most important factor in fatal crashes for drivers over 65 (as well as for younger drivers).

FACT

MORE THAN 80% OF PEOPLE AGED 60 AND OVER ARE PRESCRIBED ONE OR MORE MEDICATIONS.

Some people suffer from more than one medical problem and chronic illness requiring not only daily medication, but combinations of medications. Often you can be unaware of the possible effects of these medications on your driving ability. This can happen if there is no communication between you and your doctor about side effects, or if there are no instructions about side effects on the prescription container.

Also, some people may be under the care of several doctors, all writing prescriptions with little or no knowledge of what others have prescribed. The drug mixtures of several prescriptions can cause unpredictable reactions and side effects. If these drugs have an effect on driving skills, it is likely to be a bad one. All the more so for older people because they are more sensitive to medication and more susceptible to unusual reactions. While you might be wary of the effects of prescription drugs, even those

sold without prescription (over-the-counter) can reduce driving ability.

Depressants can affect your driving

Depressants (downers) are drugs which slow down all your body's systems – you become sleepy, uncoordinated and slow to react. Commonly used depressants are:

- alcohol
- tranquillisers and sleeping pills (e.g. benzodiazepines)
- some pain killers and headache pills (e.g. codeine)
- some allergy medicines (antihistamines)
- some medications for epilepsy, blood pressure, nausea, inflammation and fungal infections
- most travel pills, many cough and cold remedies (some of these may contain antihistamines)

Stimulants can affect your driving

Stimulants (uppers) speed up your body's systems and can make you jittery, uncoordinated and anxious. Stimulants or medicines which contain stimulants include:

- some decongestants, cough and cold remedies

- appetite suppressants

It is important to avoid alcoholic beverages when you take other medications. Almost always, the combination of alcohol and other drugs affects your driving more than either alcohol or drugs alone.

To remain safe, avoid alcohol altogether if there is a chance you may be driving. There is no question that alcohol lessens the skills required for safe driving. Tolerance to alcohol decreases steadily with age, apart from any personal history of drinking. Alcohol has a powerful impact on your total system, both physical and psychological. Older people are less able to sober up after drinking alcohol. Food, mood, tiredness, medication, general health, weight and size of body can all make a difference in predicting overall effect. It simply makes good sense to avoid drinking when driving.

Suggestions:

- Remind yourself that both prescribed and over-the-counter medications may have a bad effect on your driving skills.

- Check with your doctor or pharmacist to determine what the side effects of a prescribed medication are and how they apply to your driving. If more than one doctor is prescribing drugs for you, make sure all of them know about all of the drugs you are taking, whether prescribed or not.
- Read all labels and instructions on prescriptions and over-the-counter drugs so you know the side effects.

These are examples of warning labels:

THIS MEDICINE MAY AFFECT MENTAL ALERTNESS AND/OR COORDINATION. IF AFFECTED DO NOT DRIVE A MOTOR VEHICLE OR OPERATE MACHINERY

Avoid taking alcohol with this medication unless advised by the prescriber.



THIS MEDICINE MAY CAUSE DROWSINESS AND MAY INCREASE THE AFFECTS OF ALCOHOL. IF AFFECTED DO NOT DRIVE A MOTOR VEHICLE OR OPERATE MACHINERY

- The only safe action is not to drink alcohol at all if you intend to drive. Do not ride with anyone who has been drinking.

12. Do you stay up-to-date with current information on health practices and habits?

The preferred answer is *always*, but you cannot *always* do all the things you want to do; *sometimes* is therefore understandable.

The people least likely to change behaviour for the good are the ones most at risk. It has to be repeated throughout this discussion that as you age, inevitably there will be some reduction of driving ability. However, many older people have quicker reflexes than some young adults.

One of the purposes of this self-rating system is to help to show you that through knowledge and self-awareness you will understand what a safe driver is, and will assume the responsibility to remain or become one, or decide to give up your driver's licence.

We want you to appreciate the close ties between a healthy lifestyle and driving skills. The attitude that encourages you to remain informed on health matters probably will also help you to feel in control of your future as a driver.

Suggestions:

- Become more aware of the relationships between good health habits and your driving.
- Take as much control as you can of your life-style, recognising the obvious connection between control of personal health and skill in driving.
- Understand the value of nutrition, exercise, medical check-ups and the effects of medication, drugs and alcohol.

RECORDS AND OTHER INDICATORS

(QUESTIONS 13–15)



There are many ways you receive feedback on your driving ability. Police issue a Traffic Infringement Notice when they catch you disobeying the law and the offence is placed on your driving record.

Concerned family members and friends may point out that you drive dangerously and that you should either take steps to reduce the danger or give up your licence. Few drivers, however, voluntarily surrender a licence. It is too important to them.

13. Are your children, or other family members or friends concerned about your driving ability?

Never is the best answer here.

You may have been aware of concern by others about your driving. You might have felt that the critics were worse drivers than you. When you tick the yellow triangle *sometimes* or, more especially, the red square

always, you may have a more valid reason to pay attention than you would like to admit.

FACT

APART FROM THE 17–25 YEAR AGE GROUP, DRIVERS IN THE 80 AND OVER AGE GROUP HAVE THE HIGHEST NUMBER OF FATAL CRASHES PER LICENSED DRIVER.

Denying that your driving ability has decreased happens because giving up your licence is something you would rather not consider. It relates not only to life-style but, for many, to survival. It is understandable then that older drivers resist comments that threaten the continuance of driving. But these are voices to be listened to – at least for clues about how you can improve.

Suggestions:

- Listen to the comments of those concerned about your driving and keep an open mind. Try not to dismiss the value of these comments just because you do not want to accept them.
- Look for clues to overcome the dangers of those comments you judge valid. It

is possible that a retraining course or such corrective action as treatment for faulty vision or other physical problems will help you. It might also be appropriate to take more caution in relation to medication and alcohol.

- Begin to prepare for the day when driving will no longer be possible for you. With adequate planning, a non-driving life may not be as bad as it seems (see the section on alternative transport).

14. How many traffic infringements, cautions or discussions with Police officers have you had in the last two years?

Of course *none* is the preferred answer here.

One or *two* might mean that you need to honestly assess your driving ability. *Three* or *more* means you should have a serious look at how you are driving. To be stopped many times suggests that you might be driving dangerously a lot of the time. If you find that realistically little can be done to reduce the danger you should make alternate plans for transportation.

FACT

MOST DRIVERS BELIEVE THAT THEIR OWN DRIVING SKILLS ARE SUPERIOR TO THOSE OF THE AVERAGE DRIVER. RECEIVING ANY TYPE OF TRAFFIC INFRINGEMENT PROVES THAT THERE IS ROOM FOR IMPROVEMENT.

The most frequent problems of older drivers include:

- failure to give way
- failure to observe signs and signals
- careless crossing of intersections
- changing lanes without due regard to other cars
- reversing
- driving too slowly

Lack of concentration and finding that there is too much information to handle seem to be related to most of these problems.

Suggestions:

- If you have received a traffic infringement or caution, examine the details for the probable causes. If one cause seems to be a lack of knowledge of traffic regulations or specific signs and signals, go to your nearest Canberra Connect Shopfront and purchase a copy of the ACT Road Rules Handbook or any other information or pamphlets that will help you.
- If the infringement is due to a physical condition (such as poor vision, resulting in missed signs and signals), try to have the condition corrected. If the infringement seems to be caused by a wandering mind, resolve to pay constant attention when behind the wheel of your car. It may be worthwhile having a friend accompany you as a passenger on some trips. They can help with the navigation and reading of road signs.
- If the problem seems to be information overload (inability to take everything in quickly enough to act properly), look for a driver retraining course with a driving school.

- Keep in mind that corrective action should be taken quickly, as infringements relate directly to safety. One infringement can be a warning that trouble is coming unless you make some changes.

15. *How many crashes have you had during the past two years?*

The most desirable answer is *none*.

Depending on the severity, *one* or *two* can be one too many. If you answered *three* or *more*, be thankful that you are here and able to participate in this self-evaluation experience.

FACT

WITH INCREASING AGE
THERE IS A GREATER
LIKELIHOOD OF THE OLDER
DRIVER BEING AT FAULT IN
CRASHES.

One crash can often signal that others are likely. Typical older driver crashes occur on clear days, on straight dry roads, and at intersections within a few kilometres of the driver's home. Ninety per cent of these generally show lower speeds than similar crashes among younger drivers. They involve more

than one vehicle, and result in less serious vehicle damage. Injury rates are higher for older occupants.

Older drivers are likely to be held at fault for many of the same reasons for which they receive infringements:

- failing to give way
- not observing traffic signs and signals
- careless crossing at intersections
- improper turning and lane changing
- careless reversing

Older drivers with the most recorded crashes often have a higher incidence of medical conditions (e.g. heart and artery problems, arthritis, broken bones, visual and hearing problems, and diabetes).

However, most crashes involving older drivers are associated with a lack of attention to driving, and a slowness in processing information and taking the required action. If older drivers honestly confront themselves, many may begin to admit that they do not see well at night, have missed signs, are nervous in traffic and are defensive about their own driving skills.

Acceptance of the facts increases the likelihood that they will improve their driving.

It may also help stop them denying decreased ability to cope safely with traffic. This denial is probably the older driver's biggest obstacle because it means their driving keeps getting worse without them seeking ways to improve it. If their driving fails to improve, further crashes are likely to occur.

Suggestions and conclusion:

As the records show, in terms of crashes per licence holder, older drivers are not over-represented. (They recognise much of the advice offered on these pages.) Many older drivers already compensate for the limits they see in themselves as drivers. They avoid night-time driving, dense traffic periods, and the personal behaviour and life-style which contributes to crashes.

However, it is important to recognise that many traffic changes occur over the years and it is important for all drivers to be up-to-date on these to remain safe drivers. Few older drivers have had any formal training as drivers, and there is a lot of new knowledge about good driving

practices which can improve traffic safety for everyone.

If this handbook has helped you identify any shortcomings in your driving, they can be dealt with through driver refresher courses. Check with the driving schools in your local area about lessons they offer.

We hope that as you reviewed your score and the meaning, explanations and suggestions for the yellow triangles and red squares, you became aware of ways to improve your driving performance.

We repeat the central idea: to put you more in control of your future as a driver and to suggest steps you should take to retain that control and continue to drive safely.

Remember, this self-evaluation is only one step – a motivator – to a more comprehensive and continuing evaluation of your driving ability.

No matter how good you are at driving now, there may come a day when you must give it up to avoid injury to yourselves and other road users. When your self-examination and other occurrences tell you that you can no longer correct

your shortcomings enough to drive safely, you need to plan alternative forms of transport.

FREQUENTLY ASKED ROAD RULES QUESTIONS

The following are some of the most frequently asked questions relating to the Australian Road Rules.

Do You Know Your Roundabout Rules?

These rules are relatively simple:

When approaching a multi-lane roundabout with the intention of turning left; approach in the left hand lane, operate the left hand indicator before entering the roundabout and continue to indicate throughout the turn (Figure 1 refers).

When approaching a multi-lane roundabout with the intention of continuing straight ahead, approach in either the left or right hand lane (Figure 2 refers) and operate the left hand indicator after entering the roundabout and continue to indicate throughout the turn.

When approaching a multi-lane roundabout with the intention of turning to the right, operate the right hand indicator before entering the roundabout (Figures 3 and 4 refer), continue to operate the indicator until approaching the exit lane and then indicate left.

Figure 1



Figure 2



Figure 3

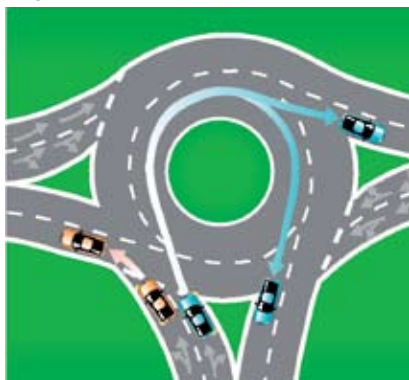


Figure 4



If all drivers follow these simple rules, other road users will be aware of a driver's intentions and will be less likely to impede on another vehicle operators direction of travel while negotiating the roundabout.

Giving Way in a Slip Lane

Drivers are often confused about who has the right of way when two vehicles are turning left and right at the same intersection simultaneously.

The rule is quite simple to remember, if there is a 'Slip Lane' at the intersection, then the vehicle turning right has the right of way and the left turning vehicle must stop in the slip lane until the way is clear. This means that the vehicle in the 'Slip Lane' must give way to all

traffic and pedestrians before moving off (figure 1 refers).

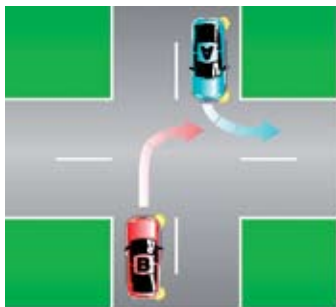
Figure 1



Driver turning left using a slip lane must give way to all vehicles that are turning right or approaching the intersection the driver is entering.

If there is no 'Slip Lane' at the intersection, then the left turning vehicle has the right of way and the right turning vehicle must stop and not proceed until the way is clear (figure 2 refers).

Figure 2



Driver turning right giving way to an oncoming vehicle that is turning left into the road the driver is entering

Form One lane and Merging

Many motorists appear to confuse the 'Form One Lane' rule with the 'Merging Traffic' rule.

The 'Form One Lane' rule requires a driver to give way to a vehicle in another lane if that vehicle is in front of the driver's vehicle as the lanes merge.



Hence the term, 'The driver in front has right of way'.

In the above diagram, vehicle 'B' must give way to vehicle 'A'.

Merging traffic is where a lane is ending and a driver is required to cross a broken or dotted line to merge with other traffic. In this case, the driver who is about to cross the broken



line must give way to traffic in close proximity in another lane regardless of which vehicle is in front.

In the above diagram, vehicle 'A' must give way to vehicle 'B'.

Speed Limits

CURRENT ACT DEFAULT SPEED LIMIT

With effect from 1 June 2003, the ACT default speed limit changed from 60km/h to 50 km/h. Therefore, unless a sign shows a higher or lower speed limit on a length of road, the default speed limit for the ACT, is 50km/h

Speed Zones

These are for example; school zones, road worksite zones, shared zones, residential area zones etc, and are signed for the length of the zone. Drivers must obey the speed limit shown on the signs, as applicable, and pay close attention to cyclists and pedestrian traffic.

Safe Speed

You will often need to reduce your speed owing to road surface and alignment, low sight distance, intersections, driveways, weather, traffic density, pedestrians, cyclists, wildlife, and on occasion, farm stock. Always drive at a legal speed comfortable for you, your car and your passengers, but at a speed that will not obstruct other road users.

Safe Following Distance

Approximately 46% of all vehicle crashes which occur in the ACT are 'Tailgate Crashes'. These crashes happen because drivers fail to keep an appropriate following distance from the vehicle travelling in front of them. By following a simple method called the 'time elapsed system' (often referred to as the 3 second rule), such crashes can be avoided. This system is as follows:

When following another vehicle, an estimation of the appropriate following distance can be obtained by using the "3 second rule".

To use this following distance rule, you should keep a gap of at least 3 seconds or more between your vehicle and the one ahead. This means that it should take you at least 3 seconds (minimum time) to get to where the car in front is at any given moment.



The 3 second rule applies only for alert drivers, driving vehicles in good mechanical condition, fitted with good tyres and driving on a good road surface in good traffic and weather

To check that you are at least 3 seconds behind the vehicle in front:

- (a) Pick an object by the side of the road, such as a tree, that will soon be passed by the vehicle ahead.
- (b) As soon as the rear of the vehicle ahead passes the object, say to yourself “one thousand and one, one thousand and two, one thousand and three”.
- (c) You should take the full 3 seconds, or more, that it takes to say this, for the front of your vehicle to reach the same object. If you arrive at the same point before you finish counting the 3 seconds



- you are too close behind the other vehicle and should increase the following distance.

Poor road and weather conditions (ie. gravel surfaces or frosty/wet conditions), night driving or fatigued drivers, should also allow a much greater distance from the vehicle in front. For these drivers or conditions, the time elapsed should at least doubled, ie from 3 seconds to at least 6 or 7 seconds, and even more to be certain.

The ‘time elapsed system is equally effective at speeds of 10 km/h or 110 km/h.

Many drivers will say that driving 3 seconds behind another vehicle is a waste of time because as soon as they leave a safe gap or following distance, another driver will speed past them and move into the gap.

This is certainly likely to happen,

particularly during peak periods. However, it takes a certain amount of maturity to overlook the recklessness of other drivers and drop back to maintain that safe following distance. Don't be one of the 46%, stay back and stay safe.

Bicycle Lanes In the ACT

On-Road bicycle lanes are for the use of bicycles only and drivers should be aware that cyclists on bicycle lanes have right of way at intersections. Drivers must give way when making left or right turns.

Coloured bicycle lanes at intersections are to remind motorists that this section of the roadway is a travel lane for bicycle riders. The marking highlights the existence of the **'cycle lane'** to motorists and the **'right of way'** legally provided to the cyclist by a **'cycle lane'**. Therefore, where you see a cycle lane and particularly a green coloured area at an intersection, be on the lookout for cyclists. If a cyclist is on a bicycle lane the **motorist must give way.**



Keeping to the left on a multi-lane road

Many drivers continually continue to drive in the right hand lane on multi lane roads when they should in fact be driving in the left hand lane. In some cases it is an offence to drive in the right hand lane unless you are overtaking another vehicle. The following extract is from the Australian Road Rules and applies in all States of Australia.

- (1) This rule applies to a driver driving on a multi-lane road if:
 - (a) the speed-limit applying to the driver for the length of road where the driver is driving is over 80 kilometres per hour; or
 - (b) *a keep left unless overtaking sign* applies to the length of road where the driver is driving.
- (2) The driver must not drive in the right lane unless:
 - (a) the driver is turning right, or making a U-turn from the centre of the road, and is giving a right change of direction signal; or
 - (b) the driver is overtaking; or

(c) a *left lane must turn left sign* or left traffic lane arrows apply to any other lane and the driver is not turning left; or

(d) the driver is required to drive in the right lane; or

(e) the driver is avoiding an obstruction; or

(f) the traffic in each other lane is congested; or

(g) the traffic in every lane is congested.

(3) A *keep left unless overtaking sign* on a multi-lane road applies to the length of road beginning at the sign and ending at the nearest of the following:

(a) an *end keep left unless overtaking sign* on the road;

(b) a traffic sign or road marking on the road that indicates that the road is no longer a multi-lane road;

(c) if the road ends at a T-intersection or dead end—the end of the road.

The above rules simplified means that it is an offence to drive in the right hand on multi-lane roads in speed zones exceeding 80 km/h unless the driver is

abiding by one of the exemptions at paragraph 2 of the above rules.

Note: If there are three or more available lanes, it is good practice to use the left lane. The right lane is generally reserved for overtaking and drivers must move out of it as soon as it is safe to do so.

Red Light and Speed Cameras

Red light and speed cameras have been progressively introduced at intersections across Canberra since December 2000 as part of a range of measures to make our roads safer.

The cameras selected for the ACT are capable of detecting both red light and speeding offences, and camera sites are sign posted to ensure that road user are aware of their presence in an area.

What should I do when approaching an intersection with a red light camera?

Make sure you can stop if you need to. There is no necessity for panic braking which could result in someone driving into the back of your vehicle.

There is also no case for accelerating over the speed limit – this is a dangerous practice and you could be booked for speeding.

Don't tailgate other vehicles. It is your responsibility to maintain sufficient distance from the vehicle ahead to avoid a crash should it stop unexpectedly.

If another vehicle is tailgating you, simply SLOW DOWN.

What should I do if the light turns yellow?

The yellow light is a warning that the traffic signal is about to change to red and you must stop unless you are too close to the intersection to stop safely.

Motorists will only receive a red-light infringement notice if they enter the intersection AFTER the traffic signal turns red.

Where and why are speed cameras used?

The cameras are used at intersections with a history of crashes, and speeding, which is the sole criterion for selecting red light camera locations.

About 15% of road casualties in the ACT, involving around 65 people per year, occur at traffic lights, often as a result of motorists running red lights.

This is a highly dangerous practice particularly when the vehicle involved is speeding as well – in some cases by up to 40 km/h over the speed limit.

Mobile Speed Cameras

Mobile speed cameras are also used at various locations around the ACT and are deployed strictly on excessive speed and road safety considerations.

The speed camera sites are in areas where the presence of cameras will assist in reducing speed related vehicle crashes and are selected on the basis of crash history, speed surveys and the Department of Territory and Municipal Services' residential area traffic management criteria.

Speed camera vans can now be found in any area of the ACT and signs are placed on the camera vans advising that your speed has been checked.

MORE HELPFUL INFORMATION

Maintaining your car

Before you drive you need to make sure that your vehicle is roadworthy.

Preventative maintenance

Drivers should be familiar with the different systems of their cars. It is important to know the condition of the lights, battery, tyres, oil, brakes and transmission fluid.

You should carefully study your owner's manual and follow the recommended maintenance schedules. This will help you keep your vehicle in good repair and ensure trouble-free driving.

Safety systems

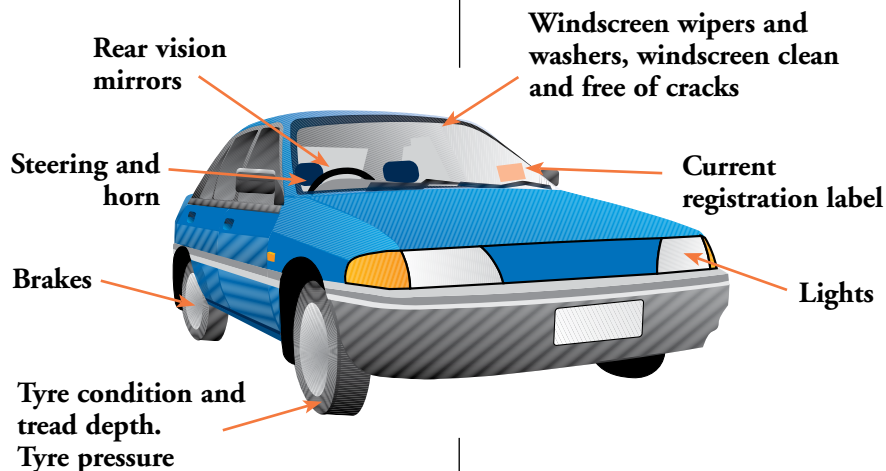
The most obvious safety related parts and accessories are the most overlooked.

- Windshield wipers and washers – most cars have two or three-speed wiper motors. The choice of speed depends on the weather. When blades start streaking or smearing, it is time for replacements.
- Lights and bulbs – burned out light bulbs are not always easy to detect from the driver's

seat but they can be a serious traffic hazard. At least once a month, operate the various switches while someone else checks to see that all lights are working. Check the turn signals and four-way flashers. A broken indicator is usually identified by a marked change in the flashing speed of the turn signal indicator visible on the dashboard. No flashing at all may also indicate a defective flasher unit.

If other drivers flash their high beams when you meet them while using your low beams, your headlights are probably aimed too high.

Assuming your vehicle is not overloaded, and you are not towing an improperly loaded trailer, your lights should be tested by a vehicle mechanic and properly adjusted.



Seeing out of the car

It is obvious that you must sit high enough to see out of all the windows of the car. If this is a problem for you, examine the driver's seat to see if it can be raised. If not, auto accessory shops have cushions that raise your sitting position. Be sure the cushion is comfortable and stays in place and that you are able to touch the floor with your feet.

THE ROLE OF THE ROAD TRANSPORT AUTHORITY



The Road Transport Authority is the licensing authority in the ACT and is required by law to be sure that all drivers are medically fit and able to drive competently and safely.

In carrying out this responsibility, the Road Transport Authority must take adequate steps to safeguard the public interest. To do this, the Road Transport Authority requires older drivers, on reaching a certain age, to renew their driver's licence annually and to provide a medical certificate signed by their doctor or a Health Services Australia Medical Officer. This ensures that their ability to drive has not been adversely affected by a medical condition placing their safety and that of others in jeopardy.

Licence options

Some older drivers know when to stop driving. They feel more and more uncomfortable, physically and emotionally,

while driving. Driving has become an ordeal instead of a pleasure. They realise that they are a hazard to themselves, their passengers and other road users.

If you no longer want to continue to drive it is best for you to return your licence to the Road Transport Authority or a Canberra Connect office.

You can send it in the mail with a brief letter to say that you have decided to give up driving.

Many older drivers keep a class of licence which they no longer need or is inappropriate to their current life-style.

If you hold a class LR or MR (Light Rigid or Medium Rigid) vehicle licence or above, and you no longer need this class of licence, you can downgrade the licence to a class C (car) at no cost. You simply advise the Road Transport Authority office of your decision and arrangements will be made to issue you with a new licence.

ALTERNATIVE MEANS OF TRANSPORT

Some more hazardous or unfamiliar trips might be better undertaken by alternative transport rather than driving. We should all recognise that a day will eventually come when we can no longer drive safely. It is therefore in your interest to find out as much as you can about other means of transport such as buses, taxis and any other services which may be operated by volunteer or community groups.

The main problem with trying to rely on an alternative means of transport is that it is not always available when or where you require it. Even where it is available most people have

difficulty organising it to their best advantage. A check with the following organisations will provide you with details about alternative means of transport:

- senior citizens and community centres,
- the Council on the Ageing
- Canberra Cabs
- the Taxi Subsidy Scheme
- Action Buses
- social networks which may exist in your community.

If you decide to contact any of these organisations, you may also wish to enquire about any discounts or concessions which may be available and how to arrange for them.



ROAD TRANSPORT AUTHORITY OFFICE AND SHOPFRONTS

**Dickson Road Transport
Authority Office**
13 to 15 Challis Street, Dickson
or any of the ACT Government
Canberra Connect Shopfronts:



Woden Shopfront
Woden Town Library Building
Cnr Corina & Furzer Streets,
Woden

Belconnen Shopfront
Swanson Plaza, Swanson Court,
Belconnen Town Centre

Tuggeranong Shopfront
Homeworld Centre, Reed Street,
Tuggeranong

To contact any of the above
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ACT LICENCE CLASSES

In March 2000, the new Australian Road Rules were implemented in the ACT. At the time of implementation, the motor vehicle licence classes were also changed. Driver licence classes are now standardised throughout Australia.

The following is a list of the previous and replacement driver licence classes and the vehicle weights and axle configurations.

LICENCE CLASSES, VEHICLE WEIGHTS AND AXLE CONFIGURATIONS

Codes	Licence Class	May Drive:
R	Motorcycle Licence	<ol style="list-style-type: none"> 1. A motor bike or motor trike. 2. A motorbike towing a single trailer designed to be towed by a motorbike.
C	Car licence	<ol style="list-style-type: none"> 1. A motor vehicle (other than a motorbike) with a Gross Vehicle Mass (GVM) not over 4.5 tonnes and that is constructed or equipped to seat not more than 12 adults (including the driver). 2. A tractor or implement. 3. A motor vehicle mentioned in item 1 or 2 that is towing a single trailer (other than a semi-trailer) with a GVM not over 9 tonne. 4. However, this class does not cover a motor vehicle that is towing: <ol style="list-style-type: none"> a) 2 or more trailers; or b) a single semi-trailer; or c) any other single trailer with a GVM over 9 tonne.
LR	Light rigid vehicle licence	<ol style="list-style-type: none"> 1. A motor vehicle with a GVM over 4.5 tonnes but not over 8 tonnes. 2. A motor vehicle with a GVM not over 8 tonne that is constructed or equipped to seat more than 12 adults (including the driver). 3. A motor mentioned in items 1 or 2 that is towing a single trailer (other than a semi-trailer) with a GVM not over 9 tonnes.

(continued over leaf)

Codes	Licence Class	May Drive:
		4. However, this class does not cover a motor vehicle that is towing: <ul style="list-style-type: none"> a) 2 or more trailers; b) a single semi-trailer; or c) any single trailer with a GVM over 9 tonnes.
MR	Medium	1. A motor vehicle that has 2 axles rigid vehicle and a GVM greater than licence 8 tonnes. 2. A motor vehicle mentioned in item 1 that is towing a single trailer (other than a semi-trailer) with a GVM not over 9 tonnes. 3. However, this class does not cover a motor vehicle that is towing: <ul style="list-style-type: none"> a) 2 or more trailers; b) a single semi-trailer; or c) any other single trailer with a GVM over 9 tonne.
HR	Heavy rigid vehicle licence	1. A rigid motor vehicle with 3 or more axles and a GVM over 8 tonnes. 2. A articulated bus with 3 or more axles and a GVM over 8 tonnes. 3. A motor vehicle mentioned in item 1 or 2 that is towing a single trailer (other than a semi-trailer) with a GVM not over 9 tonnes. 4. However, this class does not cover a motor vehicle that is towing: <ul style="list-style-type: none"> a) 2 or more trailers; b) a single semi-trailer; or c) any other single trailer with a GVM over 9 tonne.

Codes	Licence Class	May Drive:
HC	Heavy combination vehicle licence	<ol style="list-style-type: none"> 1. A prime mover to which is attached a single semi-trailer plus any unladen converter dolly. 2. A rigid motor vehicle to which is attached a trailer that has a GVM greater than 9 tonnes plus any unladen converter dolly.
MC	Multi-combination vehicle licence	Any motor vehicle or combination of vehicles. Does not include: <ol style="list-style-type: none"> a) motor bike; or b) a motor trike.

What to do after a crash

If you are involved in a crash causing injury to any person or animal, or damage to any property, the law requires you to stop your vehicle.

If your vehicle is obstructing traffic after a crash, move it to the side of the road, if possible. The law does not require the vehicle to be left where it stopped after a collision.

If required, give your name and address, the name and address of the owner of the vehicle and its registered number to:

- a police officer;
- any injured person;
- someone acting on behalf of an injured person;
- any person whose property has been damaged.

The Police need not be called to attend a crash, if damage to vehicles or property is only minor and the parties do not dispute the facts. However, you must report all vehicle crashes in person to the police as soon as possible. Except in exceptional circumstances, this means within 24 hours.

First Aid

Refer: St John Ambulance Australia Disclaimer
page ii

The DRABC ACTION PLAN

D DANGER

In every emergency situation, it is important to see if there are any conditions that may be an immediate threat to life.

- Make sure the area is safe for you, others and the casualty. Dangers such as obstacles, electrical wires, gas or toxic fumes can cause serious injury or death.
- Make sure you do not become a casualty.
- Remove the danger from the casualty or if necessary remove the casualty from danger.

DO NOT MOVE ANY CASUALTY UNLESS IT IS ABSOLUTELY NECESSARY.

- Once you have made the area safe you can assess the casualty.

R RESPONSE

(CONSCIOUSNESS)



- determine if the casualty is conscious
- ask the casualty for their name
- gently squeeze casualty's shoulders

OR

- ask casualty to squeeze your hands (both sides should be tried if a stroke is suspected)
 - **A response** indicates that the casualty is conscious and can be left in the position in which you found them provided there is no further danger.
1. Manage any life-threatening injuries that need immediate attention such as serious bleeding.
 2. Manage other injuries.
 3. Send for help if injuries require it.
 4. Calm the casualty.
- **No response** indicates the casualty is unconscious and it is important to get

help as quickly as possible as unconsciousness is a life threatening condition.

If another person is available, ask them to ring 000 for an ambulance.

A AIRWAY

Ensure the airway is clear so that breathing is possible.

An obstruction of the airway may be caused by,

- the tongue, food, vomit, blood or dentures etc
- swelling or injury of the airway

If the casualty is lying face down, turn into the recovery position while supporting the neck and spine to check for foreign material in the mouth and airway.



Note: The recovery position for an infant under 1 year of age is different from an adult /child. Refer heading “**Recovery Position.**”

Clearing the airway

Open the airway gently

1. Tilt the head backwards.
2. Turn the mouth slightly downward to allow drainage of foreign material.
3. Clear foreign material with your fingers if required. Only remove dentures if they are loose or broken.

Infants- in the recovery position clear the mouth of foreign material with little finger.



Recovery Position

1. Kneel beside the casualty.
2. Place farther arm at right angle to body.
3. Place nearer arm across chest.
4. Lift nearer leg at knee so it is fully bent upwards.
5. Roll casualty away from you on to side while supporting head and neck.
6. Keep leg at right angle with knee touching ground to prevent casualty rolling onto face.



For an infant, the most suitable recovery position is lying face down on an adults forearms with the head supported by the hand.

Opening the airway

With the casualty in the recovery position if you need to clear the mouth of foreign material,

OR

With the casualty on their back if the airway is clear:

Adult/child (over 1 year)

1. Place you hand high on the casualty's forehead.
2. Place thumb of your other hand over chin below lip, supporting the tip of the jaw with the knuckle of the middle finger. Place your index finger along the jaw line.
3. Gently tilt the head backwards to bring tongue away from the back of throat.
4. Lift the chin, opening the casualty's mouth slightly.

Infant (under 1 year)

1. Place infant flat on back.
2. Tilt head back very slightly to open the airway.
3. Lift chin to bring tongue away from the back of throat.
4. Avoid pressure on soft tissue under infants chin.

If casualty is found to be unconscious in a seated position; eg. car accident, slumped in a chair, simply lifting the chin and moving the jaw forward will open the casualty's airway allowing them to breathe.



B BREATHING

Check for breathing.

- look and feel for chest movement
- listen and feel for sounds of air escaping from the mouth and nose (an occasional gasp is not adequate for normal breathing)

Note: Take no more than 10 seconds to do this.

If the casualty is breathing.

1. Place casualty in recovery position.
2. Call 000 for an ambulance.

3. Check regularly for continued signs of life until medical aid arrives.

If casualty is NOT breathing.

1. Ensure the call to 000 for an ambulance has been made.
2. Give 2 initial breaths.
3. Check for signs of life.

Note: if you are alone, place casualty in recovery position with airway open – call 000 for an ambulance.

C CARDIOPULMONARY RESUSCITATION (CPR)

Cardiopulmonary resuscitation is the technique of compressions of the chest (pushing down on the lower half of the casualty's breastbone) and inflation of the lungs (breathing into the casualty's mouth.)

CPR is given to a casualty when there are no signs of life-not breathing, not responding and not moving.

If casualty shows signs of life-but is unconscious:

- turn onto side into the recovery position

- continually check the casualty's condition until medical aid arrives (call for help if not already done)
- be ready to turn casualty onto back and start CPR if breathing stops.

If there are no signs of life:

1. Give 30 compressions refer heading Giving compressions.
2. After 30 chest compressions tilt head and lift chin.
3. Give two breaths refer heading Giving rescue breaths.
4. Return your hands (fingers for infants) immediately to correct position on sternum.
5. Give a further 30 compressions.
6. Continue compressions and breaths in a ration of 30:2 until medical aid arrives.

Note: If a first aider is unwilling or unable to perform rescue breathing, compression-only CPR will be better than not doing CPR at all.

Change over between first aiders during CPR

When two first aiders are present or if a second person arrives to help:

- ensure that an ambulance has been called
- one of two first aiders indicates readiness or need to change
- the first aider must change over smoothly with minimal interference to resuscitation procedure
- change should be done frequently, approximately every two minutes to minimise fatigue.

When to stop CPR

You can stop giving CPR when:

- the casualty shows signs of life
- more qualified help arrives
- you are physically unable to continue

When casualty shows signs of life:

1. Turn the casualty to the recovery position.
2. Call for an ambulance or medical aid as soon as possible (if not done already).
3. Assess casualty for bleeding and other injuries noting tenderness, swelling, wounds,

or deformity in the following order:

- head, face and neck
- shoulders, arms and hands
- chest
- abdomen
- pelvis and buttocks
- legs, ankles and feet

4. Continue monitoring for **DRABC**

Giving rescue breaths

The air you breathe out of your lungs contains about 16% oxygen. This amount of oxygen breathed into the casualty's lungs combined with the compressions during CPR will preserve the circulation of air and blood around the body while waiting for medical aid to arrive.

Adult/child (over 1 year)

1. Place casualty onto back
2. Open airway.

Adult/child (over 1 year)

Place your hand on the casualty's forehead, tilt head backwards and pinch soft parts of the nose closed with the index finger and thumb, or seal the nose with your cheek.

Open the casualty's mouth and maintain the chin lift-place thumb over the chin below the

lip, supporting the tip of the jaw with the knuckle of middle finger. Place your index finger along the jaw line.



Infant (under 1 year)

Tilt head back very slightly and lift chin to bring tongue away from back of throat avoiding pressure under chin.

3. Take a breath and place your lips over the casualty's mouth, ensuring a good seal. If a small child or infant, place your lips over mouth and nose. Blow steadily for about one second.
4. Watch for chest to rise.
5. Maintain head tilt and chin lift.
6. Turn your mouth away from the casualty's mouth- watch for chest to fall, and listen and feel for signs or air being expelled.
7. Take another breath and repeat the sequence.

Note: If the chest does not rise – recheck the mouth and remove any obstructions, ensure adequate head tilt and chin lift and ensure there is an adequate seal around the mouth (or nose).

Giving compressions

Compressions should be performed with the casualty on a firm surface. In case of an infant this is best done on a table or similar surface.

1. Adult/child – kneel beside casualty, one knee level with head and the other with the casualty's chest.
2. Locate lower half of sternum (breastbone) in the centre of the chest.

Adult/child (over 1 year)

Place heel of hand on lower half of sternum (breastbone) and place heel of other hand on top of the first.

Interlock fingers of both hands and raise fingers to ensure that pressure is not applied over the casualty's ribs, upper abdomen or bottom part of sternum.

Infant (under 1 year)

Place two fingers (index and middle) over lower half of sternum (breastbone).

3. Position yourself vertically above the casualty's chest.
4. With your arms straight, press down on the sternum (breastbone) to depress about one third of the chest.

5. Release the pressure (compressions and release should take equal amounts of time).
6. Repeat to complete 30 compressions at a rate of approximately 100 per minute.



Note: During CPR (Combining chest compressions with rescue breathing) you would expect to achieve 5 sets of 30 compressions and two breath cycles (30:2) in about 2 minutes.

BLEEDING CONTROL

As soon as you are able, control serious bleeding.

- Expose the injury.
- Apply direct pressure.
- Elevate the body part (if not broken).
- Rest and reassure casualty.
- Gently tilt their head back and turn slightly downwards.